

## KENT COUNTY COUNCIL EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

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You need to start your Equality Analysis and data collection when you start to create or change any policy, procedure project or service

When developing high-level strategies under which other policies will sit, if those policies are jointly owned by KCC and partner organisations, they will need to take the partnership approach to EqIAs,

**Directorate:** Public Health and Early Years

**Name of policy** Kent teenage pregnancy strategy

**What is being assessed?** Strategy

**Responsible Owner/ Senior Officer**  
Colin Thompson/ Nigel Baker/Jo Tonkin

**Date of Initial Screening** 04/07/2014

**Date of Full EqIA:**

Version	Author	Date	Comment
V1	Dr Alexis Macherianakis	08/07/2014	Original
V2	Dr Alexis Macherianakis	16/07/2014	Amended following feedback from equality and diversity team
V3	Dr Alexis Macherianakis	23/07/2014	Amended following feedback from equality and diversity team

## Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
<b>Age</b>	No, the strategy is for teenagers.			None	The partners delivering this strategy will ensure that all teenagers are able to access a service according to their needs.
<b>Disability</b>	Yes, the services delivering the strategy could fail to address systematically the needs of adolescents with disabilities.		medium	Action is required to ensure that the needs of teenagers who are disabled are addressed.	The strategy will require that the needs of teenagers who are disabled are identified and addressed.
<b>Gender</b>	Yes, although teenage pregnancy is associated more with females, it is important that both genders are targeted and involved. The service could target more one gender than the other.		medium	Action is required to ensure that both genders are involved in addressing teenage pregnancy.	
<b>Gender identity</b>	Not applicable				
<b>Race</b>	Yes, the services delivering the strategy could fail to address the needs of adolescents from BME communities. English language skills may also		medium	Action is required to ensure that services address the needs of adolescents from BME communities including Roma, Gypsies and Travellers.	The strategy will require that the needs of teenagers who are from BME communities are identified and addressed.

	be a barrier to accessing services.				Information in other languages and formats, use of social media and staff training in cultural diversity will promote equal opportunities for this group.
<b>Religion or belief</b>	Yes, there are components of this strategy that may be in conflict with some religions/faiths.		Medium	Action is required to ensure that services address the needs of adolescents that subscribe to different religions or beliefs.	Staff training in cultural diversity will promote equal opportunities for this group.
<b>Sexual orientation</b>	Yes, the services delivering the strategy are likely to address the needs of adolescents who identify themselves as lesbian, gay or bisexual.	Medium		The implementation of the strategy will lead to the development of a more inclusive PHSE curriculum that will better address the needs of adolescents who identify themselves as lesbian, gay or bisexual.	Staff training in cultural diversity will promote equal opportunities for this group.
<b>Pregnancy and maternity</b>	Not applicable, as this is the focus of strategy				
<b>Marriage and Civil Partnerships</b>	Not applicable, as this is the focus of strategy				
<b>Carer's responsibilities</b>	Yes, the services delivering this strategy could fail to address the needs of adolescents who act as carers.		Low	Action is required to ensure that services address the needs of adolescents who act as carers.	

## Part 1: INITIAL SCREENING

**Proportionality** - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

### State rating & reasons

High relevance, by addressing teenage pregnancy will help tackle health inequalities

### Aims and Objectives

This is a new strategy to reduce teenage pregnancies 2014-2017. It takes into account national policy and guidance about teenage pregnancy.

The aim of the strategy is to help young people to thrive, become resilient and make positive contributions to their communities and wider society. This will be achieved by providing access to information, services and early help, so that they can make appropriate choices about their sexual relationships. When young people decide to have a child, they should have support to achieve the best possible outcome for themselves and their children. Young people should be involved in this work.

As well as improving the information, advice and support, we provide to all young people and introducing measures so that sexually active young people can access contraception easily and use it effectively, our success in reducing teenage pregnancy rates will also depend on how effectively we tackle the underlying factors that increase the risk of teenage pregnancy – such as poverty, low educational attainment, poor attendance at school, non-participation in post-16 learning and low aspirations. Offering appropriate support to young people who are experiencing these underlying risk factors will help to build their resilience and raise their aspirations and so reduce the likelihood that they experience a range of poor outcomes, including teenage pregnancy.

### Beneficiaries

All adolescent children and their families

### Information and data

Reduction of teenage pregnancy forms part of the public health outcome framework. We used district level information that is available from Kent & Medway Public Health Observatory teenage pregnancy dashboard<sup>1</sup> (see Annex 1).

We have good information on teenage pregnancy in Kent with regard age, gender, geography. Information such as disability, race, religion and sexual orientation is routinely collected at individual level as part of the care of individual teenage mothers. Relevant information is also available at district and county level that can be

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<sup>1</sup> Kent & Medway Public Health Observatory teenage pregnancy  
[www.kmpho.nhs.uk/jsna/teenage-pregnancy](http://www.kmpho.nhs.uk/jsna/teenage-pregnancy)

concurrently analyzed that can help to develop a better understanding of teenage pregnancy issues.

### **Involvement and Engagement**

The strategy has been informed by stakeholder engagement events, which included the views of sexual health workers, schools nurses, midwives, district level representatives, health improvement workers, early intervention workers and teachers. Issues identified were the need to emphasize the role of teenage fathers and issues specific to Gypsy, Roma and Traveller communities.

We plan to have a public consultation and further engagement activity with stakeholders and service users. Young people will be involved with the development of aspects of the strategy.

### **Potential Impact**

**Adverse Impact:** actions have been identified to address any negative impacts that the implementation of the strategy may have on population groups that are protected

**Positive Impact:** Addressing teenage pregnancy will help tackle health inequalities

### **JUDGEMENT**

**Option 3 – Full Impact Assessment                      YES**

• **you have identified that it could have a potential negative impact on any listed groups/ individuals with particular characteristics.**

Or

• **the potential impacts of a policy, procedure, project or service on a particular group are unknown.**

Or

• **you are going to consult on your policy, procedure, project or service**

### **Action Plan**

See action plan

### **Monitoring and Review**

Routine national and local data collection that is available from Kent & Medway Public Health Observatory teenage pregnancy dashboard<sup>2</sup>.

### **Sign Off**

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

#### **Senior Officer**

Signed:

Job Title: Consultant in Public Health **Medicine**

Name: **Dr Alexis Macherianakis**

Date: 16/07/14

#### **DMT Member**

Signed:

Job Title:

Name:

Date:

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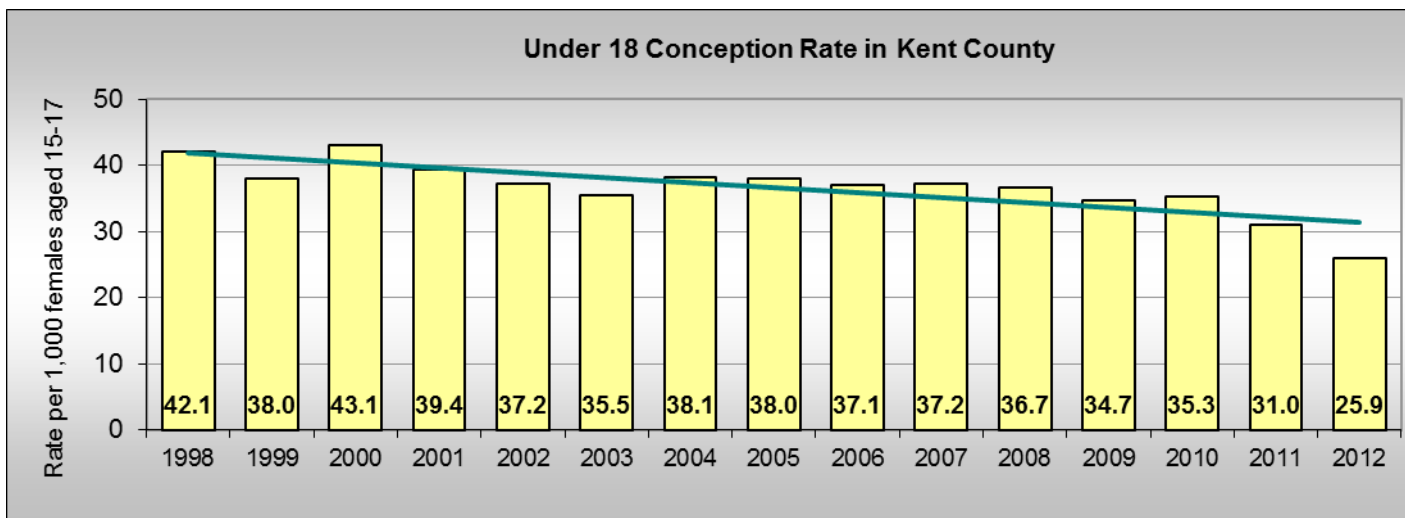
<sup>2</sup> Kent & Medway Public Health Observatory teenage pregnancy  
[www.kmpho.nhs.uk/jsna/teenage-pregnancy](http://www.kmpho.nhs.uk/jsna/teenage-pregnancy)

## Annex 1

According to 2012 data, England has the lowest teenage pregnancy rate for 30 years. Although this trend is promising and reflects a significant effort in reducing teenage pregnancies, there is clearly still further work to be undertaken to achieve the target of 50% reduction.

The under 18 conception rate in Kent (2012) is 25.9 per 1000 females aged 15-17, that is lower than the rate for England (27.7). However, the rates and trends vary significantly across Kent<sup>3</sup>.

Figure 1 Under 18 conception rates in Kent (1998-2012)



Not all young women who become pregnant will complete the pregnancy. In Kent, in 2012, 45.8% of under 18 conceptions lead to a termination. This compares to a figure of 49.1% in England.

<sup>3</sup> District level information is available from Kent & Medway Public Health Observatory teenage pregnancy dashboard [www.kmpho.nhs.uk/jsna/teenage-pregnancy](http://www.kmpho.nhs.uk/jsna/teenage-pregnancy)

### Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Disability	The services delivering the strategy could fail to address systematically the needs of adolescents with disabilities.	The strategy will require that the needs of teenagers who are disabled are identified and addressed. Disability will be referred specifically under ambition 4. Information in other languages and formats, use of social media and staff training in cultural diversity will promote equal opportunities for this group.	Services delivering the strategy will address the needs of teenagers who are disabled. Monitoring of the implementation of the strategy with specific reference to disability.	Jo Tonkin Sharon Dodd	ongoing	n/a
Gender	Although teenage pregnancy is associated more with females, it is important that both genders are targeted and involved.	Action is required to ensure that both genders are involved in addressing teenage pregnancy. Gender will be referred specifically under ambition 4.	The needs of both male and female teenagers will be addressed. Monitoring of the implementation of the strategy with specific reference to gender.	Jo Tonkin Sharon Dodd	ongoing	n/a
Race	The services delivering the strategy could fail to address the needs of adolescents from BME communities. English language skills may also be a barrier to accessing services.	The strategy will require that the needs of teenagers who are from BME communities are identified and addressed. Race will be referred specifically under ambition 4. Information in other languages and formats, use of social media and staff training in cultural diversity will promote equal opportunities for this group.	Services delivering the strategy will address the needs of teenagers from BME communities. Monitoring of the implementation of the strategy with specific reference to race.	Jo Tonkin Sharon Dodd	ongoing	unknown

Religion or belief	There are components of this strategy that may be in conflict with some religions/faiths.	Staff training in cultural diversity will promote equal opportunities for this group.	Services delivering the strategy will address the needs of teenagers subscribing to different religions/beliefs. Monitoring of the implementation of the strategy with specific reference to religion/belief.	Jo Tonkin Sharon Dodd	Ongoing	Unknown
Carers responsibilities	The services delivering this strategy could fail to address the needs of adolescents who act as carers	Action is required to ensure that the needs of carer teenagers are identified and addressed. Carers will be referred specifically under ambition 4.	Services delivering the strategy will address the needs of teenagers who act as carers. Monitoring of the implementation of the strategy with specific reference to carers.	Jo Tonkin Sharon Dodd	ongoing	n/a