

Teenage Pregnancy and Parenthood Strategy

2008-2011



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This strategy was developed by the Teenage Pregnancy and Parenthood Partnership Board (TPPPB).
The partnership consists of representatives from:

Education Leeds
Leeds Careers
Leeds City Council
NHS Leeds
Leeds Teaching Hospitals Trust
Voluntary Community and Faith Sector
Youth Sexual Health Action Group (YSHAG)

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the Leeds Initiative

Local partnerships making things happen

Foreword



Rosemary K Archer



Stewart Golton

We want every young person growing up in Leeds to have the opportunities and support to reach their full potential. Achieving this means giving them all the guidance and help they need to make informed choices about their lives and their actions.

Nowhere is this more important for us than in our efforts to reduce the number of teenage conceptions. This is a major challenge, but one we must meet, because we know about the impact that teenage pregnancy and parenthood can have on young lives. Of course there are successful teenage parents who also realise their individual potential, but evidence shows us that too often having children at a young age significantly limits young people's career and education prospects. It affects the health and wellbeing of both mother and child – teenage mothers are three times more likely to have post-natal depression than older mothers and are more likely to smoke during pregnancy. The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers. Not only this, but we also know about the strong links between teenage pregnancy and high levels of deprivation. As such, the challenges and social exclusion that teenage mothers face often gets passed from one generation to the next.

We have recognised the significance of this complex issue in Leeds and we are determined to address it. Reducing teenage conceptions has been identified as a priority in both our Local Strategic Plan and our Children and Young People's Plan. This places a shared responsibility on us all to work in partnership and play our part in understanding and addressing the challenge. Our Teenage Pregnancy Strategy underpins

work to do that. It links to other relevant key strategies and recognises the direction our work needs to move in to engage effectively with those affected. It sets the tone for a more sophisticated, collective focus on guiding and supporting our young people. We will address this challenge by using strategic commissioning; by strengthening locality working and integrated service delivery; and by developing more integrated and personalised front line response.

We have a variety of positive developments that we can build on: examples of good work in local communities; more involvement from schools, who recognise their role and impact; recently commissioned innovative projects to target the most vulnerable groups and a strong collective to put young people's own views at the heart of guiding out work. Now we must bring all this together and take further steps so that determination, positive action and shared responsibility shapes our work in this area.

As one of our most important priorities, we can move forward knowing that doing more to reduce teenage conceptions will have a real and lasting positive impact on many, many young people's lives.

Rosemary Archer

Director of Children's Services

Councillor Stewart Golton

Executive Member for Children's Services

Executive summary

Teenage pregnancy is a complex issue, affected by young people's knowledge about sex and relationships and their access to advice and support; and influenced by aspirations, educational attainment, parental, cultural, peer influences and levels of emotional well-being.

Whilst some teenagers can be successful parents and fulfil their potential, especially with support, it remains that teenage pregnancy can have negative consequences on the health and well-being of both the young woman and the child¹. Young pregnant women and teenage parents often experience difficulty in accessing mainstream services and are at greater risk of isolation and health inequalities.

In order to drive down the under-18 conception rate and provide appropriate support for teenage parents, there is a need to establish a clear vision for teenage pregnancy in Leeds within the wider Children and Young People's agenda. This strategy provides that vision and builds on the excellent work already going on across the city to reduce teenage conceptions and support young parents. It has been developed with the support of the National Support Team for Teenage Pregnancy, key stakeholders and most importantly young people.

Vision statement

To empower and support young people to make informed decisions to prevent teenage conceptions and make healthy life choices.

To support young people to fulfil their potential.

This vision needs to be integrated into all partnership arrangements with support for the strategy among local communities. This strategy should not be used in isolation but should link with other cross-cutting strategies. Only by working together can we achieve challenging targets and improve the health and well-being of our young people and future generations.

Relationship between Leeds Teenage Pregnancy and Parenthood Strategy and other cross-cutting strategies and action plans

- [The Children and Young People's Plan for Leeds \(2006-2009\)](#)² For all young people to reach their potential, strategies must work together to raise the aspirations, self-esteem and empowerment of young people in Leeds.
- [Leeds Sexual Health Strategy \(in progress\)](#)³ Young people have other sexual health needs and cross cutting themes from both strategies will ensure that focused work targets young people in Leeds
- [Alcohol Strategy \(2007-2010\)](#)⁴ The link between high alcohol consumption increase in numbers of sexual partners and lack of condom use must be addressed through decision making and negotiation skills and self-esteem work with young people.
- [Drugs Strategy—Leeds multi-agency strategy to tackle substance misuse \(2006-2008\)](#)⁵ Similar to alcohol, the influence of substances can greatly impact on sexual health awareness and risk taking behaviour.

- [Leeds Mental Health Strategy \(2006-2011\)](#)⁶ The effects of teenage pregnancy and becoming a teen parent can have a profound effect on mental health and well-being.
- [The Leeds Health and Well-being plan \(2005-2008\)](#)⁷. The healthy Leeds partnership recognises sexual ill health as an area for improvement as part of the Improving Leeds initiative.
- [Leeds Family Support and Parenting Strategy \(2007\)](#)⁸

Background

Whilst some young women make an informed choice to become pregnant, the majority of under 18 conceptions are unintended and around a half lead to abortion¹.

Teenage pregnancy and parenthood can have a significant effect on physical, social, emotional and economic health and well-being. Teenage mothers are less likely to finish their education and are more likely to bring up their child as lone parents or in poverty. The infant mortality rate for babies born to teenage mothers is 60 per cent higher than for babies born to older mothers. Teenage mothers are three times more likely to smoke during pregnancy than older mothers and are less likely to breastfeed, both of which have negative health consequences for the child. Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth. Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing and poor health and have lower rates of economic activity in adult life. Rates of teenage pregnancy are highest among deprived communities, so the negative consequences of teenage pregnancy are disproportionately concentrated among those who are already disadvantaged¹.

Teenage pregnancy also heavily burdens the NHS and wider public health services, with the cost to the NHS alone estimated to be £63 million a year. Teenage mothers are more likely to require targeted support from a range of services, for example to help them re-engage in education, employment and training or to access supported housing. Benefit payments for those who do not enter employment in the three years following birth can total between £19,000 and £25,000 over three years¹.

Reducing teenage conceptions is an important national and local priority.

There is a national target to reduce teenage conceptions (15-17 year olds) by 50% by 2010 (from 1998 baseline).

The target for Leeds is to reduce teenage conceptions by 55% by 2010.

There is an additional national target to increase the participation of young parents into education, employment and training to 60% by 2010.



Scale of the Challenge

The Leeds picture

Leeds has high rates of teenage conceptions. Whilst much good work is currently being done to reduce teenage conceptions and support young parents, driving down conception rates remains difficult.

The table below shows progress in Leeds up to 2006 (this being the latest available data).

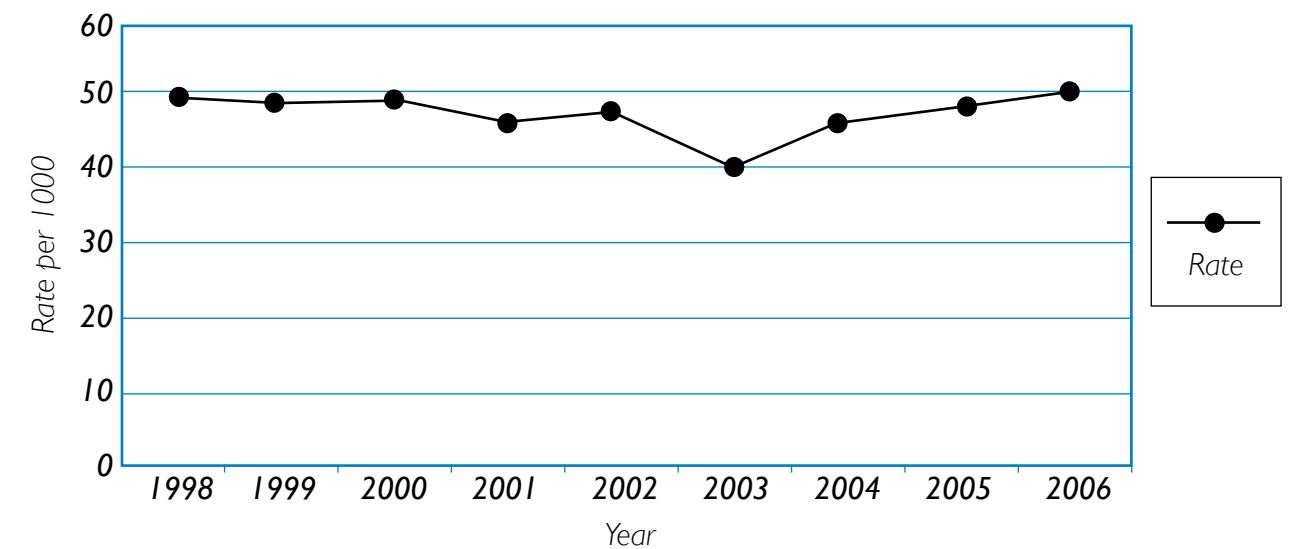
	1998 Baseline	2006	Difference
Leeds	50.4	50.7	0.4%
West Yorkshire	53	47.8	-9.8%
England	46.6	40.4	-13.3%

(Rates are per thousand 15-17 year olds)

In 2006 the number of conceptions was 715, which compared to 2005 figures of 683 shows an increase of 32.

Leeds PCT

Teenage conception rate per 1000 (fifteen to seventeen years olds)



As can be seen from the table above, reducing teenage conceptions remains a difficult task. The rate of conceptions amongst 15-17 year olds per 1000 population in Leeds has increased since 2003. Conception rates vary between wards in Leeds and are strongly associated with deprivation. A third of Leeds wards are hotspots with rates amongst the highest in England.

The problem is confounded by the delay in the national reporting of data. This means that the effect of interventions is not immediately apparent.

Leeds has been working with the National Support Team for Teenage Pregnancy since November 2007 to review progress to date and to identify areas for improvement. The

National Support Team praised the good work already being done across the city as well as recommending areas for improvement. They highlighted the need to review the Teenage Pregnancy and Parenthood Strategy.

Strategy

This strategy was developed by the Teenage Pregnancy and Parenthood Partnership Board (TPPPB) which consists of representatives from NHS Leeds, Leeds City Council, Leeds Careers, Leeds Teaching Hospitals Trust, Education Leeds and Voluntary Community and Faith Sector, Youth Sexual Health Action Group (YSHAG), who share delegated responsibility for the local work around teenage pregnancy and parenthood. The strategy outlines areas for improvement and associated key actions.

are most at risk. A local data set has the benefit of providing more timely data which will enable us to effectively monitor and review the impact of interventions on conception rates.

Key actions

- Develop local teenage pregnancy data
- Set up system for ongoing sharing of data across agencies
- Undertake Young People's Sexual Health Needs Assessment

Key areas for investment

Data and needs assessment

There is a clear need to undertake a Young People's Sexual Health Needs Assessment (HNA) as part of the broader Sexual Health Needs Assessment. This will help to identify gaps in service provision and highlight areas for improvement, focussing largely on vulnerable groups.

The production of a local teenage pregnancy data set is currently in development. This will provide more detailed information on the young people becoming pregnant in Leeds. It will include data on live births, stillbirths, terminations and second/subsequent teenage conceptions broken down by Super Output Areas/ ward level and vulnerable groups. The analysis and dissemination of local data will act as a lever to engage, inform and support partners to target interventions more effectively toward the young people who

Communication

There is a need for a comprehensive communication strategy. This should include the advertising and dissemination of information on the availability of sexual health and support services for young people. Information on services available must be effectively communicated to young people and other members of the public as well as to all professionals who have contact with young people in order that they can provide support and/or signpost as appropriate. Effective involvement of service users, including the continued involvement of YSHAG is a vital aspect of service planning, development and evaluation. Proactive and reactive media handling will need managing effectively. There needs to be a mechanism to facilitate the fluid exchange of information between partner organisations. This will ensure they remain fully informed of developments and progress relating to teenage pregnancy and parenthood in order to keep this high on the agenda. There will be effective engagement between the Teenage Pregnancy and Parenthood Partnership Board, Teenage



Pregnancy and Parenthood Commissioning Executive and the Overview and Scrutiny Committee in relation to the strategy, work programme and performance management.

Key actions

- Develop comprehensive communication strategy
- Develop single access point for all sexual health services

Implementation

Contraception and sexual health services

All young people should have access to high quality contraception and sexual health services which are delivered in a range of settings. These services should be young people friendly and comply with 'You're Welcome quality criteria: Making health services young people friendly'⁹ and the MedFASH Recommended Standards for Sexual Health Services¹⁰. Service user involvement is essential to inform service improvements and evaluation. Feedback and recommendations from young people will be used along with available evidence on best practice to redesign and improve services where appropriate. Approximately 20% of births conceived to under-18s are second or subsequent conceptions and 7.5% of abortions to under-18s are to young women who have had a previous abortion. All pregnant teenagers and teenage mothers will be referred to and followed up by contraceptive services as an approach to reduce second and subsequent pregnancies. All commissioned services should have clear Service Level Agreements/ Service Specifications and will undergo rigorous performance management.

Key actions

- Review roll out of Healthy Young People's Services (HYPS)
- Ensure existing commissioned services have clear SLAs, informed by quality standards, and performance monitoring arrangements in place
- Review services currently being offered by gathering information from Young People's Sexual Health Needs Assessment

Sex & relationship education

All young people should have the right to good quality sex and relationship information to allow them to make informed decisions about their sexual health choices. The provision of this information and guidance should begin at an early age with parents and carers being encouraged to discuss and explore relationship issues with their children. There is a need to undertake a review of sex and relationship education provision within education and non-education establishments across Leeds to ensure that young people are offered appropriate information, advice and training to help them develop their ability to make safe, informed choices. This will include helping them to develop the confidence and skills to form healthy relationships, delay sex and resist peer pressure. School nurses have an important role to play and will work in partnership with education to explore rolling out Healthy Young People's Service (HYPS) across the city.

Key actions

- Review existing provision of Sex and Relationship Education (SRE) within education and non-educational settings
- Identify strong leadership for delivery of SRE in schools and youth service
- Co-ordinate the commissioning and performance management of effective Personal Social Health Education (PSHE)/ SRE

Targeted work/ Vulnerable groups

Looked after children

Young people who are or who have been looked after are at greater risk of becoming teenage mothers. Statistics on Looked After Children released by DFES in November 2005 showed that 4.1% of 15-17 year old females in care were mothers- this was around three times higher than the prevalence among all girls under 18 in England.

Black and minority ethnic groups

Young people from certain ethnic groups are more likely to experience teenage pregnancy than others. Rates are significantly higher among mothers of 'Mixed White and Black Caribbean', 'Other Black' and 'Black Caribbean' ethnicity. 'White British' mothers are also over-represented among teenage mothers.

Key actions

- Review existing services against the needs identified in the HNA identifying gaps in service provision, particularly in relation to vulnerable groups, those at risk from subsequent teenage pregnancies and geographical location of teenage pregnancy hotspots
- Externally evaluate the Sexual Health Nurse for Looked After Children role

Workforce training and development

There is the need to ensure that all those working with young people undertake ongoing training to equip them with the skills to enable them to talk to young people about sexual health and relationships. The training will consist of basic awareness to more advanced and specialist training. School Nursing, Midwifery and

Health Visiting staff will receive training around SRE and steps to prevent second /subsequent pregnancies.

Key actions

- Identify Local Authority and Health workforce strategies in relation to SRE
- Develop training support around delay and one to one interventions in relation to NICE guidance
- Promote effective SRE training for School Nursing, Midwifery and Health Visiting staff

Youth services

There is a great deal of good work currently being done within youth services to build confidence and raise aspirations of young people. We need to identify areas of good practice and ensure a consistent approach across the city. There needs to be a particular focus on addressing the needs of vulnerable groups. Targeted Youth Support services have a role in helping teenage parents to cope with the challenges of early parenthood, by providing co-ordinated support from a lead professional who can act as an advocate for the young mother and father and put them in touch with any specialist support they may need. This support will help to address the emotional health needs associated with being a teen parent.

Key actions

- Review impact of transition from Youth Service Health Education Team to generic service

Raising aspirations

Raising aspirations has been found to have a positive effect in reducing teenage conceptions. Young people need to receive consistent messages from professionals. Careers education

and guidance is a key element of raising aspirations. Schools and colleges are ideally placed to provide young people with the skills and knowledge they require to develop their self-awareness, gain an understanding of occupational and learning opportunities and to be able to plan for the future and make appropriate career decisions. Leeds Careers provides the specialist information, advice, guidance and support to help young people apply what they have learned to their own individual circumstances and to turn these opportunities into reality.

Schools and colleges should be encouraged to maintain and develop PSHCE programmes and ensure that careers education and guidance is recognised as an important element of this. For young mothers, their education is often disrupted at the most critical time, in the run-up to taking GCSEs. Young mothers' participation in education, employment or training (EET) beyond the compulsory school leaving age is very low. Studies show that men who become fathers at a young age (under age 23) are twice as likely to be unemployed at age 30 than men who became fathers aged over 23¹¹. Support should focus on helping teenage parents to re-engage in EET.

Key actions

- Use SEAL to deliver consistency in messages to raise aspirations

Work with parents and carers

There is a strong need for parent and carer involvement. They should feel confident to address sexual health and relationship issues with young people to equip them with the skills and the confidence to resist peer pressure and delay sex.

Key actions

- Ensure Leeds Family Support and Parenting Strategy and work plan increases parent's

confidence to discuss sexual health and relationship issues

- Children's Centres will prioritise support for parents and carers on talking to children about sex and relationship issues

Supporting teenage parents

All parents should have good information about the services available to them and have access to parenting information, advice and support. This support should begin during pregnancy in order to maximise the chances of pregnant teenagers achieving a healthy and confident transition into parenthood. Good parenting is essential if children are to stay safe, be healthy, make a positive contribution, enjoy and achieve and be free from poverty⁹. We need to build on the good work which currently exists to provide support for teenage parents, including increased multi-agency working. Services should be tailored to meet the needs of young mothers and fathers. The pressures of early parenthood result in teenage mothers experiencing high rates of poor emotional health and well-being. Research shows that teenage mothers have higher rates of poor mental health after birth than older mothers, and that these higher rates are evident for up to three years after birth. Social isolation and high rates of relationship breakdown are key factors which contribute to this situation. For young fathers, particularly those separated from their children, there is also an increased risk of emotional and relationship problems. Young parents require additional support at this vulnerable time. Services need to be more attractive to young fathers to encourage them to be involved in the care of their children.

All parents should have access to appropriate housing in order to create a safe environment in which to raise their children. There needs to be close working with housing to ensure the availability of appropriately decent housing for young parents.



Key actions

- Establish pathway to ensure pregnant teenagers and mothers are followed up by contraception services
- Review support for young fathers



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