

Adults, Children & Education Scrutiny Commission

Monday 25th March 2019



Title: Meriton Service (Bristol Hospital Education Service)

Ward: City Wide

Officer Presenting Report: Alan Stubbersfield, Richard Hanks

Recommendation:

Members are recommended to note the report and question officers as appropriate.

The significant issues in the report are:

Overview of the current arrangements for the service provided by the Meriton through the Bristol Hospital Education Service.

The rates of teenage pregnancy in Bristol.



1. Summary

The Meriton transformation to wider services consultation document (Service Review Plan) was initiated in September 2017. A review of the Meriton service provision and staffing structure was drawn up as a consequence of significant changes in the needs of school students in Bristol, specifically:

- the significant reduction in pre16 young parents due to the pregnancy prevention strategies implemented in schools;
- increased inclusive practice by education providers and also;
- budgetary constraints due to changes in funding streams available to meet the costs of providing the service to post 16 students at The Meriton.

2. Context

Reasons for the Restructure

The primary reason for the restructure was the changing needs of the pre 16 school students in Bristol. The secondary reason was the national changes in post 16 funding that significantly affected The Meriton's income stream. Also, the Meriton service had evolved into a model that did not promote independence.

Proposals for future service provision from The Meriton were discussed with secondary heads (BASHP meeting) in October 2017, with the restructure proposal unanimously agreed by member schools. Two stakeholder consultation meetings were held at BHES with wider services invited – health, housing, voluntary sector. Feedback was also taken from the small number of young parents who were the current cohort on roll.

The Restructure Model was agreed with secondary Heads at a BASHP meeting on 5th October 2017. The current Service Model (below) was adopted and phased in from December 2017. This included a management of change programme for remaining Meriton staff.

Service Model:

- Closed operations from The Meriton site and operation on a virtual basis based on BHES.
- Post 16 provision ceased
- Pre 16 provision followed a more inclusive model, maintaining young parents' placements in their on-roll schools or alternative provision.
- By Easter 2018 all YP in Meriton had placement in a school/provision
- No YP were in Meriton from the start of the school year September 2018
- Students continue to access their current provision to maintain social connections with their peers.
- Nursery provision for pre 16 students is commissioned by families from other nursery providers. Ofsted registered nursery/early years providers will be able to access current (Care To Learn) funding streams for nursery provision.

The Meriton provides, via its learning mentors (line managed by BHES Assistant Head), support to Young Parents struggling to access education. The support's primary aim is to help them engage with education provided by schools, colleges and AP's in their local areas across the city, including providing advice and training to schools in situations where schools do not have the skills required to support young parents. This work is carried out by The Meriton staff operating from a base situated at the BHES site.

This model of working enables the service offered to young parents in Bristol to be re-evaluated and ensure that the work done by The Meriton is done in partnership with other providers for parents in the city (Childrens centres and NHS staff) focused on establishing connections between YP's in their localities.

The way of working will support the core purpose of the work of Childrens Centres in Bristol as outlined in their service level agreement:

<https://www.bristolearlyyears.org.uk/wp-content/uploads/2016/04/Childrens-Centre-Service-Agreement-Part-One.pdf>

Paragraph references below are from this SLA document. Notably it will support Childrens Centres responsibilities to:

- provide universally targeted services (1.3)
- support priority groups (Teenage Mothers, Lone Parents and Children living in workless households) (1.4)

In addition:

- YP's will be able to access services for 48 weeks of the year (The Meriton was only open for 38),
- They may access family and Health services provided by Childrens Centres, (1.5, 1.6 and 1.7)
- and EYFS for children of YP's will be quality assured by the Childrens Centre lead teachers, (1.8)

For students where pregnancy triggers any mental health issues that result in them not being able to access their on roll provision, education can be provided via BHES provision at Falkland Rd. or other appropriate AP provision depending on the student's primary needs. This will ensure that staff in the BHES or AP provision can meet the student's needs utilising their current skills and experience with additional advice and support from The Meriton LM/Assistant Head as required. Otherwise, all such young people should have support via their local EY Centre.

Data

Joint Strategic Needs Assessment (JSNA) 2016 data from:

<https://www.bristol.gov.uk/policies-plans-strategies/joint-strategic-needs-assessment>

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Teenage Pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion. Research has shown that teenage mothers are less likely to finish their education, more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural issues.

The rate of teenage conceptions in Bristol per 1,000 females aged 15-17 years has shown a steep decline since 2007. In 2016, the Bristol rate was 17.2 conceptions per 1,000 girls aged 15-17, now similar to the England average of 18.8 per 1,000 - fig 4.11.1. In actual numbers, under 18 year old teenage conceptions in Bristol fell from 360 in 2007 to 111 in 2016.

For conceptions in younger girls, the rate of teenage conceptions per 1,000 females aged 13-15 years old was 2.6 per 1,000 in 2016, similar to the England average of 3.0 per 1,000.

Although the number of under 18 conceptions has fallen, from data reported by specialist teenage pregnancy staff working in the city it seems likely that many of those conceiving have complex needs and require a high level of support. Higher rates of teenage conception are found where deprivation is higher, and teenage conception can be both a cause and symptom of disadvantage, helping to embed and perpetuate poorer outcomes.

Using local data to look at teenage conception rates over a 3 year average (2013-2015), by CCG sub-locality, the biggest reduction was achieved in Bristol East - fig 4.11.2. North and West (inner) continues to have the lowest rate (5 per 1,000) whilst Bristol South remains the highest (31 per 1,000). However, all CCG areas saw a drop in conception rates for this period.







Live births to teenage mothers

There are no specific figures for births to teenage mothers in the JSNA report. If around half of teenage pregnancies end in an abortion it should be possible to extrapolate that, in Bristol:

- the rate of live births per 1,000 females aged 13-15 years old was approximately 1.3 per 1,000 in 2016
- the rate of live births per 1,000 females aged 15-17 years old was approximately 8.6 per 1,000 in 2016

The number of pre 16 young parents in Bristol was 4 in 2016/17, an 84% decrease from 25 in 2009/10

Bristol % live births to under 18's. (Source NHS data set) Recent trend:

Period		Count	Value	Lower CI	Upper CI	South West	England
2010/11		86	1.5	1.2	1.8	1.5	1.5
2011/12		56	0.8	0.6	1.0	1.3	1.3
2012/13		69	1.0	0.8	1.3	1.2	1.2
2013/14		64	1.0	0.8	1.3	1.1	1.1
2014/15		42	0.7	0.5	0.9	0.9	0.9
2015/16		39	0.6	0.5	0.8	0.7	0.9

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved

3. Policy

NA

4. Consultation

a) Internal

NA

b) External

NA

5. Public Sector Equality Duties

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
 - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
 - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
 - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
 - iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
 - tackle prejudice; and
 - promote understanding.
- 5b) Changes have reflected consultees’ wishes, reducing social and educational segregation giving better access to full curriculum opportunities.

Appendices:

NA

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers:

See links within report.