



Statement of

Scrutiny Board
(Health and
Adult Social Care)

Teenage Pregnancy
Working Group

Introduction

1. In accordance with its remit to consider health issues relating to children and young people, Scrutiny Board (Health and Adult Social Care) monitors annual performance management information relating to the number of conceptions to females aged 15-17 in Leeds.
2. At our Board meeting in June 2007, we were concerned to note that performance in Leeds had declined in 2006/7. The government target for Leeds is a 55% reduction in the conception rate by 2010 compared with the baseline year of 1998. In 2005/6 there was a 7.9% reduction but this had moved further away from the target during 2006/7 to 2.9%.
3. At its meeting on 8th November 2007, Scrutiny Board (Children's Services) received a report from the Director of Children's Services informing members that conception rates amongst 15-17 year olds in Leeds since 2003 showed an upward trend. Scrutiny Board (Children's Services) suggested that our Board might wish to carry out some scrutiny on this issue. The Executive Member for Children's Services suggested that we might like young people to join us for any scrutiny activity. We agreed to both suggestions.
4. Since then, the Audit Commission has identified lowering the rates of Teenage Pregnancy as an area for continued work in its Comprehensive Performance Assessment of the Council.
5. We acknowledge that teenage pregnancy is a complex and cross cutting issue. We also understand that births in the UK have increased generally since 2001¹. We felt that a working group 'scoping' exercise might be the best method to ascertain whether a full inquiry might be necessary and, if so, to determine which areas to focus on.
6. In addition, the Board learned that the Department of Health's Teenage Pregnancy National Support Team (TPNST) had been working in Leeds to prepare a report, and we were keen to see their findings and recommendations before commencing any detailed scrutiny involvement.
7. We therefore decided to hold a one-off task and finish working group meeting to consider Teenage Pregnancy before the

¹ Components of population change UK. Office of National Statistics.

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end of this municipal year, to gain an overview of the issues.

8. The Working Group comprised:-

From Scrutiny Board (Health and Adult Social Care):-

Cllr J Chapman (Chair)

Cllr J Dowson

Cllr P Ewens

Cllr G Kirkland

Cllr L Russell

Laurence Wood

Sally Morgan

Somoud Saqfelhait

From Scrutiny Board (Children's Services):-

Cllr B Lancaster

Lead Member for Children's Services:-

Cllr S Bentley

Attending the Working Group as witnesses were:-

Attending from YSHAG:-

Danny Lipzith

Matthew Jackson

Eleni Athinodorou, YSHAG

Danny Bradshaw, YSHAG

Kiera Swift, Teenage Pregnancy Co-ordinator, Teenage Pregnancy and Parenthood Partnership

Sarah Sinclair, Director of Commissioning & Planning, Children's & Maternity Services, Leeds PCT

Jo Holmes, Senior Sexual Health Worker, Leeds Youth Services

Jenny Midwinter, Teenage Pregnancy Co-ordinator, Education Leeds

Natalie Walker, Teenage Pregnancy Midwife.

9. The Working Group meeting took place on 19th February to consider

- The facts and figures around teenage pregnancy in Leeds
- Findings from the recent report produced by the TPNST
- What is being done to reduce teenage conceptions
- What options are open to young women to complete their studies or access training after childbirth
- Whether the Board might make recommendations to assist the work around reducing teenage pregnancies in Leeds
- Whether any further scrutiny should be undertaken in the next municipal year in the form of a full inquiry.

Comments and Recommendation



Facts and Figures

1. The figures supplied to us related to 15-17 year old girls in Leeds and was shown at Ward level from 1998-2004. The data included terminations, live births and stillbirths, but not miscarriages.
2. The TPNST report sets out the scale of the challenge in Leeds. In 2005, Leeds had an under 18 conception rate of 49 per 1000 females aged 15-17. This was 19% higher than the England average of 41.1 per 1000. Between 1998 and 2005, Leeds' under-18 conception rate has remained relatively static, with an overall reduction of just 2.9% compared to an overall decline of 10.2% for Yorkshire and the Humber and an 11% reduction for England. The Government-set target is for a 55% reduction in Leeds by 2010. The Ward rates are very strongly linked to deprivation. A third of Wards in Leeds are 'hotspots', with rates among the highest 20% in England.
3. At the Working Group meeting, we expressed concern that the data we had been given was so old (2002/2004) that it didn't even correspond to the current council Wards, but to the Ward Boundaries existing at the time of the 2001 census. Kiera Swift, Teenage Pregnancy Co-ordinator, Teenage Pregnancy and Parenthood Partnership explained, however, that data for Leeds comes from the National Office of Statistics and takes a long time to turn around because girls who live in Leeds but have given birth outside Leeds have to be tracked and added to the Leeds figures. The data up to 2006 was due to be available later in February 2008 and we have asked for that data to be supplied to the Board as soon as possible.
4. Sarah Sinclair, Director of Commissioning & Planning, Children's & Maternity Services, Leeds PCT and Kiera Swift said the Teenage Pregnancy and Parenthood Partnership acknowledged the need for more robust, up to date data for Leeds. It might be possible to collect data locally which would provide a good indication, although this wouldn't include private terminations or girls giving birth or accessing terminations outside Leeds. However, there would always be a problem providing data for very small areas, since girls might be easily identifiable if an area had only one or two conceptions.
5. We heard that there was data which showed that a higher proportion of teenage pregnancies ended in

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termination in the more affluent or 'higher aspiration' areas of Leeds than the deprived areas. Anecdotal evidence supported a theory that, for some girls who did not have a career path to aspire to, becoming a mother was a way of 'proving' adulthood.

6. We asked about the figures for teenage pregnancies under 15 and were reassured that this figure was quite low in Leeds, lower than the national average. However, we heard that numbers were on the increase and we hope this will be addressed before numbers rise further.

Findings from the Teenage Pregnancy National Support Team's Report

7. The TPNST supplied us with a copy of their recent report, which found that
 - there is good support for teenage parents in Leeds, with specialist, dedicated staff
 - the large number of schools presents a particular challenge in terms of co-ordination of delivery of Sex and Relationships Education (SRE) in schools
 - there is an urgent need to improve access to

sexual health services for young people. Services need to be delivered in a range of settings, too

- there is a need to review the Teenage Pregnancy Co-ordinator post to ensure it is placed at a sufficiently senior and strategic level to engage the commitment of senior colleagues and partners and integrate teenage pregnancy into the wider agenda.

8. The TPNST welcomed scrutiny of Teenage Pregnancy in Leeds, suggesting that it be owned by Scrutiny Board (Children's Services) and the recommendations jointly owned by the Boards with responsibility for Health and Children's Services. In practice at Leeds City Council, however, cross cutting issues such as Teenage Pregnancy would be scrutinised by a Scrutiny Commission in line with the scrutiny procedure rules.

Reducing Teenage Conceptions

9. The two areas we focussed on during our Working Group meeting were SRE in schools and provision of advice about, and access to, contraception. However, we do recognise that not all teenage pregnancies are unplanned or unwanted - and

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that schools should not be solely responsible for educating young people about sex and relationships. Responsibility for this rests with parents, too.

10. The young people on the Working Group put forward anecdotal evidence to support the theory that where a school has good SRE, this results in a low teenage pregnancy rate and where SRE is poor, there are more teenage pregnancies.

11. Links with the group of young people Not in Education, Employment or Training (NEET) were discussed. Kiera confirmed that teenage parents are over-represented in the NEET group. There are other groups with a high rate of teenage pregnancy, too. Looked-after children are more likely to become teenage parents and there is evidence that children of teenage parents are more likely to become teenage parents themselves.

Options open to young women to complete their studies or training after childbirth

12. The TPNST report found the support available in Leeds to help young women complete education and training after childbirth was particularly strong.

13. The witnesses attending our meeting agreed that there is a focus in Leeds around services for teenage parents. There is a support worker exclusively working with teenage fathers, for example, believed to be the only post in the country dedicated to this task full time. We are encouraged to hear that this is the case and that, in many cases, girls' achievement in school actually improves after giving birth, but we feel that attention should now be given to preventing teenage conceptions in Leeds.

Participants 'wish lists' and further scrutiny of Teenage Pregnancy

14. We asked our witnesses what, in an ideal world, they would like to see happen to help reduce teenage pregnancies. The list appears in full at Appendix 1.

15. It is clear to us that a full scrutiny inquiry into reducing teenage conception in Leeds would be useful. The Leeds Teenage Pregnancy Strategy, currently under review, would be a key document for scrutiny, and an examination of whether the staffing and resources are adequate would be important, too. Both are things we have been unable to look at in-depth

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during this brief scoping exercise.

16. Since Leeds already provides good services for young women who are pregnant or have given birth, we feel that these issues should be left out of the inquiry, which should focus on prevention.

17. We have agreed upon four recommendations as a result of our Working Group scoping exercise. These are set out below.

Recommendations

1. **That further scrutiny, in the form of a full inquiry, be carried out into reducing teenage conceptions during the municipal year 2008/9**
2. **That, because this is a cross-cutting issue, Overview and Scrutiny Committee be asked to consider setting up a Commission to carry out this piece of work with membership drawn from the Boards with responsibility for Health and for Children's Services**

Recommendations (cont'd)

3. **That the young people from the Young Sexual Health Action Group (YSHAG) who attended the meeting on 19th February, be invited to take part in any further scrutiny as co-opted members**
4. **That the terms of reference for any inquiry include scrutiny of**
 - a) **an investigation of the links between teenage pregnancy and low aspiration**
 - b) **consistency of SRE education for both males and females in primary and secondary schools**
 - c) **the availability of access to family planning for young males and females in the city, outside standard school/working days**
 - d) **the rise in conception rates in under 15s**



A WISH - LIST

Overall

- Someone to keep up the interest and pressure with all partners on progress
- Focused energy to hold people to account to make changes and keep monitoring
- Keep teenage fathers on the agenda
- Don't wait for young people to become parents before focusing services on them

SRE

- SRE champion for the city and strong leadership for SRE
- Consistent SRE in schools, non mainstream educational settings and non school settings, we would have to create the demand in schools and have toolkits, schemes of work, models of good practice and good support
- Educating earlier, in primary school
- Put SRE on the agenda for a full days training
- Schools should have good SRE to become a 'healthy school'

Health services

- CASH services accessible by young people, especially at times that are appropriate, early evenings and weekends and are young people friendly
- If we can't have more CASH services then for the existing services to be widely advertised and known by young people and adults, linking with extended services and community settings

- Specialist midwifery service for 16 - 19 years
- Extend the Healthy Young People Service, currently in a few schools, in more schools and other settings

Raising Aspirations

- Work with schools at primary and secondary level to raise the aspirations especially of those young people who are disengaging or at risk of disengaging
- Look at other avenues of achievement rather than *A-C GCSEs

Working with parents and carers

- Work with parents to increase their confidence and skills to talk to their children

Targeted work

- Target work with the more vulnerable/at risk young people - looked after children, care leavers, underachievers at schools, young offenders, those disengaged or at risk of disengaging, young people from the wards with high levels of teenage pregnancy

Peer education

- Extend the peer education work especially in the areas most at risk

Workforce development and training

- Extend training to cover all professionals who work with young people especially those who support young people in different settings
- Training for professionals to work with parents

Youth service

- A specialist health youth service, well trained and resourced