

Tackling teenage pregnancy

Local government's new public health role



Public health will become the responsibility of local government when it transfers from the NHS to local authorities in April 2013. This briefing for councillors and officers explains the challenges facing councils and the opportunities they have to tackle teenage pregnancy and reduce health inequalities in local communities.

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Introduction – Teenage pregnancy explained

In many ways teenage pregnancy is one of the success stories of the last decade in the public health field.

The under 18 conception rate has fallen by 34 per cent since 1998 to 31 per 1,000 women, according to 2011 figures. It means it is at its lowest rate since 1969.

But that still equates to nearly 30,000 conceptions a year. Around three quarters of those are unplanned and about half end in an abortion.

For conceptions that end in a birth there are often costs too. For many teenagers bringing up a child is incredibly difficult and often results in poor outcomes.

This includes poor emotional health for the mother and physical health for her and the baby.

There is also an increased chance both will live in poverty and have poor education and employment prospects.

So what is the answer to tackling teenage pregnancy?

Obviously the work over the last 10 years or so has provided a wealth of evidence of what does and does not work.

High quality sex and relationship education and having accessible and effective contraception are the two key factors.

That clearly involves working with schools, but also with other partners and in other settings.

The areas that have had the most success have made sure all young people have good sex and relationships education and access to contraception but have also specifically targeted support to at risk groups. This includes young people in and leaving care, NEETs and those in the criminal justice system.

But the poor outcomes for those who do become teenage parents has also demonstrated the need to invest in dedicated and co-ordinated support post-birth, including more intensive support through family nurse partnerships.

The policy context

The focus on teenage pregnancy as a major public health issue began in 1999 with the previous government's Teenage Pregnancy Strategy.

It was published following a report by the government's Social Exclusion Unit the year before, which highlighted the high rates in the country and the adverse outcomes associated with teenage pregnancy.

The Teenage Pregnancy Strategy called on councils to lead local partnership boards and ring-fenced budgets were allocated to help tackle the issue.

The ambitious target of reducing teenage pregnancy by half by 2010 was set.

Ultimately, the drive fell short. By 2010 the conception rate had fallen by 24 per cent although within 12 months it fell further to 34 per cent suggesting that progress was gaining momentum.

However, the success that has been seen in reducing the historically high rates has been widely welcomed.

Nonetheless, further work is needed to bring rates down to those seen in other western European countries.

The coalition government has included the under 18 conception rate in the new public health outcomes framework and called on local government to work with partners to "keep the momentum going".

More recently, teenage pregnancy was mentioned as one of the four key priorities in the coalition government's A Framework for Sexual Health Improvement, which was published in March 2013.

Did you know?

- Around three quarters of teenage pregnancies are unplanned and half end in an abortion.
- 15 per cent of all NEETs are teenage mothers or pregnant teenagers.
- Teenage mothers are a fifth more likely to have no qualifications by the age of 30.
- They are also 22 per cent more likely to be living in poverty at 30.
- The rate of post-natal depression is three times higher among teenager mothers.
- Children of teenage mothers have a 63 per cent increased risk of being born into poverty and are more likely to have accidents and behavioural problems.
- The infant mortality rate for babies born to teenage mothers is 60 per cent higher.
- They are three times more likely to smoke throughout their pregnancy and 50 per cent less likely to breastfeed.

Local government's new role

Under the terms of the Health and Social Care Act 2012, upper tier and unitary authorities will become responsible for improving the health of their population. The responsibility for public health will transfer from the NHS to local authorities in April 2013.

This will be backed by a ring-fenced public health grant and a specialist public health team, led by the director of public health.

Each top tier and unitary authority will have a health and wellbeing board (HWB) which will have strategic influence over commissioning decisions across health, social care and public health.

Statutory board members include a locally elected councillor, a Healthwatch representative, a representative of a clinical commissioning group, a director of adult social care, a director of children's services and a director of public health.

HWB members from across local government and the health and care system will work together to identify local needs, improve the health and wellbeing of their local population and reduce health inequalities.

The HWB is a key forum for encouraging commissioners from the NHS, councils and wider partners to work in a more joined up way. Central to achieving this is the HWB's responsibility for producing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS).

Local authorities will also have a statutory function to provide public health advice to clinical commissioning groups, while HWBs will have to monitor performance.

In terms of tackling teenage pregnancy, local government is still taking a lead role for advice, prevention and promotion.

In some places, the partnership boards that led the drive after the 1999 strategy have been disbanded with the issue being incorporated into the wider work of other programmes.

Councils are also getting greater responsibility for sexual health under the reforms. They will be in charge of commissioning contraception services over and above the GP contract as well as the testing and treatment of sexual transmitted infections with the exception of HIV, which will remain with the NHS and be organised by the NHS Commissioning Board.

Abortion services will be commissioned by the health service, although clinical commissioning groups will have the responsibility.

Ideas for success

- ✓ Ensure JSNAs and JHWS take into account teenage pregnancy and the variation across local authority areas. As well as how addressing the issue can help meet other statutory responsibilities like reducing child poverty.
- ✓ Address problems through strategic multi-agency partnership working. This may involve working over larger geographical areas to achieve greater levels of efficiency and effectiveness.
- ✓ Health and wellbeing boards can provide strategic influence. This can be achieved through relationship building. Consider getting partners together in workshop settings or by holding local events.
- ✓ Target sex and relationships education and sexual health advice at the at risk groups, such as NEETs, young people excluded from school, children in and leaving care and those in supported housing.
- ✓ Clear and consistent communications to young people and parents is essential. Consider how social media can be used as a way of reaching out to teenagers.
- ✓ Appoint senior champions to address teenage pregnancy within the council and among other partners.
- ✓ Ensure there is strong delivery of sex and relationships education by all schools with clear links to contraception and sexual health services.
- ✓ Provide good access to all methods of contraception and raise awareness about where it is available.
- ✓ Consider providing information – both in terms of sex and relationship education and on contraception – in other settings popular with teenagers, such as youth centres and further education colleges.

Key questions to ask

- Have you got a locally tailored strategy for tackling teenage pregnancy in place? Ensure it is a priority at strategic and delivery levels and is part of a collaboration with all partners, including schools.
- Have you defined what success looks like for your local area? The JSNA and JHWS are seen as critical in establishing a clear vision for local communities.
- Poor self-esteem, lack of aspiration and alcohol misuse increase the likelihood of a teenage girl falling pregnant. Does the work you do address these issues?
- Those who work with young people often lack the confidence and skills to address sex and relationships. Consider providing training for staff not directly involved with teenage pregnancy work, such as youth workers, social workers and foster carers.
- Are your contraception and sexual health services in the right place, open at the right time, well publicised and trusted by young people in the area?
- Are there adequate engagement mechanisms in place, for example through Healthwatch, to get the views of young women and men about teenage pregnancy?
- Are you supporting teenagers who do become parents? Co-ordinated care through midwives, health visitors, children's centres and education – as well as, of course, via family nurse partnerships – have proved invaluable in reducing some of the poor outcomes associated with having a baby at a young age.



Case studies

Improving access to contraception (Hackney)

A key element of Hackney's success in reducing teenage pregnancies – it has been cut by 60 per cent since the late 1990s – has been a push to improve access to contraception.

The area's teenage pregnancy partnership works with the charity Brook to run Come Correct.

The scheme gives youngsters access to free condoms in settings such as colleges, pharmacies, health centres and youth clubs.

When a teenager registers with the scheme they have a conversation with a trained adviser and are then given a card to allow them to collect their free condoms when needed.

Over 4,000 young people are registering with the service each year and about 90,000 condoms are handed out.

Together with Hackney's other initiatives, which also include a strong emphasis on sex and relationship education, the London borough has gone from having the third worst rate for under 18 conceptions to drawing level with the national average.

Further information: <http://tinyurl.com/cvfhvyc>

Training the workforce (Warwickshire)

Sex and relationship education is often thought of as the domain of schools, but Warwickshire has recognised everyone has a role to play.

Following a consultation with young people in 2003, the local teenage pregnancy partnership Respect Yourself devised a training programme for staff who come into contact with young people. More than 1,500 professionals have since taken part.

Young people reported that having well-informed professionals that understand the needs of young people does make a difference.

Warwickshire's teenage pregnancy rates reflect this, with a reduction of 25 per cent since the 1998 baseline.

The programme has evolved since it was launched and now includes a mandatory foundation day course after which professionals can take a "pick and mix" approach. All training is housed on a virtual learning environment with on-line forums.

Further information: <http://www.respectyourself.info/>

Providing holistic support (Oldham)

Oldham has focussed on providing a range of services for young people under one roof.

Independent sector group Positive Steps Oldham (PSO) runs the service for the Oldham Teenage Pregnancy Service, which aims to help teenagers make a successful transition into adult life.

It incorporates the local teenage pregnancy partnership along with careers and education advice, the youth offending team and substance misuse service for children and young people.

PSO also runs dedicated family support programmes.

The integrated approach is based on the recognition that young people face a number of interconnected barriers to attainment.

The service has helped the area achieve the 10th highest reduction in under 18 conception rates.

Further information:

<http://www.positive-steps.org.uk/>

Engaging young people (Enfield)

Enfield Council has carefully designed its approach to engage young people. Central to this is a text messaging service called “txtm8”, which enables young people to send texts free of charge on all matters regarding sex and relationships.

Trained professionals receive the messages and let young people know that their text has arrived and then send back an answer within half an hour.

In another scheme young people get to spend time at a local nursery paired with a toddler to give them a realistic taste of how much work babies are.

Targeted work is also carried out by two sexual health nurses visiting schools and community outreach venues to provide information, advice and contraceptive services to vulnerable young people referred on from other services, such as youth offending teams and social services.

Further information:

<http://www.enfield.gov.uk/youth>

Supporting teenage parents (Leicestershire)

Leicestershire's teenage pregnancy partnership has placed a specific emphasis on helping young parents stay in education, employment and training.

The partnership has seen this as a key element in the drive to tackle the poor outcomes they have from health to housing.

Teenage pregnancy midwives work closely with youth services, education and careers advice services to ensure new parents do not slip through the net, while outreach posts have been created to work with children's centres.

Young parents are put in touch with relevant services, which also include an accredited learning programme for young mothers. A brochure has been published to promote the opportunities available as well.

The push has enabled the county to ensure over a third of teenage parents are in education, employment or training, which is above the national average.

Further information:

<http://www.letstalktp.org.uk/>



Want to know more?

Teenage Pregnancy Strategy: Beyond 2010 (published by the Department of Health in February 2012)

<http://tinyurl.com/dy5q9bm>

A Framework for Sexual Health Improvement (published by the Department of Health in March 2013)

<http://tinyurl.com/bjflfk2>

Office for National Statistics maternity and pregnancy statistics

<http://tinyurl.com/cn22kws>

Does sex education work? (Sex Education Forum briefing)

<http://tinyurl.com/cju66kq>

NICE guidance on care of pregnant women, including teenagers (published September 2010)

<http://tinyurl.com/bpxrf45>

NICE guidance on prevention of sexually transmitted infections and under 18 conceptions (published February 2007)

<http://tinyurl.com/bq42p6d>

Relationships and sex education briefing for lead members for children's services and other councillors (published by the RSE Hub)

<http://tinyurl.com/bt9al6y>

NICE draft guidance on Contraceptive Services for Socially Disadvantaged Young People

<http://tinyurl.com/csfpbvt>

Useful resources for Health and Wellbeing Boards

<http://tinyurl.com/blnwk2w>

Local Government Association (dedicated health web pages)

<http://www.local.gov.uk/health>

Tackling drug and alcohol: local government's new public health role (LGA resource sheet)

<http://tinyurl.com/cm4tcqu>

Sexual health commissioning FAQs - February 2013 published by the LGA

<http://tinyurl.com/bveydxh>



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