

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
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Report of the Executive Director of Children's Services

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PROGRESS ON TEENAGE PREGNANCY

1. PURPOSE

- 1.1 The purpose of this report is to update the Scrutiny Commission on the progress of the Teenage Pregnancy Strategy to reduce teenage conceptions in Peterborough.

2. RECOMMENDATIONS

- 2.1 The Panel is asked to scrutinise the progress made and make any appropriate recommendations.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 National Indicator 112 (Under 18 conception rate) is a priority within the Improving Health section of the current Local Area Agreement. Given the wide ranging scope of the teenage pregnancy agenda it is an integral part of many agendas including health inequalities, education, employment, community development and child poverty. It contributes particularly to the following National Indicators:-

NI 113 - Prevalence of Chlamydia in under 20 year olds
 NI115 – Substance misuse by young people
 NI 111 First time entrants to the Youth Justice System aged 10 – 17
 NI 114 Rate of permanent exclusions from school
 NI 117 16 to 18 year olds who are not in education, training or employment (NEET)
 NI 116 Proportion of children in poverty
 NI 110 - Young people's participation in positive activities
 NI 50 Emotional health of children
 NI 53 Prevalence of breastfeeding at 6 – 8 weeks from birth
 NI 126 Early access for women to maternity services
 Educational achievement indicators (Enjoy & Achieve)
 NI 81 Inequality gap in the achievement of a Level 3 qualification by the age of 19
 NI 82 Inequality gap in the achievement of a Level 2 qualification by the age of 19
 NI 152 Working age people on out of work benefits
 NI 118 Take up of formal childcare by low-income working families

4. BACKGROUND

- 4.1 The national teenage pregnancy target is a 55% reduction in teenage pregnancies by 2010 from the 1998 baseline of 57.7 conceptions per 1,000 15-17 female population in Peterborough. This is a challenging target and one which is unlikely to be met locally and nationally.

4.2 *Explanation of NI 112 Under 18 Conception Rate data*

Teenage Pregnancy performance data is provided by the Office of National Statistics and is taken from birth registrations and terminations to females under the age of 18. Due to timeframes involved in waiting for birth registrations, there is usually a 14 month time lag in producing the national performance data. Data is counted per calendar year, with provisional quarterly rates being released throughout the year. Final confirmed of the full year data is released around the end of February each year, based on data pregnancies as much as two years earlier. The data is

broken down into local authority areas; the data at ward level is usually 2-3 years behind. All TP data is released as the number of conceptions and the rate per 1,000 15-17 year old female population. However, only the rate is used for the National Indicator as it gives a fair measure across both sparsely populated and populous areas. Government use the final full year rate to decide RAG ratings.

- 4.3 Peterborough is facing a challenge in reducing the number of teenage pregnancies. In 2007 the Health and Adult Social Care Scrutiny Panel undertook a review of teenage pregnancy services in Peterborough and has followed the progress of the issue at subsequent meetings. This report updates the Commission on the progress made since its last report on 31 March 2009.
- 4.4 The latest data from the Office of National Statistics shows Peterborough's rate of teenage pregnancies continues to fluctuate (see diagram below). The rolling quarterly average rate from January to March 2009 is 56.3 conceptions per 1,000 of under 15-17 female population. This is higher than national, regional and statistical neighbour averages. Within the same period, the rate of teenage pregnancies leading to abortion was slightly higher than national and regional averages and broadly in line with our statistical neighbours. In terms of numbers, this equates to 94 conceptions of which 38 lead to abortion between January and March 2009.

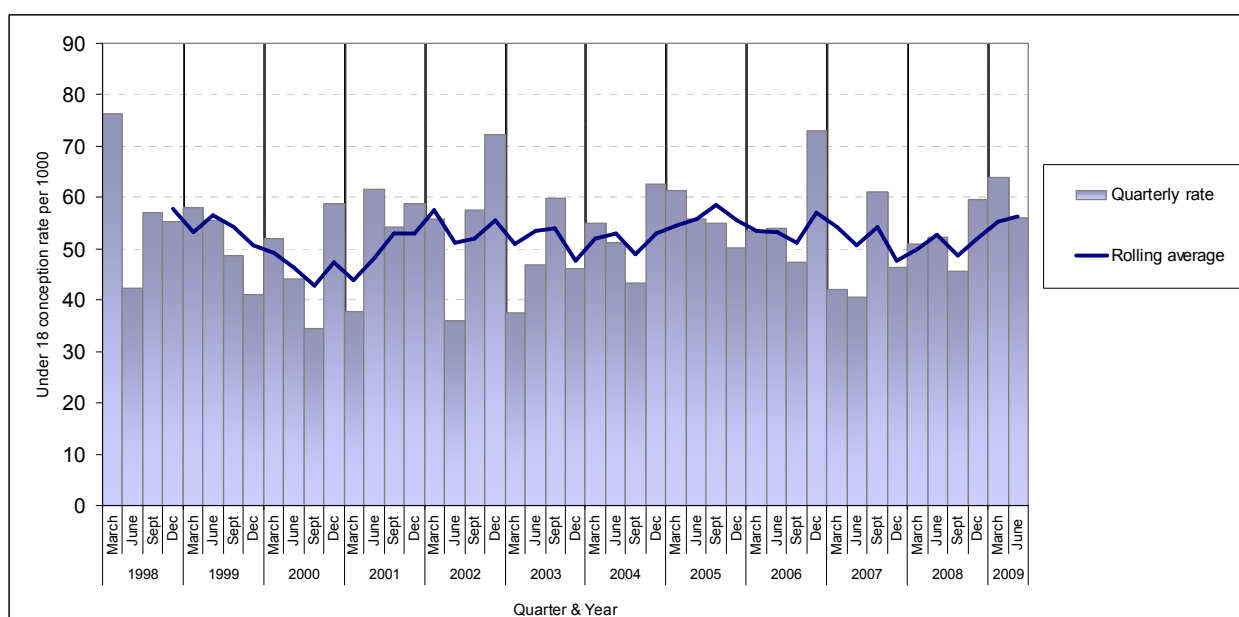


Diagram 1: Peterborough Under 18 Conception Rate NI112 (Source: DFES 2010)

- 4.5 The National Teenage Pregnancy Strategy draws to a close in 2010, although the issue of teenage pregnancy remains. The strategy was intended to develop services to prevent teenage pregnancy and support existing teenage parents during its lifetime with the aim of those services being mainstreamed by 2010.

5. KEY ISSUES

- 5.1 The root causes of teenage pregnancy are complicated and can not be addressed through one intervention alone. There are many familial, emotional and social factors which can interact in different ways. The diagram below illustrates the complex web of factors that influence teenage pregnancy rates:

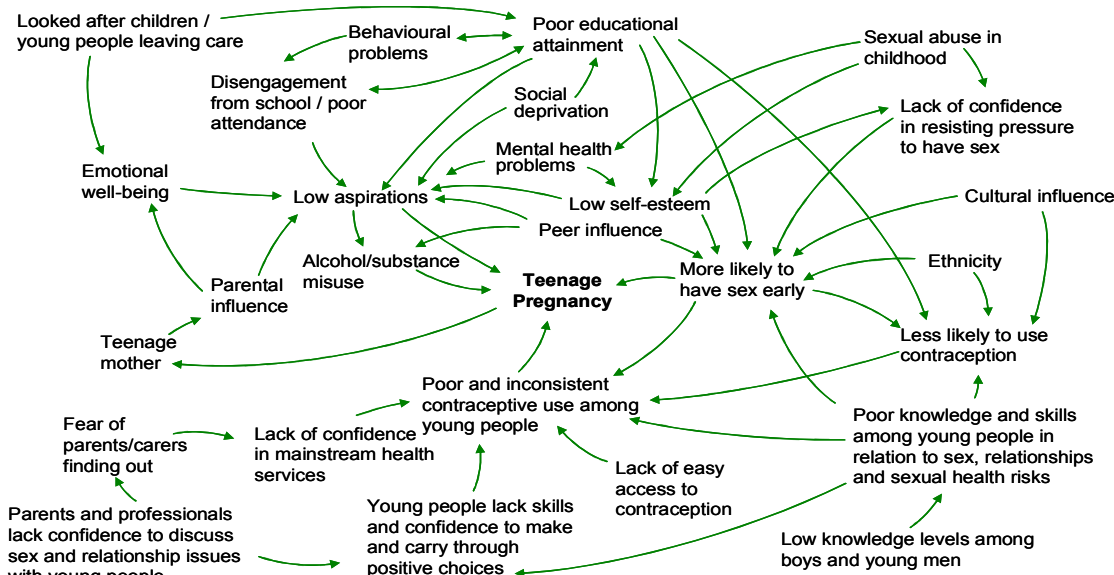


Diagram 2: Factors contributing to teenage pregnancy (Source: DCSF)

Therefore, the work to reduce the numbers of teenage pregnancies has had to focus on a number of areas.

5.2 In line with the HASC Scrutiny Panel recommendations, national guidance and the recommendations from Peterborough’s National Support Team visit the following key areas have been focused on in the last year:-

- Ensuring focus is on the prevention of teenage pregnancies
- Improving sex and relationship education (SRE)
- Providing a full range of contraception and ensuring contraceptive and sexual health (CaSH) services are young people friendly and accessible
- Working jointly wherever possible
- Linking teenage pregnancy with other risk taking behaviour
- Using local data to target services at the most at risk
- Engaging young people in service delivery and planning

Below are some examples of the progress achieved in the last year.

5.3 *Case Study 1: Targeting SRE to the most vulnerable and at risk*

Local data provided by Children’s Services is used to help identify young people at risk of not meeting their potential. These young people are invited to take part in a self esteem based programme run by youth workers. The programme discusses sexual health issues and its links to drugs, alcohol and risky behaviour amongst other things. It aims to equip young people with increased self esteem, knowledge, confidence and social skills to make informed choices about their behaviour. The programme is in its second year and has received positive feedback from young people and staff.

The successful use of local data in this way is now being used to help staff identify young people at risk of becoming NEET (not in employment, education or training) and engaging them in a Pre-NEET programme to support a transition into employment, education and training after leaving school. Similar processes are being trialled to help identify vulnerable children most likely to benefit from attending local play services in Orton Malbourne and Stanground. If this proves to be effective, it will be replicated in other areas.

5.4 *Case Study 2: Helping parents discuss sex and relationships with their children - Speakeasy Programme*

The accredited Speakeasy course helps parents develop the skills and confidence to talk about relationships, sex and contraception with their children and is being rolled out across the city. The course is aimed at parents of children of all ages, including those with additional needs and increased vulnerability. Seven professionals have been trained to deliver the programme and four

runs of the course are being delivered reaching a total of 30 parents. It is hoped a number of parents completing the course will become accredited and go on to run further courses in the community.

5.5 *Case Study 3: Embedding sexual health in multi-agency work with those at risk - Street Youth Project*

In the spring, funding was obtained to tackle anti-social behaviour amongst young people during the summer holidays in priority wards. To maximise the opportunity to reach at risk young people, a number of professionals joined the police including youth workers, contraceptive nurses and staff from local drug and alcohol charities. Staff from the 8-19 Service have continued to work in these wards on Friday and Saturday evenings actively promote sexual health messages to young people alongside their other work with young people. This helps to ensure that some of the most disengaged and at risk youngsters are engaged with services and can access the C-Card scheme and Chlamydia Screening.

5.6 *Case Study 4: Making contraception more accessible to young people*

A further school-based health clinic (HYPA) has now been opened bringing the total to six in the city. The HYPAs offer contraceptive and sexual health services alongside drug and alcohol advice and general physical and emotional health advice. A further two schools offer purely CaSH services through a 'Clinic In a Box' scheme. The idea behind these services is to encourage young people who may not feel confident to visit their GP to still obtain contraceptive and sexual health information and advice. They are particularly aimed at younger teenagers. They also provide a safe place to ask questions and discuss the merits of delaying early sexual activity. The NHS also offer outreach CaSH services in Peterborough Regional College, local hostels and alternative education settings to reach older teenagers and those who may be more vulnerable and at risk. These services are promoted to young people by partner agencies, SRE sessions, outreach and general marketing.

One priority within the Sexual Health Strategy is to increase the use of long acting methods of contraception (LARC). The number of medical staff trained to fit long acting methods of contraception has been increased this year to allow more young people to have LARC fitted to prevent unintended pregnancy. The CaSH service has moved to new premises in Rivergate to provide a central location and additional opening hours.

5.7 *Case Study 5: Promoting sexual health messages to young men*

A marketing campaign called 'Who's The Daddy' was commissioned to reach young men and raise their awareness of teenage pregnancy and contraception. A panel of young people were involved in the commissioning and delivery of the project. Local contraceptive and sexual health services have also been promoted to young people through a campaign of wristbands, posters, radio advertising and websites.

5.8 In July, a project to work with young men around prevention of teenage pregnancies and risk taking behaviour has been commissioned. The project aims to reduce the rate of teenage pregnancy, improve sexual health and reduce social exclusion by working directly with boys and young men across Peterborough. The project will reach 150 young men by March 2010 through a mixture of outreach, 1:1 and group activities. Initial feedback suggests the project is reaching young men who have been sexually active from a young age and are regularly engaging in unprotected sex. In addition to getting the young men signed up to C-Card scheme (free condom distribution) and STI testing, the project focuses on SRE and challenging attitudes and risky behaviour. Longer term funding is needed to secure this project beyond April 2010.

5.9 There is often a gap between the age at which preventative services are delivered to a child or young person and the age at which they later become pregnant. This means there can be delays in impact up to several years. Given this and the complex web of factors that can contribute to teenage pregnancy, it can be difficult to attribute the absence of a teenage pregnancy to a particular service or intervention. October's Solution Centre workshop confirmed the need for services to evidence the impact of their activities. This includes feedback from young people to ensure service provision continues to be effective and responsive to the changing needs of young people.

6. IMPLICATIONS

- 6.1 As the National Teenage Pregnancy Strategy draws to a close in 2010, consideration must be given as to how Peterborough's teenage pregnancy rates can continue to be addressed. The needs and vulnerabilities of those at risk of teenage pregnancy must still be taken into account. It is important to ensure services to reduce teenage conceptions are embedded into mainstream funding and resource allocation. This may become even more challenging in light of pending government cuts and the end of ring fenced funding provided by the national strategy. Pressure on budgets may result in resources directed away from teenage pregnancy related services into other areas. This is likely to have an effect citywide but be felt most by the more vulnerable and at risk young people. Static or increasing rates of teenage pregnancy are most likely to affect wards and communities with higher rates of deprivation. There is likely to be a knock on effect in other areas, particularly those national indicators highlighted earlier.

7. CONSULTATION

- 7.1 Young people are involved in the commissioning and development of services. For example, the 'Whose the Daddy?' campaign had a panel of young people who took part in the development of the service specification. They also helped to shortlist and interview companies who bid for the project. Young men and young fathers were involved in the development of the service specification of the Young Men's Project and were part of the interview process. They continue to be involved in the shaping and development of the project.
- 7.2 Young Inspectors (YI) undertook an inspection of the NHS Walk In Centre in March 2010. The Young Inspectors project enables young people to investigate the quality and accessibility of services from their perspective and helps providers to make their services more young people friendly. The Walk In Centre provides a number of contraceptive and sexual health services for young people including emergency contraception, condom distribution and pregnancy testing. As a result, the YI have played a role in ensuring local CaSH services are young people friendly, well known and accessible.
- 7.3 Embedding consultation and participation of young people in service design and delivery continues to be a priority.

8. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 8.1 Outputs from Solution Centre workshop Oct 2010
NST report Oct 2008
Public data on NI 112 (Office of National Statistics)

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