

Central Bedfordshire  
Shadow Health and Wellbeing Board

**Contains Confidential or Exempt Information** No.

**Title of Report** Reducing teenage pregnancy

**Meeting Date:** 5 September 2013

**Responsible Officer(s)** Muriel Scott and Celia Shohet

**Presented by:** Muriel Scott

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**Action Required:**

- 1. Consider the content of this paper and acknowledge the interdependency of partners' shared responsibilities in continuing to reduce teenage pregnancy.**
  
  - 2. Agree actions as outlined in the Detailed Recommendation section.**
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**Executive Summary**

<b>1.</b>	Teenage pregnancy disproportionately affects the most vulnerable young people in society. The causes are complex and influenced by personal, social, economic and environmental factors. International and national evidence demonstrates that a young woman who experiences multiple risk factors is twice as likely to become a teenage mother compared to young women experiencing none of those risk factors. Evidence also shows that teenage mothers and their children are more likely to experience a range of poor health, wellbeing and educational outcomes, and that improving outcomes for teenage parents and their children will help to break the cycle of deprivation (see Appendix 1).
<b>2.</b>	This paper provides an overview of: <ul style="list-style-type: none"><li>• the background on the local picture regarding teenage pregnancy;</li><li>• progress against the evidence-based interventions that contribute to reducing teenage pregnancy (See Appendix 1);</li><li>• significant emerging issues and trends related to more vulnerable children and young people;</li><li>• recommendations for key actions.</li><li>•</li></ul>

## Background

3. Locally, reducing teenage pregnancy and supporting teenage parents is a priority within the following strategies and plans: The Joint Health and Wellbeing Strategy; The Children and Young People's Plan; The Bedfordshire Sexual Health Strategy (a Central Bedfordshire specific strategy will be completed in Q3 2013/14); The Think Family Parenting Strategy and From Poverty to Prosperity: A strategy to reduce child poverty and alleviate its effects in Central Bedfordshire.

4. The level of teenage pregnancy is measured by under 18 conception data which includes pregnancies that end in live or still birth and those that end in abortion. Data refers to girls aged between 15 and 17 years who are considered the population at risk. There is a significant time lag for under 18 conception data, with 2011 being the most recent data available across the country.

5. The local target is to reduce the under 18 conception rate to 30.8 per 1000 females aged 15-18 by 2013. This would equate to a 5.13% reduction from the 2009 rate. Confirmed data for 2013 will be published in early 2015.

6.

**Table 1: Under 18 Conceptions- Central Bedfordshire, East of England and England 2011**

Office for National Statistics: 2011 U18 conception data	England 2011	East of England 2011	Central Bedfordshire 2011
U18 2011 Rate (per 1000 females aged 15-17)	30.7	36.6	27.2
% Leading to Abortion	49 %	50 %	56 %

Between 2010 and 2011, there was a 23.8% reduction in teenage pregnancy rates across Central Bedfordshire, with 39 less conceptions in the under 18s compared to the previous year. The percentage leading to abortion is slightly higher than the regional and national level, however this has reduced from 58% to 56% between 2010 and 2011. Whilst the overall annual rate for Central Bedfordshire is below the regional and national rate, it masks the significantly higher rates of teenage pregnancy occurring within certain wards. These wards are referred to as teenage pregnancy 'hotspot wards' and are considered such due to the under 18 conception rates in these areas falling within the highest 20% rate wards in England. Based upon ward level data for 2009-2011 published in August 2013, there are 6 hotspot wards in Central Bedfordshire: Manshead, Tithe Farm, Houghton Hall, Parkside, Northfields and Planets. Targeted work within these areas and among vulnerable groups remains a priority.

7.

**Table 2:** Central Bedfordshire- Statistical Neighbour Analysis

LA	Deprivation score (IMD 2010)	Under 18 conception rate 2009-2011	Upper Limit	Lower Limit	Significantly different from neighbour?
Central Bedfordshire	10.73	31.8	34.8	29.0	
Hampshire	11.34	25.8	27.0	24.6	Significantly higher
West Berkshire	9.98	22.4	25.4	19.7	Significantly higher
Essex	15.3	29.6	30.9	28.5	No significant difference
Hertfordshire	11.5	23.0	24.2	21.9	Significantly higher

In comparison to its 4 statistical neighbours, Central Bedfordshire's under 18 conception rates are significantly higher than 3 of them. Statistical neighbour analysis for disaggregated LA data has only been recently made available, and in light of the position of Central Bedfordshire, a detailed, comparative analysis is currently underway and will further inform forward planning from Q3 onwards.

### **Reducing teenage pregnancy in Central Bedfordshire**

#### **Access to sexual health services**

8.

A broad range of sexual health services are commissioned by Public Health in Central Bedfordshire and are available universally, and with increased access in hotspot areas (see appendix 2):

- Genitourinary Medicine Services are provided by the Luton & Dunstable Hospital and Bedford Hospital
- Community Contraceptive & Sexual Health Services (CASH) are provided by Terrence Higgins Trust and Brook (including targeted outreach and clinical services through educational settings)
- Varied levels of Sexual Health Services, including Long Acting Reversible Contraception (LARC); Emergency Hormonal Contraception services and Chlamydia Screening and treatment are provided through most GP Practices

The CASH contract has recently been retendered and the new contract (2013/2016) places an emphasis on the development and improved access to sexual health services in Central Bedfordshire.

	<b>Targeted work in high rate areas and among vulnerable groups</b>
<b>9.</b>	<p>Brook deliver targeted outreach work to young people aged 13 and above within schools in hot spot areas and among vulnerable groups such as Looked After Children and young people not in education, employment or training (NEETs). 1:1 programmes/interventions are prioritised and when appropriate small group work is also conducted. Interventions include: supporting young people to explore aspects of risky behaviours; understanding protective behaviours and unhealthy relationships; developing self-esteem and supporting evolving aspirations; helping young people to accept responsibility for their behaviour and understand the consequences associated with it; developing insights into peer influence and pressure and improving knowledge and understanding of sexual health and contraception.</p>
<b>10.</b>	<p>In 2012/13, over 3,000 young people from hotspot areas and vulnerable groups in Central Bedfordshire accessed a targeted 1:1 or group intervention delivered by Brook. However, targets have been refreshed for 2013/14 to ensure the measurement of outcomes rather than outputs and include measuring:</p> <ul style="list-style-type: none"> <li>• the number of programmes completed per young person (both 1:1 and groups);</li> <li>• the percentage of clients indicating a decreased likelihood of TP, evaluated through the risk assessment questionnaire at the end of programme and completed at 6 weeks and 12 weeks post intervention.</li> </ul>
<b>11.</b>	<p>Between September 2012 and July 2013, 11 Early Intervention Programmes (Aspire) were commissioned by Children’s Services and Public Health to tackle some of the underlying causes of teenage pregnancy across targeted Middle and Upper Schools within each of the hot spot communities. During this time, a total of 166 young people participated in the ‘Aspire’ programmes (10 programmes delivered in total) - 92 boys and 74 girls aged between 11 and 14 years.</p>
<b>12.</b>	<p>The group outcomes from the Aspire programmes delivered in 2012/13 evidenced a % increase change from the baseline measurements in the following;</p> <ul style="list-style-type: none"> <li>• up to a 27% increase in school attendance for boys and 28% increase for girls</li> <li>• up to a 41.3% increase in aspirations for boys and 55% for girls</li> <li>• up to a 33% increase in confidence for boys and 60% for girls</li> <li>• up to 47% increase in self esteem for boys and up to 100% for girls</li> </ul> <p>Children’s Services and Public Health have commissioned 11 new Aspire Programmes for 2013/14.</p>

	<b>Sex and relationships education</b>
<b>13.</b>	<p>A number of SRE Needs Analyses were conducted by Public Health in 2012/13 where school PSHE (Personal, Social and Health Education) leads in Hotspot Upper and Middle schools were asked a number of questions about the provision of Sex and Relationships Education (SRE) in their school. This included information about: how SRE is taught and by whom: training accessed by staff, and links with the School Nurse Service. A total of 7 Upper Schools and 13 Middle Schools were consulted.</p> <p>The main findings indicated that:</p> <ul style="list-style-type: none"> <li>• there are limited training opportunities available for staff to deliver effective sex and relationships education - with 60% of schools stating that no SRE training had been undertaken by staff;</li> <li>• costs present a barrier to accessing external, specialist training – with just 2 of all the schools surveyed having received external SRE training;</li> <li>• a small number of schools have provided in house training which was highly valued and is a cost effective way that may enable other schools to provide some level of SRE training to their staff;</li> <li>• most schools had reviewed their SRE policy within the last 3 years but identified the need for on-going support on ensuring the quality of policy;</li> <li>• Governor involvement was limited with just 4 of the 20 schools having a named link Governor for SRE.</li> </ul>
<b>14.</b>	<p>In response to the findings from the SRE Needs Analyses, in the Academic Year 2013-14 Public Health will be setting up a 'Central Bedfordshire Council PSHE/SRE Support Network' which will provide a platform to communicate regular bulletins for PSHE/SRE leads in schools that include best practice models of PSHE/SRE delivery, up-to-date resources and training opportunities. In addition to this, Public Health will co-ordinate a bi-annual 'Central Bedfordshire Council PSHE/SRE Support Network' event for all PSHE/SRE leads, Governors, Pastoral staff, Head Teachers and other school staff. The Support Network will provide opportunities for: networking with other PSHE/SRE leads; providing advice on developing high quality PSHE/SRE policies; raising concerns around emerging trends; collaborative working to tackle community issues affecting students and updates on relevant local and national policies, guidance and strategies.</p>
<b>15.</b>	<p>Planned enhancement of the School Nurse Service - through the 5-19 Healthy Child Programme - will include a school nurse led drop in once a week in all teenage pregnancy hotspot Upper/Secondary Schools and their feeder Middle Schools from September 2013. Pupils will be able to access confidential advice, information and sign posting on a range of issue effecting their health and wellbeing, including sexual health and mental health support. This will be expanded to all Upper and Middle schools from September 2014.</p>

	<b>Reducing second and subsequent pregnancies</b>
16.	<p>Around 20% of births in the under 18s occur amongst teenage mothers and 11% of abortions in the under 19s are repeat abortions. Therefore supporting and enabling access to contraception and sexual health services post birth and abortion is crucial in reducing the likelihood of subsequent pregnancies. A commissioned pathway ensures that all young women (under 20 years) are referred to a specialist nurse post delivery or termination to receive advice and support with on-going contraceptive methods. Following a recent Public Health Review of Termination of Pregnancy Pathways - conducted on behalf of Bedfordshire Clinical Commissioning Group (BCCG) - a single service specification to govern all providers has been developed, which also includes a new contractual obligation to improve access to contraceptive and sexual health services. These contractual arrangements will commence at the beginning of October 2013.</p>
	<b>Workforce development</b>
17.	<p>Comprehensive teenage pregnancy and sexual health training programmes were delivered to a range of health and social care staff, funded through the teenage pregnancy area based grant which ended in 2011. There is no specific programme currently planned for 2013/14 and beyond and this is a key area for development. A detailed training needs analysis will be carried out and recommendations made for the development of sustainable, cost effective training solutions.</p>
	<b>Improving outcomes for teenage parents and their children</b>
18.	<p>The Teenage Parents Support Pathway was established in 2011 and ensures that <u>all</u> under 20s in Central Bedfordshire who are continuing with their pregnancy are provided with tailored multi agency support throughout pregnancy and into parenthood. The support pathway begins from the very first booking appointment with the midwife, throughout pregnancy and into parenthood.</p>
19.	<p>Two dedicated workers within the parenting and children's centre teams provide personalised and in some cases intensive support for young people who will become teenage parents. The support is individually needs led ensuring that the most vulnerable receive the most intensive support and involves multi agency working with a range of professionals such as midwives and health visitors to improve health and social outcomes for the teenage parents and their children.</p>
	<b>Emerging issues and trends</b>
20.	<p>A number of concerning issues and trends have been highlighted within the baseline assessments of the Aspire programme among 11-14 year olds:</p> <ul style="list-style-type: none"> <li>• among the sexually active young people on the programme, most reported that their first sexual experience occurred at 13 and over 90% reported</li> </ul>

	<p>some level of sexual contact;</p> <ul style="list-style-type: none"> <li>• of those who reported to being sexually active, most of the girls reported unprotected sexual activity and almost 25% of girls who had unprotected sex had the morning after pill at least once;</li> <li>• a higher proportion of girls are involved in sexual activity compared to boys;</li> <li>• the facilitators of the Aspire Programme reported that the level of early sexual activity in Central Bedfordshire was higher than in some of the deprived London Boroughs where the programmes are also being delivered;</li> <li>• more young people smoke and drink alcohol than not;</li> <li>• one third of boys have been involved in illegal activities;</li> <li>• girls generally display higher levels of general risk than boys and are more likely to experience feelings of sadness.</li> </ul>
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### Detailed Recommendation

<b>21.</b>	That the Board recommends the expansion of early intervention programmes (such as Aspire) through joint commissioning in 2014/15 - to continue to tackle a range of factors which can increase the risks of teenage pregnancy and inhibit young people from reaching their potential.
<b>22.</b>	That the Board ensures that board members – as appropriate – disseminate and embed the Central Bedfordshire, Bedford Borough and Luton Safeguarding Children’s Boards ‘ <i>Sexual Abuse through Exploitation Protocol</i> ’ within their teams/organisations - to increase awareness amongst all professionals in universal and specialist services of their role in identifying and addressing sexual abuse of children and young people through exploitation.
<b>23.</b>	That the Board ensures that board members – as appropriate – disseminate and embed the key aspects of the Central Bedfordshire Sexual Health Strategy within their teams/organisation – specifically addressing the need for young people to be able to access to high quality information, advice and guidance on sex and relationships, and sufficiently early.

### Issues

#### Strategy Implications

<b>24.</b>	Reducing Teenage Pregnancy is a priority within the Joint Health and Wellbeing Strategy.
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#### Governance & Delivery

<b>25.</b>	<p>Progress against targets are monitored through:</p> <ul style="list-style-type: none"> <li>• Central Bedfordshire’s’ Children Trust reporting procedures</li> <li>• Public Health quarterly contract review and reporting by sexual health</li> </ul>
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	service providers (Brook, THT, Primary care and Pharmacy) <ul style="list-style-type: none"> <li>• Youth Commissioning quarterly contract review and reporting</li> <li>• BCCG termination of pregnancy quarterly contract review and reporting</li> <li>•</li> </ul>
<b>Management Responsibility</b>	
<b>26.</b>	The Director of Public Health is accountable for delivery and the Public Health Coordinator- Sexual Health and Teenage Pregnancy is responsible for day to day delivery.
<b>Public Sector Equality Duty (PSED)</b>	
<b>27.</b>	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
<b>28.</b>	Are there any risks issues relating Public Sector Equality Duty <span style="float: right;">Yes/No</span>
	No <span style="margin-left: 100px;">Yes</span> <span style="float: right;"><i>Please describe in risk analysis</i></span>

### **Risk Analysis**

Briefly analyse the major risks associated with the proposal and explain how these risks will be managed. This information may be presented in the following table.

<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>

<b>Source Documents</b>	<b>Location (including url where possible)</b>