Appendix 2

TEENAGE PREGNANCY AND PARENTHOOD STRATEGY

Why reducing teenage pregnancy matters

Evidence clearly shows that having children at a young age can damage young women's health and well-being and severely limit their education and career prospects. Long term studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves. The facts are stark:

- At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner.
- Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over.
- 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.
- The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers.
- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, than older mothers – both of which have negative health consequences for the child.
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems.
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three.

Rates of teenage pregnancy are far higher among deprived communities. The poorer outcomes associated with teenage motherhood also mean the effects of deprivation and social exclusion is passed from one generation to the next. There is also a strong economic argument for investing in measures to reduce teenage pregnancy as it places significant burdens on the NHS and wider public services.

The challenge for local areas, therefore, is

- to recognise the interdependencies between teenage pregnancy and improving other outcome for children and young people.
- to provide young people with the means to avoid early pregnancy.
- to tackle the underlying circumstances that motivate young people to want to, or lead them passively to become pregnant or young parents at a young age.
- to work in effective partnership to ensure universal provision for all young people with strengthened delivery to those most at risk.

Leeds under 18 Conception Rates

The Government target is to reduce teenage pregnancy rates in Leeds by 55% by 2010 and to support 60% of teenage parents into education, employment and training. The figures show a slight increase in the number of under 18 conceptions in the city, from a base rate of 50.4 conceptions per 1000 15 -17 year olds in 1998 to a rate of 50.7 in 2006, which is higher than the national average.

	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%

Measures that need to be in place
Evidence identified certain measures are being delivered intensively in high performing areas, but either not being delivered, being delivered ineffectively or only some are being delivered in poor performing areas.

Provision of young people focused contraception/sexual health services, trusted by teenagers and well known by professionals working with them:
Next Steps notes this is the factor most commonly cited as having the biggest impact on conception rate reductions in high performing areas. The national Teenage Pregnancy Unit's (TPU) Best Practice guidance on the provision of effective contraception, including improving access to Long Active Reversible Contraception (LARC), and advice services for young people identifies features of successful practices, including those with a strong remit to undertake health promotion work as well as delivering reactive/treatment services, through, for example, outreach work in schools, work with professionals to improve their ability to engage with young people on sexual health issues and through highly visible publicity. Effective services also had a strong focus on meeting the specific needs of young men. All high performing areas also had condom distribution schemes involving a wide range of local agencies and/or access to emergency contraception in non-clinical settings.

Strong Delivery of Sex and Relationship Education/Personal, Social and Health Education by schools:
Systematic delivery of SRE/PSHE across primary and secondary schools, driven by the local education authority is critical to delivery of the target. Next Steps notes that, to support delivery, a number of related elements need to be in place, focusing on achieving Healthy Schools status; use of the DCSF SRE Guidance (2000) including planned programmes of training for Governors, LEA support to improve schools' to support delivery, including resources and consultancy. Further education colleges also have a very important role to play.

Targeted work with at risk groups of young people, in particular Looked After Children and Care Leavers (LAC):
In addition to generic programmes (such as SRE/PSHE and access to services), there is a need for initiatives that focus on young people most at risk. This may include some black and minority ethnic communities and some neighbourhoods or areas. Next Steps pointed out that high performing areas had examples of Social Services having a strong focus on sexual health issues, including targets for LAC having access to advice on contraception and sexual health. Also important is SRE training for all social work managers, family support workers, foster carers and relevant social workers.

Workforce Training on sex and relationship issues within mainstream partner agencies:
Next Steps points to the extent to which service providers working within partner agencies have received training on SRE as an indicator of mainstream partners' engagement with the strategy. Many service providers such as youth workers, Connexions PA's, social workers, housing support workers, Youth Offending Team workers – work with young people at risk of teenage pregnancy, and can use this opportunity to do preventative work to help young people delay early sex and access early advice. Systematic approaches include essential training of all relevant social workers, essential SRE training for youth workers and Connexions PA's. While it is important to ensure training for the workforce throughout the system, it is important to prioritise those in areas of greatest need.

A well resourced Youth Service, with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health:
As noted in Next Steps, where Youth Services were well resourced, provision of positive activities for young people was strong. Youth Workers should be equipped with skills and knowledge to support young people on sex and relationship issues. The Youth Service has an important role to play, with a focus on addressing key social issues affecting young people, such as sexual health and substance misuse.

Work on raising aspirations:
Teenage Pregnancy: Accelerating the Strategy emphasises the importance of improving attainment, behaviour and attendance and raising aspiration in young people at risk of a range of factors, including teenage pregnancy. Teenage pregnancy rates are higher in more socially deprived wards. The Government has organised a more targeted approach to tackle under-performance among particular groups of young people who are at greater risk of teenage pregnancy. The strategy points to a range of approaches, including implementation of Healthy Schools, New Deal for Communities initiatives, Aiming High, Raising Achievement of Minority Ethnic Pupils and specific programmes such as Teens and Toddlers and Young People's Development Programme.

Work with Parents:
The national evaluation found that many young people still find it difficult to talk to parents/carers about sex and relationships, calling for more innovative approaches to improving communication between young people and parents/carers. It is also important to engage with parents on issues such as aspiration.

Supporting Teenage Parents:
All young parents should have good information about the services available to them and have access to parenting information, advice and support. Support should begin during pregnancy in order to maintain 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 poverty. Some young pregnant women and teenage parents often experience difficulty in accessing mainstream services and are at greater risk of isolation and health inequalities. Services should be tailored to meet the needs of young mothers and fathers to ensure they can fulfil their potential.

There was further evidence that progress was greatest in areas where all aspects of the strategy were being delivered effectively. In particular, there needed to be engagement of the 4 key agencies involved in delivery the strategy – PCT, Education, Social Services and Youth Services. The above findings are consistent with the evidence-base for the strategy and the conclusions of the original Social Exclusion Unit report, which recognised that a multi- faceted approach was needed.