



## How parents and faith groups can encourage and sustain healthy relationships amongst young people Task Group Report

### Membership

- Councillor Ahmed
- Councillor Joseph
- Councillor Motley (Chair)
- Rev. Stone, a representative from Brent Multi Faith Forum
- Mrs Bondzi- Simpson, a parent governor
- Miss P Palmer, a representative from Brent Youth Parliament

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***Foreword by Councillor Will Motley, Chair of the task group***

The main focus of this task group was inspired by comment from the Brent Youth Parliament. They highlighted the disparity between the messages they received from, on the one hand their parents and their faith leaders and, on the other hand, from their peers, the media and much of the secular world around them concerning the issues of sexual health, particularly around the prevention of pregnancy and the spread of sexually transmitted infections.

The Council and NHS Brent already do lots of work on these issues and they have been a high priority for a long time. This task group has focussed in on how to involve parents and faith groups in developing the ongoing strategies in this area, so that, ultimately, young people can receive messages that appear less contradictory.

During the work of this group we have found a positive desire, from everyone we contacted, to develop and expand this aspect of work. The emphasis has been on considering Healthy Relationships for teenagers, placing sexual behaviour within an informed and healthy teenage life, with moral, practical and biological considerations balanced in the family and faith context.

The apparent amorality of so much of the world that teenagers live in can be quite alarming to many adults involved in the care and guidance of young people. As we heard from the parents of teenagers who had become parents, the consequences can be challenging and far-reaching.

If we can help to inform the practical strategies of the council that deal with Young People's sexual health issues, with the perspectives and views of faith groups and parents, then those strategies have a greater chance of success.

I would like to thank all those who worked so hard on this task group and in particular the many people who agreed to talk to the group. A special thanks is due to Stella Akintan who has administered the work of the task group so wisely and efficiently.

## **Executive Summary**

Reducing teenage pregnancy and the spread of sexually transmitted infections has been a government priority for well over a decade. In the mid 1990's startling figures revealed that the UK had the highest teenage pregnancy levels in Western Europe, three times higher than France and five times higher than the Netherlands.

Teenage pregnancy rates in Brent, which were once high, are now in decline. The national teenage pregnancy unit visited the council in May 2007 to offer support and advice on tackling teenage conception rates. The team recognised the high quality of provision provided to young parents and recommended that the council revise its teenage pregnancy strategy to include a stronger emphasis on the preventative agenda.

It is within this context that the task group was set up. Its remit is to investigate the role that faith groups and parents play in talking to young people about sex and relationships. Faith groups and parents can be influential in beginning age appropriate discussions with young people on sex and relationships. They can also reinforce, safe sex or delaying sex messages that young people will receive from other professionals.

The task group appreciate that talking to young people about sex and relationships can be a sensitive and emotive area. However, research has shown that well informed young people are less likely to have sex at a young age and when they do start, they are more likely to use contraception.

In order to gain a good understanding of the issues, the task group met with local faith groups, parent groups, a youth forum and parents whose children had become teenage parents. This review was also informed by existing research.

As a result of their investigations, the task group found that both parents and faith groups would benefit from support and information on talking to young people about sex and relationships. The council and its partners including NHS Brent, Brent Multi-faith forum and local schools have a role in producing and disseminating literature to parents and faith groups on how to talk to young people about these important issues.

## **Recommendations**

After receiving evidence from a range of sources in relation to involving parents and faith groups in talking to young people about sex and relationships the task group has developed the following recommendations:

- 1. That the council and its partners host an awareness raising conference on a range of teenage issues aimed at faith groups and establish regular communication with this group via leaflets and the website.**
- 2. That the Strategic Joint Commissioning Manager for teenage pregnancy, sexual health and substance misuse, ensures that faith monitoring is included in data gathering for STI's, teenage pregnancy and terminations.**
- 3. That the council and it's partners including NHS Brent work together to distribute literature specifically for parents and faith groups on teenage issues including substance misuse, sexual health and obesity.**
- 4. That schools be encouraged to provide a forum for parents to discuss 'talking to their children about sex and relationships'**
- 5. That an officer within the Children and Families Department is given clear responsibility for leading on work with parents and faith groups on matters relating to giving information to young people on sex and relationships.**

## **Introduction & scope of the task group**

Reducing teenage pregnancy and the spread of sexually transmitted infections has been a government priority for well over a decade. In the mid 1990's startling figures revealed that the UK had the highest teenage pregnancy levels in Western Europe, three times higher than France and five times higher than the Netherlands.

As a result, the government launched the national teenage pregnancy strategy in 1999. The aim of the strategy was:

- To halve the rate of conceptions among those under 18 years old in England by 2010 and set a firmly established downward trend in the conception rates for under 16s by 2010.
- To achieve a reduction in the risk of long-term social exclusion for teenage parents and their children.

The strategy set out a multi agency approach to tackling the problem, with councils being required to develop a local response. The resulting work has produced some success and teenage pregnancy across many areas in England, including Brent is in decline.

Recently, government guidance has placed more emphasis on the preventative agenda. Councils are encouraged to work with all partners who have a role in reducing teenage pregnancies. It is within this context that the task group was set up to investigate the role that faith groups and parents play in reducing teenage pregnancy and identify what support they need.

The task group appreciate that this is a particularly sensitive and emotive area, not openly discussed, surrounded by many taboos and preconceived perceptions. However, research has shown that well informed young people are less likely to have sex at a young age and when they do start, they are more likely to use contraception. Faith groups and parents can play a huge role in beginning early, age appropriate discussions with young people on these issues.

Rather than simply focus on safe sex messages, the task group has undertaken the review in the wider context of healthy relationships, which includes the emotional elements of a relationships including trust, respect and responsibility as well as physical aspects.

## **Membership**

The task group included a councillor from each political group and a number of co-optees with experience in this area. The members of the task group were:

- Councillor Ahmed
- Councillor Joseph
- Councillor Motley (Chair)
- Rev. Stone, a representative from Brent Multi Faith Forum
- Mrs Bondzi- Simpson, a parent governor
- Miss P Palmer, a member from Brent Youth Parliament

The Young People's Sexual Health Advice and Support manager and the Principal Youth Participation Manager attended the meetings to advise the task group and support the young member.

## **Methodology**

The aims of the task group were to:

- Consider how parents and faith communities can be supported in talking to their children about relationships and sexual health including looking at what information and literature is available for these target groups
- Identify good practice from other local authorities and consider how to implement it in Brent.

The task group has consulted as widely as possible and carried out the following activities:

- Met with local faith groups
- Met with Brent Multi Faith Forum
- Met with parents of young parents
- Undertook a desktop review of current reports on teenage pregnancy and sexual health
- Members of Brent Youth Parliament were surveyed on issues around sex and relationships
- Met with Southwark Multi-Faith Forum
- Met with Kingsbury Black Parents Forum
- Met with the Director of Health Promotion, NHS Brent
- Undertook a desktop review of good practice from other local authorities

## Context

### Causes of teenage pregnancy

Although the root causes of teenage pregnancy are complex and vary according to individual circumstances, a report from the Social Exclusion Unit (SEU)<sup>1</sup> identified some common themes that were more likely to be found in teenage parents:

- Poverty, especially amongst those who have grown up in social housing
- Being a looked after child
- Being the child of a teenage mother
- Educational problems including truanting, exclusions and leaving school with no qualifications and those who are not in education, employment and training
- Those who have been sexually abused in the past.
- Those with mental health problems
- Those who have been involved in crime.

As well as social impacts of becoming a teenage mother, researchers have found a wide range of factors that contribute to early onset of sexual activity this includes:

- Curiosity, sometimes triggered by highly sexualised media
- Peer pressure
- Fear of losing partner
- The need to feel loved and the belief that sex equals love.

The Social Exclusion Unit report found that young people are engaging in increasingly risky behaviour. This is supported by findings from Alcohol Concern who found that young teenagers are more likely to have their first sexual experience when drunk and may deliberately or accidentally have sex without contraception<sup>2</sup>. Findings included:

- 40% of sexually active 13 and 14 year olds were drunk or had used drugs during their first sexual encounter
- Of 15 to 19 year olds who had sex with someone they knew for less than one day, 61% of females and 48% of males gave alcohol or drugs as a reason.

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<sup>1</sup> Teenage Pregnancy, Social Exclusion Unit, 1999

<sup>2</sup> Teenage Mums, A pamphlet by Chris Bryant MP for the Rhondda, 2008



## Consequences of teenage pregnancy

Overall, vulnerable teenage girls are more susceptible to becoming pregnant. Statistics highlight that this can lead to a vicious circle of poverty and limited life chances. Negative impacts experienced by teenage mums include:

### *Poor child health outcomes*

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birth-weight which impacts on the child's long-term health.

### *Poor emotional health and well-being*

Teenage mothers are three times more likely to suffer from post-natal depression and can experience poor mental health for up to three years after the birth.

### *Poor economic well-being*

Teenage parents and their children are at increased risk of living in poverty.

## **National response**

In 1999, the government launched a national Teenage Pregnancy Strategy to tackle the high rates of teenage pregnancy in the UK. The strategy set out two key goals:

- To halve the rate of conceptions among under 18s in England by 2010
- To reduce the risk of long term social exclusion for teenage parents and their children by increasing to 60% the participation of teenage parents in education training and employment.

The teenage pregnancy strategy required local councils to develop their own ten year strategy working in partnership with education, health, social services and other relevant partners and in agreement with the Government's Teenage Pregnancy Unit.

The Every Child Matters Agenda, introduced in 2004, also set out a new framework for the delivery of children's services, with a strong emphasis on partnership working. One of its aims is to reduce the numbers of young people who become teenage parents.

Since the implementation of the national teenage pregnancy strategy, research has shown that there has been a significant variation in performance between local areas, including areas that are statistically similar. In 2005 the teenage pregnancy unit carried out in depth reviews to identify factors that were responsible for this wide variation in local performance. These in-depth reviews, 'deep dives' were carried out in three high performing local authorities and three statistical neighbours with static or increasing rates. The

national team sought to identify key success factors. The key factors identified in the deep dive review were:

- Senior local sponsorship and engagement of all key partners
- Provision of young people focussed contraception/sexual health services, trusted by teenagers and well known by professionals working with them
- Strong delivery of SRE/PSHE by schools
- Targeted work with at risk groups of young people, in particular Looked After Children
- Workforce training on sex and relationship issues within mainstream partner agencies
- A well resourced youth service, with a clear remit to tackle big social issues, such as teenage pregnancy and young people's sexual health.

### Teenage Pregnancy Independent Advisory Group

The Teenage Pregnancy Independent Advisory Group (TPIAG) was set up in 2000 to advise the government on the teenage pregnancy strategy and monitor its implementation. It is made up of 11 experts including a young member, from the fields of health, education, local government, children's services, housing and research. It is an advisory non-departmental public body that meets four times a year with additional sub-group meetings as needed.

TPIAG produced its fifth annual report in July this year, commending the government on the overall reduction in teenage pregnancy rates, noting that the results across the country has been mixed with some areas in decline and in others the rates have increased.<sup>3</sup>

The TPIAG report calls for more work to be done to involve parents and carers, particularly support provided for foster carers and fathers who do not live with their children. The report highlights that parents and carers need to be given guidance on how to talk to young people as many lack awareness about the specifics of contraception and sexual health and are therefore not able to pass on good information. This theme is picked up by the task group later in this report.

The TPIAG report also recommends that parents be given more information about the content of Sex and Relationships Education (SRE) in schools as this would reassure them about what their children are being taught. This could help to counter inflammatory reports that they may read in the media that young people are being given inappropriate information about sex. The report sets out a number of recommendations to government in relation to involving parents in talking to young people about sex and relationships these are:

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<sup>3</sup> Teenage Pregnancy Independent Advisory Group Annual Report 2007/8

- that there is a rolling out of a national programme of support and guidance for parents and carers to ensure that they can talk to young people about sex and relationships, through initiatives such as the fpa Speakeasy programme.
- that SRE is included in local parenting strategies
- that parents are sent advice packs on sex and relationships which mirror what is being taught at the time in school, so they feel involved in the process and feel better equipped to start conversations at home.

In July this year the government commissioned a report entitled “*Everyday Conversations Every day*”<sup>4</sup>. This calls for parents to talk more openly to their children about sex. Further evidence from this research will be discussed later in this report.

### **Local context**

Brent had one of the highest teenage conception rates in the UK, and has a disproportionate number of sexually transmitted infections (STIs).

Brent also faces a number of additional challenges including:

- Brent Primary Care Trust (now NHS Brent) has recently undergone financial deficit and organisational change. There has been a reduction in school nurses who carry out preventative work and are trained to provide advice on sexual health and contraception.
- As a borough, Brent has high levels of poverty and deprivation. The latest Index of Multiple Deprivation statistics highlight that Brent is the 53rd most deprived Local Authority in England, out of 354.
- 8 of Brent’s 21 wards are national teenage pregnancy ‘hotspots’.

The latest data published by the Department for Children, Schools and Families Teenage Pregnancy Unit has indicated that Brent has improved from Red to Amber/Red in their traffic light ratings. This is because rates of teenage pregnancy in Brent are on a downward trajectory. The data indicates:

- The rolling quarterly average for Brent has been reducing each quarter since September 2003 (56.8) to March 2006 (45.5)

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<sup>4</sup> Everyday Conversations Every Day, Department for Children Schools and Families, 2008

- With the exception of the quarter beginning September 2004, the quarterly rate has been constantly dropping since December 2003 (56.7) to December 2006 (40.1)
- The latest under 18 conception rate for Brent (December 2006) is 5.3 points below London average and just below England average.

The Brent Corporate Strategy 2006-2010 includes a priority to:

*Reduce teenage conception rates*

This will be realised through the six strategic priorities set out in the Children and Young Peoples Plan. The plan was developed in close collaboration with representatives on the Children and Young People's Strategic Group, which includes the Police, voluntary service and health service and education providers.

Brent has reducing teenage pregnancy as one of its Local Area Agreement<sup>5</sup>(LAA) targets. The LAA places responsibility for tackling this issue with the council and its partners such as NHS Brent and the voluntary and community sectors, who will commit resources and support towards projects to achieve this priority.

The Teenage Pregnancy Strategy in Brent

Brent's local strategy is entitled: *Teenage Pregnancy and Parenthood Strategy 2005-2010*. The lead officer responsible for delivering on the strategy the Young People's Sexual Health Advice and Support Manager. The strategy and teenage pregnancy action plan are performance managed by Local Teenage Pregnancy Executive Group, which includes representatives from social services, Connexions and other key local authority and health partners. The strategy included the following priorities:

- High Profile, media and communications campaigns
- Stronger prevention messages
- Extensive sex and relationships education
- Better contraception advice and information service
- Improved support for teenage parents

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<sup>5</sup> Local Area Agreement is an agreement between Brent its partners and central government to deliver improved outcomes across a range of local priorities. LAAs simplify some central funding, help join up public services more effectively and allow greater flexibility for local solutions to local circumstances.

The Young People's Sexual Health and Teenage Pregnancy Team consisted of a manager, three support advisors and an outreach worker. The advisors worked on issues such as: housing, benefits, childcare, health, self esteem, relationships, anger management, conflict, education, training and employment.

The team also provided age and culturally appropriate sexual health, relationships, and self-esteem sessions to young people in a variety of settings. These workshops were available at school health days, young people's groups, colleges, youth settings, pupil referral units and care homes for young people. The team were funded through a number of streams including the Local Area Agreement, Connexions and NHS Brent.

The team worked closely with a number of agencies, statutory and voluntary, to provide holistic support and preventative programmes for young people in Brent. Key partners included:

- NHS Brent
- Children's Centres
- Secondary Schools
- Further Education Providers
- The Voluntary and Community Sector

Since Brent's Teenage Pregnancy and Parenthood Strategy was written in 2005, Brent has remained a borough with high rates of teenage conceptions and sexually transmitted infections. A visit by the Teenage Pregnancy National Support Team in May 2007 confirmed that support for teenage parents is of high quality, however there is a need to strengthen the focus on prevention in order to continue to reduce teenage conceptions.

At the time of writing this report the Young People's Sexual Health and Teenage Pregnancy Team, is undergoing a significant organisational restructure. The overall aim of the restructure is to improve the service, the key objectives for the reorganisation are a focus on commissioning with an emphasis on preventative support that recognises the natural overlap between substance misuse and sexual health services for young people

### **Findings of the task group:**

#### Current work to reduce teenage pregnancy in Brent

Both the national teenage pregnancy strategy and the TPIAG report identify high level strategic leadership as an essential component in successfully tackling teenage conception rates. The task group were pleased that reducing teenage conceptions has a high strategic priority in Brent through the LAA priority and the Teenage Pregnancy Executive Group.

The task group found that the work of the Young People's Sexual Health and Teenage Pregnancy Team delivered a comprehensive programme to deter teenage conceptions and has contributed to the decline in teenage pregnancy

rates in Brent. The task group are keen to ensure that the newly commissioned services will continue this trend and will be monitoring this through the Children and Families Overview and Scrutiny Committee.

The task group believes that even though teenage pregnancy rates in Brent are on a downward trajectory, the borough cannot afford to be complacent. The TIAG report states that some European countries found that teenage pregnancy rates rise again if work and commitment in the area is not maintained. This highlights the importance of the preventative agenda and why it should be strengthened by broadening the number of people who can help to disseminate important messages on positive healthy relationships and sexual health to young people.

### Engaging faith groups

The 2001 census provides the following statistics on faith groups in Brent:

- 48 per cent of residents are Christian compared to 58 per cent across London
- 17 per cent are Hindu, compared to 4 per cent across London
- 12 per cent are Muslim compared to 8 per cent in London
- 2 per cent of the population is Jewish
- 1 per cent is Buddhist
- 1 per cent is Sikh
- 10 per cent of the local population declared that they had no religion, compared to 5.8 per cent across London

A report produced by the Department of Health entitled *Diverse Communities: Identity and Teenage Pregnancy*<sup>6</sup> found that young people find a sense of belonging from being a member of a faith community and this can influence their sexual behaviour. The report also found that there is a desire among young people to follow the guidance of their religion and to be given information and support from professionals that acknowledges their cultural and religious upbringing. Furthermore young people from faith communities are also influenced by mainstream culture and this will affect their decision-making.

Brent has a young population, over 70% of its school pupils are from an ethnic minority<sup>7</sup> some of whom may be from a faith community.

It is therefore likely that faith leaders can play an important role in spreading positive messages about healthy relationships, especially in such a multi cultural borough as Brent.

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<sup>6</sup> Department of Health, *Diverse Communities, Identity and Teenage Pregnancy*

<sup>7</sup> Brent Council Needs Analysis of Children and Young People 2006-07

The task group sought to understand the current role of faith groups in Brent in talking to young people about sex and relationships and identify what additional support the council could provide to strengthen this.

The council currently engages with faith communities in the borough through the Brent Multi-faith forum (BMFF). This consists of representatives of all the major faith groups in Brent and aims to:

- develop shared objectives for discussion to establish key issues for Brent faith communities and a plan of action to make strategic interventions.
- Influence strategic policies to incorporate multi-faith perspectives by securing representation on Brent Statutory/Voluntary Boards.
- Reflect the concerns of grassroots communities.
- Work towards establishing a multi-faith community centre.

The task group held two meetings with faith groups. On one occasion local faith groups in Brent were invited to the town hall and on the second, task group members attended a BMFF meeting.

The Head of Southwark Multi Faith Forum (SMFF) also kindly agreed to attend the meeting with local faith groups to discuss the work that they had undertaken. The task group were informed that SMFF were approached by Southwark council who asked for their support in seeking to tackle high rates of teenage pregnancy. Southwark had one of the highest rates of teenage pregnancy in the country. It also has a large African community with close ties to the Christian faith.

Southwark Multi Faith Forum hosted a conference with faith leaders to explore the issues around young people and sexual health and sought to develop a way forward. The event was a success with over one hundred faith leaders in attendance. Southwark Primary Care Trust agreed to provide training for faith representatives on sexual health issues, who would in return teach their own congregations.

During the course of this work, the Head of SMFF was able to identify some of the key issues that prevented leaders from faith communities talking to young people about sex and relationships. Traditionally the major faith groups; Christianity, Islam and Hinduism have shied away from talking about this issue as they all believe that their congregations are observant of their religious teachings on abstinence until marriage. Therefore they feel that there is no need to distribute condoms or spread safe sex messages. Faith leaders are also concerned that if they begin discussions about sex with young people it could act as a form of encouragement.

The task group were pleased to hear examples from local faith groups who had managed to overcome these barriers and were doing some good work in this area. A pastor from Joy House Church shared with the task group some of the work that they had been doing to support teenage parents. The church set up a women's forum in 2003. The forum meets monthly and provides an

opportunity for young mums to discuss issues of mutual concern. In addition, they have set up a team to support teenage mums by providing befriending and counselling service. The church also operates a telephone helpline.

When asked how the council could support this type of work, the pastor said funding, printing of leaflets and help with signposting people to their services would be useful.

A conference held in March this year jointly hosted by NHS Brent and Brent Children and Families Department entitled 'Faith perspectives on relationships and sexual health education' featured local faith organisations that work within faith communities on issues regarding young people's relationships and sexual health. For example a charity called the Jewish Aids Trust, teaches sexual health from a Jewish perspective. They deliver presentations to schools and local community groups. Whilst their message is based on teachings in the Torah, they also recognise that some people may not adhere to this and therefore highlight the importance of using condoms for protection against sexually transmitted infections

During workshop discussions at the conference, some practitioners shared experiences about parents from faith groups who prefer to withdraw their children from sex and relationships education in schools. This is because the teaching does not share messages that conform to their beliefs and could contain elements, which they find unacceptable such as nudity, which is forbidden within Islam.

Many of the traditional views about sex and relationships were reiterated when the task group met with Brent Multi-Faith Forum. Faith leaders reported that issues around teenage pregnancy and sexually transmitted diseases among young people had not come to their attention as a major issue. This contributed to their belief that the majority of the young people who attended their places of worship were not having sex; therefore, it was not necessary to discuss sex and relationships with them.

The meeting also highlighted that even if parents and faith groups choose not to talk about sex, every day young people are bombarded with sexual images via the media, which glamorises sex and encourages young people to engage in it with little thought to the consequences. It was pointed out that there are elements within all faiths such as the importance of self respect and love in relationships which could help young people to make positive decisions.

The task group found that the faith leaders were very receptive to the idea of working with local faith organisations that would be willing to talk about sex and relationships issues with young people within their particular faith setting.

To facilitate this, the task group recommends that the council establish regular contact with faith groups in Brent to share information, not only on sex and relationships; it should also include the wider issues that teenagers face such as substance misuse, alcohol and obesity. The task group found that focussing on wider issues would have two clear benefits. Firstly, it will give the



council and its partners the opportunity to be more efficient with resources and produce joint literature on related issues. Secondly, a more general focus on teenage issues will be less daunting for the more traditional sectors within faith groups who may be opposed to discussing sex and relationships in isolation but more receptive if it is within a wider context.

The Southwark model provides a good example of the benefits of engaging with faith groups and the task group would like to see a similar approach adopted in Brent.

### Meeting with NHS Brent

The task group met with the Head of Health Promotion at NHS Brent to consider joint working to develop literature targeted at faith groups on talking to young people about sex and relationships.

The Head of Health Promotion reported that NHS Brent would be keen to work with the council to produce information for faith groups on sexual health and other related issues and to hold an awareness raising conference for this target group.

He further added that rather than adopt a top down approach, it would be important to ensure that faith groups themselves are involved in developing the literature from the outset. Sensitivity would be essential to ensure that messages did not cause offence.

At the meeting, it was agreed that it would be important to avoid duplication; therefore, existing material from faith-based organisations that work on sexual health messages could be revised. It may also be possible to develop information that is suitable for all faiths as they share similar views on some issues.

The Director of Health Promotion also supported the idea that, developing literature that focussed on wider issues not just sexual health would be useful. Joint messages reinforce the importance of taking a holistic approach to young people's health. The leaflet could possibly include information on substance misuse, obesity and smoking cessation.

The Head of Health Promotion and the Young Peoples Sexual Health Advice and Support Manager suggested that the Brent Multi-faith forum would be a good arena to take this work forward. Faith leaders from this group along with local faith organisations that work in the field of sexual health with a representative from the council and NHS Brent should work together to develop a leaflet and key messages.

Once targeted information has been developed for faith groups, this should form a basis for discussion at the conference aimed at faith groups. The Young Peoples Sexual Health Advice and Support Manager pointed out that, if information was produced prior to the conference it would demonstrate to the community that the council and its partners were serious about this issue.

It would also give the wider faith communities the opportunity to endorse the document and suggest how it needs to be changed, if necessary. An outcome from the conference would be that the leaflet is adapted, based on feedback from delegates and disseminated to faith groups in Brent.

**Recommendation:**

That the council and its partners host an awareness raising conference on a range of teenage issues aimed at faith groups and establish regular communication with this group via leaflets and the website.

Statistical data monitoring by faith group

In speaking with faith groups, the task group found an absence of statistical evidence highlighting number of young people from faith communities who have sexually transmitted diseases, abortions or live births. As one faith leader pointed out, when there was a high incidence of coronary heart disease within the Hindu community, the council were able to provide statistical evidence and faith leaders were able to use this to convince their communities to adopt a change in lifestyle.

The task group believes that data gathering for STI's teenage pregnancy and terminations should include faith monitoring. Collection of accurate and timely data is key to effective service planning and commissioning. This information will be useful to both faith groups and local service providers.

**Recommendation:**

That the Strategic Joint Commissioning Manager for teenage pregnancy, sexual health and substance misuse, ensures that faith monitoring is included in data gathering for STI's, teenage pregnancy and terminations.

Supporting parents and carers.

Unlike other Western European nations who tend to have a more open culture in talking to young people about sex and relationships and much lower teenage pregnancy rates, British families often find it difficult to broach the subject. Yet research shows that young people who make the most positive decisions are those who are able to discuss issues and concerns with those who are closest to them<sup>8</sup>.

If young people do not receive information from reliable sources such as parents or teachers they are most likely to turn to their friends or the media. This can lead to misinformation and damaging myths about sex and its consequences.

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<sup>8</sup> Teenage Pregnancy: A Church Problem, Revd Canon Jane Fraser, 2006.

Research into sex and relationships provides a plethora of evidence about the importance of involving parents in talking to young people about sex and relationships.

A report commissioned by the Department for Children Schools and Families entitled *Everyday conversations, Every Day* argues that 75% of 11-14 year olds are eager, but currently find it difficult to talk to parents about sex and relationships. Contrary to some concerns expressed by both parents and faith groups, 99% of young people say talking to parents about sex and relationships would not encourage them to have sex. The report claims that through talking, parents can reverse the power shift they sense because of technological and other advances and the growing influence of their teens' peers, which they feel, has alienated them from their teens. The report provides guidance for parents on how to continue discussions with their young people about sex and relationships on a regular, on going basis.

A report by Parentline Plus<sup>9</sup> highlighted that a generation gulf now exists between parents and young people. Young people have become sexually active at a younger age, thus widening the gap between parental and adolescent experiences. Furthermore, young people tend to have had more sexual partners than people who are now in their twenties and thirties, again opening up the generational divide.

The Parentline Plus report concludes:

*Overall the picture from the helpline is that parents are crying out for help on how to deal with these sexual behaviours and their consequences. The breakdown of communication gets worse as the child reaches teenage hood and begins to break away from the family environment. Yet by not talking about sex and relationships parents are losing a vital opportunity to make a very real difference to how their child reacts to and tackles sexual situations and the decisions that they make about their behaviour.*

The task group found that there is a booklet from the Family Planning Association which provides information on how to talk to young people about sex and relationships but this is not disseminated widely to parents.

The task group wanted to talk to some parents in Brent to find out if they were speaking to their children about these issues, where they were getting their information from and if they felt it had any effect on young people's behaviour.

The first group of parents that the task group met with were, parents whose children had become parents. A key theme that emerged during the discussion was the challenge of the teenage years. For instance one of the witnesses reported that between the ages of 14-16, relations with their child had become increasingly strained, making it difficult to broach sensitive issues such as sex and relationships. Another witness reported that parents can be naïve and in denial about their teenager's behaviour, because although they

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<sup>9</sup> Talking about Sex and Relationships: What parents worry about. Parentline Plus, 2003

had found condoms in their teenagers belongings they did not believe they were in a sexual relationship.

The parents felt that even though they had provided enough support and information for their children around sex and relationships, unplanned pregnancies still resulted. The witnesses reported that it is during the challenge of the teenage years that parents would benefit from additional support from good sex and relationships education in schools as well as support from relevant faith leaders. This can help to reinforce messages that young people are receiving from home.

The second group of parents that the task group met with were parents from Kingsbury High School Parents Forum. The parents who attended the session had very mixed experiences of talking to young people about sex and relationships. One parent stated that their profession brought them into contact with the challenges that young parents face, therefore they ensured that they spoke to their children regularly. Other parents said that they were not spoken to about these issues. This left them very ignorant about sex but also meant that they wanted to ensure that their own children received better information.

Many of the parents who attended this session commented that they felt very ill equipped to talk to their young people about sex. They didn't know how much information to give their children or how much they knew already. Many found it embarrassing to broach the subject. One parent reported that their child had asked questions about sex and they didn't know how to respond so they told them to look up their questions in a dictionary or on the internet.

The parents at Kingsbury High School commented that the discussion with the task group provided a forum for them to discuss the issues, which they found very useful. Some parents were able to offer ideas about how to broach the subject with young people and at what level to pitch the discussion. They were also able to highlight the dangers of not talking to young people at all.

The Kingsbury parents told the task group that they did not know where to find literature that would provide more information about talking to young people about this issue, although one parent from the group had ordered a book from the internet. When asked what kind of support they felt parents needed all the group felt a forum to discuss issues and share ideas would be useful.

The task group recommends that the council and its partners including NHS Brent take a lead role in providing information and support to parents in talking to their children about sex and relationships. This needs to be embedded within Brent's local teenage pregnancy strategy. As the new package of services for preventing teenage conceptions is developed for the borough, initiatives that encourage and support parents to talk to young people should be incorporated within it. Schools can play an important role within this, for example, the extended schools initiative could, as part of the core offer, facilitate discussion groups for parents.

A designated officer should be given responsibility for taking the lead in liaising with parents. Their role will include making sure that literature is widely available both in leaflet form and via the internet. The task group are keen to ensure that communication is maintained on an on going basis as one off initiatives or events will not produce lasting results.

Providing information and support to parents is also recommended by the Teenage Pregnancy Independent Advisory Group report. This is based on the Scandinavian model where sexual health advice packs are sent to the parents and carers of young people when they are eleven.

#### **Recommendations:**

That the council and it's partners including NHS Brent work together to distribute literature specifically for parents and faith groups on teenage issues including substance misuse, sexual health and obesity.

That schools be encouraged to provide a forum for parents to discuss 'talking to their children about sex and relationships'

That an officer within the Children and Families Department is given clear responsibility for leading on work with parents and faith groups on matters relating to giving information to young people on sex and relationships.

#### Views of young people

In order to develop coordinated messages about healthy relationships, it is important to understand the views and perspectives of young people.

To help find out what young people thought, the task group undertook a survey of Brent Youth Parliament members. This produced some interesting results in relation to their views on talking about sex and relationships with parents and faith leaders. It showed that 76% of respondents felt that they did not want their parents to talk to them about sex. The main reason cited was that of embarrassment and discomfort and the feeling that their parents would not understand. This highlights the importance of parents feeling confident to develop a rapport with their children on this issue and is why the council should take the lead on developing literature for parents to facilitate this.

When asked if the religious place of worship should be more involved in helping young people to know more about sex and relationships 30% of respondents agreed stating that workshops and sex and relationships education from a religious point of view would be useful, while, 56% of respondents did not support this approach.

The task group also met with members of Brent Youth Matters two (BYM2), a local consultative youth group. This provided an opportunity to obtain in depth information from young people to gauge their views on this issue. Most of the group felt that there was a role for parents in talking to young people about sex and relationships, but primarily information should come from schools with parents providing back up. The group also felt that parents and schools should be working together to develop sex and relationship education programmes so that consistent messages were coming from school and home.

Some BYM2 members felt that young people are bombarded with contraception, sexualised images, confidential sexual health and abortion support, and the message that young people should delay sex or can say no is sometimes lost.

Sexual Relationships Education in schools is a big issue among young people. The SEU<sup>10</sup> report found that young people felt that they were told “too little, too late.” Schools are only required to provide one sex and relationships education lesson, this can be part of a biology class, and therefore only cover the mechanics of sex rather than discussions on relationships including thoughts and feelings.

The School Improvement team within Children and Families Department conducted an audit of SRE in Brent schools. All the twelve schools that took part teach more than the basic statutory requirement. They also look at the relationship context within SRE and the effects of alcohol and drugs on sexual behaviour. However only 33% of schools involve parents and carers in developing SRE. On a positive note, the Youth Parliament survey highlighted that 68% of respondents were happy with the SRE they received in schools.

Nationally schools only have a statutory duty to teach sex education in science but there is a lot of pressure for change. Organisations such as Brook Advisory Clinic are calling for SRE to be compulsory within the national curriculum and the government is considering it. Parents also have the right to withdraw their children from SRE.

During the discussion with BYM2, one member pointed out that even if sex and relationships education was compulsory in schools, there could still be a bias, particularly by teachers who would want to get their views across. During this discussion the point was also made that many teachers may be cautious in teaching sex and relationships or answering pupils questions as they could be targeted by parents or the media if they are thought to be being too explicit or inappropriate.

At the Circles of Influence event held by UK Youth Parliament in 2007 it was demonstrated that young people would like SRE to be focussed on healthy relationships which provides a clear understanding of what sex involves, how

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<sup>10</sup> Teenage Pregnancy, Social Exclusion Unit, 1999

to use different types of contraception and discussions around thoughts and feelings. UKYP led a campaign on SRE where 21,000 young people from across the UK took part in the survey where results have showed a clear need in a change in the way SRE is delivered in schools. The SRE campaign led by UKYP has resulted in current proposals being put forward at central government for reforms to SRE in schools, and the decision to make PSHE compulsory in primary schools.

Young people at this event have also suggested that during sex and relationship education, there is too much emphasis on aspects such as teenage pregnancy and sexually transmitted infections rather than on promoting healthy relationships.<sup>11</sup>

### **Conclusion**

This report has presented clear evidence that involving parents and faith groups in talking to young people about sex and relationships will make an important contribution to the preventative agenda. In order to continue the downward trend of teenage pregnancy rates and meet the 2010 target, there is need for consistent messages between professionals and other influential figures in young people's lives to help them make informed decisions

Implementing the recommendations within this review will also support the current administrations priority to support and improve the lives of the young people in Brent.

The task group were encouraged to find that at the time of finalising this report, the government announced that Sex and Relationships Education in the context of healthy relationships would become a compulsory part of the national curriculum.

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<sup>11</sup> UK Youth Parliament, Circle of Influence Event, 2007