

Health and Wellbeing Board

26 July 2016



County Durham Teenage Pregnancy Action Plan 2016-2018

Report of Gill O'Neill, Interim Director of Public Health, Children and Adults Services, Durham County Council

Purpose of the Report

- 1 This report is to present the Health and Wellbeing Board with the Teenage Pregnancy Action Plan for County Durham 2016 – 2018, attached as Appendix 4, for endorsement.

Background

- 2 Reducing the historically high level of teenage pregnancy in County Durham continues to be a top priority at both national and local levels. For many teenagers bringing up a child is incredibly difficult and often results in poor outcomes. This includes poor emotional health for the mother and physical health for her and the baby. The reasons for tackling teenage pregnancy and supporting teenage mothers and young fathers are well documented and include health and wider inequalities issues.
- 3 Teenage pregnancy figures are reported as under 16 conceptions aged 13-15 years and under 18 conceptions aged 15-17 years. (See Appendix 2 for Under 18 and under 16 conception trends for County Durham).
- 4 The national teenage pregnancy prevention strategy for England, *The Teenage Pregnancy Strategy: Beyond 2010*¹ highlights the need for focused work in prevention and support. This will ensure that all young people receive the information, advice and support they need and also have access (and know how to use) contraception effectively when they do reach the stage that they become sexually active.
- 5 Steps are needed to ensure that if young people do become parents they get the support they need to make successful futures for themselves and their children, and prevent the poor outcomes that are associated with teenage parenthood, including, poor child health outcomes; poor maternal emotional health and well-being; increased risk of teenage parents and their children living in poverty.
- 6 Before the recommendations from national strategies can be implemented effectively and efficiently, the needs of young people and teenage parents within County Durham needed to be better understood. Public Health worked with key partners to undertake a health needs assessment which included:
 - Identification of current evidence base;

¹ The Teenage Pregnancy Strategy: Beyond 2010

- Collation of baseline data, services, workforce, and information mapping;
- Consultations with young people, young parents and other key stakeholders;
- Identification of barriers and gaps with current services;
- Agree a multi-disciplinary delivery plan that outlines the actions required to reduce teenage conception and provide identified support to young parents and their children.

What Young People are telling us

7 Consultations with young people were crucial to the development of the plan. This included county wide Sex and Relationship Education (SRE) consultations with universal and targeted groups of young people. Information was collated from:

- Focus groups and agenda days undertaken by Investors in children (IiC);
- SRE surveys with secondary school aged pupils ;
- Social norms survey data;
- School nursing review survey;
- Information from other consultation events held with young people including consultations with teenage parents.

8 Consultations with young people in County Durham identified that they do not feel they receive enough age appropriate information about sex and relationships throughout their school careers. This replicates the Sex Education Forums young people's survey on SRE (2008) which is currently being repeated for 2015. Full details of the consultations are included in the County Durham Health Needs Assessment (HNA) 2015². Key points include:

- SRE lessons/sessions should be consistently provided within all schools and delivered in each year group covering age appropriate issues throughout their school career. Comments from young people included:

"It is important that children find out when they are young about the different types of friendships and relationships you can have. They need to know that everyone is different!"

"The older you get the more you need to know!"

"It's always all practical stuff, nothing is about emotional support or how you can be affected mentally!"

- A range of issues need to be included in SRE sessions including the emotional aspects of being in a relationship and the different types of relationships and friendships. Being aware of unsafe relationships are also essential. Self-esteem / confidence and body image were also seen as being important issues that should be included. Young people also expressed the need for:
 - Training and information to be given to teachers, parents / carers and they are also aware of external support agencies.
 - Drop in sessions /One to Ones after SRE sessions. These should be held regularly in schools by external organisations

² County Durham Teenage Pregnancy Health Needs Assessment 2015

HNA Recommendations for action

- 9 It is recognised that no additional funding is available to implement the HNA recommendations and action plan. It is therefore imperative that partners work cohesively through a systems approach and utilise current resources effectively and efficiently to deliver better outcomes for young people.

The findings from the HNA (Appendix 3) formed the key recommendations. These were then collated into themes which form the key sections for the action plan:

- Strategic partnership development
- Prevention: including resilience, SRE and universal services
- Supporting pregnant teenagers and teenage parents
- Targeted support
- Sexual health services: including contraception and EOHC
- Data Improvement

Action Plan

- 10 The Teenage Pregnancy Action Plan for County Durham considers the national teenage pregnancy strategy whilst reflecting local needs identified in the HNA and was developed to reflect a whole system approach. Principles included:

- Workshops, focus groups and face to face meetings with key stakeholders have informed the action plan, with each service being responsible for identifying actions and the relevant measures / outcomes.
- The plan is to be delivered over a two year period from 2016 – 2018 and will be monitored and performance managed by the teenage pregnancy partnership board. The Health and Wellbeing Board will receive regular progress update reports.
- The key aims are based on recommendations from the HNA whilst also considering national evidence base and previous local reviews including the teenage pregnancy overview and scrutiny recommendations from 2012.
- The voice of children, young people and other key stakeholders were fundamental to the development of the action plan. This included consultations relating to SRE from the HNA and the school nursing service review.
- The whole system approach necessitates commitment from each identified service area to deliver against the actions with the plan.
- Marmot principles of proportional universalism have been embedded to help reduce inequalities identified from the HNA with both universal and targeted actions developed. Short term outputs and long term outcome indicators have been included.

Plan for Success – What makes the difference

11 Although the key factors from the national strategy are included (paragraph 4), other fundamental elements have been embedded throughout the plan that considers the changing needs of young people. These elements were not explicitly included in the previous County Durham Teenage Pregnancy Plan and comprise of:

- A multi-agency plan that presents a holistic approach throughout, including public health, education, employment, health, adult learning, One Point, housing and youth offending services. This will ensure rounded support for all young people including looked after children / care leavers; young carers; and young offenders
- An underpinning resilience building theme to help protect young people against engagement in risk taking behaviours
- Including targeted service interventions to provide additionality to the universal SRE service to ensure those young people who are at most risk receive appropriate information, advice and support
- Identifying support pathways for teenage parents to reduce the chance of subsequent unplanned conceptions
- Staff development and upskilling the children and young people workforce infrastructure is a key element. This will promote sustainability across services who work with children and young people

Recommendations

12 The Health and Wellbeing Board is requested to:

- Endorse the Teenage Pregnancy Action Plan for County Durham whilst noting the need to reflect changes identified by DurhamWorks when their plans are finalised (Appendix 4).

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Appendix 1: Implications

Finance

No additional funding is required to implement the action plan. It is anticipated that partners work cohesively through a systems approach and utilise current resources effectively and efficiently to deliver better outcomes for young people.

Staffing

No implications.

Risk

No implications.

Equality and Diversity / Public Sector Equality Duty

Ensuring a specific, vulnerable target population (teenage pregnancy population) receives timely support with appropriate services.

Accommodation

No implications.

Crime and Disorder

No implications.

Human Rights

No implications.

Consultation

Consultations undertaken with young people and key stakeholders

Procurement

No implications.

Disability Issues

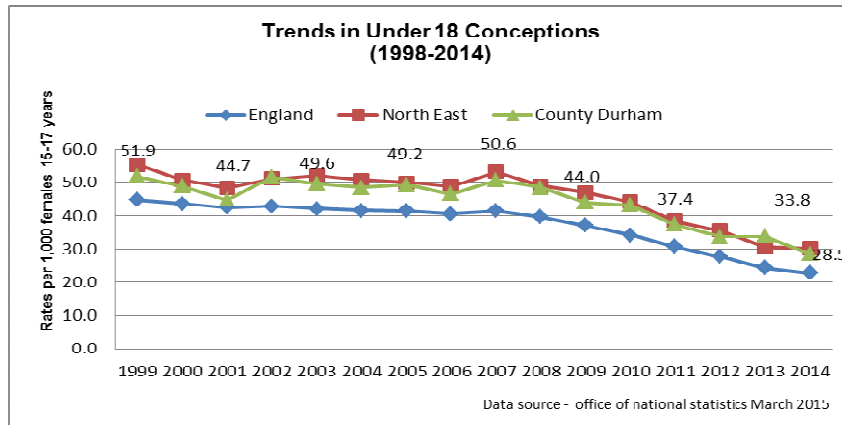
No implications.

Legal Implications

No implications.

Appendix 2: Teenage Conception Rates for County Durham

Figure 1: Under 18 conceptions over time, annual rates 1998 to 2014, County Durham, North East and England. Source: Office for National Statistics, 2016.

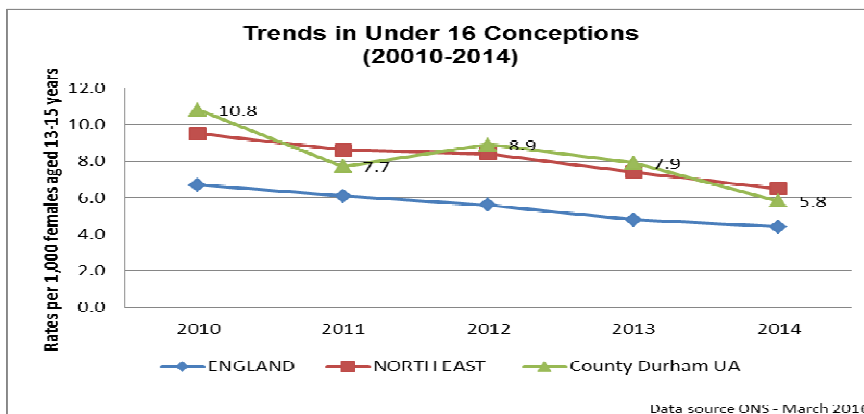


	1999	2001	2003	2005	2007	2009	2011	2013	2014
Number of U18 conceptions									
County Durham	469	399	458	456	484	408	324	293	245

Data source ONS March 2016

- Under 18 conception rates in County Durham have been falling over time, but remain significantly worse than England.
- Between 1998 and 2014 there has been no significant change in the size of the absolute gap in rates between County Durham and England.

Figure 2: Under 16 conceptions over time, annual rates 2010-2014, County Durham, North East and England. Source: Office for National Statistics, 2016.



	2010	2011	2012	2013	2014
Number of U16 conceptions					
County Durham	93	66	76	65	46

Data source ONS March 2016

- Under 16 conception rates have been falling over time locally, regionally, and nationally.

Appendix 3: HNA Key Findings

1 Under 18 conceptions

Under 18 conception rates in County Durham have been falling over time, but remain significantly worse than England. There has been no significant change in the size of the absolute gap in rates between County Durham and England over the past 15 years. The distribution of teenage conception rates within County Durham is also unequal and although some wards have made significant improvement, some have remained largely unchanged and other wards under 18 conception rates appear to be increasing and require monitoring. 27 wards in County Durham have higher under 18 conception rates compared to the County Durham average (based on three year aggregated data 2011-2013), 18 wards are > 20% higher than the County Durham and 8 wards within County Durham are consistently <20% higher than the County Durham average over three time series.

2 Sex and Relationship Education (SRE)

Currently there is no statutory or national standardised programme of study for SRE, other than topics that are included in national curriculum science. Some schools try to ensure the ethos of appropriate friendships, positive relationships; e-safety and building resilience are embedded into many classroom lessons, although there is limited opportunity for formal lessons. Schools are free to seek support for the planning, delivery and monitoring of SRE from any provider. DCC have commissioned a programme which supports improvements in sex and relationship education (SRE) in secondary schools and access to available support across County Durham.

Consultations with young people in County Durham identified that they do not feel they receive enough age appropriate information about sex and relationships throughout their school careers. This replicates the Sex Education Forums young people's survey on SRE (2008) which is currently being repeated for 2015.

3 Contraception and Sexual Health Services (CaSH)

Community clinics are located throughout County Durham and eight clinics are delivered from schools and colleges. Five also offer teen plus clinics giving priority access to under 25's.

C-Card outlets are currently available at 131 localities across the county, delivered from a range of settings including pharmacies and youth and education settings by trained staff. These were mapped for usage for under 16 and 16-18 year olds which highlighted that young people appear to use the outlets that were located close to schools, colleges and Durham City centre more frequently.

A review of the emergency oral hormonal contraception (EOHC) prescriptions issued in County Durham identified that almost quarter of all prescriptions issued are for young women under 18 years old. It was also noted that the EOHC uptake for under 16's has a higher percentage of uptake in the Easington and Sedgefield localities compared to the County Durham average. Further data is required to identify the crude rate (per 1000

population of females) and will allow further analysis of the EOHC usage along with long acting reversible contraception (LARC) uptake and conception data.

4 Pregnant Teenagers

The Family Nurse Partnership (FNP) provided intensive support to approximately 20% of first time pregnant teenagers through a licenced programme. This programme will not be delivered from April 2016 and all teenage parents will be supported through a vulnerable parent programme.

Universal maternity support is provided through mainstream services via the teenage parent pathway for those not receiving FNP support. A teenage parent midwifery champion has been developed in each locality although their role is in addition to their mainstream midwifery role.

Multi-agency support is available through the families programme delivered by Durham County Council and key partner agencies including health services, criminal justice services, housing and job centre plus. The aim is to ensure all agencies working with children, young people and adults who are parents and carers work effectively together using a 'think family' approach to meet the needs of whole families rather than focussing only on the child's or adult's needs in isolation.

Pregnancy and teen parent data is recorded on various DCC and NHS systems requiring further clarity. There is limited information available on pregnant teenagers who are still at school and the support they are receiving if they are not attending one of the teenage parent units.

5 Teenage Parents

Evidence identifies that the social determinants effecting young parents are complex although there is currently no pathway in place to address the wider determinants of health. This includes education, employment, housing, finance and transport. Social isolation was also noted as significant issue for teenage parents impacting on both the mother and child's wellbeing. The teen mother pathway developed by County Durham and Darlington Foundation Trust (CDDFT) is primarily a health pathway with limited scope to address the wider social determinants of health.

There are limited opportunities for some teenage parents to engage in education / learning that meet their needs. Outcomes set by commissioners and funding organisations may indirectly discriminate against young parents who require additional support due to the strict key performance outcomes. This includes teenage parents who are not able to progress immediately into mainstream education on completion of a programme. This may prevent some teenage parents progressing into education employment or training.

Data on teenage parents is collected annually for maternity episodes aged under 18 years. We do not have data readily available to identify the teenage parent population for County Durham. Teenage parents may also be registered under several 'vulnerable group categories' including care leavers and special educational needs (SEN) and often recorded on separate data recording systems.

