

7.2.8 Teenage conceptions and parents Brighton & Hove JSNA 2015

Why is this issue important?

In England, 22,830 women aged under 18 became pregnant in 2013 with around half (51%) of these pregnancies ended in an abortion.¹ This is the lowest the teenage conception rate has been since the launch of the Teenage Pregnancy Strategy in 1999.

The Department for Education (DfE) highlighted that the three risk factors most strongly associated with pregnancy before 18 are Free School Meal eligibility, persistent absence from school and slower than expected progress between Key Stages 2 and 3.² Recent (2013) guidance from the DfE stresses that to make an impact on teenage pregnancy, there needs to be a balance between targeted work with high-risk groups and universal prevention work. Although some young women are at a much greater risk of conceiving and giving birth than others, the majority of young women that conceive don't share these risk factors.

Where teenage pregnancies result in a birth, evidence shows that young women's health and wellbeing can be negatively impacted upon, as well as limiting their educational and career prospects. While young people can be good parents, longitudinal studies have shown children born to teenage parents are more likely to experience a range of negative outcomes, and can be more likely to become a teenage parent themselves.³

Young women can often experience a high level of violence and abuse in their relationships and international research shows connections between sexual abuse, coercion, intimate partner violence, sexual exploitation and teenage conceptions. UK research has shown clear links between teenage pregnancy and non-consensual sex.³

Key outcomes

- ***A reduction in the under 18 conception rate (Public Health Outcomes Framework)***
- ***Sexually active young people are using contraception effectively (locally agreed measure)***

- ***Inequalities in health outcomes for disadvantaged children and young people in the areas of obesity, sexual health, smoking and substance misuse have reduced⁴***
- ***Young people know how & where to go to get help and report a positive experience of services⁴***
- ***Reduction in the number of babies and young children needing to come into care⁴***

Impact in Brighton & Hove

The 2013 under 18 conception rate was 25.0 per 1,000 women aged 15-17 years in the city. There were 99 conceptions of which 67% led to an abortion. This is slightly different to the England and South East pictures - where there are 24.3 conceptions per 1,000 of which 51% end in an abortion across England and a South East rate of 20.5 per 1,000 of which 53% end in abortion.⁵

Local data from the Safe and Well at School Survey (2015) shows those who have experienced at least one problem behaviour⁶ within their relationships were more likely to be sexually active (45%) than those who have not (10%).⁷

In December 2014, there were 83 teenage mothers living locally who were known to the local authority, 1.7% of 16-19 females.⁸

In December 2014, 92% of Brighton & Hove's young people in the academic age 16-18 cohort were in education, employment or training (EET) this falls to 35% among teenage mothers. In June 2015, only 6% of the estimated number of mothers aged under 19 were in receipt of Care to Learn funding, aimed at helping young parents to continue their education by assisting with childcare costs.

The Family Nurse Partnership (FNP) is a structured and intensive evidence based support programme for teenage parents, which aims to improve health

⁴ Commissioning Strategy: Health & Wellbeing of Children, Young People & Families 2015 – 2020

⁵ ONS, Conception Statistics, England and Wales, 2013

⁶ Problem behaviours: Being yelled at, being put down and / or humiliated, hit, kicked, pushed, or slapped, exchange of sexualised/naked pictures or photos, forced into having sex, forced into getting married, being threatened if didn't do something your partner wanted, being constantly checked up on.

⁷ Brighton & Hove City Council. Safe and Well at School Survey. 2014. Briefing available at <http://www.bhconnected.org.uk/content/surveys> [Accessed 01/09/2015]

⁸ Department for Education Local Authority At Risk Tables, December 2014

¹ Office for National Statistics, Annual Conceptions data 2013

² Teenage Pregnancy in England. Centre for analysis of Youth Transitions 2013 can be downloaded from:

<http://www.ifs.org.uk/caytpubs/caytreport06.pdf>

³ Department of Health, 'Teenage Pregnancy National Support Team: Effective Public Health Practice', 2011

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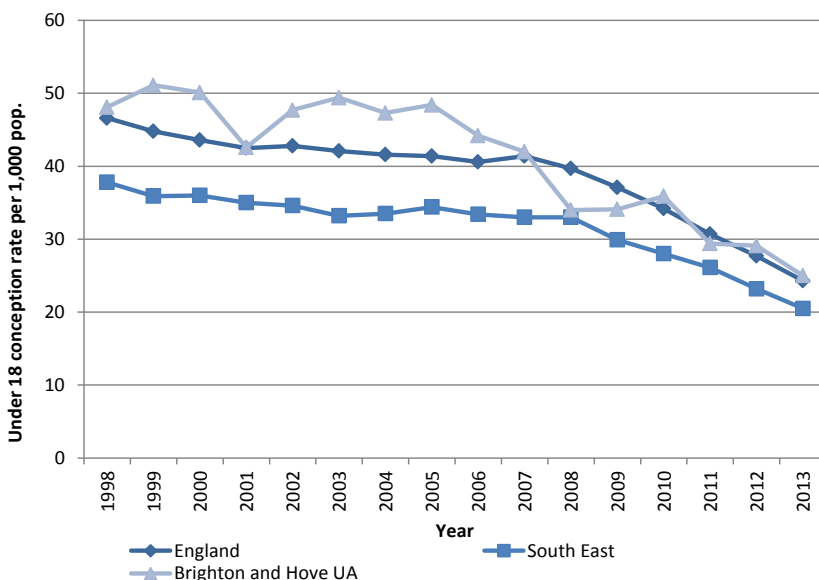
for the mother and baby, parenting skills, economic stability and future life course action. In 2014/15 the FNP had a caseload of 103 young women, of which, 75% were 18 or under and 53% were 17 or under. The majority of the young parents have complex lives: 33% have self-reported they have been abused by someone close to them, 10% were afraid of a current or previous partner, 20% reported physical or sexual abuse in the last year, five had babies that were in care, 12 were children in need and 12 were on a Child Protection Plan.

During 2014/15, there were 12 children in care starters at birth for teenage parents, at a cost to the local authority of £250,520.

Where we are doing well

Between 1998 and 2013, the under-18 conception rate fell from 48.1 to 25.0 per 1,000 women aged 15-17 in the city (Figure 1). This is a 48% reduction, which is the same as the reduction seen nationally over this time period, and slightly higher than the reduction in the South East (46%).

Figure 1: Under-18 conception rate, 1998-2013



Source: Office for National Statistics 2013

There has been a rapid decline in the under-18 termination rate since the 2005 peak of 27.2 per 1,000 15-17 year old women, to an all-time low of 16.7 in 2013. Second termination rates have also dropped from 19% in 2006 to 12% in 2014.

Eighteen out of twenty-one wards in the city have seen a reduction in teenage pregnancy for 2011-13 compared with 2009-2011.

In 2014/15 there has been a complete revision of the Relationships and Sex Education Curriculum with new guidance launched in May 2015. The 2014 Safe and Well at School data shows:

- 48% of 11-14 year olds reported that their sex and relationships education was useful which increases to 61% amongst 14-16 year olds .
- The majority of students aged 14-16 years in Brighton & Hove have not had sex (82%); This proportion of under 16s who have had sex (18%) is lower than England (28%).
- 49% of all students and 75% of sexually active students know where to get free condoms. 87% of students feel confident about using condoms correctly.

There has been an improvement in young people's resilience, especially for those vulnerable to risk taking through the provision of behaviour change intervention packages, including targeting support so sexually active young people are supported to use contraception effectively. The delivery of targeted group work in schools or one-to-one

support has given young people the skills and the confidence to negotiate and experience positive relationships and enjoy good sexual health. In 2014 /15:

- 119 new young people were supported by the young person's health and relationships advisors (a decrease from the previous year due to vacancies).
- Of these 119, 112 demonstrated improved life skills outcomes such as improved knowledge of services, improved skills in negotiating relationships, reduction in use of drugs / alcohol and 73 moved from no contraception to reporting the use of contraception effectively (including LARC).

- In the first three quarters of 2014/15, 42 young people locally accessed the British Pregnancy Advisory Service (BPAS) for a termination. (vacant post for Q4)
- Of these, 38 received post termination support, 37 reported improved healthy relationships and life skills, and 35 reported using contraception.

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Access to Contraception and Sexual Health (CASH) services is constantly developing so that young people have access to the whole range of contraception when they need it. In April 2015 a programme of integration for sexual health and community contraception services began, aimed at improving the sexual health of the local population by providing easy access to services through open access 'one stop contraception and sexual health shops', with extended opening hours and in accessible locations.

The Family Nurse Partnership reported in May 2015 the achievements of the program as:

- Reducing the need for Child Protection plans - with clients who no longer need social work intervention (8) , as well as a 7 who have step-down plans from children in care to children protection or child protect to children in need.
- A reduction in the percentage of women smoking at six weeks infancy from 46% in 2012/13 to 33% in 2013/14.
- An increase in the percentage of mothers breastfeeding at 6-8 weeks from 12% in 2012/13 to 33% in 2013/14 (the national FNP rate is 18%)
- 92% of FNP families are up to date with infant immunisations at 12 months.
- 63% choose to use contraception (national FNP is 53%)

Local inequalities

Those wards with the highest rates of under 18 conceptions between 2011 and 2013 are concentrated to the east of the city.

The Safe and Well at School Survey shows that Boys (83%) and girls (82%) are equally statistically likely not to have had sex. There is no difference between ethnic groups. Having had sex is related to age: 89% of 14-15 year olds had not had sex compared to 75% of 15-16 year olds. LGB pupils are more likely to have had sex.⁷

Those who are more likely to engage in sexual activity at an earlier age tend to be more vulnerable. For example that they have received extra help, been bullied, are using drugs or alcohol, have truanted or been excluded from school.⁷

Predicted future need

Whilst there has been a fall in the under 18 conception rate in recent years, it appears that those women who do conceive are increasingly likely to have an abortion which indicates that more work might be needed to support these young women. This highlights a need to make more of opportunities for early identification and striking a balance between delivering targeted prevention work and a strong sex and relationships curriculum.

For those who do give birth, the majority have complex life issues which show the need to target prevention work to the needs of high risk groups. As well as ensuring the support to families, this effectively improves outcomes in the immediate and longer term. Reviewing the support to young parents will also need to include the needs of young parents in relation to housing, and employment / training, as well as health outcomes.

There is evidence of a plateauing effect in the reduction seen in teenage conceptions in recent years. Future reductions will depend on cultural and intergenerational change through addressing the underlying factors that increase the risk of teenage pregnancy – poverty, educational underachievement and low aspirations.³

In August 2015, the Children's Commissioner announced that a new task force will be developed to explore what growing up in a digital age is like and how this shapes the way children think and act. This response matched the concern being shared locally about needing to increase our awareness and response to the impact of social media on young people, which is to be a priority in next year's actions.

- 2014 Safe and Well at School data shows that 12% of 14-16 year olds report seeing sexual pictures weekly on their phones.

Population rises amongst this cohort suggest there will be increased demand on services. Population projections suggest that the number of 10-19 year olds will increase by 2,200 over the next decade, to 31,700 young people.⁹

⁹ Office for National Statistics. Subnational Population Projections, 2012-based projections. May 2014. Available at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-335242> [Accessed 13/08/2015]

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What we don't know

Little is known about under-18 conception rates among different vulnerable groups such as those from the lesbian, gay, bisexual and transgender communities or disabled young people.

The effectiveness of maintaining/achieving further reductions as part of implementing new systems/approaches alongside, meeting the city's savings targets will be a challenge. These new systems/approaches include:

- Public Health Schools (which takes a whole population approach to the wider health areas affecting young people)
- Early help pathway (identification and access to the targeted work)
- New commissioning of the integrated contraception and sexual health service and locally commissioned pharmacy and primary care schemes

Key evidence and policy

A framework for sexual health improvement in England 2013

<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england>

NICE guidance for preventing sexually transmitted infections and under-18 conceptions.

<http://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions>

NICE guidance - contraceptive services with a focus on young people up to the age of 25. This guidance sets out a series of recommendations including providing contraceptive services.

<https://www.nice.org.uk/guidance/ph51>

Recommended future local priorities

1. Reduce conceptions that lead to terminations through focused campaigns, education and targeted prevention approach.
2. Ensure the provision of high quality, comprehensive relationships and sex education, in schools/youth settings, complemented by open discussion with parents/carers and informed by the voice of young people.

3. Develop an effective health promotion approach that takes full advantage of social media as a platform, to address key health needs such as pill efficacy, use of EHC and opportunity for brief intervention support.
4. Ensure the right level of easy to access youth-friendly contraception and sexual health services, shaped by the voices of young people and at the time it is needed
5. Review the reach and ensure the full capacity is offered for young people at risk of early pregnancy, sexual risk taking so they have access to early help / prevention interventions that build resilience and reduce the impact of risky behaviours.
6. Ensure that there is equity of service for young people from protected and vulnerable groups – starting with consistent monitoring.
7. Review the effectiveness of FNP under the transfer from NHS to Public Health.
8. Ensure teenage parents know their housing options to prevent homelessness and reduce the number of young families needing support from social care or housing support.
9. Ensure the voice of young people is heard in the design and evaluation of services.

Key links to other sections

- Sexual health (young people)
- Substance misuse and alcohol (young people)
- Education and NEET

Further information

Commissioning Strategy: Health & Wellbeing of Children, Young People & Families 2015 – 2020
(insert link when published)

The Impact of Social Media on Young People, September 2015. (insert link when published)

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