

JOINT STRATEGIC NEEDS ASSESSMENT

CHILDREN AND YOUNG PEOPLE

CHAPTER: Adolescence

TOPIC: Teenage Pregnancy / Under-18 Conceptions

Why is this important?

Teenage Pregnancy is a significant public health issue that is both a cause and consequence of education and health inequality for young parents and their children. Teenagers have the highest rate of unplanned pregnancy and young parents face a range of poorer health and socioeconomic outcomes in comparison with older mothers and their children.

Providing young people with the means to avoid early pregnancy and tackling the underlying circumstances that motivate young people to want to, or lead them to, become pregnant at a young age remains a challenge both nationally and locally.

Policy Context

The focus on Teenage Pregnancy as a major public health issue began in 1999 with the publication of the Teenage Pregnancy Strategy and the report by the Social Exclusion Unit. The report analysed the situation as it was at the time, set out why action was required and the Government's action plan to;

- Reduce the under 18 conception rate
- Reduce the risk of long term social exclusion for teenage parents and their children by increasing sustained participation by teenage parents in education, employment and training.

The National Teenage Pregnancy Strategy ran from 1999-2010. A large amount of guidance and research specifically for teenage pregnancy prevention and support was published prior to 2010 and much of this remains relevant.

The current Government requires local areas to maintain a focus on Teenage Pregnancy Prevention and Support as part of addressing inequalities, child and family poverty and early intervention.

The Local Government Association (LGA) has highlighted the importance of a continued focus on teenage pregnancy in their briefing for councillors.

<https://www.local.gov.uk/sites/default/files/documents/good-progress-more-do-tee-68d.pdf>

Teenage pregnancy and the importance of improving sexual health is acknowledged by inclusion as one of the four key priorities in A Framework for Sexual Health Improvement (2013), and by the inclusion of three indicators in the Public Health Outcomes Framework (PHOF). These indicators have been prioritised as each represents an important area of public health that needs

sustained and focused effort in order to improve outcomes. The two indicators that relate to young people are:

Under 18 conceptions

Chlamydia diagnoses amongst 15-24 year olds

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

<http://www.phoutcomes.info/>

Risk Factors for Early Parenthood

Research evidence published in Teenage Pregnancy Next Steps (Department for Education (DfE) 2006) identified the key risk factors which were likely to increase the likelihood of teenage pregnancy and early parenthood. These are broadly grouped into:

- Risky behaviours
- Education-related factors
- Family and social circumstances

One of the strongest predictors for teenage motherhood was found to be being the daughter of a teenage mother; other key factors were low educational attainment, disengagement from school, early onset of sexual activity and being a Looked After Child or Young Person. Where young people experience multiple risk factors, the likelihood of early parenthood was shown to increase significantly.

A report published in 2013 (Institute for Fiscal Studies) matched maternity and abortion data with education records of girls in England and highlighted a number of individual, school and area level factors associated with higher teenage conception rates. This found that the strongest associated risk factors for pregnancy before 18 were:

- Free school meals eligibility
- Persistent school absence by Year 9 (age 14)
- Slower than expected progress between Key Stages 2 and 3 (ages 11-14)

<http://www.ifs.org.uk/publications/6702>

Disproportionately poor outcomes for young parents and their children

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with disproportionately poor outcomes for both young parents and their children. (Detail on this is included in the JSNA paper on Teenage Parents).

National Picture

The success of the long-term evidence based Teenage Pregnancy Strategy has seen the under 18 conception rate fall to the lowest level for over 40 years. England has achieved a 61% reduction in the under-18 conception rate between 1998 and 2017, and it is now at its lowest level since 1969. However the England rate remains significantly higher than comparable

western European countries and progress in reducing rates varies considerably between local areas.

Further progress in both reducing the under-18 conception rate and improving the outcomes for young parents is central to improving young people's sexual health and narrowing the health and educational inequalities experienced by young parents and their children.

The Manchester Picture

Manchester has had higher than average levels of teen pregnancy for a number of years, however in recent years there has been a sustained downward trend in line with that as for England overall.

Under 18 Conceptions

The under 18 conception rate peaked in 2005 at 71.9 (per 1,000 of the 15-17 year old female population). The actual number was 591, of which 355 (60%) resulted in a live birth.

The most recent data is for 2017. The rate is 23.5 per 1,000. There was a total of 185 under-18 conceptions of which 76 (41.1%) resulted in a live birth and 109 (58.9%) in abortion. At 23.5, Manchester's rate per 1,000 remains high compared to Greater Manchester at 21.4 and England at 17.8.

Data for 2018 will be published in spring 2020.
(Office for National Statistics (ONS))

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000036/pat/6/par/E1200002/ati/102/are/E08000003>

Under 16 conceptions

The under-16 conception rate (shown as a 3 year aggregate) increased for much of the last decade and peaked at 13.4 per 1,000 young women aged 13-15 in 2007-09; however, the rate is falling and stood at 4.4 per 1,000 in 2015-17. The number of under-16 conceptions has also been falling since 2005-07, down from 324 to 105 in 2015-17.

For the period 2015-17, 58 (55.2%) under-16 conceptions recorded for Manchester ended in abortion and 47 (44.8%) resulted in live birth.

Around four fifths of all under-18 conceptions attributed to Manchester are to young women aged 16 and 17 (83.8% in 2017).

According to the Department for Education and Skills (2006) around 20% of births conceived under the age of 18 are second or subsequent births.

Ward Level Estimates

Public Health England have produced ward level estimates of the conception rate per 1,000 young women aged 15 to 17 years living in the ward (2015-2017). These estimates are based on actual conception rates at Middle Super Output Area (MSOA) level, which are then applied to much smaller output areas before being aggregated into estimates at ward level. The method of

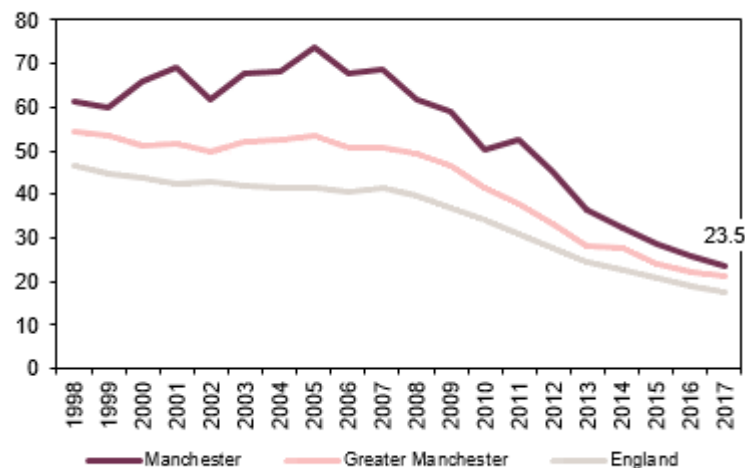
estimating involved suppressing small numbers at MSOA and ward level, therefore 9 out of 32 Manchester wards (28%) have an estimate that is not available or of low validity. The estimates can mask very small areas with large numbers of conceptions due to the method of aggregation, which can impact on the overall ward estimate. The data for 2015-17 suggests the wards with the highest estimated rate of conceptions are Harpurhey, Clayton & Openshaw, and Gorton & Abbey Hey. The wards with the lowest estimated rates were Chorlton, Didsbury East and Withington.

Risk Factors

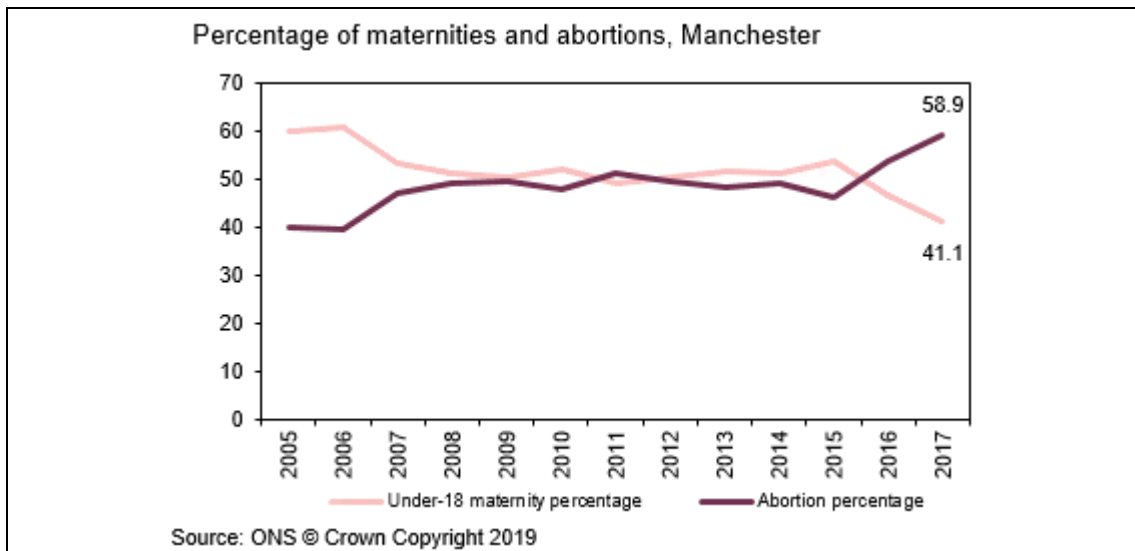
The Office for National Statistics (ONS) state that “young women from socially disadvantaged backgrounds and those with poor educational outcomes are more likely to have a teenage pregnancy”. Whilst the high levels of deprivation in Manchester are associated with the higher than average rate of under-18 conceptions in the city, other factors are also influential, such as attainment, life circumstances and contraception choices.

Data on some of the risk factors for early parenthood (persistent absence, free school meals, and educational attainment) is presented in the Education section of the Intelligence Hub at http://www.manchester.gov.uk/info/200088/statistics_and_intelligence/7611/intelligence_hub. There is a strong correlation between the combined rank of these factors in 2018 and the estimated conception rate 2015-17 (Pearson coefficient 0.68 – perfect correlation would be 1 and no correlation would be 0). This indicates that the risk factors are linked to an increased likelihood of teenage pregnancy, with the greatest risk in the wards Northenden, Brooklands and Miles Platting & Newton Heath. Lowest risk was indicated for the wards Chorlton, Didsbury East and Didsbury West.

Under 18 conception rate per 1,000 population



Source: ONS © Crown Copyright 2019



What would we like to achieve?

'Our Manchester, Our Children: Manchester's Children and Young People's Plan, 2016-2020' sets out how a wide range of organisations and partners from across the city will deliver a shared vision for children and young people. The plan identifies priorities under four outcome themes; safe, happy, healthy and successful. These were chosen to encapsulate the broad range of things we want to achieve as a city and all four apply to pregnant teenagers, teenage mothers, young fathers and their children.

The Children and Young People's Plan is one of a number of key integrated strategies that set out the city's ambitions and promote the wellbeing and resilience of children, young people and their families. These include the Early Help Strategy, the Early Years New Delivery Model and the Family Poverty Strategy.

http://www.manchester.gov.uk/downloads/download/6610/our_manchester_our_children

https://search3.openobjects.com/mediamanager/manchester/fsd/files/the_early_help_strategy_october_2015_3.pdf

Developing a sexual identity is a key part of adolescence and staying safe, healthy and happy through the process is important. The sexual health and sexual behaviour of young people can have implications for their wellbeing and education and their long term prospects.

Key objectives include:

- Reduce the number of under 18 conceptions
- Reduce the number of second and subsequent conceptions to under 18s
- Ensure that young people have both the means and the motivation to resist unwanted sexual experiences and to make the conscious choice to put off parenthood until later life
- Ensure that young people have access to information and advice about

relationships, sex and sexual health and are supported to make positive sexual health choices

- For those young people who are sexually active, ensure that they understand the importance of using a reliable method of contraception and condoms, and have the confidence to access relevant services
- Commission sexual and reproductive health services that are accessible and young person friendly
- Support parents and professionals who work with young people to have age appropriate, open and honest discussions about relationships, sex and sexual health

Supporting young people to develop safe, healthy relationships and prevent unplanned pregnancy is key to enabling them to fulfil their aspirations and potential.

At a strategic level, getting prevention right is integral to safeguarding, emotional health and wellbeing and early help; is key to giving children the best start in life; contributes to breaking inequalities; contributes to a range of other outcomes and reduces future demand on health and social care services.

What do we need to do to achieve this?

The Teenage Pregnancy Prevention Framework published by Public Health England (PHE) and the Local Government Association (LGA) (2018) sets out an overview of evidence, the current situation and key actions.

This states that partnership working is vital and from the start of the Strategy Manchester took a partnership approach. The 10 key factors that are identified for an effective strategy provide the structure for a whole system approach. These are:

- Strategic leadership and accountability
- Strong use of data for commissioning and monitoring of progress
- Relationships and sex education in schools and colleges
- Youth friendly contraceptive and sexual health services and condom schemes
- Targeted prevention for young people at risk
- Support for parents to discuss relationships and sexual health
- Training on relationships and sexual health for health and non-health professionals
- Advice and access to contraception in non-health education and youth settings
- Consistent messages and service publicity to young people, parents and practitioners
- Support for pregnant teenagers and young parents – including prevention of second and subsequent conceptions

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673458/TP_Prevention_Framework.pdf

What are we currently doing?

Manchester continues to focus on teenage pregnancy as a key issue, by working to reduce the number of under-18 conceptions and to improve outcomes for teenage parents and their children. This is done through a partnership approach co-ordinated through the Teenage Pregnancy Prevention and Support Programme.

Sexual and Reproductive Health Services

There are two providers of dedicated sexual health services for young people in the city. The Northern Sexual Health, Contraception and HIV Service provides the all age integrated sexual and reproductive health service and Fresh, the service for those aged under 25. Fresh clinics run at the Hathersage Centre as well as from neighbourhood locations. Brook offers a clinical service from the city centre site for those aged 19 and under. In addition to this Brook Link is run on a number of The Manchester College sites providing a limited onsite service and a direct link to their city centre clinic.

Sexual Health Education Outreach

Both Fresh and Brook are also commissioned to deliver an outreach service. The sexual health education outreach role is delivered by the two organisations, the key objective for both teams is to ensure that young people in the city receive consistent messages and information about all services available to them. The teams liaise closely to avoid duplication and ensure the maximum reach across the population of young people in the city.

The content of the sessions and the method of delivery are adapted to the setting and to the needs of the young people and includes attendance at events, group work sessions (both mixed and single gender) and one to one work with individuals.

Group work sessions are offered to organisations and services working with young people, this includes youth provision, residential care homes, supported housing and training providers. For those young people with particular needs they may be referred, or self-refer, to the teams for 1 to 1 support.

The use of ward level data and local knowledge enables the identification of targeted work which might be with a group of young people defined by certain characteristics who are at greater risk of early pregnancy and/or poor sexual health outcomes, or a geographical area.

Sexual Health Clinical Outreach

The Fresh clinical outreach team offers young people the opportunity for some of the most vulnerable young people to access a sexual health nurse outside the clinical setting. This team has also worked closely with the Young People's Specialist Midwives at each of the three maternity hospitals in the city to achieve a reduction in the number of second and subsequent conceptions.

Healthy Schools Team

The role of the Relationships and Sex Education (RSE) Lead in the Healthy Schools Team is to develop the RSE curriculum, to support schools to develop policy and train school staff to deliver high quality RSE programmes. The RSE Lead has specialist knowledge of Department for Education guidance and of schools' responsibilities in relation to pupil wellbeing. Curricula resources have been developed across the primary and secondary school ages through engagement and consultation with local children and young people, school staff and a wider professional group. Growing and Changing Together is the Primary age curriculum; I Matter is a safeguarding curriculum which includes all the topics that comprise a high quality RSE programme as well as related topics such as emotional health and wellbeing and child sexual exploitation. A version of I Matter developed with students attending schools for those with Special Educational Needs was launched in April 2018.

The content of the school resources and the content of the work programmes delivered by Fresh and Brook are underpinned by the same core values and all informed by current guidance. This ensures consistent messages to young people regardless of setting.

They also demonstrate a rights based approach, reflecting a number of articles included in the United Nations Convention on the Rights of the Child, which the UK Government ratified in 1991.

Article 13 - that children and young people have access to information

Article 24 – that young people have access to health services and reach the highest attainable standard of health

Article 34 – that children and young people are protected from sexual abuse and exploitation

Mandatory Relationships and Sex Education

The Government has published Guidance, passed through Parliament, that sets out the new requirement for schools to deliver Relationships Education (Primary Schools) and Relationships and Sex Education (Secondary Schools) from September 2020. This has been introduced in recognition of the need to address the safety of children and young people given the increasing concerns around child sexual abuse and exploitation and the growing risks of social networking and the digital environment.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/805781/Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education.pdf

High quality, comprehensive, age appropriate RSE has been recognised as a key factor in delaying first sex, in the use of contraception and condoms for protected sex and in first sex being more likely to be consensual. The locally developed resources and the expertise in the city around RSE will be a strong base to ensure that local schools will be prepared to meet the requirements that the Government will set out in due course. The Manchester Healthy

Schools Team support schools with the training of staff and delivery of curriculum resources that are high quality and age appropriate.

Community and Stakeholder Views

Manchester residents were consulted on options for sexual and reproductive health services as part of the budget consultation that was held between November 2014 and January 2015. The consultation was open to all residents. Several events were held for young people to communicate the options and to gather their views. Most respondents agreed that dedicated conception clinics for young people should be provided.

The British National Surveys of Sexual Attitudes and Lifestyles (NATSAL) are among the largest and most detailed scientific studies of sexual behaviour in the world. Three Natsal surveys have taken place, the most recent was Natsal-3 in 2010-2012. They include patterns and trends in sexual knowledge and behaviour among young people.

<http://www.natsal.ac.uk/home.aspx>

References and Links

Teenage Pregnancy, Social Exclusion Unit 1999

<http://dera.ioe.ac.uk/15086/1/teenage-pregnancy.pdf>

Good progress but more to do: Teenage pregnancy and young parents, Local Government association and Public Health England, 2016

<https://www.local.gov.uk/sites/default/files/documents/good-progress-more-do-tee-68d.pdf>

A Framework for Sexual Health Improvement in England

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

Public Health Outcomes Framework

<http://www.phoutcomes.info/>

Teenage Pregnancy in England, Institute for Fiscal Studies 2013

<http://www.ifs.org.uk/publications/6702>

Public Health England Sexual and Reproductive Health Profiles

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000036/pat/6/par/E1200002/ati/102/are/E08000003>

Our Manchester, Our Children

http://www.manchester.gov.uk/downloads/download/6610/our_manchester_our_children

Manchester's Early Help Strategy 2015-2018

https://search3.openobjects.com/mediamanager/manchester/fsd/files/the_early_help_strategy_october_2015_3.pdf

Teenage Pregnancy Prevention Framework, Public Health England and Local Government Association, 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673458/TP_Prevention_Framework.pdf

Relationships Education, Relationships and Sex Education (RSE) and Health Education: Statutory Guidance, Department for Education (DfE), 2019

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/805781/Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education.pdf

National Survey of Sexual Attitudes and Lifestyles

<http://www.natsal.ac.uk/home.aspx>

Teenage Pregnancy and Young Parenthood: Effective Policy and Practice, A. Hadley with R. Ingham, Routledge, 2018

<https://www.routledge.com/Teenage-Pregnancy-and-Young-Parenthood-Effective-Policy-and-Practice/Hadley/p/book/9781138699564>

Date:

August 2019