



APPENDIX 1 - EAL05/06-005

Brent   
Primary  
Care Trust

**PROPOSED**

# **TEENAGE PREGNANCY AND PARENTHOOD STRATEGY**

**BUILDING A BETTER BOROUGH FOR  
BRENT**

**2005-2010**

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# **THE STRATEGY**

# SECTION ONE - INTRODUCTION

## 1.1 INTRODUCTION

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

Early parenthood tends to restrict the life chances and choices of young people, limiting their opportunities for education, training and employment and making them more likely to be dependent on benefits. In addition, teenage parents and their children are more likely than older parents to suffer ill health. Teenage Pregnancy and parenthood is therefore a national and local priority.

The National Teenage Pregnancy Strategy was launched by the Prime Minister in June 1999 with two main goals:

- To reduce the rate of teenage conceptions by halving the rate of conceptions among under-18s
- To get more teenage parents into education, training or employment, to reduce their risk of long term social exclusion

A cross-Government unit, the 'Teenage Pregnancy Unit' (Department of Health, Department for Education and Skills, Department for Work and Pensions, Office of the Deputy Prime Minister and the Home Office, supported by the Children and Young People's Unit and the Sure Start Unit), was established within the Department of Health to take responsibility for the implementation of the national strategy and transferred to the Department for Education and Skills in 2003 to take this forward.

Locally, the national Teenage Pregnancy Unit (TPU) requires each area to develop a tailored ten-year strategy and rolling three-year action plan to achieve the main goals. Local teenage pregnancy targets have been set for each local authority, and Teenage Pregnancy Co-ordinators have now been appointed within every local authority area to co-ordinate the implementation of the strategy.

To support local plans a Local Implementation Fund was established by the Government in 2000/2001 towards the co-ordination of activity to develop integrated and innovative schemes in local areas. In 2003/2004, this amounted to £24m nationally. This stream of funding is ring fenced until 2006 when it is anticipated that programmes and service will be jointly commissioned with mainstream funding, incorporating the Teenage

Pregnancy resources, by Children's Services Authorities, including Primary Care Trusts. The purpose of the grant is to pump prime or add value to new or existing projects and stepped down on a year on year basis with a view to mainstreaming.

## **1.2 BACKGROUND TO THE STRATEGY**

This local teenage pregnancy strategy has been re-developed and updated by the Brent Teenage Pregnancy Board following a strategic review of the current strategy and action plan for 2003-2006 and in light of the data for 2003 published by the Office for National Statistics. These figures show the progress of all Local Authority towards their 2004 interim and 2010 final reduction target. 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

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.

The key theme of this updated strategy is to underpin the provision of services within a clear strategic framework that aims to achieve the national targets by reducing the under 18 conception rates in Brent and by providing more effective support to teenage parents. The strategic framework has been developed to integrate local services, policies and drives in line with government aims and objectives.

Integral to the review is joined up action planning with key partners, including health services; social work services; education services; youth services; supported housing service; youth offending team; neighbourhood renewal teams; the voluntary and independent sector and service users. It has taken into account the need to encompass the overlapping links with other local strategies, and synchronise with national policies and legislation, such as the five outcomes incorporated into the Children Act 2004.

## SECTION 2 – STRATEGIC OVERVIEW

### 2.1 VISION

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.

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 PSHE implementation in schools and other settings.

### 2.2 PRINCIPLES AND VALUES

The following key principles to reduce teenage pregnancy rates and provide improved support to teenage parents were agreed by partner agencies in 2000. They have been further updated in this strategy to comply with national and local targets and are applicable across the borough in developing and implementing this strategy:

***Principle one***

Be young person centred

Rationale:

We will seek to ensure that young people's views are valued and that they are consulted and involved when evaluating existing services and when planning and implementing new developments. We recognise that there needs to be a range of services in different settings to meet the needs of young people from different backgrounds and those with disabilities, looked after children or young offenders

***Principle two***

Be sensitive to the values and cultures of local communities

Rationale:

We will seek to ensure that cultural diversity is acknowledged and services are culturally competent.

***Principle three***

Work in partnership with all relevant organisations, including schools, by multi-agency planning and action

Rationale:

Effective partnerships at strategic and operational level have been strengthened in the new Children and Families Department to encourage seamless service delivery. We will also seek to ensure that teenagers and their parents are involved and consulted to ensure the strategy is relevant to local need, and that the rights and responsibilities of parents and other primary carers are respected.

***Principle four***

Develop a targeted approach to work with those most at risk

Rationale:

We acknowledge that there are a number of risk factors for early teenage pregnancy and parenthood, which include living in poverty, being looked after, being the child of a teenage mother, having disrupted education, having been sexually abused, being involved in crime, substance misuse or having mental health problems. As there is a significant relationship between teenage pregnancy rates and areas of high social deprivation, services will be targeted to areas with high rates and groups who are seen as being at particular risk of early parenthood or pregnancy

***Principle five***

Respect the rights of young people

Rationale:

Young people who are sexually active should have access to appropriate and confidential contraceptive service, within the constraints of the legal requirements and guidance set down for the protection of children and recognising that contraceptive treatment to children under the age of 16 should be provided without parental knowledge or consent only under the Fraser Guidelines (Heath Circular (86) 10).

***Principle six***

Be aware of child protection issues in relation to young people and their children and seek to ensure that they are protected from harm

Rationale:

A young person's need for privacy should be understood and respected, but child protection policies and guidelines must be followed in line with current legislation.

***Principle seven***

Seek to ensure that delivery of the strategy is evidence based, and that new developments are being continuously researched and evaluated

Rationale:

That where evidence exists on local, national and international effective practice, we will build on it to underpin the development of new local initiatives, and/or used as a framework to review existing services. Delivery of services must be responsive to the evidence of outcomes obtained through regular monitoring.

***Principle eight***

Develop mechanisms to ensure that stakeholders are committed to the development of a long-term vision

Rationale:

That commitment at the highest level is required from key organisations to secure cross agency assurance to sustainable delivery of the strategy and to ensure sustainability in the face of organisational change, and the existence of cost pressures from mainstream funding

***Principle nine***

To empower young people to make responsible choices

Rationale

Teenage conception rates can only be reduced if young people are able to make informed decisions about all aspects of sexual activity, based on a clear prevention message.

## **2.3 JOINED UP ACTION**

### **Co-ordination**

Brent is committed to the development, implementation and monitoring of the teenage pregnancy strategy. This commitment is now high on the political and corporate agenda. The Local Strategic Partnership has identified young people's sexual health improvement as a priority and this is currently subject to scrutiny. There is commitment to the strategy at Chief Executive Level in the Council and Brent Teaching Primary Care Trust that is now reflected in the structures to be put in place to develop, implement and monitor the strategy.

The multi-agency Teenage Pregnancy Partnership Board will have the overall responsibility for the strategic direction, sustainability, multi-agency participation and overall performance management of the teenage pregnancy strategy in Brent. The Board will also be accountable for the submission to the Local Implementation Fund from the Brent Teenage Pregnancy Unit. The Board will be chaired by Assistant Director from the Children and Families Department and be composed of senior managers



from the Council & Brent Teaching Primary Care Trust, along with other colleagues and agencies and will report to the Children and Young People's Strategic Partnership Board. This group will have responsibility for the overall Children and Young Peoples Plan for Brent.

A Teenage Pregnancy Stakeholders Forum has been established to enhance the more formal structure outlined above. This Forum's membership includes young people and is open to any organisation working in the borough that has an interest in reducing teenage conceptions and/or supporting teenage parents. The Forum will place particular emphasis to include BME and other ethnic groups; voluntary and statutory organisations working with children and young people with disabilities and any hard to reach or at risk groups.

#### Links with other strategies

In order to mainstream the issues related to reducing teenage pregnancy rates and of supporting teenage parents, it will be important to influence a range of other strategies. Existing links will be strengthened, further links will be made and respective strategies will need to be cross-referenced with teenage pregnancy:

#### Corporate Strategies

- *Brent Community Plan* – Brent's community plan aims to enhance the quality of life of local communities, through promoting and improving the economic, social, and environmental well-being of the borough. The Plan builds upon extensive community consultations and articulates local communities' aspirations, needs, and priorities.
- *Brent Local Authority Corporate Plan* – Sets out the Council's vision, values and key commitment.
- *Brent Performance Plan* – Annual Plan that describes what the Council will be doing to meet the needs of services users, local communities and businesses in the coming year.
- *Brent tPCT Strategy* – Sets out the PCT commitment to meeting the health and care needs of the local community
- *Brent Local Delivery Plan* – Joint PCT and LA local plan linked to priorities and planning to meet the NHS Plan

#### The Sexual Health Strategy

Addresses the rising prevalence of sexually transmitted infections and of HIV, and the high rates of unintended pregnancies

### Children's strategies

- *Children's Preventative Strategy* - Integrated strategy aimed at children and their families to develop with local communities realistic action which will counteract those factors that may cause children to be unsafe or at risk
- *Current Social Services Children's Plan* - Ensures that services for children are well managed and effective; improve the well-being of looked after children, young people in the child protection system and others requiring active support
- *Children & Young Peoples Plan (Requirements of 2004 Children Act)* – being developed as a multi-agency strategy around the five outcomes for children:
  - staying safe
  - being healthy
  - enjoying and achieving
  - achieving economic well-being
  - making a positive contribution

### Delivery Plans

- *Local Sure Start Strategies* – aims at improving the life chances of young children under the age of 4 years in disadvantaged areas. It works with parents and children to promote the physical, intellectual and social development of children.
- *Connexions* – gives advice and guidance for young people aged 13 to 19 years of age and provides a personal advisor to all young people to support them to reach their full potential.
- *YOT* – offers support to young people aged 15-19 years involved in persistent and/or serious offending who are vulnerable to rapid progression through the criminal justice system.
- *Children's Fund/'On Track'* – enables early intervention with children and young people aged 4-12 years to prevent later offending.
- *Drug Treatment Plans* – include Young People's Substance Misuse Plan and shows how the Drug Action Teams work with local children's service providers to develop an integrated approach to the strategic planning and coordination of drug service provision in response to local needs.

### Education strategies

- *Healthy schools programme* – aims to help schools become healthy and effective in providing an environment that is conducive to

learning and encourages young people to achieve – with particular drive to reduce inequalities and promote social inclusion.

- *Education Development Plan* – aims to raise standards in early years, primary and secondary education, targeting under-achievement and disadvantage.

#### Housing strategies

- *Housing Strategy, Supporting People Strategy & Homelessness Strategy* - provides housing support services to a wide range of vulnerable groups, including teenage parents.

#### Neighbourhood Strategies

- *Local Neighbourhood Renewal Strategies* – sets out to narrow the gap between deprived neighbourhoods and the rest of the country so that over time, no one should be seriously disadvantaged by where they live.
- *Brent Regeneration Strategy* – sets the Council's regeneration direction to ensure problems of deprivation are tackled effectively and to stop areas falling into decline.
- *New Deal S.Kilburn* – aims to help facilitate the community to make the area a desirable place to live, learn and work in.

#### National Strategies

- Every Child Matters: DfES 2004: Change for Children programme 2005
- Transforming Youth Work:
- Youth Green Paper – due March 2005
- Healthy Schools
- Public Health White Paper

It is recognised that in order to make positive strides to reduce conception rates, this strategy needs to be interlinked to the continued effort to reduce social inequalities. This strategy will be part of a multi-agency, multi-faceted approach to inequalities incorporated within neighbourhood renewal and care strategies.

## 2.4 STRATEGIC GOALS

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
<b>London</b> Conception rate/1000 under 18s	51.1	50.5	50.4	50.3	52.0	51.1
<b>England</b> Conception rate/1000 under 18s	46.6	44.8	43.6	42.5	42.6	42.1

Source: National statistics

The Audit Commission 'Family Boroughs' information shows from 1998 to 2003 an overall reduction in conception rates, compared with an increase of over 17% in Brent.

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

## SECTION THREE – KEY PRIORITIES FOR BRENT

***Three key priorities have been identified which will support our goal:***

- To reduce the rate of teenage conceptions by halving the rate of conceptions among under-18s
- To get more teenage parents into education, training or employment, to reduce their risk of long term social exclusion

***These priorities are***

- High Profile, Media and Communication Campaigns
- Stronger Prevention Messages
  - Extensive Sex and Relationships Education
  - Better Contraception, Advice and Information Service
- Improved Support for Teenage Parents

These activities will be targeted in wards with the highest levels of under 18 conception rates.

### **3.1 HIGH PROFILE MEDIA AND COMMUNICATIONS CAMPAIGNS**

#### **Strategic vision**

Our strategic vision for the media campaign for Teenage Pregnancy in Brent for 2010 is:

- By 2010 through a variety of methods, all young people living in or going to school in Brent will have easy access to age appropriate and consistent information about sex, relationships and the consequences of being a teenage parent.
- The issue of young people's sexual health will be discussed positively and openly in local press, radio and electronic media, with young people leading the agenda for discussions
- Preaching to young people does not work. Messages with the campaign need to be young people positive respecting their viewpoint.
- Partnership ways of working will encourage young people to 'tell their story' and have a greater say in the delivery of services
- All materials and resources will be developed in consultation with young people. Where appropriate young people will promote key messages or be involved in design of resources
- Gender and racial stereotypes dominate messages that young people receive about sex and sexuality from society. Materials developed as

part of the campaigns will strive to achieve a balance between being acceptable and popular with young people and challenging of these stereotypes

- Campaigns will target specific areas, communities or gender will be based on intelligence of need and evidence of effectiveness i.e. they should reach the right people in their own environment in the right way

## **3.2 STRONGER PREVENTION MESSAGES**

### **3.2.1 Extensive Sex & Relationships Education**

#### **Strategic vision**

Our strategic vision for Sex and Relationship Education in schools and other settings for 2010 is:

- A long term approach will be taken to ensure SRE is sustainable and that its prevention message is delivered within a community based approach, with both provision in schools and community settings, through partnership working between agencies, young people and parents.
- All schools and other settings (e.g. local clinics, youth settings, specialist access point etc.) involved in the delivery of SRE will have a clear and effective sex and relationships education policy that has been developed by relevant stakeholders, (including the relevant authorities in the case of voluntary aided schools).
- All young people in secondary and special schools (including pupil referral units) and Year 6 pupils in primary schools, will receive a universally consistent and high quality standard of sex and relationship education. This will be delivered through PSHE and include the development of knowledge, skills and attitudes.
- All schools will have clear links with the Healthy Schools Programme and use the suggested framework to monitor and evaluate their sex and relationship education teaching. SRE will be integrated into the school's approach to other parts of the curriculum as appropriate
- Mechanisms will be in place to ensure that young people are constantly involved in the evaluation of services and service developments.
- All professionals involved in the delivery of SRE will have received relevant initial training and updates as necessary. This will ensure that professionals feel confident and supported, as well as ensuring quality standards.

### **3.2.2 Better Contraception, Advice and Information Services**

#### **Strategic vision**

Our strategic vision for Better Contraception, Advice and Information Services for 2010 is:

- To aim to secure a range of services linked to young people's sexual health that are in line with the diverse needs of the young people in Brent with a main focus on choices and quality assured services.
- To link to other relevant local policies; particularly that of the Brent Teaching Primary Care Trust Strategy for Sexual Health and HIV, to jointly take forward the aims of national sexual health strategy, and work within the framework of the Teenage Pregnancy and the London Sexual Health framework 2004.
- To take a long term approach to ensure sexual health and contraception services; advice and information, is sustainable and delivered through partnership working between agencies, young people and parents as a key component in the provision of young people centred services.
- To ensure that all young people living in Brent who require sexual health information, advice or treatment will be able to access it.
- To commission and provide services against national legislation, standards and nationally recognised best practice criteria.
- To ensure all sexual health professionals working with young people will have received training in providing a non-judgemental, confidential and accessible services.
- To involve young people in the design and delivery of both new and existing services.

### **3.3 IMPROVED SUPPORT FOR TEENAGE PARENTS**

#### **Strategic vision**

Our strategic vision for better support for teenage parents in Brent for 2010 is:

- We aim to achieve a holistic provision for young parents, which will result in better access to education, greater support in parenting and an overall increase in their opportunities and life options.
- A long term approach will be taken to ensure support for teenage parents is sustainable, and delivered through partnership working between agencies, young people and parents.
- Mechanisms will be in place to ensure that young people are constantly involved in the evaluation of services and service developments.
- Support packages comprising housing, childcare, education, training and life-skills and parenting development will be available to all young parents, according to their needs and circumstances.
- Young parents, through take up of the available provision, will be able to finish school (if under 16) or start training or employment (if 16 or 17) and reduce the risk of long term social exclusion and adverse health risk for themselves and their children.
- Statutory and voluntary organisation will provide a co-ordinated response to the needs of teenage parents.
- All under 18 year old teenage parents who cannot live with family or partner will be offered semi-supported housing.

#### **Conclusion**

The re-established multi-agency Teenage Pregnancy Board recognise there is a great deal of concentrated effort needed to reverse our current upward trend in under 18 conception rates and are committed to achieve better outcomes linked to other strategies, in particular the tPCT's Sexual Health Strategy. The 2005/2006 Action Plan to support this Teenage Pregnancy and Parenthood Strategy will ensure that it is designed to closely monitor progress with a view to mainstreaming successful initiatives within the wider Children and Young People's Plan.



# **APPENDIX A**

A.1 The Brent Context

A.2 Brent Teenage Pregnancy Profile

## A.1 BRENT CONTEXT

Brent has a population of 263,463, an increase of 8.4% in the last ten years. Compared with the national average, Brent has a relatively young population<sup>1</sup>; according to the 2001 Census, it has the fourth lowest proportion of older people compared with all Outer London Boroughs, but this is above average within the Inner London Boroughs. It is one of only two Boroughs in England and Wales where for the first time Black and Minority Ethnic (BME) groups now represent a greater proportion than white groups – 54.7%.

The Brent population profile by age group taken from the 2001 census is given below in Table 4.

**Table 4: Breakdown by age range of young people as total of population in Brent (2001 census)**

<b>Age Range</b>	<b>Total</b>	<b>Males</b>	<b>Females</b>
0 – 4	16306	8153	8153
5 – 9	16057	8090	7967
10 – 14	16497	8322	8175
15 – 19	16670	8507	8163
Over 20	197,934	94,734	103,200
<b>Total</b>	<b>263,464</b>	<b>127,806</b>	<b>135,658</b>

The ethnicity breakdown in Brent is given in Table 5 below (2001 census):

**Table 5: Breakdown of ethnicity in Brent**

<b>Ethnic Group</b>	<b>Percentage of resident population in ethnic group</b>
White	45.3
Of which White Irish	7.0
Mixed	3.7
Asian or Asian British	27.7
Indian	18.5
Pakistani	4.0
Bangladeshi	0.4
Other Asian	4.8
Black or Black British	19.9
Caribbean	10.5
African	7.8
Chinese or Other Ethnic Group	3.4

### Deprivation

Deprivation is particularly widespread in the south of the Borough and gives rise to serious health inequalities and a concentration of households experiencing multiple deprivations<sup>2</sup>:

- Five neighbourhoods in Brent fall within the top 10% most deprived areas in the UK – South Kilburn, St Raphael's, Brentfield, Harlesden and Church End
- There are larger numbers of population of black or black British in Stonebridge and Harlesden; Harlesden being a most deprived area.

### Vulnerable Young People in Brent

DfES Research and Statistics provide the following information about absences and exclusions from schools in Brent:

**Table 6: Absences and exclusions from Schools in Brent (DfES website)**

		<b>1997/8</b>	<b>1998/9</b>	<b>1999/ 2000</b>	<b>2000/1</b>	<b>2000/2</b>	<b>2002/3</b>
Number of Primary pupils absent for at least one half day	Unauthorised absences	3,585	3,738	3,971	3,198	3,048	3,036*
	Authorised absences	13,638	16,068	15,912	15,445	15,445	16,707*
Number of Secondary pupils absent for at least one half day	Unauthorised absences	1,378	1,373	1,875	1,930	1,874	2,438*
	Authorised absences	10,787	10,537	10,580	10,326	10,839	11,434*
Number of permanently excluded (% of school population)		0.26	0.21	0.15	0.13	0.1	

As at 31 March 2003, there were 354 looked after children over the age of 10 in Brent. Most looked after children originate from wards with high levels of deprivation. Around 200 are placed outside the borough.

## A.2 BRENT TEENAGE PREGNANCY PROFILE

The rate of conception for females aged under 18 in Brent has been higher than the average rate for outer London, and in 2003, exceeded the outer London average by 12.2%, and the pan London average by 5.2%.

The number of teenage conceptions in Brent is given in Table 2. The number of actual births to under 20 year olds in Brent is given below:

**Table 7: Number of births to under 20 year olds in Brent**

Age	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
<16	4	5	5	3	4
16-20	225	197	195	198	205
All <20	229	202	201	201	209

Source: Brent Strategy for Sexual Health and HIV 2004

The following table gives ward level data for the wards with the highest number of conceptions based on all live births during 1997-2001 for mothers under the age of 20.

**Table 8a: Brent Locality data for Localities with highest number of under 20 year old births**

Locality	<16	%<16	16-20	%16-20	21-24	%21-24	All ages	% all ages
Harlesden	7	33.3	270	26.5	549	22.1	3613	19.0
Kilburn	4	19.0	178	17.5	359	14.4	3398	17.9
Kingsbury	5	23.8	111	10.9	341	13.7	3127	16.5
Wembley	3	14.3	256	25.1	761	30.6	5244	27.6
Willesden Green	2	9.5	205	20.1	475	19.1	3597	19.0

Source: Brent Strategy for Sexual Health and HIV 2004

**Table 8b: 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)

Information on terminations is given in the Table 9 below:

**Table 9: Under 18 Pregnancy Terminations Data in Brent**

<b>Under 18 pregnancy termination data</b>	<b>Number of under 18 terminations</b>	<b>% of under 18 terminations funded by NHS</b>	<b>% of under 18 terminations performed before 13 weeks</b>
1998 (baseline)	176	92.0	82.4
1999	195	91.3	76.9
2000	213	86.9	76.1
2001	133	91.0	82.7

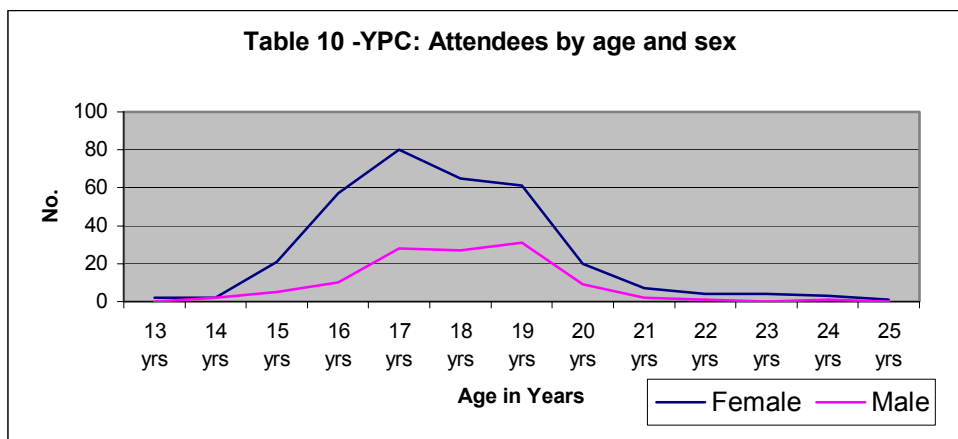
Source: Brent Teenage Pregnancy Performance Assessment and Evaluation 2003/2004

In 2003, there were 217 terminations provided by Brent Pregnancy Advisory Service and Marie Stopes Clinic. The number of people receiving terminations within 3 weeks of presentation to services was 88.5%. The number of NHS sponsored terminations within 9 weeks was 72%. Access to services for early unintended pregnancy was awarded a score of above average performance by the Commission for Health Improvement inspection for 2002/2003.

**Sexual health profile**

The provision of the young persons clinic at Northwick Park Hospital from October 2003– July 2004 has seen 427 individuals attending, with a majority between 17 –19 years of age (see table 10):

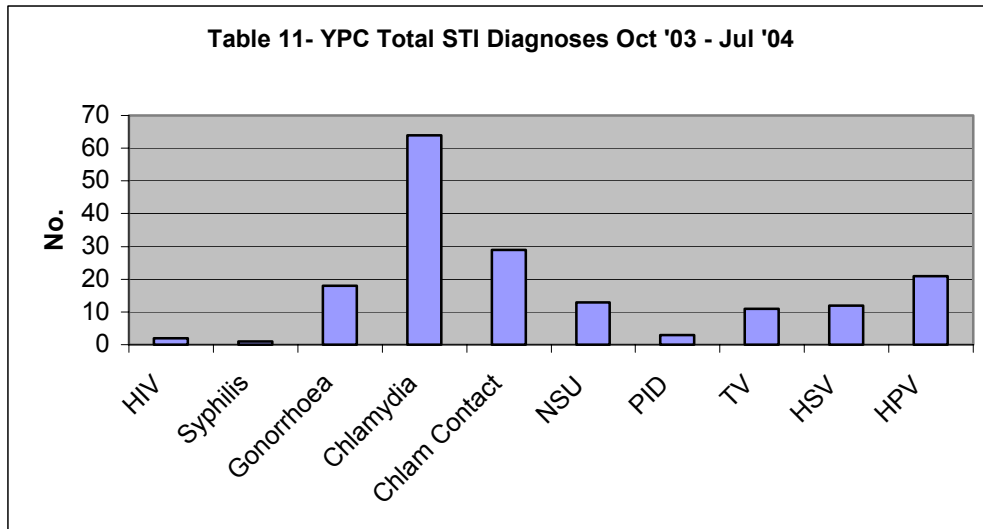
**Table 10: Attendance at the Northwick Park Hospital YP clinic 2003/2004**



Source: Brent Teenage Pregnancy Performance Assessment and Evaluation 2003/2004

Of those attending 115 attended for contraception, 93 were tested positive for chlamydia (see table 11).

**Table 11: STI diagnosis at Northwick Park Hospital YP clinic 2003/2004**



It should be noted that the Northwick Park Hospital YP clinic is also access by Harrow young people. Therefore Patrick Clements Clinic date for comparison is to follow.

Generally information management and information sharing around pregnancy and sexual health, particularly in closer identification of patterns amongst BME communities or vulnerable groups, is an area for improvement, and a necessity in determining an accurate needs assessment for young people in the Borough.

# APPENDIX B

Profile of Current Service Availability & Areas for Development

## **MEDIA AND COMMUNICATIONS CAMPAIGN**

### **Profile of current service availability**

The following provides an account of current service availability for Teenage Pregnancy as set out in the action plan submitted for 2003-2006 and gained through review.

<b>Media and communications</b>
<ul style="list-style-type: none"><li>• Health promotion and Teenage Pregnancy, in consultation with young people, have designed a poster and credit card sized publicity leaflet to advertise the 'Think First Access Centre'</li><li>• Teenage Pregnancy communication's leads have been nominated by both the local authority and PCT</li><li>• Connexions, Healthy Schools Programme and Teenage Pregnancy LIG grant, have produced the 'Think First' Teenage Pregnancy Directory of Services for Young People in Brent in filofax form and will soon appear in Borough-wide electronic Services Directory</li><li>• A further services directory has been produced by the Healthy Schools</li><li>• Brent 'Fame Academy' held events 2003 to engage young people and a CD and video was produced on sexual health and teenage pregnancy which was distributed to young people and key agencies.</li><li>• Connexions and Teenage Pregnancy funded a 'Teenage Pregnancy Support Video now distributed to all key agencies, including schools.</li><li>• St. Raphaels, Brentfield and Mitchell Brook Teenage Pregnancy Awareness project has been completed in partnership with Sexual Health On Call and the African Child.</li></ul>

### **Areas for development**

The following areas are identified for development:

- There needs to be a clear local media strategy drawn up together with an action plan that sets out the co-ordinated publicity development and promotion for all areas of the broader strategy in order to maximise the effectiveness of local services
- The strategy needs to be consistent with national campaign objectives and key messages. This includes updating the national help line Sexwise on accurate information about local services
- A media strategy steering group needs to be re-established, to steer the media strategy and plan towards permanency through harnessing and re-presenting the publicity of the ongoing teenage pregnancy mainstream activities
- A comprehensive programme needs to be devised on ways to work with young people can contribute towards the strategy, to ensure there



is a strong identity with services and the expectation that they can access a range of confidential services

- Based on the evidence of a needs assessment, campaigns will be linked to the reduction of inequalities, and that services are targeted to specifically vulnerable groups and areas
- Creative use will be made of the media for pro-active work to promote positive sexual health among young people. In addition, prepare for responses to any negative press coverage that could arise.
- There needs to be a renewal and dissemination of teenage pregnancy resources, including posters, websites, radio, magazine articles, adverts and information boards

### **Key Actions**

Our key actions will be:

- Re-establish the media strategy groups.
- Co-ordinate all Teenage pregnancy publicity through the group to avoid duplication of materials and campaigns
- Organise the involvement of young people and, where appropriate their parents, carers and specific community representatives who could contribute towards the delivery of effective messages
- Devise a media action plan in consultation with young people and in line with needs, (that needs to be updated annually) making sure that it is Specific, Measurable, Achievable, Relevant and Timed (SMART). Put in place evaluation processes, including performance monitoring indicators, to measure progress and response.
- Ensure that there is publicity material coverage tailored for specific needs (i.e. multi lingual and appropriate) and for specific areas or districts
- Continue with the projects and campaigns that have been proved effective and make them current and relevant (posters, credit cards information, checklist for professionals, Brent intranet, Fame Academy)
- Identify where there has been overlap of materials or campaigns, rationalise and consolidate
- Update the information for the national Sexwise helpline, annually
- Promote the media strategy corporately and ensure there is ownership in all areas of the TP strategy (i.e. corporate branding). Prepare for the continuation of campaigns and publicity following the withdrawal of

pump primed funding, ensuring this is covered within mainstream budgets and individual core service plans

## **STRONGER PREVENTION MESSAGE – Extensive Sex and Relationships Education**

### **Profile of current service availability**

The following provides an account of current service availability for Teenage Pregnancy as set out in the action plan submitted for 2003-2006 and gained

#### **Better Prevention: SRE IN SCHOOL SETTINGS**

- A Personal Social and Healthcare Education (PSHE) Team is in place to develop SRE in line with the minimum guideline standards The team comprises of the healthy schools co-ordinator, PSHE consultant, citizenship consultant, young people's drugs advisor the teenage pregnancy co-ordinator
- The team has supported SRE days in three schools, and run workshops with year 10 on parenting and relationships
- The team are supporting development of training for teachers and implementation of the national PHSE accreditation
- Community nurses are also being prepared for CPD accreditation for PSHE
- Health promotion with DAT have developed an SRE and drugs training package for all professionals who work with young people. Training sessions have begun
- Brent tPCT has recruited a YP training co-ordinator funded by Sexual Health and DAT for first year
- TPCT, has worked jointly with women's services and GUM in running sessions on relationship difficulties in classroom in small groups and 1:1
- They have also run primary school sessions on growing up and body changes
- Inter-agency Health Fairs have been held
- A Life Choices Programme funded by the tPCT has been run by school nurses for year 10 using Simulator baby and providing various types of information This is being extended to years 6/7
- Open door sessions are run by school nurses for teenagers
- A mapping exercise has taken place by the Teenage Pregnancy co-ordinator to ensure close working with schools and youth centres located in wards with high conception rates

### **Better Prevention: SRE in Non School Settings**

- Think First Young Peoples Access Centre is established, provided through partnership working between Connexions, CSA, Lifetime Careers and Job Centre Plus, all of whom provide services to young people at the Centre
- Youth clinics link to DAT and Connexions
- A support programme is run by tPCT for parents of teenagers
- 1:1 counselling support is provided for secondary school pupils in early evenings
- The Youth Service has been supported through the SRE and drugs training package.
- A sexual health training package has been formulated and delivered – taken forward by Health Promotion
- Professionals have been trained to deliver Sexual Health Training
- A peer education project is provided by the Kilburn Youth Centre for South Kilburn area only.
- Brent Linx – for young people aged between 13-18 years who have disrupted home lives and/or not regularly attending or excluded from school
- Brent Youth Action – provides support with personal safety issues
- Essence Counselling & Training enterprise – for young people between 8 and 16 years providing counselling, advice, training, education and parent support workshops
- Mentoring Plus Brent – Helps to boost self-esteem and confidence in young people
- Mosaic Youth Project – for young people under the age of 25 and gay, lesbian, bisexual or questioning sexual identity providing one to one advice, mentoring and counselling and youth groups
- Safe in the City – For 14-18 year olds at risk of becoming homeless
- Uganda Youth Support Group – for 13-25 year olds from the African communities, providing health advice and home support for STV's/HIV, advocacy, condoms, peer education and interpretation services
- There are in addition a number of services offering a range of activity opportunities for young people

### **Areas for development**

The following areas are identified for development:

- Structures need to be in place through the Teenage Pregnancy Board for the overall performance management of SRE (i.e. there needs to be an identified sub-group with responsibility for co-ordination, monitoring and evaluation of SRE)
- The SRE agenda needs to be informed by evidence gained through a comprehensive needs assessment, that should include consultation with young people in and out of school settings, in particular those young people who are considered vulnerable; young offenders, looked after young people, unaccompanied minors and those from socially excluded communities

- An action plan needs to be drawn up (renewed annually) encapsulating SRE provision in both school and non school settings, specifically identifying vulnerable groups, including the context and needs of the Borough's large BME communities
- The action plan needs to be cross referenced with the strategies of other linked services, particularly the Strategy for Sexual Health and HIV, Children's Preventative Plan and the five outcomes of the Children Act 2004
- There needs to be monitoring of revised SRE policies in secondary schools in line with DfES guidance and a need to ensure that all the sexual health projects that will be working in schools are co-ordinated, and can be linked into the schools own SRE programme wherever possible
- The Healthy Schools Scheme needs to address the stance in some schools where the interpretation of culture and religion has meant that SRE provision is patchy, it is not always identified as a high priority by schools and links between the benefits of SRE and other aspects of school life are not explicitly made
- Training on PSHE accredited courses for teachers; school and community nurses and other professionals should continue to be developed. Training opportunities on SRE need to be provided for school governors and senior managers to measure whether or not it is meeting the needs of school pupils
- SRE policies and guidelines need to be developed for all out of school settings involved in SRE; for example youth groups, centres, youth offending teams, residential care homes and foster carers
- Professionals need to be constantly updated on new materials on SRE, how to access these and the importance of distributing them consistently to young people

### **Key Actions**

Our key actions will be:

- Under the new Board structure, form a borough-wide multi-agency prevention group and work in partnership to take the SRE agenda forward. Terms of reference for the group will need to be drawn up
- The group will devise an evidence based SRE action plan that is SMART, links in with other relevant strategies and is sustainable. The group will performance manage the implementation of the action plan and put in place a system of evaluation on the process and outcomes

- The group will organise the involvement of young people and, where appropriate their parents, carers and specific community representatives who would actively contribute towards the effective provision of SRE in schools and out of schools
- The group will prepare for the continuation of SRE following the withdrawal of pump primed funding, ensuring this is covered within mainstream budgets and individual core service plans
- The group, with the Healthy Schools Scheme will consider protocols for breaking down resistance for SRE education in some schools and will support schools and the wider community to provide information and support to parents on SRE and talking to their children about sex and relationships
- The current provision of SRE needs to be evaluated and outcomes of policies and surveys, stated. The action plan should incorporate existing positive partnership working, effective services and measures, and the activities that are making good progress with SRE in schools and in the community
- SRE policies in schools need to be monitored and SRE policies developed in partnership with out of school agencies e.g. youth groups and those organisations and services managing the needs of vulnerable young people. The needs of boys and young men should also be addressed within these
- The rolling programme of SRE training should be extended to school governors and managers as well as to a greater number of professionals

## **BETTER CONTRACEPTION, ADVICE AND INFORMATION SERVICES**

### **Profile of current service availability**

The following provides an account of current service availability for Teenage Pregnancy as set out in the action plan submitted for 2003-2006 and gained through review.

<b>Better Prevention: Better Contraception, Advice and Information Services</b>
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| <ul style="list-style-type: none"> <li>• Free emergency contraception is provided at many services during the week, but restricted at weekends to A&amp;E only</li> <li>• Several YP specific services provide contraceptive service, advice and information and GUM: Kilburn Youth Centre 'Seriously Sexy' project, Health Across the Ages, Brent Centre for Young People have all appointed sexual health/project workers based in South Kilburn.</li> </ul> |
|--|

- Brent tPCT funds the 'U Can Xpect' that emphasise the GPs are committed to providing confidential and safe service for young people
- The Assessment framework for young people who are looked after provides age appropriate information about health including SRE issues
- The Think First YP Access Centre, Connexions Personal Advisor and TP co-ordinator provide advice and information and onward referrals to appropriate agencies
- Addaction Brent - provides advice information and counselling to young people with drug and alcohol problems
- A limited amount of condoms are made available by the TP co-ordinator
- Brent is a participant in the second phase of the Chlamydia national pilot to provide opportunistic screening in primary care settings for 1-24 year olds
- The following sexual health and contraception clinics are held through the Westside Contraceptive Services in Brent which young people are able to access:
  - Perrin Road Clinic – 1 session
  - Mortimer Road Clinic – 1 session
  - College Road Clinic – 1 session
  - Chalkhill Health Centre – 1 session
  - Kilburn Square Clinic – 3 sessions
  - Monks Park Clinic – 2 sessions
  - Helena Road Clinic – 3 sessions
  - Stag Lane Clinic – 3 sessions
  - Craven Park Health Centre – 4 sessions
  - Pound Lane Clinic – 4 sessions (one for Young people)
  - Wembley – 6 sessions
- The standard for pregnancy terminations within three weeks of referral has been met
- Brook – offers free confidential contraceptive advice, supplies and help with sexual problems about pregnancy
- Central Middlesex Hospital GUM Dept – HIV and family planning clinic
- Minor Accident Treatment Services, Wembley Centre for Health and Care – walk in service that provides emergency contraception
- Northwick Park Centre for Sexual Health GUM – HA1 clinic for teenagers providing screening for sexually transmitted infection, including HIV

### **Areas for development**

The following areas are identified for development:

- Structures need to be in place through the Teenage Pregnancy Board for the overall performance management of contraception, information and advice services within the Teenage Pregnancy Strategy (i.e. there needs to be an identified prevention sub-group with responsibility for co-ordination, monitoring and evaluation of contraception, information and advice services)
- This agenda is inextricable linked to that of the tPCT Sexual Health strategy, which addresses teenage pregnancy and sexual health, and

provision needs to be closely planned and linked, in partnership with the teenage pregnancy unit and other agencies, to avoid unnecessary duplication and territorial divisions

- The contraception, information and advice services agenda needs to be informed by evidence gained through a comprehensive needs assessment, that should include consultation with young people (including young men) and, where appropriate, their parents
- Services need to be targeted at those young people (including young men) who are considered vulnerable; young offenders, looked after young people, unaccompanied minors, BME communities, those from socially excluded communities, and those living in high prevalence, high deprivation areas
- An action plan needs to be drawn up (renewed annually) to provide youth specific contraception, information and advice services.
- There needs to be contingency planning for sustainability within core services of contraception, information and advice services following the ending of pump priming funding for SRE provision in both school and non school settings, specifically identifying vulnerable groups
- Services to be developed include young people friendly and accessible emergency services for contraception, information and advice on a 7 day per week basis and the provision of more services in non-statutory youth friendly community settings across the district

### **Key Actions**

Our key actions will be:

- Under the new Board structure, form a borough-wide multi-agency prevention group and work in partnership to take the contraception, advice and information agenda forward. Terms of reference for the group will need to be drawn up
- The group will devise an evidence-based contraception, advice and information action plan that is SMART, links in with other relevant strategies, particularly Brent Sexual Health and HIV strategy, and is sustainable. The group will performance manage the implementation of the action plan and put in place a system of evaluation on the process and outcomes
- The current provision of contraception, advice and information for young people needs to be evaluated and outcomes measured. The action plan should incorporate existing positive partnership working, effective services and measures, and the activities that are making good progress

- The group will organise the involvement of young people and, where appropriate their parents, carers and specific community representatives who would actively contribute towards the effective provision of contraception, advice and information across the district
- The group will prepare for the continuation of contraception, advice and information following the withdrawal of pump primed funding, ensuring this is covered within mainstream budgets and individual core service plans and taking advantage of proposed new funding (i.e. Public Health White Paper Dec 2004<sup>3</sup>)
- The group will ensure there is collaboration with the national chlamydia strategy for screening young people aged between 15-24 years for chlamydia, and take advantage of the window opportunity this provides for reducing risks of infections and unwanted pregnancies
- A review will take place of the potential to develop more young people specific clinics and informal contraceptive, advice and information services across the district, including at establishing one at the Central Middlesex Hospital GUM which serves the majority of Brent residents

## **IMPROVED SUPPORT FOR TEENAGE PARENTS**

### **Profile of current service availability**

The following provides an account of current service availability for Teenage Pregnancy as set out in the action plan submitted for 2003-2006 and gained through review:

<b>Better Support: Supported Housing</b>
<ul style="list-style-type: none"> <li>• 13 supported housing units are currently occupied by lone under 18 year old parents</li> <li>• 5 housing units have floating support</li> <li>• An audit of housing needs for teenage parents has been undertaken and is to be incorporated into Housing, Support People and Homeless strategies</li> <li>• Information on housing, 15 of the 19 young people with whom the Connexions Persona Advisor is working with come from BME communities benefits, training and employment issues are provided to young parents by Connexions PA, Housing Resource Centre, African Child Floating Support worker and Midwifery services</li> <li>• All teenage parents who are looked after are in suitable accommodation, (except one who is in B&amp;B)</li> <li>• There is a named lead for teenage pregnancy in Brent housing teams, providing support through transition to independent living</li> </ul>



### **Education, Training and Employment for Teenage Parents**

- The looked After Children Education team provides a service to support teenage parents to access education
- For those under 16 there is a dedicated Teenage Pregnancy Education Advisor; for those over 16 the Connexions PA and SSD Leaving Care Team provide support
- The Teenage Pregnancy Education Advisor has a strong working relationship with the Home Tuition, E2E training programme and is building links with Extended school provision for take up of flexible courses
- There is partnership working between the Connexions PA and Job Centre Plus
- Access to Care2Learn childcare funding has been established
- Teenage parents have been linked into the Peer Education programme, blue Sky Arts and media Project
- Training has been provided to Learning Mentors regarding their 'Vulnerable Girls' training on teenage pregnancy and confidentiality

### **Childcare**

- Children's Centres are in the process of being developed
- The needs of Teenage parents are being considered as part of the overall service planning in these centres, which will have crèche and child minding facilities
- Work underway to improve information sharing from early years

### **Support for Pregnant Teenagers and Teenage Parents**

- All looked after parents have an allocated social worker
- A number of agencies provide support, Homestart, Surestart and Connexions, in addition to specific voluntary sector support as part of care packages
- Sure Start Roundwood teenage pregnancy programme offers a weekly workshop given by specialist providers (Homestart, Health advisor for Looked After Children), providing 1:1 intervention and support to teen parents
- Workshop topics include personal development, sex education, conflict resolution, relationships and a range of parenting and recreational activities
- Teen parent co-ordinator Homestart Brent together with Health Advisor for LAC and teenage pregnancy education advisor run groups for teen parents and pregnant teenagers where they can learn to enjoy their pregnancy and parenthood. Groups include:
  - Drop in for teenage parents with interactive play
  - Baby Clinic
  - Cookery group in Mother and Baby unit
  - IT sessions leading to newsletter
- Funding has been obtained for the interactive play equipment by

#### Homestart

- Funding was also obtained for computer software to produce newsletter for young parents
- Links have been developed linking teenage parents into City Learning resourcing
- In conjunction with the Tricycle Theatre, a group are working wards making a video for teen parents - £5000 funding has been granted
- The Group are collaborating with Brent PCT in production of CD Rom addressing issues of being pregnant.
- The group is to develop a teen parent publicity campaign

The teenage Pregnancy Education advisor works with schools, school nurses, EWO, health visitors and midwives to provide a holistic support network

This list of service provision does not include some of the generic statutory health and social care services that directly or indirectly contribute towards the needs of teenage parents – i.e. midwifery, primary care, paediatrics, child protection etc.

#### **Areas for development**

The following areas are identified for development:

- Structures need to be in place through the Teenage Pregnancy Board for the overall performance management of support services for teenage parents within the Teenage Pregnancy Strategy (i.e. there needs to be an identified sub-group with responsibility for co-ordination, monitoring and evaluation of support provision)
- This agenda needs to be inextricable linked to other strategies for children and young people, in particular to Child Protection, Children's Preventative Strategy, Children Plan and provision of children's services needs to be closely planned and linked, in partnership with the teenage pregnancy unit and other agencies, to avoid unnecessary duplication
- The planning and provision of support services for teenage parents needs to be informed by evidence gained through a comprehensive needs assessment, that should include consultation with young people (including young men) and, where appropriate, their parents
- Services need to be targeted at those young people (including young men) who are considered vulnerable; young offenders, looked after young people, unaccompanied minors, BME communities, those from socially excluded communities, and those living in high prevalence, high deprivation areas
- An action plan needs to be drawn up (renewed annually) for the provision of services for teenage parents and expectant teenage parents

which brings together the various strands of support and specific services addressing target areas

- The plan needs to take advantage of all streams of funding, including that for initiatives to address the needs of specific localities, such as Neighbourhood Renewal, New Deal and Sure Start
- There needs to be contingency planning for sustainability within mainstream services for support of teenage parents or expectant teenage parents following the ending of pump priming funding
- The co-ordination of care packages for young teenage parents or expectant parents needs to be rationalised to deliver better joined up working across agencies
- Teenage pregnancy services need to be incorporated into the establishment of the four Children's Centres in Brent Home
- Some support services need to be extended or developed as currently they are not meeting demand (i.e. home tuition, childcare funding)

### **Key Actions**

Our key actions will be:

- Under the new Board structure, form a borough-wide multi-agency support group and work in partnership to take housing, education and support services for teenage parents and expectant teenage parents forward. Terms of reference for the group will need to be drawn up
- The group will devise an evidence based support services action plan that is SMART, links in with other relevant strategies, those relevant to children and families, and is sustainable. The group will performance manage the implementation of the action plan and put in place a system of evaluation on the process and outcomes
- The plan will need to ensure that the locality planning for support services and the generic provision of support services are integrated within the overall action plan, within the strategic framework, and not developed and provided in a fragmented way
- The current provision of housing, education and support services needs to be evaluated and outcomes measured. The action plan should incorporate existing positive partnership working, effective services and measures, and the activities that are making good progress
- The group will organise the involvement of young people and, where appropriate their parents, carers and specific community representatives who would actively contribute towards the effective provision of support service for teenage parents and expectant parents across the district

- The group will prepare for the continuation of support services following the withdrawal of pump primed funding, ensuring this is covered within mainstream budgets and individual core service
- A review will take place on alternatives to home tuition, which is the only alternative educational provision for teen parents of statutory school age
- A review will also take place on child care, as the 'Care 2 Learn' funding does not cover the whole academic year and childminders have concerns over retainer fees during school holidays. Potential to link child care into the new Children's Centres through Sure Start will need to be explored

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<sup>1</sup>2001 census

<sup>2</sup> Welfare to Work Joint Investment Plan 2001/04 (LB Brent)

<sup>3</sup> Independent Advisory Group on Sexual Health and HIV (10 December 2004)  
'Choosing Health, Making Healthy Choices Easier'