

LONDON BOROUGH OF BRENT

Executive - 20 June 2005

Report from the Director of Education, Arts & Libraries

For action

Wards affected:
ALL

Report Title: Teenage Pregnancy Strategy for Brent

Forward Plan ref: EAL05/06-005

1.0 Summary

- 1.1 Following a review of the 2004/5 Teenage Pregnancy Action Plan and progress against conception rate targets, it has been decided that a written strategy is needed and this has been developed with the Teenage Pregnancy Unit of the DfES.
- 1.2 The key theme of this updated strategy is to underpin the provision of services within a clear strategic framework which has been developed in partnership with tPCT to integrate local services, policies and drives in line with government aims and objectives. This strategy must be seen within the context of the wider responsibilities and duties of parents and carers and choices made by young people themselves
- 1.3 Three key priorities have been identified which will support our goal to reduce the rate of teenage conceptions and to get more teenage parents into education, training or employment. There is an important role for statutory and non-statutory agencies (such as voluntary and community groups and faith communities) in delivering these priorities. These priorities are:
- High Profile, Media and Communications Campaign
 - Stronger Prevention Messages
 - Extensive Sex and Relationships Education
 - Better Contraception, Advice and Information Service
 - Improved Support for Teenage Parents

2.0 Recommendations

2.1 The Executive are recommended:

- to approve the attached Teenage Pregnancy and Parenthood Strategy for 2005 to 2010;
- to support the linking of the Teenage Pregnancy and Parenthood Strategy with local regeneration programmes to ensure prevention and support activities are targeted in “high risk” wards.

2.2 The Executive are recommended to endorse:

- the new priorities of a media and communications campaign (including the work with Area Forums, Religious Groups and voluntary organizations); improvements to education and active and improved support for teenage parents;
- the new focus on monitoring and analysis of teenage conception rates.
- the planned work to support parents in exercising their responsibilities for sex and relationships education

3.0 Detail

3.1 The UK has the highest teenage pregnancy rates in Western Europe, and sexually transmitted infections in this age group are also increasing. The governments ten year Teenage Pregnancy Strategy was developed by the Social Exclusion Unit in 1998 and recognised that teenage pregnancy can be both a result and cause of social exclusion. It is a multi-faceted problem, requiring a sustained, co-ordinated and partnership approach.

3.2 Early parenthood tends to restrict the life chances and choices of young people, limiting their opportunities for personal development, education, training and employment and making them more likely to be lone parents and dependent on benefits. Research also indicates that early sexual experiences are often regretted and teenage parents and their children are more likely than older parents to suffer ill health. Whilst it is important to acknowledge that not all teenage pregnancies are unplanned, teenage pregnancy and parenthood is a national and local priority.

3.3 National and local targets have been set to reduce teenage conception rates by 15% by 2004 and 50% by 2010 (baseline 1998). Figures published by the ONS in March 2005 show the progress of all Local Authorities towards their 2004 interim and 2010 final reduction targets. Nationally, there has been a 9.8% reduction in the under 18 conception rate between 1998 and 2003, this compares with an increase of 4.3% in outer London and 17.7% in Brent. The most recent data indicates

that for 2003, the average London under 18 conception rate per 1000 females was 51.1 compared with 56.2 for Brent

- 3.4 The national and local targets set by the Teenage Pregnancy Unit for under 18 year old conceptions are:

Table 1: National and Local goals for Teenage Pregnancy

Target area	Target reduction by 2004	Target reduction by 2010
England and Wales	15%	50%

In Brent the following incidence of teenage pregnancy has been reported:

Table 2: Incidence of teenage conceptions in Brent

Brent	1998	1999	2000	2001	2002	2003
Under 18 conceptions	218	239	259	236	253	280
Conception rate/1000 under 18s	47.8	50.8	53.7	47.1	51.4	56.2
London Conception rate/1000 under 18s	51.1	50.5	50.4	50.3	52.0	51.1
England Conception rate/1000 under 18s	46.6	44.8	43.6	42.5	42.6	42.1

Source: National statistics

In order to meet the local and national target of a reduction in under 18s conception rates of 15% in 2004 and 50% in 2010 (1998 baseline), the DfES Teenage Pregnancy Unit have identified the trajectory for Brent, outlined in Table 3.

Table 3: Trajectory to reduce teenage conceptions in Brent 2004-2010

Brent	2004	2005	2006	2007	2008	2009	2010
Conception rate/1000 under 18s	40.6	37.8	35.0	32.2	29.5	26.7	23.9

- 3.5 Six wards within Brent have an under 18 conception rate for 2000-2002 which is amongst the highest 20% in England. The wards are Harlesden, Kilburn, Willesden Green, Stonebridge, Queens Park and Wembley Central. All Chief Executives in England received a letter in February 2005 from the DfES asking for full support in strengthening

implementation of the Local Teenage Pregnancy Strategy with a particular focus on targeting resources to reach young people in neighbourhoods with the highest under 18 conception rates.

Table 4: Brent Wards with an under 18 conception rate for 2000-2002 among the highest 20% in England

WARD	Conceptions rate/1000 under 18's
Harlesden	124.8
Kilburn	97.4
Willesden Green	94.1
Stonebridge	77.7
Queens Park	67.1
Wembley Central	64.5

Source: Office of National Statistics 2005 (ONS)

Vision

- 3.6 By 2010, our vision is that all young people in Brent will make informed and responsible decisions about relationships, sex, parenthood and sexual health, whilst those who become teenage parents will be actively supported to reach their potential in society and overcome specific challenges they are likely to face.
- 3.7 We aim to realise our vision through strong leadership which will have the following features found to be effective in areas with reducing teenage conception rates:
- to strengthen effective partnerships between the Council (including Connexions) and the PCT.
 - to provide strong senior co-ordination on issues relating to the sexual health of young people.
 - to ensure there is local support for the strategy.
 - to ensure that the sexual health of young people is a high priority on the public health agenda.
 - to strengthen support for Personal, Social & Health Education implementation in schools and other settings.

Principles and Values

- 3.8 The following key principles to reduce teenage pregnancy rates and provide improved support to teenage parents are proposed:
- be young person centred.
 - be sensitive to the values and cultures of local communities
 - work in partnership with all relevant organisations by multi-agency planning and action.
 - develop a targeted approach to work with those most at risk.
 - respect the rights of young people.

- be aware of child protection issues in relation to young people and their children and seek to ensure that they are protected from harm.
- seek to ensure that delivery of the strategy is evidence based, and that new developments are being continuously researched and evaluated.
- develop mechanisms to ensure that stakeholders are committed to the development of a long-term vision.
- To empower young people to make responsible choices.

3.9 In February 2005 we established a multi agency Stakeholders Forum (including colleagues from tPCT and the voluntary and community sector) and consulted widely on the proposed strategy. This workshop proved to be successful, in no small part due to the inclusion of eight teenage mothers who attended the event and enriched the experience of everyone by making their views and aspirations clear.

4.0 Financial Implications

4.1. The Council will receive £140,000 Teenage Pregnancy Implementation Grant for 2005/06 from the DfES Teenage Pregnancy Unit. An Action Plan setting out how this funding will be used to deliver the Teenage Pregnancy Strategy will need to be approved by a multi-agency Teenage Pregnancy Partnership Board, who will also monitor the use of the Teenage Pregnancy Implementation Grant. The priorities for spending will be:

- a high profile media campaign,
- extensive sex and relationships education,
- better contraception advice and
- improved support for teenage parents.

4.2 The Government has not yet taken a decision about how teenage pregnancy funding will be allocated from 2006/07. A total of £29m was allocated in the 2004 Spending Review for teenage pregnancy in 2006/07 and 2007/08 (which is the same as 2005/06) but it is unlikely this will be ring-fenced funding; it will either be paid as more general Children's Services funding or through Revenue Support Grant. The Council will therefore have to decide as part of its 2006/07 budget process how much it allocates to fund implementation of the teenage pregnancy strategy from 2006/07 onwards. However, given the increasing under 18 conception rates in Brent we will need to continue to undertake significant preventative work, if we are to meet our 2010 target.

4.3 An Action Plan to deliver this strategy for 2005/06, will need to be approved by a multi-agency Teenage Pregnancy Partnership Board, who will also monitor the use of the Teenage Pregnancy Implementation Grant. It is expected that this Board will report to the Children and Young People's Strategic Partnership Board.

5.0 Legal Implications

5.1 There are no legal implications.

6.0 Diversity Implications

6.1 Over 70% of children in our schools are from Black Minority Ethnic communities as are over 50% of under 18 conceptions in Brent. It is also known that vulnerable groups such as those who are Looked After, excluded from schools, young offenders and those not in education, employment or training are more likely to become teenage parents. Early parenthood may restrict the life chances and choices of young people limiting their opportunities and are more likely to be dependent on benefits. By joining up action with key partners such as health, housing, neighbourhood renewal teams, Children's Centres and Extended Schools and the Voluntary Sector, will be of benefit to vulnerable young people of all backgrounds and will give a sharper definition to their needs.

Background Papers

DfES letter to Chief Executive; 24th February 2005; Strengthening implementation of your local teenage pregnancy strategy.

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