

Stoke-on-Trent

Reducing Under 18s Conception Strategy 2016/19





STRONGER TOGETHER

Working together to create a stronger city we can all be proud of



Support our residents to fulfil their potential

- Protect and improve mental and physical health and wellbeing



Support vulnerable people in our communities to live their lives well

- Reduce the risk of harm and neglect to vulnerable adults and children
- Enable and support more people to live independently and safely
- Improve quality of life, independence and choice for vulnerable adults
- Enable young people leaving care to live independently and safely
- Improve health and wellbeing of vulnerable groups

The Stronger Together Strategic Plan 2016-20 sets out the vision and overarching priorities and objectives for the Council for the next four years. The diagram above shows how reducing teenage conceptions will contribute to the achievement of that vision. This document focuses on how that reduction will be delivered over the next 3 years.

This Plan is rooted in the values that underpin the Stronger Together vision, working as One Team, with One Vision to deliver the best possible outcomes for our residents and the city. Extending and cementing partnerships with organisations and groups across the city is at the heart of this approach and hold the key to ensuring the young people of Stoke-on-Trent are able to fulfil their potential.

Stoke-on-Trent Reducing Under 18s Conception Strategy 2016-19



Ambition: **Stoke-on-Trent under 18s conception rate is reduced, with an improvement in our position in relation to other Local Authority areas and young women under 18, who do have a baby, are supported to achieve the best outcomes possible.**

Outcomes: A reduction in the under 18s conception rate, with an improvement in our position in relation to other Local Authority areas.

From 2016, all young people supported and empowered to delay sexual activity.

An improvement to the overall sexual health of young people in Stoke-on-Trent whilst maintaining our better than England position, with regard to sexually transmitted infections.

Priorities:

1. Good quality relationship and sex education (RSE) to help delay early sex
2. Targeted prevention for young people at risk
3. Practical information for young people, parents and practitioners
4. Young person friendly contraceptive and sexual health services
5. Dedicated support for teenage parents
6. Strategic leadership and accountability

Good quality relationships and sex education to help delay early sex:



achieved through effective training for professionals working with young people and coordinated partnership delivery in both formal and informal educational settings

Practical information for young people, parents and practitioners:



delivered through appropriate, relevant and effective communication and training methods

Dedicated support for teenage parents:



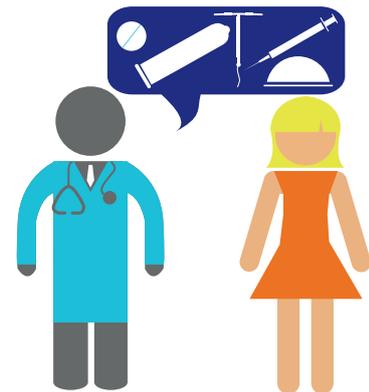
from conception through to delivery with an emphasis on improving their physical and emotional wellbeing, attachment and bonding with their child and reducing second pregnancies

Targeted prevention for young people at risk:



identified through early risk assessment and engaged by small group work and tailored 121 support.

Young person friendly contraceptive and sexual health services:



you're Welcome Quality Criteria approved services offering advice and appropriate access to contraception in both health and non-health youth settings

Strategic leadership and accountability:



achieved by senior leader's strong performance management and their understanding of reducing under 18 conceptions as a local priority.

The scale of the problem

Background

For over 15 years there has been a national focus on reducing under 18s conceptions. It still remains a priority today evidenced by the Government including it as one of the four key priorities within the National Sexual Health Framework and by inclusion of the Under 18s Conception Rate in the Public Health Outcomes Framework, indicator 2.04. Teenage pregnancy and early motherhood are widely understood to lead to disproportionately poor outcomes for young parents and their children:

- The rate of postnatal depression is three times higher in teenage mothers and a higher risk of poor mental health for three years after the birth
- There are low levels of breastfeeding and high levels of smoking in teenage mothers
- High levels of lone parents resulting in an increased risk of poverty, poor housing and poor nutrition for the children
- Teenage mothers are more likely to still live in poverty at the age of 30 which impacts on their children
- Young fathers are twice as likely to be unemployed at the age of 30, independent of deprivation
- 21% higher risk of preterm birth
- Babies tend to have lower than average birth weight
- Infant mortality is 41% higher than babies born to older women
- Children of teenage mothers have high accident rates and behavioural problems
- Daughters of teenage mothers are more likely to become mothers in their teenage years – repeating the cycle

There is also a recognition that social-economic disadvantage can be both a cause and a consequence of teenage parenthood. This is not to say all teenage parents suffer negative outcomes, some find it a positive life enhancing experience, but the former is sadly the experience of the majority.

There is evidence that certain groups of young people are at particular risk of becoming teenage parents, the vulnerable groups are: young people in or leaving care, homeless, school excludees and young people underperforming at school, children whose mothers were teenage mothers and young people involved in crime. However, *“Most young women conceiving before 18 do not have specific risk factors ...A teenage pregnancy prevention strategy that seeks to reduce conception rates by a substantial margin cannot concentrate on high risk groups alone.”*¹

¹Teenage Pregnancy in England. DfE/IFS research report 2013 <http://www.ifs.org.uk/publications/6702>

Local need

Under-18 conceptions

Stoke-on-Trent currently has the second highest under-18s conception rate in the country at 43.9 per 1,000 15-17 year olds. Whilst this is a reduction on our 1998 baseline rate of 68.5, it is still higher than the West Midlands 28.9 and national rate 24.3. Of the under-18s conceptions in Stoke-on-Trent, 37.7% end in termination which is significantly lower than both the West Midlands rate 48% and England rate 51.1%.

Between 2005-7 when the under-18s conception rate was at its highest and 2011-13, the local rate fell from 67.4 to 45.8. This placed Stoke-on-Trent almost in the top 10% of best improvers in the country.

With regards to under-16s conceptions, the latest 2013 data shows Stoke-on-Trent at 7 per 1,000 13-15 year olds. Whilst this is a reduction on our 2009 rate of 12.8, it is still higher than the West Midlands 5.5 and England 4.8. Of the under-16's the percentage of conceptions leading to abortions in 2011-13 was 59.6% in Stoke-on-Trent compared with 57.5% in the West Midlands and 60.8% in England.

The social care costs of teenage conceptions and the cycle of intergenerational teenage parents have not been robustly ascertained by any organisation. Whilst it is clear that being a young unemployed single parent can have an adverse impact on helping them to achieve their goals, in terms of the wider costs to society, a crude estimate of the welfare benefit costs based on annual averages is: £16950 per annum for a single parent with one child claiming income support, child benefit and housing benefit. Hence, the impact on Stoke-on-Trent, using an average termination rate of 36% produces a potential cost in excess of £2million over a three year period.

In brief, if a local area stops investing in teenage pregnancy prevention and contraception they will face much bigger costs within the same financial year.

It is important that local interventions and support are based on evidenced practice. Using evidence of what works nationally can inform local delivery and the activities outlined in this plan are based on, "Translating evidence into a 'whole systems' approach: ten factors for an effective local strategy"² and are designed to help the continued reduction in under-18s conceptions.

²Alison Hadley, Teenage Pregnancy Knowledge Exchange, University of Bedfordshire



Priorities

Good quality relationships and sex education with a focus on delaying early sexual activity

achieved through effective training for professionals working with young people and coordinated partnership delivery in both formal and informal educational settings.

Targeted prevention for young people at risk

identified through early risk assessment and engaged by small group work and tailored 121 support.

Practical information for young people, parents and practitioners

delivered through appropriate, relevant and effective communication and training methods.

Young person friendly contraceptive and sexual health services

You're Welcome Quality Criteria approved services offering advice and appropriate access to contraception in both health and non-health youth settings.

Dedicated support for teenage parents

from conception through to delivery with an emphasis on improving their physical and emotional wellbeing, attachment and bonding with their child and reducing second pregnancies.

Strategic leadership and accountability

achieved by senior leader's strong performance management and their understanding of reducing under 18s conceptions as a local priority.

Actions



Good quality relationships and sex education with a focus on delaying early sexual activity

There is strong evidence to support the view that receiving good quality relationships and sex education (RSE) helps young people to understand consent, develop healthy relationships staying safe from coercive and exploitative ones and delay early sex. Young people who report school as their main source of RSE are less likely to be pregnant before 18³ and there is no evidence to support the view that RSE encourages early sex⁴. Our actions to achieve robust and consistent RSE include:

- Continuation of the universal offer of RSE support within educational settings with a focus on delaying early sex.
- A variety of RSE training developed and delivered to professionals to enable them to support young people.
- Review and update the Health in Schools Excellence Award RSE schemes of work for 0-19 year olds.
- Maintain the Young People's Sexual Health Network creating new and continued RSE professional networks and partnerships across the city, addressing barriers and gaps and promoting positive achievements.
- Engaging with parents and carers on comfortable and effective ways to talk to their children about relationships and sex.

³The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (NATSAL-3)

⁴Kirby D, Emerging Answers (2007) Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases, National Campaign to Prevent Teen and Unplanned Pregnancy, 2007

Targeted prevention for young people at risk

Some young people are more at risk of teenage pregnancy than others. This can be due to a number of factors including persistent school absence by year 9, slower than expected progress between KS2 and KS3, being a looked after child or care leaver and experiencing sexual abuse and exploitation. Our actions to ensure these young people get additional support to address risks include:

- Continued commissioning of a targeted prevention service for young people specifically at risk of conceiving under the age of 18.
- Early identification of young people who are at risk of pregnancy through the use of a nationally recognised screening tool⁵.
- Ensure all professionals working with young people across the city have access to the risk assessment and the relevant training required.
- Building young people's self-esteem, confidence, resilience and aspirations.
- Use available data to ensure services are meeting young people's needs and achieving commissioned outcomes.

Practical information for young people, parents/carers and practitioners

Young people are exposed to sexual messages daily through media, music, advertising and magazines but this is often in direct contradiction to the "No sex please, we're British" culture where parents and institutions are often reluctant to discuss the subject. Our actions to ensure that young people, parents/carers and practitioners receive up to date practical information include:

- Well publicised messages around delaying early sex using informed and effective media methods for young people.
- Effective delay and sexual health training and awareness raising for professionals working with young people.
- Parents know where to access information, guidance and support on how to talk to their children about relationships and sex.
- Services are well publicised in venues accessed by young people through methods that are relevant and engaging e.g. social media.

⁵Effective Public Health Practice, Teenage Pregnancy National Support Team, Kate Quail, Department of Health, April 2011

Young person friendly contraceptive and sexual health services

We know that alongside sex and relationships education, easy access to confidential contraceptive and sexual health advice and care is key in helping to reduce teenage conception rates. Evidence shows young people are more likely to access services for information, advice and support where the service is known to be welcoming towards them. Our actions to ensure contraception and sexual health services are young person friendly include:

- All contraception and sexual health services will achieve and maintain the You're Welcome Quality Criteria mark as standard.
- All young people have access to the full range of contraceptive methods and know where to access them – including emergency contraception.
- Contraceptive and sexual health services including C Card will be mystery shopped to ensure ease of access and appropriate delivery to young people.
- Continued development and accessibility of C Card scheme across the city.
- Consult with young people to ensure that services continue to meet their on-going contraceptive and sexual health needs.



the **C**card
carry with confidence.....

Dedicated support for teenage parents

As detailed earlier in the document, teenage parents and their children are vulnerable to a number of negative outcomes including higher risk of infant mortality, lower than average birth weight, low breast feeding rates and poor economic wellbeing. Our actions to help improve the outcomes for young parents and their children through dedicated support include:

- Maintain dedicated, individual one to one support for young parents inclusive of baby's father where appropriate.
- Pregnant young women get early access to accurate impartial pregnancy options information and support.
- Where required, supported access to young person friendly contraceptive services to help reduce unplanned second pregnancies.
- Ensure the positive health and wellbeing outcomes of mother and baby including;
 - early booking and 12 week antenatal check-up;
 - reduction of smoking in pregnancy;
 - healthy eating through pregnancy and beyond; and
 - promotion and support of breastfeeding.
- Support for young people accessing termination of pregnancy including onsite access to contraceptive and sexual health information and Long Acting Reversible Contraception to reduce second or further pregnancies.
- In line with national statutory housing guidance, young mothers in Stoke-on-Trent do not qualify for housing before 18 years of age. Housing and support provision in Stoke-on-Trent is therefore focused on mothers 16-18 through the availability of 12 supported living flats with the focus on:
 - developing strong parent and baby attachment and bonding;
 - developing positive parenting skills;
 - development of independent living skills;
 - support to access education, employment and training;
 - improving confidence and self-esteem; and
 - reduction in unplanned second pregnancies

Strategic leadership and accountability

In order to reduce the under-18s conception rate strong leadership is key in helping to maintain it as a local priority. Alongside this sits strong performance management and the engagement of all agencies who work with children and young people. Our actions to ensure there is strategic leadership and accountability include:

- Maintain reducing under-18s conceptions as a public health priority set by the Director of Public Health.
 - Ensure other agencies and professionals recognise the impact of under-18s conceptions and how they can contribute to its reduction.
 - Ensure clear understanding of how reducing under-18s conceptions improves other outcomes for children and young people.
 - Strong performance management of commissioned services that have a direct impact on reducing under-18s conceptions.
 - Ensure regular reporting into the Children and Young People's Commissioning Group.
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City of
Stoke-on-Trent

stoke.gov.uk/health

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