

## MUNICIPAL YEAR 2010/2011 REPORT NO. **4A**

**MEETING TITLE AND DATE:**

Council 30<sup>th</sup> June 2010

**REPORT OF:**

Children's Services  
Scrutiny Panel

**Agenda – Part: 1**

**Item: 13**

**Subject: UNDER 18'S CONCEPTION  
WORKING GROUP – INTERIM REPORT**

**Wards: ALL**

**Cabinet Member consulted: All**

Contact officer and telephone number:

Claire Johnson 020 8 379 4239

E mail: Claire.johnson@enfield.gov.uk

### **1. EXECUTIVE SUMMARY**

- 1.1 This is an interim report of the Under 18's conception Working group. Members of the Panel consider that the working group should continue into the next municipal year as there is considerably more work to be done on raising aspirations, and our conception rate remains high. However, the current Chairman and Panel members have identified recommendations and ask that these are endorsed by both Cabinet and the Children's Trust Board and passed to the Teenage Pregnancy Partnership Board for implementation.
- 1.2 Cabinet considered this report on 17<sup>th</sup> June 2010 and endorsed the recommendations, with an agreement that an additional recommendation be included within the report see point 2.7.

### **2. RECOMMENDATIONS**

- 2.1 To work with schools to identify disadvantaged young children in primary years 5 and 6 such as those living in poverty, with low educational attainment, poor performance and attendance and low aspirations, to develop a programme of work to try to raise their aspirations.
- 2.2 For the Teenage Pregnancy Data Sub-group to advise the Partnership Board on the data required, and for all Partners to resolve data collation issues for their particular contribution to ensure that the data is collated in a useful and timely manner.
- 2.3 For the Council, Nhs Enfield and partners to prioritise and raise the profile of preventing under 18 conceptions. To review capacity within the operational and implementation services to ensure they are sufficiently resourced to make a difference to the outcomes of young people.

- 2.4 Funding should be allocated on a more strategic basis and prioritised on areas of need shown through evidence and data on intervention projects that will make a difference and break the cycle of low aspiration and poverty. The child poverty strategy should be linked closely with this process.
- 2.5 The Panel would strongly support the continuation of a programme being run similar to the Teens and Toddlers programme within the Youth Support Service Schools Team.
- 2.6 That the Council and its partners ensure that the Common Assessment Framework (CAF's) are completed by all staff when undertaking an assessment of the needs of a child, particularly GP's and schools.
- 2.7 That all schools, including Academies, work with the Council and its partners to fully participate in the preventative work being undertaken to reduce under 18 conceptions, and that Academies work with the Council to provide data which will inform the strategy for the prevention of under 18 conceptions.

### **3. BACKGROUND**

- 3.1 The Children's Services Scrutiny Panel undertook to review under 18 conceptions as Members were concerned about the high rate in Enfield.
- 3.2 Rather than concentrating efforts on the Teenage Pregnancy Strategy, the working group focussed on how raising aspirations, improving the provision of education and training and keeping young people in school or college, and improving employment opportunities might influence young people's behaviour. A high proportion of teenage mothers have no qualifications and are not in education training or employment.
- 3.3 In Enfield in 2008, 235 young girls between the ages of 15 -17 became pregnant. The overwhelming majority of these pregnancies were unplanned and 56% ended in an abortion.
- 3.4 Conceptions ending in birth usually lead to poor outcomes for both mother and child: nationally the infant mortality rate is higher than average for teenage parents, surviving children have poorer health than their peers and are less likely to succeed at school. Poor maternal emotional health and well being, and increased chances of both teenage parents and their children living in poverty all contribute to health inequalities and child poverty.
- 3.5 In terms of costs to the Borough, 103 pregnancies ending in birth is the equivalent to 3.5 primary classes. The provision of a primary class costs approximately £837,400 in capital costs and pupil revenue alone.

- 3.6 Benefit payments to a teenage mother who does not enter employment in the three years following birth can total between £19,000 and £25,000 over three years.
- 3.7 Nationally the cost of teenage births and providing teenage abortions to the NHS is estimated to be £63m a year.
- 3.8 Research suggests that for every £1 of direct investment in the strategy could save £4 to the public finance. Preventing teenage pregnancy will also have benefits to individual young women themselves and therefore the wider economy, through enabling them to spend more time in education gaining qualifications and subsequently enhancing their job prospects and earning capacity.

#### **4.0 RAISING ASPIRATIONS**

- 4.1 The Panel acknowledged that good work had been undertaken and positive developments were in progress, not only as part of the teenage pregnancy strategy, but from the many strands within Education such as the 14 – 19 strategy, aim higher, and the Youth Support Service.
- 4.2 However, whilst there are general schemes to raise achievement there is a need to do more to raise aspirations amongst those who are at risk, these projects are also mostly aimed at secondary age children. The Panel were persuaded that it was important to extend this work to the later primary years 5 and 6 and to identify pupils that were in the 'at risk' categories and who may benefit from additional support in order to raise their aspirations, Councillors agreed that earlier intervention in this area would be beneficial.

#### **5.0 DATA**

- 5.1 Currently the Teenage Pregnancy Partnership Board receives data on Under 18 conceptions from the ONS statistics which are based on figures which are fourteen months out of date at best.
- 5.2 However, it is possible to develop data collation systems that will provide the Teenage Pregnancy Partnership Board with early locally collected data on a quarterly basis for the current year for both Under 18 births and abortions, this is an issue that needs to be resolved by Nhs Enfield.
- 5.3 This information is key to the strategy. With this base data they will no longer need to estimate trends and can focus the strategy and resources more effectively.

- 5.4 The sexual health service also has a greater role to play in providing regular data to the Teenage Pregnancy Partnership Board to inform the strategy, again this is an issue that needs to be resolved by Nhs Enfield.

## **6.0 TEENAGE PREGNANCY A PRIORITY FOR THE BOROUGH**

- 6.1 Local Authorities that have been successful in reducing the Teenage Pregnancy rate, have a strong partnership where the Council, the PCT and partners are signed up to Teenage Pregnancy being a priority. In Stoke-On-Trent the Council has appointed six teenage pregnancy prevention officers, and they are developing a toolkit to support identification of young people at risk. In terms of the cost of primary school provision alone, preventing under 18 conceptions is clearly of importance, but in addition to this, costs in terms of the extra demands that these pupils will usually make on the school ancillary services, as well as the social costs must be considered.
- 6.2 In Enfield we are starting to see some good progress however, if we are to improve in preventing teenage conceptions, we need a strong co-ordinated partnership approach, and enough capacity within the operational services to provide advice, guidance and education to young people on relationships, sexual health and to provide contraceptive services.

## **7.0 FUNDING**

- 7.1 Government funding for the teenage pregnancy strategy is only confirmed until the end of March 2011. Consultation is currently out on the future strategy, but as yet the Government's funding contribution is not yet known.
- 7.2 Teenage Pregnancy is usually a symptom of the cycle of poverty, low attainment, low expectations, and low skills that all impact not only on this area, but on many other areas that the Council is trying to tackle and improve upon, such as crime, school attainment, housing and unemployment.
- 7.3 Therefore, the Panel is of the view that when funding is allocated from which ever source, this should be done on a more strategic basis to ensure that the money is used more effectively on intervention that will make a difference to the core difficulties that effect many strands of the Councils work.

## **8.0 TEENS AND TODDLERS**

- 8.1 Teens and Toddlers is a programme that works with schools to identify at risk young people and gives them work experience in a nursery environment. The young people take responsibility for mentoring a

vulnerable small child while being supported, through training and counselling, to gain a better understanding of the huge responsibility in meeting the needs of a child. Young people who take part in the project demonstrate a more positive approach to learning and relationships with parents/carers and their community.

Although this project has assisted a relatively small number of students (48) the Chairman did meet facilitators and students and was impressed by the work and concerned that the scheme was not to be retained. The schools that use this also value the programme. The Panel understands that this programme is to be decommissioned due to high levels of cost, but that a similar programme will be run by the new Youth Support Service Team.

## **9.0 COMMON ASSESSMENT FRAMEWORK**

- 9.1 The Panel heard that not all practitioners involved with the assessment of babies, children and young people complete the Common Assessment Framework (CAF).
- 9.2 The Common Assessment Framework is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in Enfield to plan appropriate pro-active sole or multi-agency interventions.
- 9.3 The aim of the Common Assessment Framework (CAF) is to improve outcomes for children and young people by all practitioners using the same assessment process.
- 9.4 The working group agreed that the CAF was a vital organisational tool that was needed in identifying support requirements both pre and post-pregnancy. The CAF could also help with the prevention of teenage pregnancy through better assessment of needs for targeted work on contraception, sexual health and SRE.

## **10.0 FUTURE WORK OF THE SCRUTINY PANEL**

- 10.1 Further work needs to be continued, this will include:
  - exploring the role of schools in sex and relationship education, and sexual health outreach in schools,
  - Housing,
  - training and employment opportunities for young people, support to Young Parents

## **11.0 CONCLUSION**

- 11.1 The teenage Pregnancy co-ordinator with the Partnership Board has made improvements to the rate in Enfield and many positive developments have been implemented, however, there is still more that can be done, but this needs the Council and all partners to recognise preventing under 18 conceptions as a priority, including all schools.
- 11.2 Not all of our at risk schools are as signed up to recognising the dangers and preventing problems as they could be, and Cabinet must note that the academies that are coming on stream are among the schools that currently have the highest risk factors for teenage pregnancy and currently have no statutory obligation to provide data to ECSL.
- 11.3 We know that certain categories of young people are at risk of becoming a teenage parent; young people in or leaving care, daughters of teenage mothers, young people excluded, truanting or seriously underperforming at school, young people involved in crime, and some ethnic minority groups.
- 11.4 The council has an opportunity for joined up working to identify these young people, and currently members of the Teenage Pregnancy Partnership Board are identifying young people at risk of teenage pregnancy to start on some of this work.

## **12.0 ALTERNATIVE OPTIONS CONSIDERED**

- 12.1 Alternative options will be considered within the future work of the Scrutiny working group see paragraph 10.1.

## **13.0 REASONS FOR RECOMMENDATIONS**

- 13.1 This review was planned as part of the Children's Services Scrutiny Panel work programme due to the high rate of teenage pregnancy in the Borough.

## **14.0 COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE RESOURCES AND OTHER DEPARTMENTS**

### **14.1 Financial Implications**

The 2010/11 budget for Teenage Pregnancy services is £243,400. The funding for this has been sourced from the Area Based Grant £151,000, general council funding £20,740, Family Commissioning £20,000 and the Schools budget £51,660. The funding is used for the posts of the Teenage Pregnancy Coordinator, Development Officer and Support Officer as well as the procurement of specialist services and events.

As mentioned above the Area Based Grant funding is only confirmed until March 2011, so until the new governments grant funding intentions are known there remains some uncertainty going into 2011/12.

The recommendations in this report do not require any additional funding as it is expected that they can be completed within the existing budget provision.

## **14.2 Legal Implications**

There are no new legal implications since this is a continuation of an existing working group. S10 of The Children Act 2004 provides for the promotion of cooperation between each authority and its relevant partners and such other persons or bodies as the authority consider appropriate, being persons or bodies of any nature who exercise functions or are engaged in activities in relation to children in the authority's area. The arrangements are to promote well-being in the area's children in relation to physical and mental health and emotional well-being, protection from harm and neglect, education, training and recreation, the contribution made by them to society and social and economic well-being. The work to promote Under 18 Pregnancies would support such areas of children's wellbeing.

S12 of the same Act provides for the establishment and operation of databases containing information in respect of whom arrangements under s10 relate.

## **14.3 Property Implications**

14.4 There are no property implications.

## **15.0 KEY RISKS**

This initiative represents an opportunity to reduce the number of under 18's conception and thereby the number of associated problems.

It is not yet known if there will be any changes to government funding for the Area Based Grant, however, the teenage pregnancy service receives a large proportion of its funding from this process, and should remain a priority.

## **16.0 PERFORMANCE MANAGEMENT IMPLICATIONS**

16.1 Acceptance of the recommendations contained in the under 18 conceptions working group interim report will complement the existing

work going on in this area and contribute to sustained improvement against NI 112 and improve life chances for young women in Enfield.

## **17.0 COMMUNITY IMPLICATIONS**

### **Positive Implications**

The continuation of the work of the Under 18's Conception Working group should contribute to reducing the high rates of teenage conceptions in the borough through a range of intervention and prevention initiatives. Preventing pregnancies could benefit individual young women through raising their aspirations and increasing their education and employment prospects. Raising awareness of the commitment and responsibility necessary in bringing up a young child may deter teenage girls from becoming pregnant. Activities will be targeted at particular young girls at risk of becoming a teenage parent i.e. young people in or leaving care, daughters of teenage mothers, young people excluded, truanting or seriously underperforming at school, young people involved in crime, and some ethnic minority groups.

## **18. PUTTING ENFIELD FIRST**

### **Aim 2**

Ensure every child matters and provide high quality education for all.

**2d** Promote healthy lifestyles and improve the health of children and young people

**2e** Increase opportunities for young people to remain in education, employment and training.