

CHILDREN'S SERVICES SCRUTINY COMMITTEE

WEDNESDAY 18 MAY 2011

Teenage Pregnancy Strategy Update

Introduction

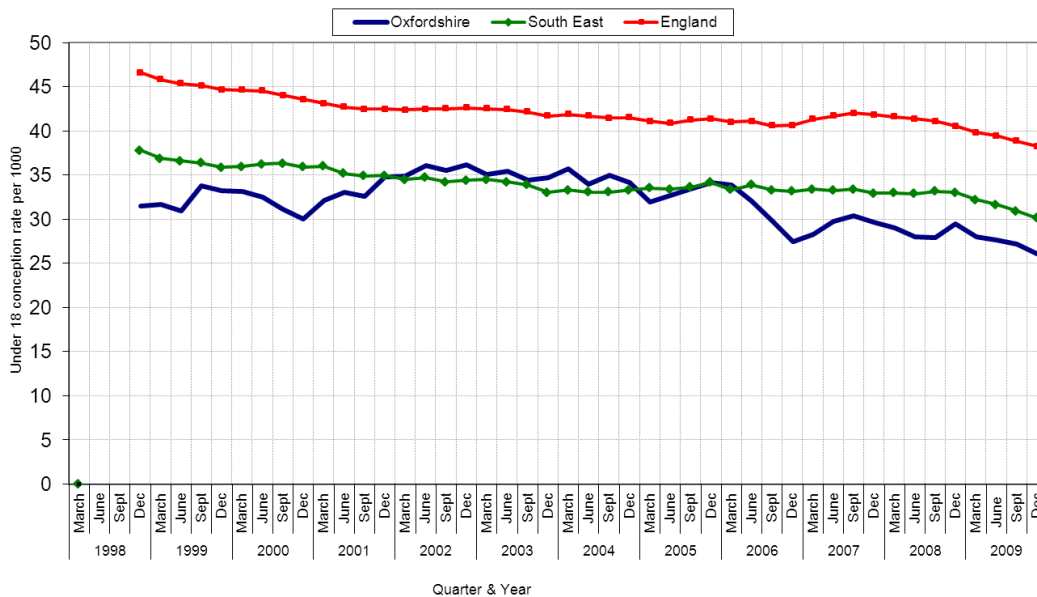
1. The aim of this report is to inform members about progress in four key areas of the Teenage Pregnancy Strategy:

- Reducing trends in teenage conceptions including terminations;
- Reducing repeat conceptions;
- Sex and relationships education in schools;
- Working with young men and young fathers;

Reducing trends in teenage conceptions

2. The ONS released the provisional data for teenage conception rates in 2009 on 22nd February 2011. Teenage conceptions in Oxfordshire have fallen to 26.1 per 1000 aged 15-17 years. This is the lowest level since the start of the Teenage Pregnancy Strategy and is a 17.1% decrease against the 1998 baseline. This rate results in 302 conceptions in 2009 compared to 347 in 2008 and 350 in 2007. This is excellent progress.

Rate per 1000 conceptions to under 18 year olds 1998 - 2009



Districts

3. Oxford City's under 18 conception rate has been consistently higher than the Oxfordshire average. However, over the last ten years, the rate in Oxford City has decreased the most out of the five Oxfordshire Districts, bringing it more in line with the County average. Only South Oxfordshire has experienced a small rise in conceptions but this is not statistically significant due to the small numbers involved and is still below the county average. There is, therefore evidence that we are not just reducing the overall numbers but that we are reducing the gap between wards with highest and lowest conception rates.

Market Towns

4. There has been a decline in the number of market towns with under 18 conception rates above the county average from seven in 2002-2004 (with Abingdon being significantly above the county average) to four in 2006-2008.

Wards

5. There has also been a decrease in the number of Oxfordshire wards in the top 20% nationally, down from 20 in 2002 - 2004 to 8 in 2006-2008. When comparing the top 20 Oxfordshire wards to the County average over time, it appears that the difference between wards is decreasing with the top wards becoming more in line with the Oxfordshire average.

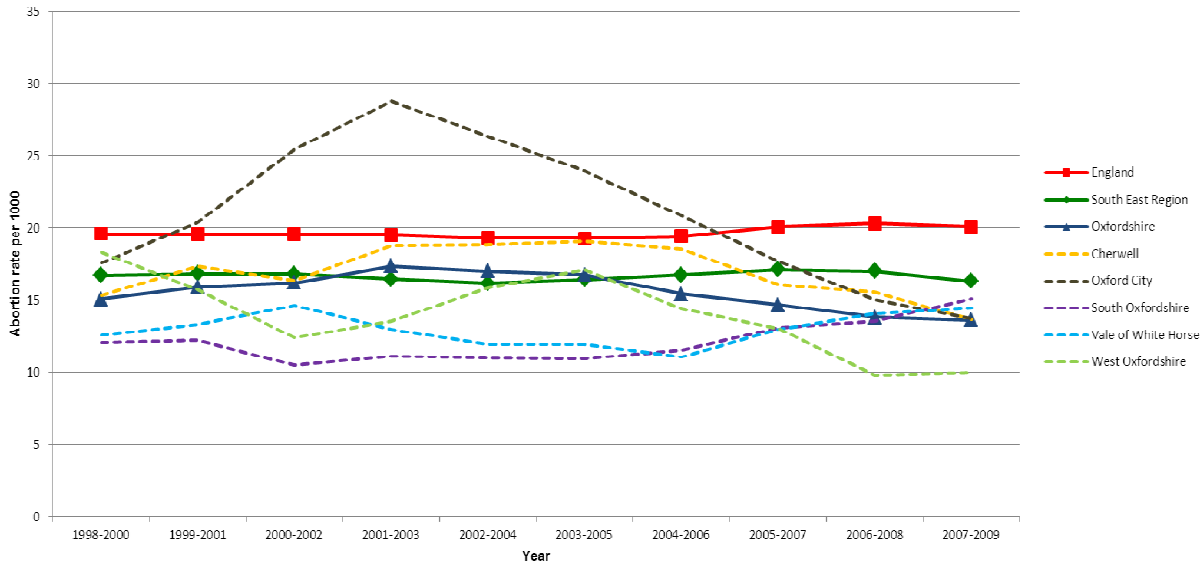
Conceptions Resulting in Terminations

6. The proportion of conceptions amongst under 18 year olds which result in abortion is used to derive the under 18 year old conception rate - when added to the under 18 year old birth rate. (*Births will include live and still births*). The proportions of conceptions amongst under 18 in Oxfordshire which result in termination have remained fairly constant between 1998 and 2009. They have ranged from 46% to 49%. Proportions have also remained relatively static within Oxfordshire Districts.

7. The chart below shows the trend in abortion rate per 1000 under 18 year olds between 1998 and 2009. Oxfordshire's abortion rates have shown a decline from 16.1 per 100 in 1998/00 to 13.6 per 1000 in 2007/09. Nationally and regionally, rates are remaining static. Oxfordshire's abortion rates are consistently significantly lower than the national average and have fallen significantly below the regional average in recent years. Abortion rates in Oxford

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8. City are no longer significantly higher than the County average and have now fallen significantly below the national average. Abortion rates have also fallen in Cherwell and West Oxfordshire from 16.4 per 1000 to 13.8 per 1000 and from 18.8 per 1000 to 10 per 1000 respectively. Abortion rates in South Oxfordshire and the Vale of the White Horse have risen slightly in recent years but still remain significantly below the national average.



Source: ONS and Teenage Conception Unit

9. Data on repeat abortions is subject to small numbers and is not routinely released by the Teenage Pregnancy Unit. Recent analysis by the Association of Public Health Observatories shows that the proportions of abortions amongst under 18 year olds which are repeat abortions in Oxfordshire are not significantly different to the national or regional averages and are currently about 8.5%.

Reducing Second Conceptions

10. Of those conceptions that go on to live birth (rather than termination) the table below shows that 25.29% are second conceptions (some of which will have been terminated first time round).

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Proportion of all births which are second conceptions 2007 to 2009

Year	All births	Second Pregnancies	Proportion of births which are repeat pregnancies
2007	200	28	14.00%
2008	183	30	16.39%
2009	170	43	25.29%

Source: Oxford Radcliffe Hospitals

11. Since 2009 we have been using a new approach to address this trend. All under 18 year olds who are pregnant are referred by the midwifery or termination service to the Contraception and Sexual Health (C&SH) Outreach nurse. Increasing numbers of these young women are choosing Long Acting Reversible Contraception (LARC). In addition, since 2010, we have adopted a Teenage Pregnancy Common Assessment Framework (CAF) to ensure that they receive a comprehensive package of support.

12. There are now 108 pregnant young women (aged under 20 at conception) actively enrolled in the Family Nurse Partnership (FNP) Programme. In 2011/12 the PCT agreed significant additional funding to double the capacity of the team so that at any one time 200 young women will be on the programme.

13. FNP is an evidence based nurse home-visiting designed to improve health, wellbeing, safety and self-sufficiency of young first time mothers and their babies. As well as strengthening parenting, the programme is shown to help clients plan future pregnancies and therefore prevent unplanned future conceptions¹.

Sex and Relationships Education (SRE) in Schools

14. SRE is learning about the emotional, social and physical aspects of growing up, relationships, human sexuality; and sexual health. National and international research shows that young people who have had good quality SRE are more likely to delay their first experience of sex and when they do have sex that they are more likely to use contraception and to have fewer sexual partners².

¹ Olds et al (2004): Effects of Nurse home visiting on maternal life-course and child development

² Sex Education Forum (2010) Evidence Briefing

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15. Evidence is clear that effective SRE needs to be taught by trained and confident staff³. In Oxfordshire, we have invested in the Healthy Oxfordshire Schools Team (HOST) to provide support to schools so that teachers are equipped to deliver high quality SRE within Personal, Social & Health Education programmes (PSHE). HOST have targeted their work to schools in areas with the highest teenage pregnancy rates. Their input has included:

- Working with PSHE co-ordinators in schools to ensure that curriculum, lesson plans and resources accord with best practice and are evidence based;
- Direct delivery of SRE lessons to model best practice: 264 sessions delivered in secondary schools between March 2010 and January 2011;
- Target schools have received 12 SRE sessions each;
- Co-ordination of 'Last Orders' play in 27 schools, including 5 out of 6 target schools;
- Model SRE lessons include links to risky behaviours such as substance misuse and mental health and include work on building self esteem, resisting pressure and delay.

16. However, SRE is delivered in all Oxfordshire secondary schools and a typical SRE curriculum would include:

- Teaching about human sexuality
- Teaching about healthy relationships, love and care and the responsibilities of parenthood. The focus is on supporting young people to develop a moral framework to guide their decisions, judgements and behaviour. Young people are taught about abusive or exploitative relationships.
- A focus on the needs of boys as well as girls;
- A focus on the development of self-esteem, communication and assertiveness techniques;

³ Department for Education & Skills (2006) Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on effective delivery of local strategies.

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- Teaching about the possible responsibilities and consequences of sexual activity;
- Teaching about safe sex, contraception and sources of further support;
- Teaching about the arguments for delaying sexual activity and resisting pressure;
- Teaching about the links between sexual health and other types of risky behaviour, such as substance misuse and alcohol;
- Teaching about the law.

Working with Young Men and Young Fathers

17. We know that a different approach can be helpful when working with young men to prevent teenage pregnancy and support young fathers³. Boys and young men benefit from single sex group work with skilled workers who have a clear understanding of gender differences and how to give information and support in a way that will be acceptable to boys and young men.

18. In order to skill up the children's workforce, there are now training courses that aim to develop expertise in working with young men. Over 50 people in Oxfordshire from different professional backgrounds have attended specialist courses organised by the County Council and report that the training has impacted positively on their working practices.

19. In Banbury, the Youth Service worked with a targeted group of 'hard to reach' young men. The 'One Man and a Baby' project successfully engaged with 39 young men. At least 32 were from areas of deprivation and were from considered vulnerable, including boys from the Foyer, the Pupil Referral Unit, and Banbury Young Homeless Project. 35 young men took Chlamydia tests. 11 young men signed up to the safety card scheme. 15 young men completed work for formal accreditation of their learning. Overall, young people involved reported an increase in knowledge of sexual health, and had greater awareness of the roles and responsibilities of parenthood.

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20. Supporting young fathers is also a priority – both in supporting their parenting of their baby but also in preventing future unplanned conceptions. The Family Nurse Partnership programme is currently working with 61 young new fathers aged 15-19 years. Again, this will potentially double when the FNP expands this year.

21. The Oxfordshire Parenting Forum has been funded to research and develop a new model for engaging with young fathers. They will draw on the experience of the Banbury project as well as 'Hit the Ground Crawling' (birth & parenting workshops for dads) that has been piloted at the Leys Children's Centre. The new model will be launched at a training event in the Autumn 2011 and will be driven forward by the Parenting Forum in the future.

Conclusion

22. There has been excellent progress in reducing teenage conceptions over the last two years. As well as ensuring there are services and support for all young people as they grow into adulthood, there is now clear evidence of effective targeting of resources towards young people who are most at risk of pregnancy. There is, however, no room for complacency and work continues to ensure that we build services that are informed by what we know works for local young people.

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