

Teenage pregnancy needs assessment summary

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Teenage Pregnancy

Introduction

In Kent, the rate of conceptions for under 18 year olds has been falling and is now similar to the England average at 22.2 per 1,000 female population aged 15-17. Data for January to March 2015 is showing a further reduction to 20.2 per 1,000 females aged 15-17. The conception rate for the under 16s is showing a similar decline to that of the under 18s conceptions.

Historically (pre-2010), teenage conception rates in Kent were lower than the England average and the gap has been closing since 2010. However, rates in Kent remain above the South East average (22.2 per 1,000 female population aged 15-17 compared with 18.8 per 1,000 for the South East region) in 2014. The gap between teenage conception rates in Kent and the South East average has narrowed over recent years.

Continuing to reduce teenage pregnancy remains a national policy priority and one of the four priorities of the Sexual Health Improvement Framework¹ and as a key indicator of the Child Poverty Strategy

2014-2017².

The under 18s conception rate, as well as the rate of teenage parents, are also indicators in the national Public Health Outcomes Framework (PHOF). Success in reducing these indicators are estimated to have a positive impact on 25% of the wider PHOF outcomes including; child poverty, infant mortality, poor maternal mental health and levels of young people not in education, employment or training³

A new Teenage Pregnancy Strategy⁴ was developed in Kent for 2015-20 with the following ambitions:

1. reducing under 18s conceptions requires strong leadership and joined-up working
2. building emotional resilience with children, young people, their families and their communities
3. building the aspirations of young people
4. children and young people playing an active role in shaping the world around them
5. improving sexual health for young people
6. improving emotional, physical, educational and economic wellbeing for young parents.

¹ DH (2013) 'Sexual Health Improvement Framework'
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf Accessed 17/01/2017

² DWP (2014) 'Child Poverty Strategy 2014-2017'
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324103/Child_poverty_strategy.pdf Accessed 22/12/2016

³ Taken from <https://www.beds.ac.uk/knowledgeexchange/policy> Accessed 22/12/2016

⁴ KCC (2015) 'Teenage Pregnancy Strategy 2015-2020'
<https://democracy.kent.gov.uk/documents/s59446/B1%20-%20Appx%201%20-%202023%2015-Teenage%20pregnancy%20strategy%20v2.pdf> Accessed 17/01/2017

These ambitions link closely with the aims of Kent's Emotional and Mental Health Strategy⁵, Child Poverty Strategy⁶ Kent's 14-25 Learning, Employment and Skills Strategy⁷.

Who's at Risk and Why?

In Kent, the highest rate of teenage pregnancy is in the east and the highest ward rates are to be found in the districts of Thanet, Swale and Shepway.

Key risk factors for teenage pregnancy are:

- being a looked after child
- some minority groups
- being a child of a teenage parent
- living in a deprived area.

There are some behaviours which are associated with teenage pregnancy for example being a young offender, regular misuse of alcohol and drugs and disengagement from education provision or school.

The reasons for tackling teenage pregnancy and supporting teenage mothers and young fathers are well documented and include health and wider inequalities issues.

These include:

- babies born to teenage mothers have a 60% higher infant mortality rate and a 63% increased risk of being born into poverty compared to babies born to older mothers
- children born to teenage mothers do less well at school and disengage early from learning; sometimes well before they have finished compulsory education
- daughters of teenage mothers are twice as likely as daughters born to older mothers to become teenage mothers themselves. Similar disadvantages affect young fathers.

Measures to reduce teenage conceptions and reach local targets will therefore help to reduce the health inequalities and social exclusion effect of teenage parenthood. Supporting teenage mothers to access and use contraception effectively after the birth of their first child will also help prevent subsequent unplanned pregnancies.

The link with a lack of aspiration is significant. Young people need the motivation, as well as the means to prevent pregnancy and also engagement in education through their teenage years as strong protective factors.

Programmes for teenage pregnancy and supporting teenage parents are part of a long-term effort to narrow social and health inequalities and tackle child poverty.

⁵ KCC (2015) 'The Way Ahead: Emotional and Mental Health Strategy for Children and Young People' https://www.kent.gov.uk/_data/assets/pdf_file/0003/46821/Emotional-Wellbeing-Strategy-part-1-strategic-framework.pdf Accessed 17/01/2017

⁶ KCC (2013) 'A Child Poverty Strategy for Kent' http://www.kent.gov.uk/_data/assets/pdf_file/0008/13310/child-poverty-strategy.pdf Accessed 22/12/2016

⁷ KCC (2015) 'Refresh of the 14-25 Learning, Employment and Skills Strategy 2014-2018' http://www.kent.gov.uk/_data/assets/pdf_file/0014/6206/14-24-learning,-employment-and-skills-strategy.pdf Accessed 22/12/2016

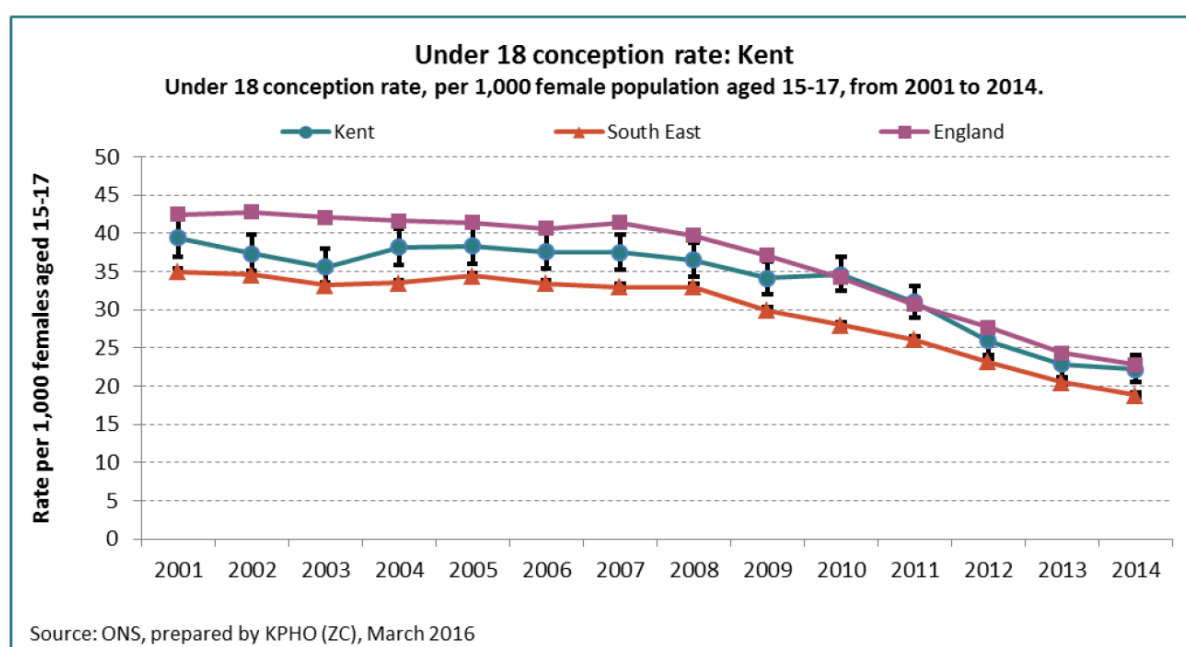
The Level of Need in the Population⁸

County under 18s conception rates:

In 2014, Kent's under 18s conception rate was 22.2 per 1,000 15-17 year olds. The rate in Kent, like that of England, is falling and has almost halved in the last 13 years (to 2014). Most of the decrease has taken place in the period 2010-2014. Under 18s conception rates in Kent however remain above the South East regional average which is 18.8 per 1,000 females aged 15-17. Rates vary between districts and wards.

The percentage of girls in Kent aged 12-17 who are a parent (1.2 % in 2014-15), is declining but is higher than that of the South East region and of Kent and has been so since 2010-11.

Figure 1: The trend in under 18s conception rates from 2001-2014 in Kent



District Under 18s Conception Rates

The rate of under 18s conceptions and the rate of their improvement vary between districts and wards.

Ashford, Canterbury, Dartford, Maidstone and Shepway

In all of these districts teenage conception rates are similar to the Kent average (i.e. there is not a statistically significant difference) and there is clear evidence of improvement in teenage conception rates.

Swale and Thanet

In these districts, whilst there have been improvements in teenage conception rates at a rate similar to the Kent average, teenage conception rates remain above the Kent average.

⁸ For more information see the Teenage Pregnancy Summary
http://www.kpho.org.uk/_data/assets/pdf_file/0016/56104/Teenage-Conceptions-Summary-Report.pdf

Sevenoaks and Tunbridge Wells

In these districts teenage conception rates are well below the Kent average, and have been throughout the period. Whilst teenage conception remains on a downward trend in these districts, the pace of change is less than for Kent as a whole.

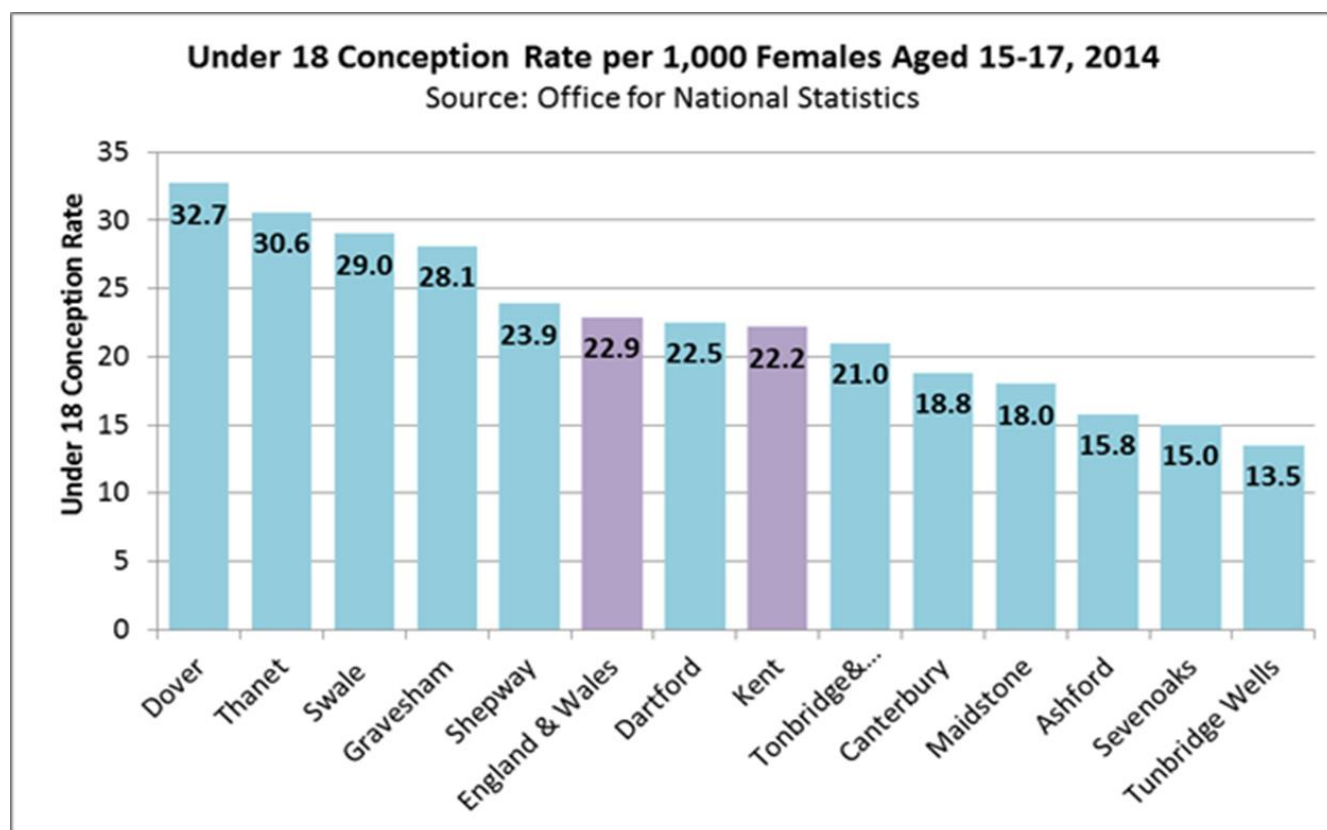
Dover and Gravesham

In these districts there has either been no improvement in teenage conception rates since 2001, or only very small improvements. This means that teenage conception rates are now above the Kent average in these districts where they weren't in 2001.

Tonbridge and Malling

In this district there has been little improvement in teenage conception rates since 2001. This means that teenage conception rates are now in line with Kent average. They were well below average in 2001.

Figure 2: District rates of under 18's conceptions in 2014

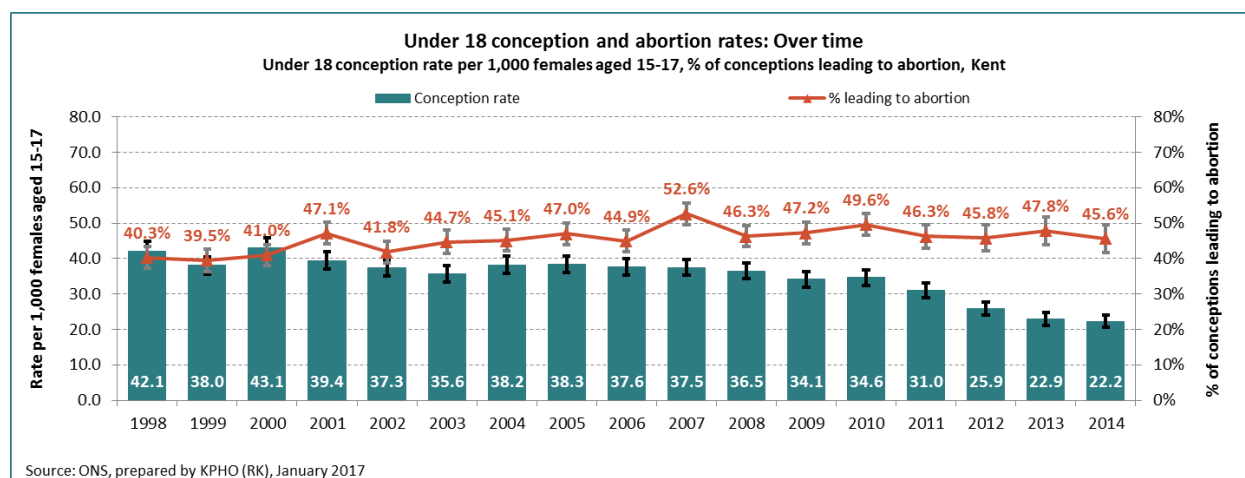


Termination rates in under 18s

Nationally the percentage of under 18s conceptions resulting in termination has increased during the term of the strategy, with a peak in 2007 and 2010. In 2014, in England 51.1% of under 18s conceptions resulted in termination.

In Kent, the percentage of under 18s conceptions which led to a termination has been similar or lower than the England and the South East value. In 2014, 45.6% of under 18s conceptions resulted in termination.

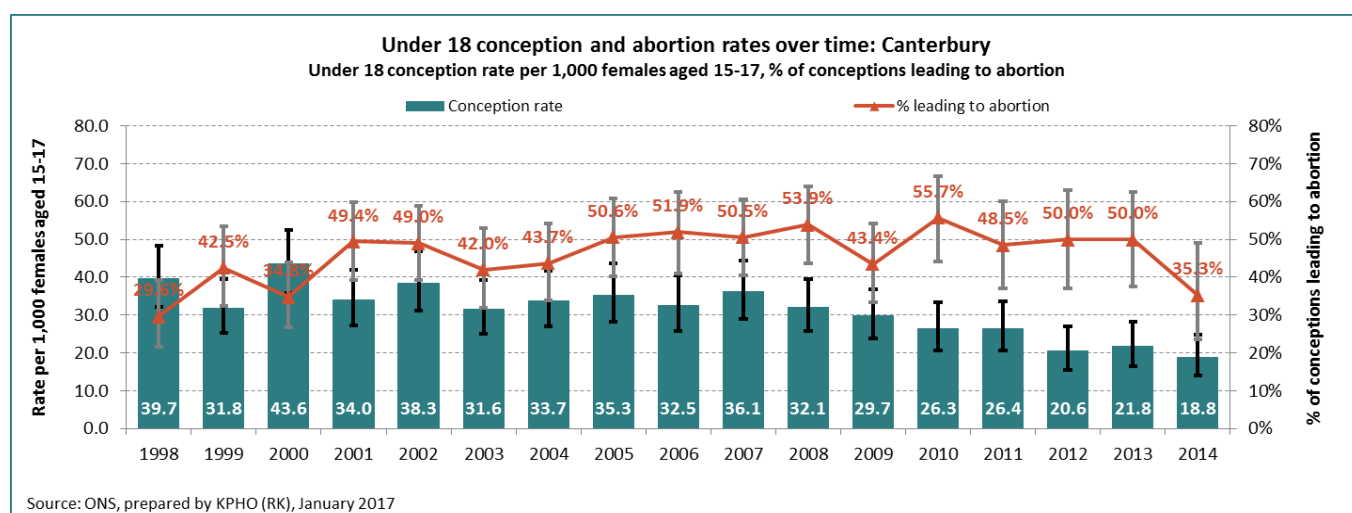
Figure 3: Percentage of under 18s conceptions and the percentage of under 18s conceptions which result in termination over time



Terminations in under 18s in districts

The percentage of under 18s conceptions which result in terminations is similar to the South East and the England value in all districts other than Canterbury and Thanet⁹. In Canterbury the percentage is lower than the South East, although over time the rate has shown to be similar to the South East. The rate in Thanet is also lower than the South East, and has been over time.

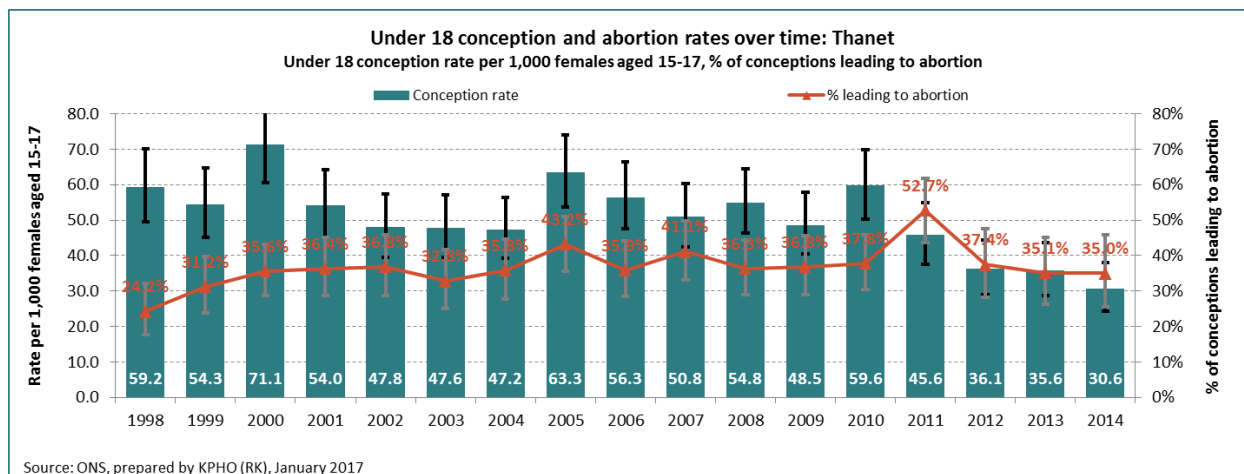
Figure 4: Percentage of under 18s conceptions which result in terminations in Canterbury district



⁹ Data for each districts is available in the ‘Teenage Pregnancy Summary’ http://www.kpho.org.uk/__data/assets/pdf_file/0016/56104/Teenage-Conceptions-Summary-Report.pdf

The percentage of under 18s conceptions which result in termination is lower in Canterbury, at 35.3%, than the South East value of 53.2%. However, the trend from 1998 to 2013 indicates that overall, the rate is similar. The significant variation from this trend in 2014 should be monitored.

Figure 5: The percentage of under 18s conceptions which result in terminations in Thanet district



The percentage of conceptions which result in termination has been consistently and significantly lower in Thanet over time. This is of concern given the consistently high rate of conceptions in Thanet in this period.

In Kent terminations are provided through one service provider based in Maidstone, and although access to termination has been explored as a possible mitigating factor in the difference in termination percentages there is no evidence to support this. That said, as a principle, termination services should be located where rates of conception are high and this indicates locating a termination service in the east of the county and in Thanet should be considered.

Teenage pregnancy is strongly associated with disadvantage. Conceptions are less likely to be resolved in termination in disadvantaged communities in contrast to counterparts in wealthier areas. Pregnancy can be a calamity for those expected to become better educated, better skilled and to pursue a career. By contrast, motherhood can represent a rational and meaningful life option for young women with poor expectations.

Conception rates in under 16s

Whilst the main focus of the reduction strategy is primarily upon the 15-17 year age group, it is important to highlight early conception rates in the 13-15 year range. Incidence is often related to complex social circumstances.

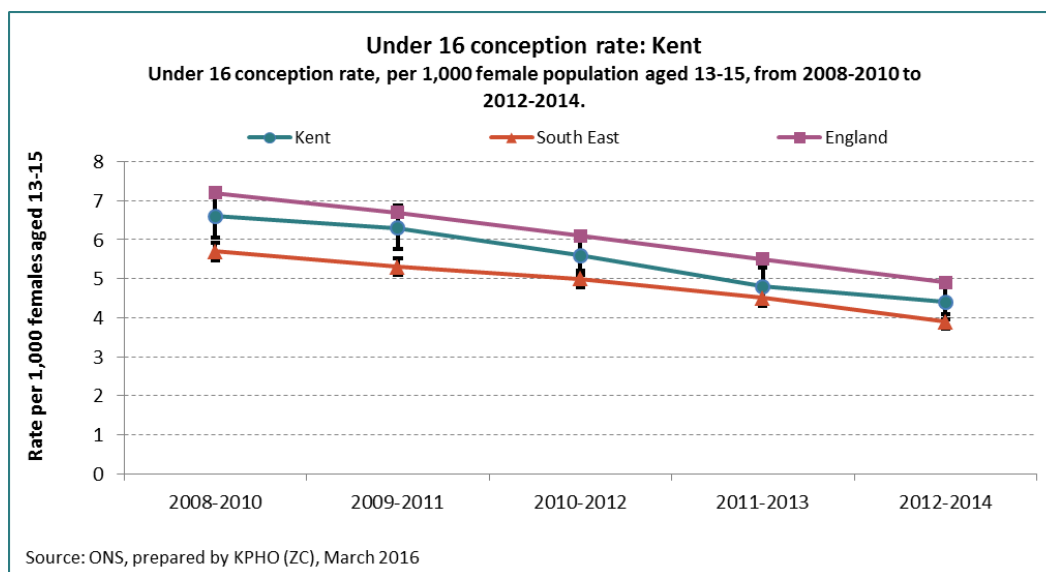
A study on pregnancies amongst 16 year old women and younger¹⁰ suggests, notwithstanding the small numbers in the study, that relationships with parents, with the

¹⁰ Allen E, Bonell C, Strange V, Copas A, Stephenson J, Johnson A M, Oakley A (2007) ‘Does the UK government’s teenage pregnancy strategy deal with the correct risk factors? Findings from a secondary analysis

school as well as expectations for the future may have important influences on teenage pregnancies amongst this younger age group. Hosie’s (2007) qualitative study further demonstrates linkages between a dislike of school, being pregnant and disengagement with education¹¹.

Rates of under 16s conception are falling. In Kent it is lower than in England but higher than in the South East when using data pooled for two years.

Figure 6: Under 16s conception rates over time

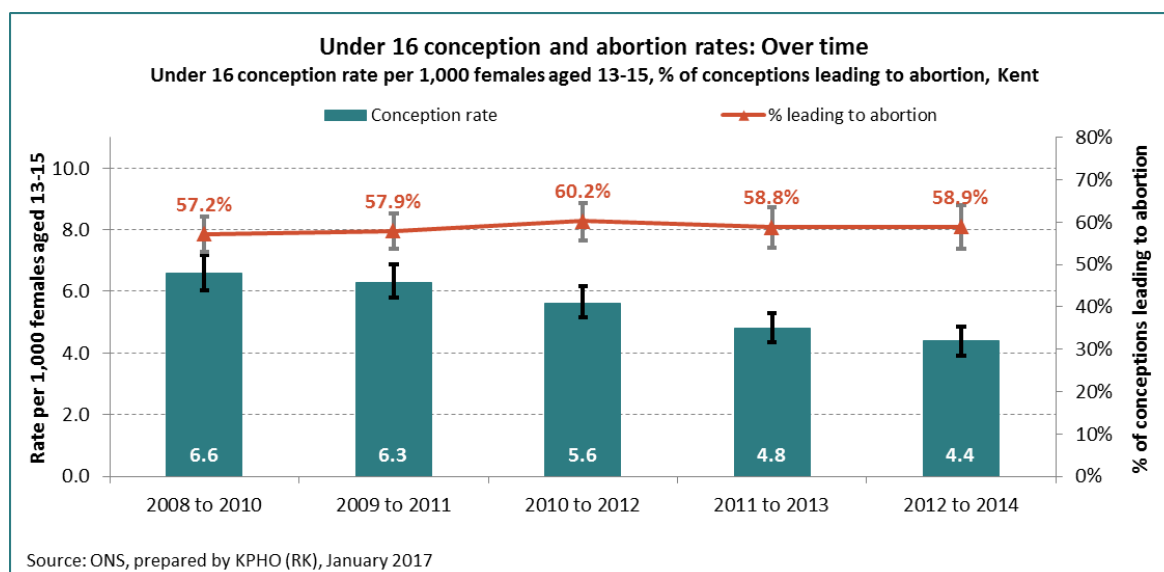


The percentage of under 16s conceptions leading to termination has remained consistent over time. The small number of incidences of under 16s conception and the percentage of terminations that result mean that comparison between districts does not show significant variation.

of data from a randomised trial of sex education and their implications for policy’. *Journal of Epidemiology and Community Health*;61:20-27

¹¹ Hosie A, (2007) “I hated everything about school”: An examination of the relationship between dislike of school, teenage pregnancy and educational disengagement’ *Social Policy & Society*, Vol. 6(3).

Figure 7: Under 16s conception rates and percentages leading to termination for England 1998-2014



Current Services in Relation to Need

Information about sexual health services is available at

<https://www.kent.gov.uk/social-care-and-health/health/sexual-health>

Condom access points and registration sites

The 'Get It' is a free condom distribution service. The service is provided from a range of health and non-health sites and on line at <https://getit.org.uk>

Sexual health services

Are delivered through clinics, outreach services, school and college based clinics and pharmacies. The location and times of all these services can be accessed at <https://www.kent.gov.uk/social-care-and-health/health/sexual-health>

Emergency hormonal contraception

Information about emergency hormonal contraception and where to access it can be found at <https://www.kent.gov.uk/social-care-and-health/health/sexual-health/emergency-contraception>

Termination of pregnancy services

Information about termination and where to access services can be found at <https://www.kent.gov.uk/social-care-and-health/health/sexual-health/emergency-contraception>

Projected Service Use and Outcomes in Three-Five Years and Five-10 Years

There is a continued drive to increase access points and pharmacists engaging in the free emergency hormonal contraception scheme. The need for increased efficiencies and

effectiveness will demand that services are scrutinized to ensure they are in the locations where need is greatest

Evidence of What Works

Much research has taken place over recent years, including that in counties in the UK where reductions have been significant

The essential preventative factors are

The delivery of high quality sex and relationship education in schools supported by parental discussion at home, extensive and appropriate provision of young people friendly services which provide opportunities for a young person to discuss their situation and receive contraception if that is their choice.

Other very significant factors are

- targeted support for those identified as risk takers, primarily from youth services and schools with signposting to services
- strong leadership of the strategy
- high quality support for young parents with emphasis on preventing a second pregnancy
- targeting of young people at risk of teenage pregnancy including looked after children, young offenders and young people disengaged from education.

A Framework for Sexual Health Improvement in England-Publications-GOV.UK (2013): Sets out for commissioners and providers the ambitions of government for good sexual health and identifies what is required to deliver comprehensive, good quality seamless services.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

Teenage Pregnancy Strategy

Beyond 2010 The Department for Education presents a review of the evidence-base on what works in reducing teenage pregnancy rates, including examples of effective practice in local areas. July 2015 .

Teenage pregnancy

Past successes-future challenges – Publications – GOV.UK is the final report (2010) from the Teenage Pregnancy Independent Advisory Group (TPIAG).

Getting maternity services right for pregnant teenagers and young fathers – 2nd edition, 2009

The Department for Education This guide has been revised with the help of the Fatherhood Institute, following feedback from midwives and other maternity workers who wanted more guidance on engaging young fathers.

Teenage parents Who Cares?

A guide to commissioning and delivering maternity services for young parents – Second edition: The Department for Education. The revised edition of this guide, published jointly by the Department, the Department of Health and the Royal College of Midwives in 2008, contains practical pointers as to how commissioning and delivery of maternity services for young parents can be achieved.

Inside government

Guidance: Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities Published 19/03/2013.

Guidance

Examples of effective local practice identified by the Teenage Pregnancy National Support Team Published 01/07/2011.

NICE

Preventing sexually transmitted infections and under18s conceptions Published 23/08/2011.

NHS Economic evaluation database

Economic evaluation of a comprehensive teenage pregnancy prevention program: pilot program Published 03/06/2013

Full text at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3020976/> Published 22/04/2013.

Database of abstracts of reviews of effects

Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies Published 09/12/2009.

The effectiveness of social marketing in reduction of teenage pregnancies: a review of studies in developed countries Published 07/05/2012.

Effectiveness of peer education interventions for HIV prevention, adolescent pregnancy prevention and sexual health promotion for young people: a systematic review of European studies Published 15/05/2013.

Faculty of Sexual and Reproductive Healthcare

Service Standards for Sexual and Reproductive Healthcare (January 2013) Published 18/02/2013

British Association for Sexual Health and HIV; Royal College of Physicians of London July 2015.

Alcohol and sex

A cocktail for poor sexual health: a report of the Alcohol and Sexual Health Working Party Published 01/12/2011.

User Views

In Kent the following work has been undertaken to engage service users in the planning and commissioning of services.

Young people's perceptions of the provision of confidential sexual health advice and services in Kent (This survey was undertaken by BMG and the results were published in March 2011).

This was a survey of young people aged 13-17 years. Four hundred and fifty-eight responses were received - males (40%) and females (56%), not stated (4%) across Kent. Findings were as follows

- Seventy per cent recognition of (4YP) logo, young parents least likely to do so, and recognition in most deprived areas good, older group better recognition. No significant ethnicity difference.
- Forty-three per cent had heard of 4YP services, good knowledge in deprived areas but only 25% young parents and fewer young men.
- Ten per cent had used 4YP website and 87% found it helpful.
- Seventy-eight per cent had received advice re contraception and sexual health in past year, those in the Connexions groups were least likely to have, also males and those with disabilities.
- Seventy-one per cent learn about contraception and sexual health though friends, 70% learnt something from school sources (although regarding school education most learnt a little rather than a lot and 21% learnt nothing at all from school sources), lower learning in BME groups (26%).
- Trusted sources for information were friends, sexual health outreach workers, youth workers doctors/nurses and parents. For sexual health just 10% trusted parents but for sex or relationship information parents were a trusted source.
- Regarding sex and relationships, the most trusted sources were partners for boys and friends for girls.
- Ninety per cent had enough information on most issues, especially condoms, growing up and development but one in six wanted more information on feelings and emotions and one in five on other types of contraception, emergency contraception or unwanted pregnancy, particularly the younger age groups.
- Eight-five per cent satisfied with advice and information available to young people, 5% dissatisfied, most dissatisfied were those with learning disabilities.
- Twenty-six per cent had changed behaviour following an intervention from a worker.
- Fifty-eight per cent have accessed C card points, half had accessed a doctor/nurse/clinic or pharmacy service, youth workers, 25% had accessed HOUSE, 17% has accessed Marie Stopes (a termination provider but also an independent C Card point).
- Majority rated C Card as good overall and liked youth workers for advice and information.

- Majority rated clinics positively but opening times and privacy is an issue for some.
- Eleven per cent rated services from doctors/nurses/pharmacists as poor.

Barriers to accessing services

- Being young, embarrassment (is the most common barrier), fears regarding medical examinations, confidentiality/parents finding out, BME backgrounds and gender of staff.
- Sixty per cent said easy to get contraception when needed – 4% said difficult, including some groups i.e. those with learning difficulties, disabilities/longstanding illness and young parents.
- Preferred access for condoms are chemists/shops (51%) then doctors/nurses (35%) clinics (33%) youth workers (34%).
- Thirty-four per cent of females said GP had suggested LARC and half not using this said they would consider it; it was more likely to be mentioned to young parents.
- Twenty-five per cent had made a behaviour change as a result of receiving information/advice, 23% in sexual health outreach services and change was related to condom use, contraception, alcohol intake.

Other surveys and research are detailed below

NFER survey conducted through secondary schools (2010)

Sixty-one per cent of young people reported that they did not receive enough information on relationships and 37% reported that they lacked adequate information on sexual health support/services.

HOUSE Public Health Report Campaign for Young People in Kent (June 2010)

Includes results of a consultation on sexual health services in Kent.

National Foundation for Educational Research (NFER) 2009

Identified that in Kent two thirds of young people do not get enough information on relationships and one third do not get enough information on sexual health.

Every Child Matters-exploring the needs of vulnerable young people in Kent (MORI research) 2009:

Identified that young people want to develop life skills and specifically mention parenting. For some very vulnerable young people image is more important than the risks of certain behaviours.

Maternity Matters Joint Strategic Needs Assessment Eastern and Coastal Kent and West Kent PCTs 2008

Identified the need to encourage early access to services, discussion on contraception and improve multi-agency information sharing.

Assessment of Sex and Relationship Education (SRE) in designated target schools with recommendations for future action (2007)

Reviewed SRE in thirty schools (which were identified as more susceptible to high teenage conception) and concluded the delivery and content of SRE in the majority of the schools needs to be improved.

Regular needs analyses undertaken by the Supporting People Programme

Collates need, data and identifies unmet housing related support needs in consultation with strategic partners.

Research undertaken by Kent University (July 2015)

- a comparison of young people's perceptions of relationships, sexual health teenage pregnancy between France and Kent (2007)
- a survey of teenagers views of sex and relationships education and sexual health services in Kent (2007)
- teenage parents' experiences of parenthood and views of family support services in Kent (2007)
- looked after children's views of sex and relationships education and sexual health services in Kent (2007).

Unmet Needs and Service Gaps

- **migration** there is an absence of information on the impact and needs of Eastern Europeans, some districts have seen a significant change in the ethnicity within the population
- **young fathers** there is a lack of information on the demographics and specific needs of this group
- **looked after children and young offenders** although a vulnerable group there is no information on the levels of teenage conception within these groups in Kent
- **termination** there is one service provider operating from one location for the whole of Kent. Although it is likely that this impacts on a young person's choices there is no evidence to support this. To ensure equity there is a need to offer termination services in the east of the county.

Recommendations for Commissioning

- use information better, to intervene early, improve care pathways, meet need, drive innovation and deliver evidence based practice
- review and implement a pathway for young parents in Kent ensuring that they remain engaged in education and employment and become economically active citizens
- ensure effective and equitable PSHE with a strong focus on sex and relationships, consent and building emotional health and wellbeing
- there is a need to further extend the Family Nurse Partnership or intensive Health Visitor support to deprived localities and/or high levels of conception rates

- apply whole school approaches to build emotional health and resilience using learning from HeadStart Kent
- with the active involvement of young people, develop and implement a Kent framework for relationship and sex education
- build the capacity of universal services to provide early help, ensuring that all young people are supported to make successful transition into adulthood
- provide early help through the use of the early help assessment, targeted interventions, engagement on social action initiatives and positive activities
- implement a Kent-wide peer to peer social marketing campaign around children and young people's emotional health and resilience which makes links with national campaigns to maximise effect.

Recommendations for Needs Assessment work

- exploration of teenage pregnancy rates in specific vulnerable groups including looked after children, young offenders and BME groups
- further work on the demographics of partners of teenage mothers and the needs of young fathers.

Key Contacts

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