

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Children's Social Care and Health Cabinet Committee
8 September 2015

Decision No. 14/00108

Subject: Kent Teenage Pregnancy Strategy 2015-2020

Classification: Unrestricted

Past Pathway of Paper: Children's Social Care and Health Cabinet Committee
23rd September 2014

Future Pathway of Paper: Cabinet Member Decision

Electoral Division: All

Summary

This paper presents the final strategy (appendix 1) to reduce teenage pregnancies in Kent, between, 2015-2020. It takes into account national policy and guidance about teenage pregnancy.

The strategy has been informed by stakeholder engagement events, which included the views of sexual health workers, school nurses, midwives, district level representatives, health improvement workers, early intervention workers and teachers and has been developed by close collaboration between public health and education and young people teams. In developing the strategy, the findings and recommendations of the Kent County Council Select Committee - PSHE/Children's health report (2007) were taken into consideration. The recommendations will also be used as the basis of developing local action plans

The strategy was subject to an equality impact assessment and stakeholder and public consultation. Feedback from the consultation has been incorporated.

Recommendation:

The Children's Social Care and Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to approve the Teenage Pregnancy Strategy 2015 - 2020.

1. Background

1.1 The purpose of this paper is to outline the final Teenage Pregnancy Strategy (2015-2020).

1.2 Teenage pregnancy is one of the success stories of the last decade in the public health field. The under -18 conception rate has fallen by a third. Nonetheless, more work is needed to bring it down to those seen in other western European countries. The Government has called on local government to continue working with partners to 'keep the momentum going'. Local government is still expected to take a lead role in tackling teenage pregnancy.

1.3 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.

1.4 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.

2 Local context

2.1 'Facing the Challenge' provides the framework for transforming the way in which services are delivered in Kent and a change in the interface between residents and the County Council. For children and young people's services, this includes the development of a Preventative Services Division within Kent County Council, which will progress the integrated commissioning and delivery through Early Help units and open access points as part of the 0-25 unified programme.

3 National picture

3.1 The Social Exclusion Report on Teenage Pregnancy (1999) highlighted the health and social impact of teenage conception. This report, given the high rates of teenage conception in comparison to European neighbours, was the catalyst for the National Teenage Pregnancy Strategy 2001-2011.

The aim of the strategy was twofold:

- to reduce teenage pregnancy rates by 50% by 2011
- to increase the number of young parents engaged in education and training

3.2 The majority of local authorities have yet to achieve a 50% reduction. However, 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.

4 Local picture

4.1 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 Kent¹. There is clearly a need for continued efforts for reduction of teenage pregnancies in those areas where rates have not improved as much as it would have been expected. This is a key factor in addressing inequalities for young people across Kent.

4.2 Not all teenage young women who become pregnant will complete the pregnancy. In Kent (2012), 46% of conceptions lead to a termination. The termination of pregnancy rate in Kent (2012) is 12.5 per 1000 women aged 15-17. This is slightly lower than the rate for England.

4.3 An equality impact assessment of the strategy identified a number of issues that will be considered when we develop local implementation action plans. This assessment formed part of the public consultation.

5 Consultation

5.1 The strategy was subject to significant consultation, with children and young people and with children and young people's workforce. A multi-agency stakeholder event took place (March 2013) with representation from Kent County Council and across the health economy to review teenage pregnancies in Kent. There was agreement to develop a strategy renewing the efforts to further reduce rates, to be led by Early Help and public health teams. Furthermore, this was informed by the publication of the national sexual health improvement plan.

5.2 Subsequently, four consultation events were organised across Kent with guest speaker, the national lead for teenage pregnancy. These events were attended by over 120 professionals working in areas such as sexual health, children's centres, early intervention, school nurses, midwives and teachers and social care, who agreed the key strategy themes and actions.

5.3 The strategy themes have been tested through the Head Start Kent programme aiming to build emotional resilience in adolescents. Co-production with children and young parents, teachers and children and young people's workers has been an essential part of this programme. In addition, the views of children and young people have been sought through a consultation event (July 2013) and peer led activities in schools with over 400 participating young people (2013-14 academic year).

5.4 We consulted with stakeholders and partners such as sexual health, education, children's centres, Early Help, CCGs and local health and wellbeing boards, youth

¹ District level information is available from Kent & Medway Public Health Observatory teenage pregnancy dashboard <http://www.kmpho.nhs.uk/jsna/teenage-pregnancy>

champions and Kent youth forum. The responses to the consultation have been noted and incorporated as appropriately to the strategy.

5.5 In developing the strategy, the findings and recommendations of the Kent County Council Select Committee - PSHE/Children's health report (2007) were taken into consideration. The recommendations will also be used as the basis of developing local action plans.

5.6 The draft strategy was taken to Children's Social Care and Health Cabinet Committee and to the Children's Health and Wellbeing Board for discussion as part of the consultation process and recommendations made by both groups have been taken into account in the production of the final version of the strategy.

6 Strategy ambitions

6.1 AMBITION 1 Reducing under 18 conceptions requires strong leadership and joined-up working

The development of a Kent Health and Wellbeing board, as well as local CCG Health and Wellbeing boards, provides the multi-agency leadership and accountability required. CCG level action plans will be implemented and monitored.

6.2 AMBITION 2 Providing universal access to high quality personal, social and health education (PSHE) to all children and young people

Working with children and young people, it is important to emphasise their strengths, so that these can be built upon. The Chief Medical Officer has identified that relationships and sex education (RSE) in the context of PSHE is critical. Provision of good quality PSHE is understood to be a key driver in the reduction of under 18 conceptions. Our ambition is that delivery of PSHE becomes 'outstanding'.

Young people also want to contribute to the improvement of PHSE. Kent Youth County Council has made the delivery of PHSE one of their priorities.

It is important to apply whole school approaches to build emotional health and resilience through HeadStart Kent and to implement a workforce development strategy.

6.3 AMBITION 3 Building the aspirations of young people

There is concern that some children and young people are not reaching their full potential and are not being proactively identified and supported early enough. For some cultures, communities and families, parenting at a young age is the social norm. Breaking this cycle requires the building of aspirations for communities and families alongside individual young people.

For those young people who become young parents, we need to embed progression planning as part of the holistic plan early into the pregnancy to ensure that they become economically active citizens.

6.4 AMBITION 4 Children and young people playing an active role in shaping the world around them

Their participation is not only their right, but evidence also shows that it results in better service design and delivery. Furthermore, they welcome the increased responsibility and share their enthusiasm and knowledge through their own friendship groups and networks.

6.5 AMBITION 5 Improving sexual health for young people

Sexual health services are valued by the wider children and young people's workforce, but need to be more visible and take a more integrated approach. They are not equitable and it is not clear that they meet the needs of the most vulnerable young people. Young men, in particular, may not be accessing services as they could be.

6.6 AMBITION 6 Improving emotional, physical, educational and economic wellbeing for young parents

Young parents are vulnerable to poverty and poor emotional and physical health. Many young parents leave education or training to support their families and find it hard to return to education or the workplace.

7 Legal and Financial Implications

There are no legal implications. There are no direct costs relating to the strategy other than officers time expended in ensuring it is implemented at County and District level.

8 Next steps

8.1 Local action plans will be developed at district level, continuing to build on their successes and becoming even more effective in tackling teenage pregnancy. These plans will be coordinated by Kent County Council.

We expect that Local Children's Partnership Groups will engage parents, young people and local stakeholders in determining their local action plans to meet local needs and in reviewing the progress against agreed actions.

9 Conclusion

9.1 This paper lays out the key elements of the teenage pregnancy strategy (appendix 1), which has been subject to wide consultation and an equality impact assessment. This is accessible as a background document, via the link at the end of this report.

10 Recommendation

10.1 The Children's Social Care and Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to approve the Teenage Pregnancy Strategy 2015 - 2020.

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Background Documents

Equality Impact Assessment:

<https://democracy.kent.gov.uk/ecSDDisplay.aspx?NAME=EqIA%20teenage%20pregnancy%20%2023-7-14&ID=4350&RPID=7984011&sch=doc&cat=13566&path=13566>