

**From:** Graham Gibbens, Cabinet Member, Adult Social Care and Public Health  
Andrew Scott-Clark, Director of Public Health

**To:** Children's Social Care and Health Cabinet Committee  
5 July 2016

**Subject:** Kent's Teenage Pregnancy Strategy 2015- 2020 - One Year On

**Classification:** Unrestricted

**Previous Pathway:** Children's Social Care and Health Cabinet Committee  
September 2015

**Future Pathway:** Children's Social Care and Health Cabinet Committee July 2017

**Electoral Division:** All

**Summary:** This report provides an update on the progress made to implement Kent's Teenage Pregnancy Strategy which was approved in September 2015. Overall, the rate of under 18 conceptions are decreasing in Kent, although there is variation across districts and wards. The number of teenage mothers is also declining however it remains higher than both the South East Region and England as a whole.

**Recommendation(s)**

The Children's Social Care and Health Cabinet Committee are asked:

- i. to comment on the progress in delivering the Kent Teenage Pregnancy Strategy
- ii. to receive a subsequent update on the progress of the Strategy in July 2017

**1. Introduction**

The Kent Teenage Pregnancy Strategy was approved by the Children's Social Care and Health Cabinet Committee in September 2015. It set out six ambitions which aim to both prevent conceptions and support those young people who have become parents.

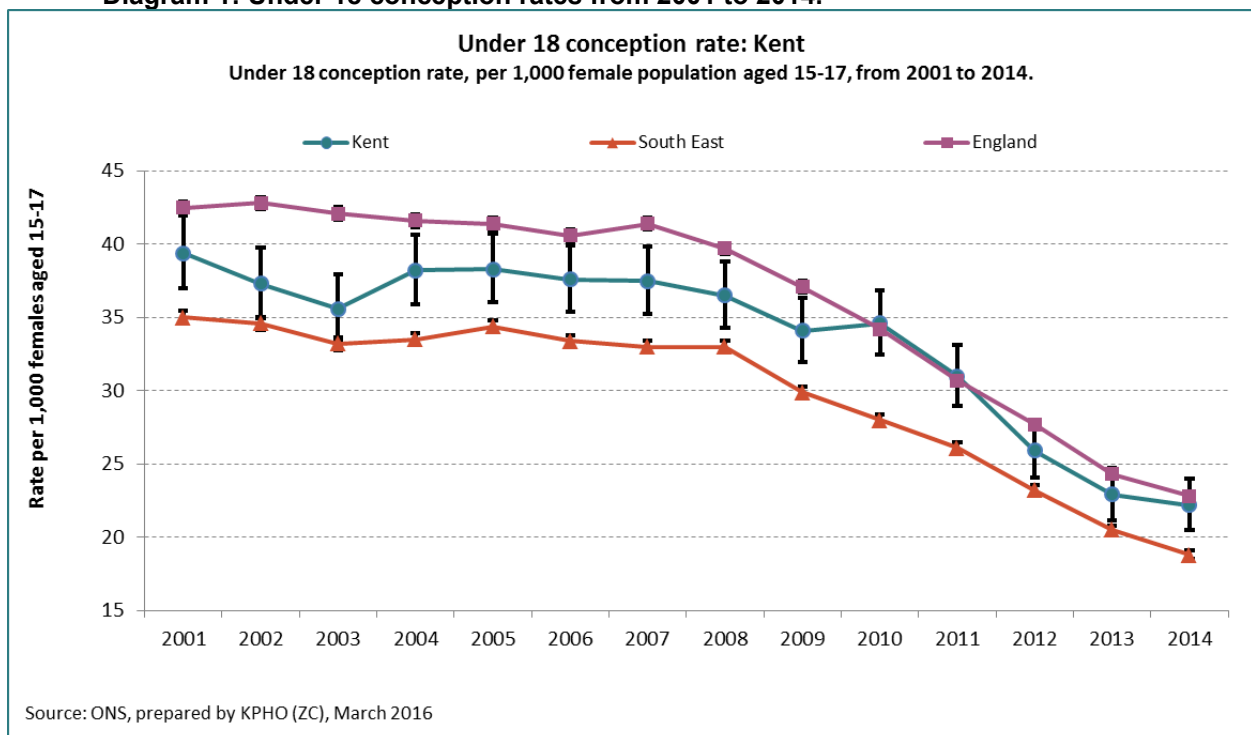
Conceiving under the age of 18 and being a young parent puts young people and their children at increased risk of not being in employment, education or training, infant mortality, child poverty, smoking in pregnancy and post-natal depression. Young parents are also less likely to breastfeed. Given the association between teenage conceptions, poor health and education outcomes, the success of the Teenage Pregnancy Strategy is aligned with that of the Emotional Health Strategy for children and young people in Kent, the Vulnerable Learners Strategy and the Health and Wellbeing Strategy for Kent.

Teenage pregnancy is one of the success stories of the last decade in the public health field. Nationally, the under 18 conception rate has fallen by a third since the introduction of the National 10 year Teenage Pregnancy Strategy. This has been attributed to sustained multi sectorial and evidence based action. Nonetheless, more work is needed to bring down the rates 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’ and the expectation remains that local government take a lead role in tackling teenage pregnancy and supporting teenage mothers.

## 2. Data on Teenage Conceptions and Teenage Parents

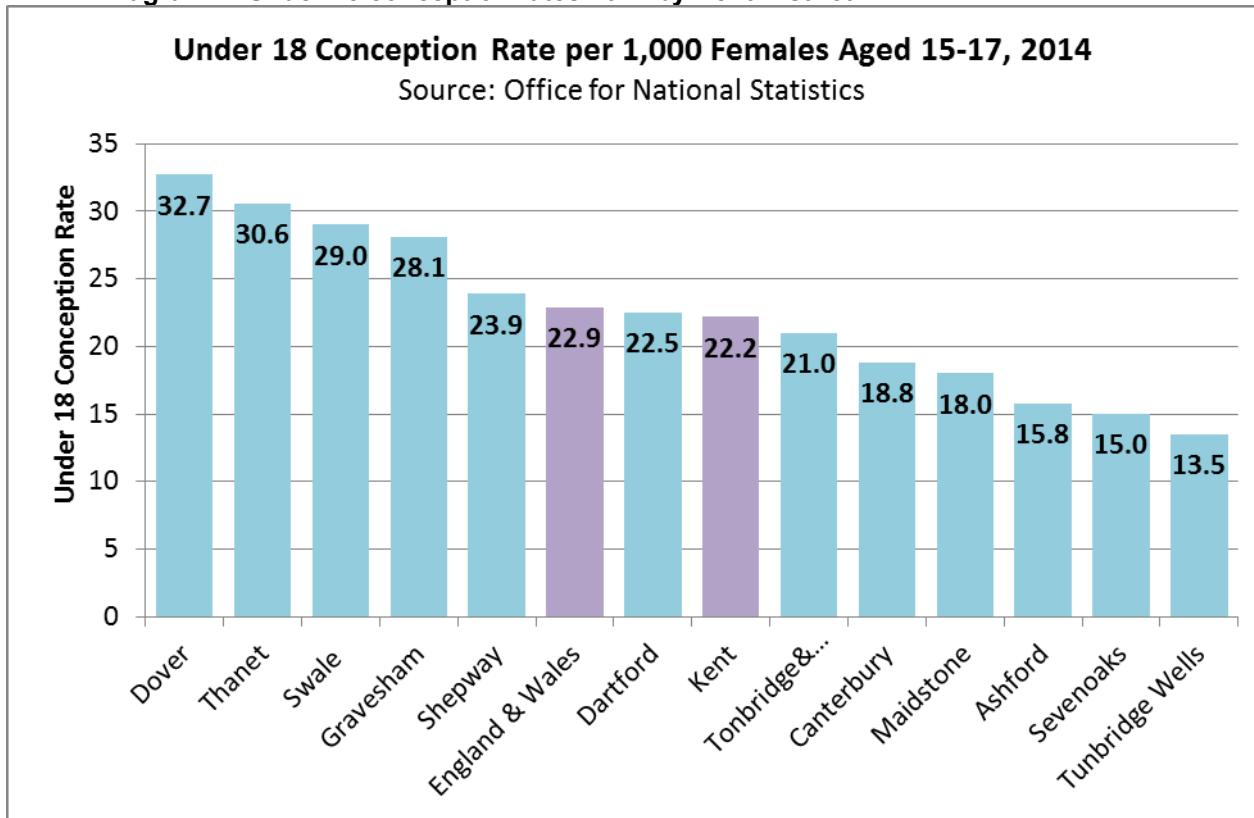
The most recent annual data for Kent, reports that in 2014 the under 18 conception rate was 22.2 per 1000 15 – 17 year olds. The rate in Kent, like that of England, is falling and has almost halved in the last 13 years (to 2014) with most of the decrease coming in the period 2010 to 2014. However, under 18 conception rates in Kent remain above the South East regional average which is 18.8 per 1000.

**Diagram 1: Under 18 conception rates from 2001 to 2014.**



The rate for under 18 conception and the rate of their improvement varies between districts and wards.

Diagram 2: Under 18 conception rates 2014 by Kent District.



Dover, Thanet, Swale, Gravesham and Shepway have rates above that of Kent in 2014.

In Thanet and Swale under 18 conception rates remain above the Kent average and whilst there have been improvements at a rate similar to the Kent average, teenage conception rates remain above the Kent average.

In Dover and Gravesham, there has been little or no improvement in under 18 conceptions since 2001 and the rates there are now above the Kent average where they were not in 2001.

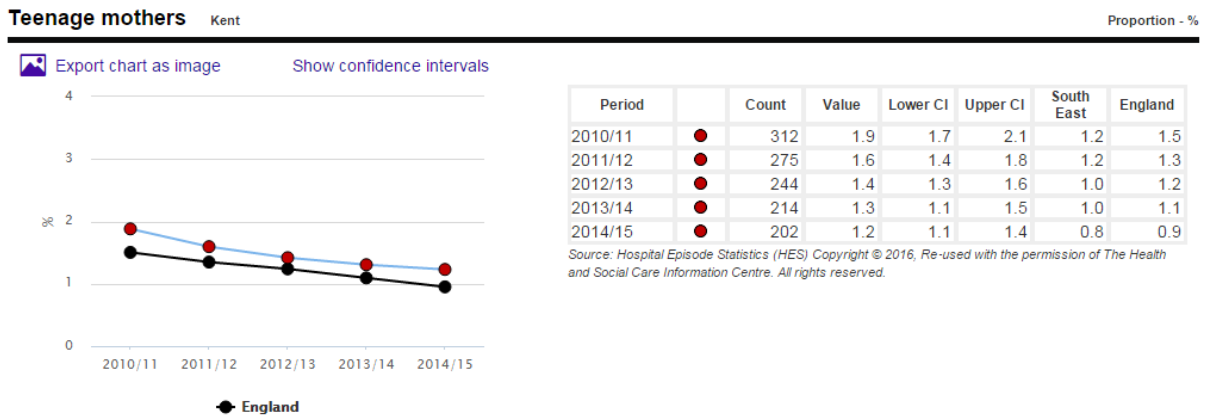
Wards with the highest rates of under 18 conceptions for the period 2011-13 are listed below. The highest rate in Kent is found in Tower Hamlets in Dover.

**Table 1: Highest rates of under 18 conception by ward.**

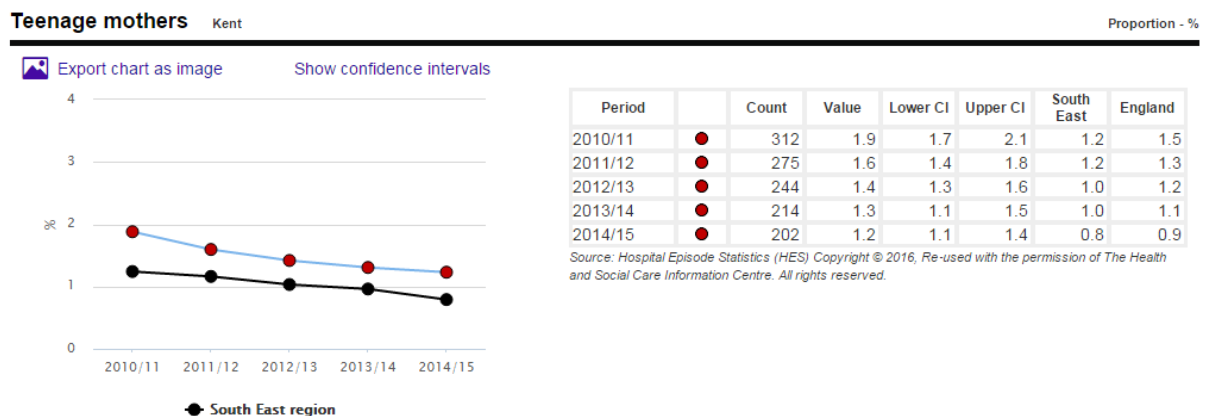
Ward Name	District	Number of Under 18 Conceptions	Rate per 1,000 Females Aged 15-17 2011/13
Tower Hamlets	Dover	37	116.0
Cliftonville West	Thanet	48	92.5
Folkestone Harvey Central	Shepway	20	88.1
Dane Valley	Thanet	31	58.9
Riverside	Gravesham	29	58.8
Snodland East	Tonbridge and Malling	21	62.0
Central Harbour	Thanet	27	57.7
Nethercourt	Thanet	12	71.9
Park Wood	Maidstone	22	59.1
St Radigunds	Dover	23	58.2
Joyce Green	Dartford	16	62.5
Margate Central	Thanet	21	57.2
Leysdown and Warden	Swale	10	64.1

In 2014/15, 1.2% of 12-17 year olds are parents in Kent. This figure has been declining however it is higher than the South East region and England as a whole and has been so since 2010/11.

**Diagram 3: The rate of teenage parents in Kent compared to England from 2010/ 2011 to 2014/15**



**Diagram 4 : The rate of teenage parents in Kent compared to the South East region from 2010/ 2011 to 2014/15**



A detailed breakdown of the under 18 conception rates for Kent are available at the Kent Public Health Observatory at [http://www.kpho.org.uk/data/assets/pdf\\_file/0016/56104/Teenage-Conceptions-Summary-Report.pdf](http://www.kpho.org.uk/data/assets/pdf_file/0016/56104/Teenage-Conceptions-Summary-Report.pdf)

### **3. Progress on the six ambitions of the Teenage Pregnancy Strategy:**

#### **3.1 AMBITION 1 Reducing under 18 conceptions requires strong leadership and joined-up working**

The development of the 0-25 Health and Wellbeing Board and Local Children Partnership Groups (LCPG) at district level provides the multi-agency leadership and accountability required to drive the Strategy. Under 18 conceptions are included as a key indicator in the proposed Children and Young People's Plan and the dashboards provided to each LCPG. The identification of key priorities and multi sectorial actions is now being undertaken.

#### **3.2 AMBITION 2: Building emotional resilience with children, young people, their families and their communities**

This ambition includes actions which are aimed at improving the emotional health and resilience of young people. The Way Ahead, Kent's Emotional Wellbeing Strategy for children, young people and young adults has resulted in the remodeling of mental and emotional health services in Kent. A whole system approach has been taken to service delivery; the service is currently being procured with new contracts starting from April 2017. The services range from specialist CAMHs delivering interventions to young people with moderate mental health problems to school based services for those with milder issues.

Another key method of delivering this ambition is through whole school health improvement via a personal, social, health and economic education (PSHE). Work is underway to map the offer the PSHE offer from Kent County Council and their commissioned services and communicate this to schools and their governors. In addition this role has been strengthened in the new school public health service which is currently out to procurement. New opportunities have also arisen to develop and test new approaches to building adolescent resilience through the Big Lottery's HeadStart Programme. A final decision is pending.

A survey of current provision has been produced jointly by Kent Youth County Council, Kent Community Health Foundation Trust's Health Improvement team. The findings will inform the development of a framework for Relationship and Sex Education, co-produced with young people.

#### **3.3 AMBITION 3: Building the aspirations of young people**

The development of a Strategy for Vulnerable Learners aims to reduce in the number of children and young people who are Not in Education and Training (NEET). This will support young parents to achieve as well as contributing to the prevention of young people becoming young parents by raising aspirations and increasing opportunity.

The work delivered through Early Help and Prevention Services including open access Children's Centres and Youth Hubs is critical to building the aspirations of children, young people and their families and supporting young parents.

Examples of work undertaken include:

- Girls Groups within Youth Hubs allow for the exploration of healthy relationships, promotion of self-esteem and positive body image, sexual health and reduced risk factors for vulnerable young people.
- Young Parent Groups delivered by by Early Help staff in Children's Centres and Youth Hubs to young parents with regards to keeping healthy, maximising employment and education opportunities and reducing the incidence of second pregnancy. Midwifery, health visiting, early years providers, adult education, youth staff and sexual health all make a contribution to these groups.
- Targeted Stay & Play groups focus on the developing child and also improve the aspirations of young parents to the opportunities available to them by linking with education providers and employers and offering volunteering opportunities.
- Integrated working with midwifery that offer teenage parent ante-natal clinics to provide ongoing education, support and development during and after pregnancy.

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

Children and young people's participation is not only their right, but evidence also shows that it improves their self-efficacy and resilience as well as resulting in better service design and delivery.

In Kent, a systematic approach to children and young people's participation in decision making has started to develop alongside the LCPGs and as part of the review of Youth Advisory Groups (YAG). Youth Forums are developing and aligning with these structures at district level.

Young Parents are being trained as Young Inspectors and will support the evaluation and review of selected services.

#### 3.5 AMBITION 5: Improving sexual health for young people

An integrated sexual health service has been procured and is being established. This has resulted in increased accessibility to a range of services. This is supported by the development of a new website which provides information on sexual health and services.

Young people can access dedicated young people services, most of which are offered as walk in and wait clinics, as well as all age clinics. The hours of opening have increased. Outreach activity in non-clinical settings is also a key component of all sexual health services, including those for young people.

Rotation of staff from the integrated clinic services to outreach delivery improves clinical governance and working in partnership with colleagues from other sectors maximises the training and community engagement.

The new model includes a targeted component of outreach. This seeks to engage with those who are not accessing or would not otherwise access the services, such as specific vulnerable groups. For example, targeted activity in Swale district has been delivered to enable schools/academies to provide C card, which is a programme which enables access to free condoms rather than being dependent upon specialist sexual health nurses coming into offer a service.

Specific support and programmes are being provided to Lesbian, Gay, Bisexual, Transsexual and Questioning (LGBTQ) and young people vulnerable to Child Sexual Exploitation (CSE).

Pharmacies have also increased their range of services and provide emergency hormonal contraception (EHC), chlamydia screening, chlamydia treatment, alcohol screening, brief alcohol interventions and condoms. This is available in 92 pharmacies between 9 – 5pm and in at least one pharmacy in each district until 8pm, Monday to Friday with weekend openings in each district across Kent.

The C card programme has been evaluated and is being further developed. The new provider is targeting activity in a phased way and overall has increased the uptake of this service most noticeably in those aged over 17 years. Children's Centres and Youth Hubs are one of those venues that deliver C card. It is expected that online C card access will be available by the Autumn.

Engagement with young men is critical for reducing conceptions and improvements include direct engagement promoting C Card and chlamydia screening at events, in locations where young people meet and improved partnership working with wider services such as Addaction. Co- location of programmes has presented increased opportunities for work with vulnerable groups, such as young asylum seeking men.

### 3.6 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. Young parents are a significant minority of young people who are NEET and are targeted and actively engaged within Children's Centre.

## **4. Conclusion**

Significant progress has been made in progressing the Teenage Pregnancy Strategy and its ambitions since being agreed in 2015. With continued effort, and in particular, district and ward level actions, it is anticipated that Kent's under 18 conception and percentage of Teenage Mothers will continue to fall.

## 5. Recommendation(s)

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## 6. Background papers

**Children's Health and Social Care Cabinet Committee 'Teenage Pregnancy Strategy 2015-2020' 8<sup>th</sup> September 2015**

<https://democracy.kent.gov.uk/documents/g5804/Public%20reports%20pack%2008th-Sep-2015%2013.00%20Childrens%20Social%20Care%20and%20Health%20Cabinet%20Committee.pdf?T=10>

## 7. Contacts

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