



Report of the Locality Commissioner: Teenage Pregnancy & Parenthood

South (Inner) Area Committee

Date: 2nd April 2009

Subject: Teenage Pregnancy

Electoral Wards Affected:

Beeston & Holbeck
City & Hunslet
Middleton

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Council
Function

Delegated Executive
Function available
for Call In

Delegated Executive
Function not available for
Call In Details set out in the
report

Executive Summary

This report provides details of the Teenage Pregnancy and Parenthood Strategy's focus on reducing teenage conceptions in hotspot wards in the South of the city. It includes some analysis of local data and an outline of current work to improve local integrated service delivery aimed at reducing teenage conceptions. It provides information about what needs to be in place and asks for support in further developing local leadership of this work.

1.0 Purpose Of This Report

- 1.1 The purpose of this report is to provide an update on developments in the 3 "hotspot" wards in the South of the city, and to consider how the Committee may support these developments.
- 1.2 Hotspot wards are in the top 20% of wards nationally for teenage conceptions.
- 1.3 The 3 targeted wards in the South are *City & Holbeck, Hunslet, Middleton**
(*teenage conception data is provided in relation to old ward boundaries)

2.0 Background Information

2.1 Table 1 - Conceptions to girls aged 15-17 in the 3 hotspot wards in South (based on 2001 census ward boundaries)

2001 census ward	U18 conception rate (92-97) per 1000	U18 conception rate (98-00) per 1000	U18 conception rate (00-02) per 1000	U18 conception rate (01-03) per 1000	U18 conception rate (02-04) per 1000	U18 conception rate (03-05) per 1000	U18 conception rate (04-06) per 1000
City & Holbeck	84.7	97.9	90.4	77.6	84.6	90.7	93.9
Hunslet	73.1	84.8	77.0	87.3	94.2	87.7	85.7
Middleton	66.5	55.8	55.0	56.0	69.8	74.1	73.6

Pre-Teenage Pregnancy Strategy baseline period (1998-2000)

Period where Teenage Pregnancy Strategy can be expected to be impacting on rates prior to 2008 re-fresh

2.2 Table 2 – Analysis of changes in teenage conception rates by ward 1998 - 2006

2001 census ward	Maximum level above baseline (1998-2006) in U18 conception rate per 1000	Maximum level below baseline (1998-2006) in U18 conception rate per 1000	Difference between baseline and 2006 in U18 conception rate per 1000	Comments on trends within individual wards between 1998 and 2006
City & Holbeck	none	-20.3	- 4.0	Big decline 2001-3, but since then has moved back up towards the ward baseline
Hunslet	+9.4	-7.8	+ 0.9	Rate relatively steady & high through 1998-2006
Middleton	+18.3	-0.8	+ 17.8	Rates increased from 2002-4 onwards, to well above ward baseline (but lower than other 2 wards)

2.3 Table 3 – Analysis of change in teenage conception rates by ward during 2001-4 (when rates for the city as a whole were coming down) compared with average rate change in Leeds

2001 census ward	98-00 ward rate per 1000 (Leeds average 50.0 per 1000)	2001-4 ward rate per 1000 (Leeds average 45.5 per 1000)	Change in ward rate from ward baseline to rate during 2001-4	Percentage change in rate 2001-4 compared with Leeds average change of -9.9% . i.e. were ward rates going down in line with the general downward trend in Leeds at that time?
City & Holbeck	97.9	81.1	-16.8	-17.2% Rate declining faster than Leeds average
Hunslet	84.8	90.8	+6.0	+7.1% Rate rising when Leeds average declining
Middleton	55.8	62.9	+7.1	+12.7% Rate rising when Leeds average declining

- 2.4 Within the context of continued high teenage conception rates in Leeds, the Teenage Pregnancy and Parenthood Partnership is focusing on the 6 hotspot wards in the East and South of the city as part of a re-freshed strategy in 2008.
- 2.5 Reducing teenage conception rates in a small number of high rate wards will have a disproportionate impact on the overall teenage conception rate for the city.
- 2.6 There is a need for a more localised and integrated approach to tackling teenage pregnancy. The world has moved on since the Teenage Pregnancy Strategy began at the start of the decade. Integrated Services are starting to become a reality, and locality working is starting to take shape. It is in this context that this work now needs to be taken forward. We need to look at how we can do things differently in order to make an impact.
- 2.7 The Locality Commissioner: Teenage Pregnancy and Parenthood is working closely with the Locality Enabler for the South, and with stakeholders in the 3 hotspot wards, to identify appropriate ways forward, building on local strengths and identifying any barriers. We are identifying any gaps in provision and opportunities to improve connectivity.
- 2.8 There is no intention of producing an “instant” action plan for the 3 wards. The issues in each area are complex and not necessarily the same, which in turn means that these issues are not susceptible to a one size fits all, off the peg solution (see Tables 2 and 3 above).
- 2.9 There will be a key event at the John Charles Centre on 30th April at which we will raise the profile of this issue with a broader range of local stakeholders, engaging them in a dialogue about the way forward in the Inner South. The approach will be that of a “Leadership Challenge” that will bring together strategic commissioning, local leaders and frontline professionals to further identify the issues described above and to then agree a way forward that enables stakeholders to work together to produce consistent year on year reductions in the rate of teenage conceptions locally (and consequently city-wide).
- 2.10 After these events the “Leadership Challenge” approach will continue with a series of developmental meetings to formulate a collaborative local action plan (May to July). Whilst the action plan will focus on the 3 wards, significant needs in other areas within the South will, where possible, also be addressed. We will also continue to identify and engage those who can contribute to reducing teenage conceptions as this plan is drawn up.
- 2.11 Implementation of the action plan will be underway by September 2009.

3.0 Main Issues

- 3.1 According to the Government’s Teenage Pregnancy Unit, effective local strategies to reduce teenage conceptions have all 10 of the following key characteristics;
- a. **Strategic leadership**; an effective champion, strong local leadership, senior buy in from all key partners, & support from Elected Lead Member

- b. **Strong use of local data;** local data to inform targeted services & action
- c. **Strong messages to young people & partner agencies;** clear message to senior & frontline partners on their contribution to reducing teenage conceptions, clear messages to the community & young people
- d. **Comprehensive sex & relationships education in schools;** prioritise schools serving high rate wards for SRE improvement, governors to improve SRE as part of their new duty to promote pupil well being
- e. **Trusted & accessible contraceptive & sexual health services;** easy access to full range of contraception, including long acting methods, on-site services in schools & colleges, action to prevent repeat unplanned conceptions
- f. **Workforce training on sex & relationships;** all frontline workers have basic training, with key workers having more advanced training
- g. **Targeted SRE & contraception outreach with at risk groups of young people as part of Targeted Youth Support;** LAC/care leavers, young offenders, teenage parents, poor attenders, etc.
- h. **A well resourced Youth Service, tackling the big issues like teenage pregnancy & sexual health;** “things to do, places to go”, SRE & contraception/sexual health services integrated into IYSS
- i. **Supporting parents to discuss sex & relationships;** intensive SRE programmes for parents of young people most at risk, integrate SRE into other parent support & community work
- j. **Raising aspirations of young people most at risk;** schools, Parent Support Advisers & TYS work to raise aspirations of those most at risk

3.2 There is a need to consider how much of the above is in place in the Inner South, and how locality commissioning and better integration of service delivery can complete the circle.

3.3 There is an urgent need to translate the city-wide strategy for reducing teenage conceptions into a coordinated local strategy for the South, with a clear focus on the hotspot wards.

3.4 This local strategy needs the full engagement of all partners (both senior managers and frontline workers) if it is to be successful in achieving a sustained downward trend in teenage conceptions.

4.0 Conclusions

- 4.1 Initial discussions with a range of stakeholders in the Inner South indicate a high level of commitment to this agenda and a desire to improve the connectivity of work.
- 4.2 The shared recognition of a number of existing barriers is beginning to emerge from these discussions.
- 4.3 Many focused and constructive suggestions for improving the integrated delivery of services are also being put forward by stakeholders.
- 4.4 We have a very real opportunity to influence teenage pregnancy rates significantly if we can develop a sharply focused local strategy that has full sign up of all key partners, at all levels.
- 4.5 Success in moving this agenda forward may provide a model for further developing the future local delivery of integrated children's services across the city.

5.0 Recommendations

The Committee is requested to:

- 5.1 Note the contents of this report
- 5.2 To consider ways in which elected members can be actively engaged in this agenda to help provide both local leadership for, and to help unblock any barriers to, progress in the reduction of teenage conceptions in the Inner South.
- 5.3 To include the reduction of teenage conceptions as a priority in the Area Delivery Plan.
- 5.4 To receive a copy of the agreed action plan for reducing teenage conceptions in the Inner South in due course.

Background reports

Teenage Pregnancy Next Steps; guidance for Local Authorities and Primary Care Trusts on effective delivery of local strategies. DCSF 2006