

## **Teenage Pregnancy Kent JSNA 2011-12**

### **Introduction**

The Social Exclusion Report on Teenage Pregnancy (1999) highlighted the health and social impact of teenage conception. This report, coupled with the high rates of teenage conception in comparison to European neighbours, was the catalyst for the National Teenage Pregnancy Strategy. The aim was twofold:

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

The strategy began in 2001 and concluded in March 2011 and although the majority of Local Authorities have yet to achieve a 50% reduction England now has its lowest teenage pregnancy rate for 30 years.

Ministers in central Government have demonstrated an expectation that reducing teenage pregnancy should remain a focus for Local Authorities. New policy on sexual health is expected to be released in 2011 and this will include teenage pregnancy.

The Kent Teenage Pregnancy Strategy was initiated in 2001 and during the majority of its 10 year term it has benefited from strong strategic and political support. Progress to reduce conception has been challenging, this reflects the national picture and is related to the broad and diverse nature of the risk factors related to teenage conception. However there is a determination to strive for lower rates of conception and to ensure that young people in the county are encouraged to aspire and given the opportunity to make an informed choice about early pregnancy.

### **Key Issues and Gaps**

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### **Recommendations for Commissioning**

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#### **1) Who is at risk and why?**

Kent is a largely rural county with a mixture of affluence and deprivation. Social disadvantage is closely associated with teenage pregnancy due to the prevalent culture within communities including lower aspiration, poorer uptake of statutory services and support and the cyclical nature of teenage pregnancy.

In Kent the weight of teenage pregnancy is in the east and the highest ward rates are to be found in the coastal towns of Thanet, Swale and Folkestone. Research has confirmed a link between higher rates of teenage pregnancy and seaside towns due to the prevalent holiday atmosphere and environment that increase risk taking behavior (Teenage Pregnancy Research Briefing 2).

Other key risk factors for teenage pregnancy are

- being a looked after child
- some minority groups
- being a child of a teenage parent
- living in a deprived area

There are some behaviors which are associated with teenage pregnancy

- being a young offender
- regular misuse of alcohol and drugs
- disengagement from education provision or school

The reasons for tackling teenage pregnancy and supporting teenage mothers and young fathers are well documented and include health and wider inequalities issues.

- Babies born to teenage mothers have a 60% higher infant mortality rate and a 63% increased risk of being born into poverty compared to babies born to older mothers
- Children born to teenage mothers do less well at school and disengage early from learning and sometimes well before they have finished compulsory education
- Daughters of teenage mothers are twice as likely as daughters born to older mothers to become teenage mothers themselves. Similar disadvantages affect young fathers

Measures to reduce teenage conceptions and reach local targets will therefore help to reduce the health inequalities and social exclusion impact of teenage parenthood. Supporting teenage mothers to access and use contraception effectively after the birth of their first child will also help prevent subsequent unplanned pregnancies. The link with a lack of aspiration is significant, young people need the motivation as well as the means to prevent pregnancy and engagement in education through the teenage years is a strong protective factor.

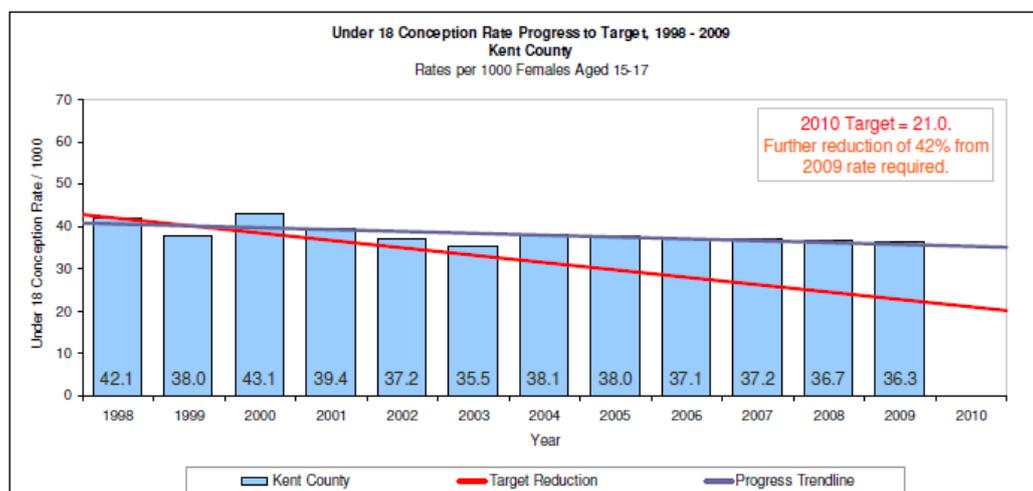
Programmes for teenage pregnancy and supporting teenage parents are part of a long-term effort to narrow social and health inequalities and tackle child poverty.

## **2) The level of need in the population**

### **County rates**

- In Kent the teenage pregnancy rate is 34.7 per 1000 females 15-17 years (2009) which compares favorably to an England rate of 38.
- Rates have reduced by 18% from a baseline of 1998, compared to an 18% reduction achieved by England.

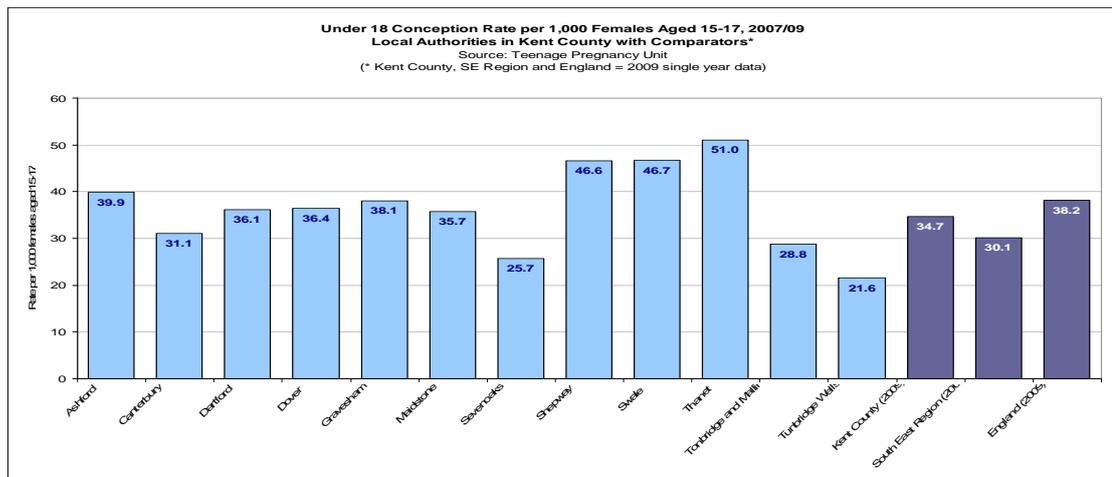
**Figure 1 The progress of Kent in reducing teenage conceptions**



## District Rates

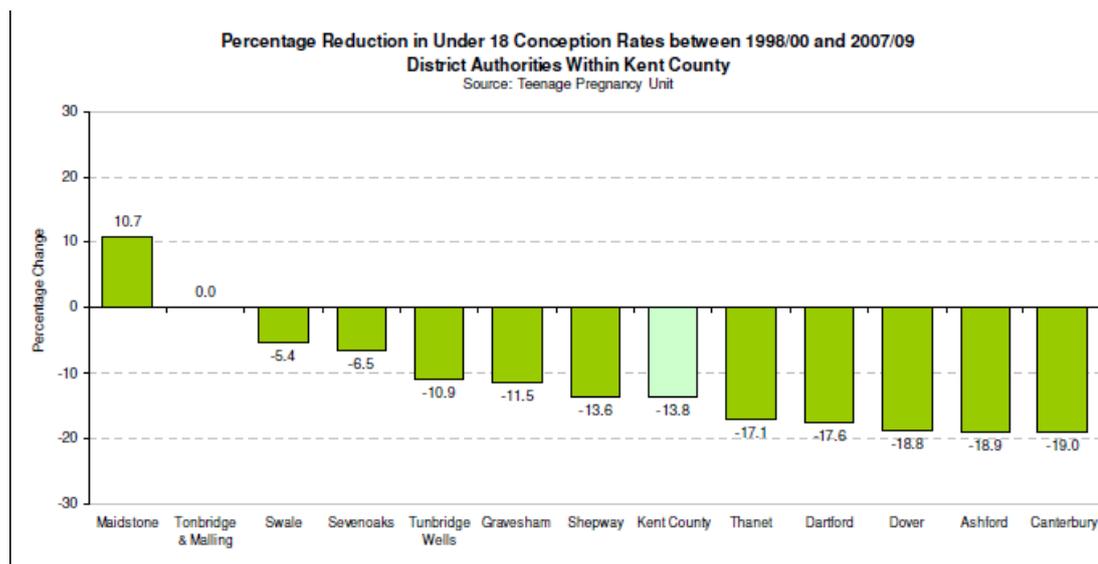
- There is significant difference in progress to reduce rates across the districts of Kent, with Canterbury having achieved the best reduction of 19% while Maidstone has demonstrated an increase of 10%. The weight of teenage pregnancy continues to be in the eastern coastal districts and correlates with the areas of highest deprivation in the county. To avoid annual fluctuations rates are calculated on three year rolling averages.

Figure 2 District rates



- Districts in the east of the county have achieved greater reduction in rates than districts in west Kent, this is due in part to later mobilization of the strategy. Rates are generally lower in the west and so determining this a strategic priority has been a challenge. There is now county wide engagement in the strategy and in 2009 rates in the majority of districts were decreasing with the exception of Shepway and Tonbridge and Malling which demonstrate slight increases.

Figure 3 Progress in reductions at district level



The majority of districts have seen a gradual decline. The district of Canterbury maintained a continual decline until 2007/8 and has been considered the most successful areas. This district has benefited from a strategic lead locally, the district has a long history of established partnership working and there is an extensive range of education opportunities in the locality. Rates in Tonbridge and Malling and Sevenoakes have changed very little during the strategy. Rates in Thanet have reduced well and rates in Swale are now starting to reduce as are rates in Maidstone.

Figure 4 Under 18 conceptions 1998/00 to 2007/09

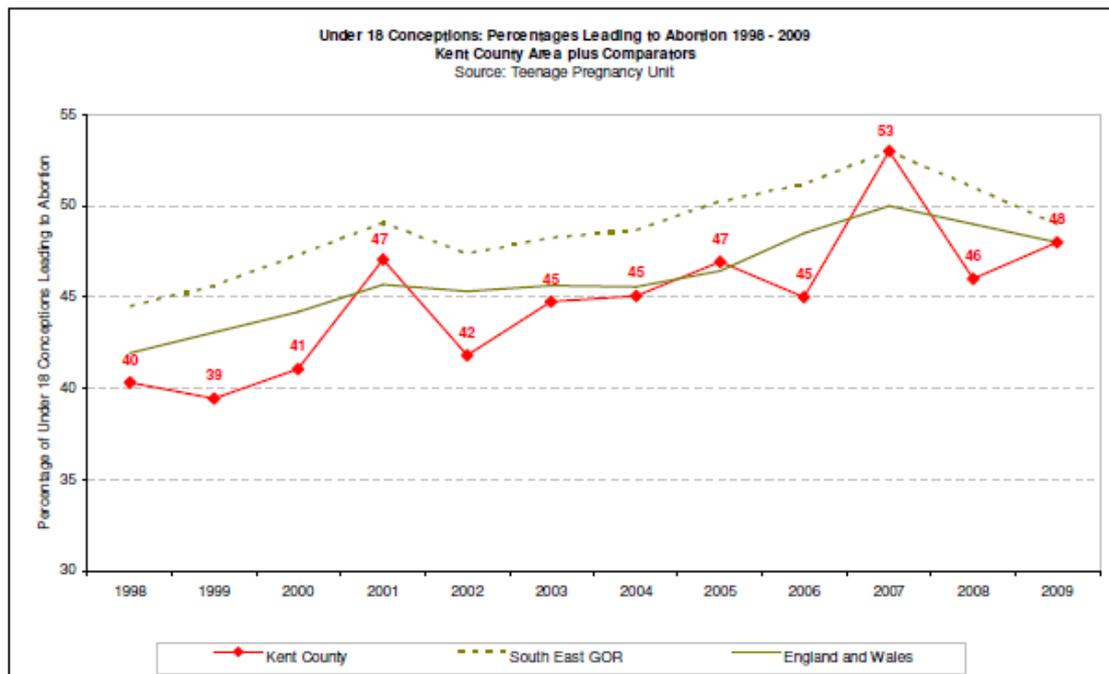
Area	1998/00		1999/01		2000/02		2001/02		2002/04		2003/05		2004/06		2005/07		2006/08		2007/09		1998/00 to 2007/09	2009/11 Target Rate
	No.	Rate / 1000	% change in rate																			
Ashford	258	49.2	267	48.7	266	46.3	246	41.5	243	40.2	258	41.8	282	44.1	286	43.7	272	40.9	265	39.9	-18.9	25.6
Canterbury	290	38.4	279	36.5	297	38.1	266	33.3	266	31.9	255	29.6	253	28.9	257	29.3	259	29.8	263	31.1	-19.0	19.8
Dartford	188	43.8	201	46.1	217	48.6	220	47.3	216	45.0	206	41.3	208	40.5	216	40.7	203	38.0	195	36.1	-17.6	19.6
Dover	260	44.8	243	41.4	231	38.9	211	34.6	244	39.1	246	38.1	276	41.1	255	37.2	264	38.1	249	36.4	-18.8	23.6
Gravesham	235	43.0	225	39.8	221	38.4	203	34.9	223	38.4	240	40.7	235	38.4	219	35.8	233	38.7	233	38.1	-11.5	21.6
Maidstone	248	32.2	256	33.8	268	35.9	257	34.9	267	36.2	273	36.0	299	38.2	293	36.8	299	37.9	279	35.7	10.7	15.6
Sevenoaks	168	27.5	144	23.5	139	22.6	139	22.4	145	23.2	148	23.2	155	23.2	180	26.4	182	26.6	174	25.7	-6.5	15.7
Shepway	270	53.9	273	54.2	269	52.6	277	52.8	252	46.0	256	45.2	242	41.7	250	43.4	252	44.9	256	46.6	-13.6	31.5
Swale	337	49.3	352	51.2	344	48.8	327	45.3	313	42.2	341	45.0	369	47.6	393	50.2	383	48.6	370	46.7	-5.4	22.5
Thanet	420	61.5	417	59.7	409	57.5	365	50.0	356	48.0	393	53.0	417	55.4	425	56.1	417	53.5	400	51.0	-17.1	29.6
Tonbridge and Malling	159	28.8	154	27.0	154	26.0	159	26.2	176	28.3	191	30.0	195	29.8	191	28.4	186	27.0	202	28.8	0.0	16.6
Tunbridge Wells	157	24.2	150	23.4	169	26.6	178	27.8	179	27.2	176	25.3	179	23.7	184	23.1	189	23.2	173	21.6	-10.9	14.4

## Terminations

- **Terminations in under 18's**

Nationally terminations have increased during the term of the strategy with a peak in 2007. A similar pattern is replicated in the South East and Kent. Notably the last two years demonstrate a decline in the percentage of young women choosing to terminate their pregnancies.

Area	% Leading to Abortion											
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Kent County	40	39	41	47	42	45	45	47	45	53	46	48
South East GOR	45	46	47	49	47	48	49	50	51	53	51	49
England & Wales	42	43	44	46	45	46	46	46	49	50	49	48



- **Terminations in under 18's terminations in districts**

The districts with the highest percentages of pregnancies leading to termination are in Dartford, Maidstone and Sevenoaks. In Ashford, Canterbury, Dover and Thanet a lower percent of young people chose to terminate.

- In Kent terminations are provided through one service provider based in Maidstone, and although access to termination has been explored as a possible mitigating factor in the difference in termination percentages there is no evidence to support this.
- Teenage pregnancy is strongly associated with disadvantage. Conceptions are less likely to be resolved in termination in disadvantaged communities in contrast to counterparts in wealthier areas. The Kent data demonstrates this; Thanet has significant deprivation, the highest conception rate and the lowest termination rate, whereas the more affluent Sevenoakes has one of the lowest conception rates and the highest termination rate. Pregnancy can be a calamity for those expected to become better educated, better skilled and to pursue a career. By contrast, motherhood can represent a rational and meaningful life option for young women with poor expectations.

Figure 9 Under 18 conceptions percentages leading to abortion 1998/00 -2008/09 Districts in Kent County

Area	1998/00	1999/01	2000/02	2001/03	2002/04	2003/05	2004/06	2005/07	2006/08	2007/09
Ashford Local Authority	36	39	36	40	40	46	47	51	49	47
Canterbury Local Authority	35	42	44	47	45	46	49	51	52	49
Dartford Local Authority	41	42	45	49	47	46	44	47	48	53
Dover Local Authority	38	42	45	44	41	39	36	40	42	47
Gravesham Local Authority	51	52	49	48	47	47	46	45	48	47
Maidstone Local Authority	46	44	44	47	46	50	50	55	56	56
Sevenoaks Local Authority	61	63	61	58	61	60	63	62	64	61
Shepway Local Authority	36	38	40	40	41	43	48	46	47	48
Swale Local Authority	38	41	38	37	36	42	42	43	42	44
Thanet Local Authority	31	35	36	35	35	38	39	40	38	38
Tonbridge and Malling Local Authority	48	47	52	54	53	54	52	57	53	55
Tunbridge Wells Local Authority	44	47	50	56	52	52	49	57	54	55

### Conceptions in Under 16's

Whilst the main focus of the reduction strategy is primarily upon the 15-17 year old group, it is important to highlight early conception rates since in the 13-15 year range. Incidence is often related to complex social circumstances.

- A study on pregnancies amongst 16 year old young women and younger (Allen et al 2007) suggests, notwithstanding the small numbers in the study, that relationships with parents, with the school as well as expectations for the future may have important influences on teenage pregnancies amongst this younger age group. Hosie's (2007) qualitative study further demonstrates linkages between a dislike of school, pregnancy and disengagement with education.

Table 3 Under 16 conception rate and percentages to abortion for England 1998-2009

Year	Under 16 conceptions	Under 16 conception rate*	Percent leading to legal abortion
1998	7,855	<b>8.8</b>	52.9
1999	7,408	<b>8.2</b>	53.0
2000	7,620	<b>8.3</b>	54.5
2001	7,407	<b>8.0</b>	56.0
2002	7,395	<b>7.9</b>	55.7
2003	7,558	<b>7.9</b>	57.6
2004	7,181	<b>7.5</b>	57.6
2005	7,473	<b>7.8</b>	57.5
2006	7,330	<b>7.7</b>	60.2
2007	7,718	<b>8.3</b>	62.0
2008	7,123	<b>7.8</b>	61.8
2009	7,100*	<b>7.5</b>	60.2

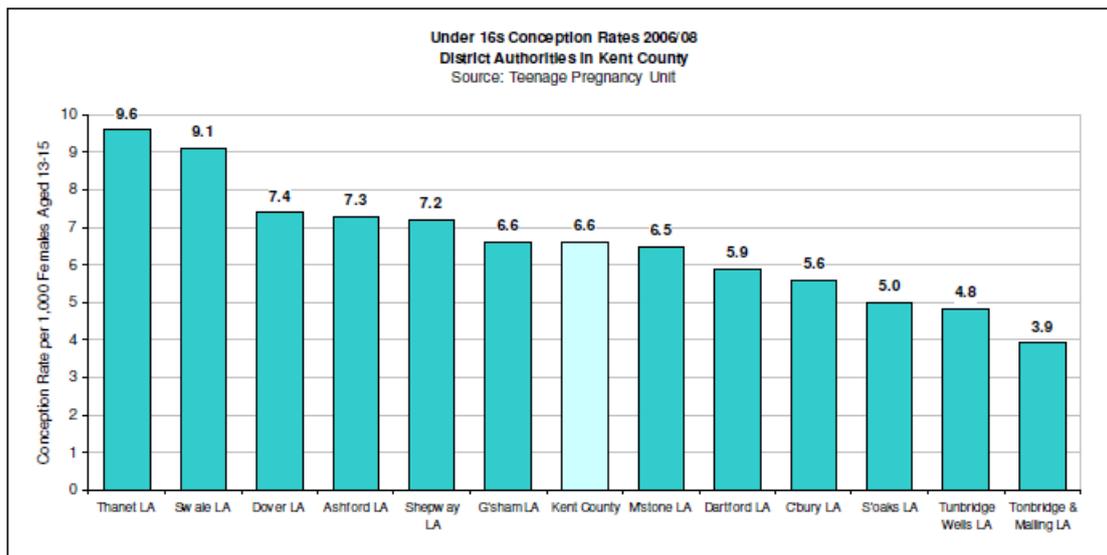
Source: Office for National Statistics and DfE, 201

\*per thousand females aged 13-15

\* to nearest 1000 2009 data are provisional

- The provisional 2009 under-16 conception rate for England was **7.5** per 1000 – a decrease of 4% from the 2008 rate, and representing an overall reduction of 15% from the 1998 rate of 8.8 per 1000.<sup>1</sup> The abortion rate is significantly higher in young women aged under 16 years and has increased during the term of the strategy.
- The districts with the highest under 16 conception rates correlate with the districts of highest under 18 conception rates.
- The highest rates are in the east of the county with the exception of Canterbury. The Kent rate is 6.6 per 1000 females 15-13 years. Conception rates in the 13-15 year age group have reduced by 13% since the 1998/00 baseline.

**Figure 7 District Under 16 Conception Rates 2006/08**

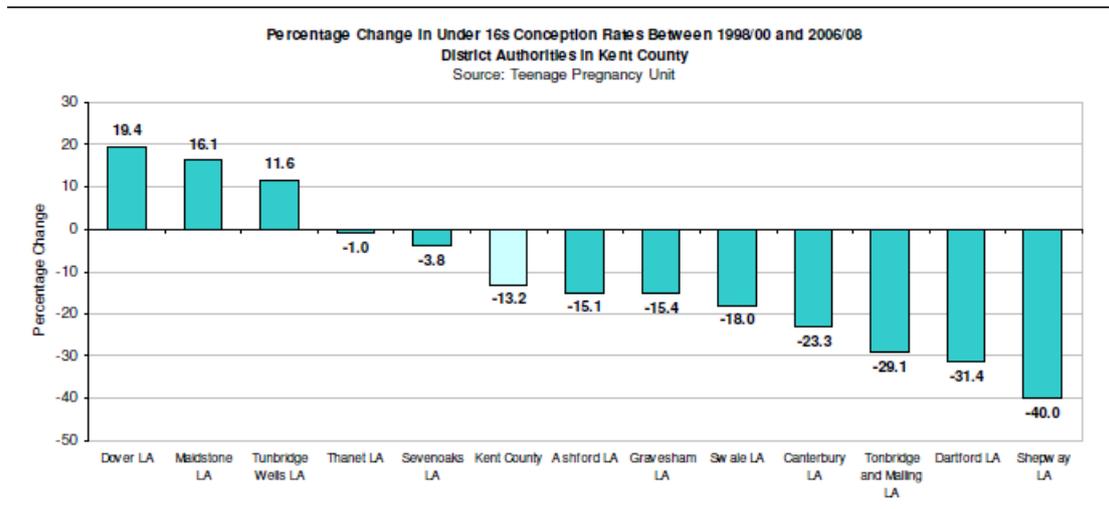


- Relative to England, the Kent rate has been consistently lower and there is a welcome downward trend which is greater than the somewhat marginal decline from an England and Wales perspective. There is a marginal reduction within the area served by NHS West Kent. Overall, the pattern in NHS Eastern and Coastal Kent is static (increases counter balanced by decreases between districts). The rates are unacceptably high, notwithstanding that the incidence is low relative to the totality of young people.

**Figure 8 Change in Under 16 Conception Rates between 1998/00 and 2006/08**

- The best reductions in under 16 conceptions have been made in Shepway (40%) and Dartford (31%) whereas latest data for Dover, Maidstone and Tonbridge Wells demonstrates increase.

<sup>1</sup> All changes in under 16 rate are approximate (calculated based on rounded rates)



### **3) Current services in relation to need**

The Kent Strategy was refreshed in 2010. It has four strategic priorities:

1. To support the development of young people's aspirations and life skills
2. To offer timely prevention, early intervention and support when and where young people need them
3. To develop the children's workforce so that they are competent and confident to offer appropriate advice and support to children and young people
4. To seek and respond to the information and advice we receive from children and young people and their families and enable them to shape our services

The priorities of the strategy informed the development of the Teenage Pregnancy Joint Commissioning Plan. The plan is led by Kent County Council Children's Commissioning Unit in conjunction with the Public Health Departments within the Council and the Kent Primary Care Trust. The nominated strategic lead for Teenage Pregnancy Strategy is the Director of Public Health.

Reducing teenage pregnancy has been a theme of the Kent Children and Young Peoples Plan. It is reflected in the needs assessments of the twelve Local Children's Trust Boards (LCTB). Each district has a Teenage Pregnancy Action Group which is a sub group to the LCTB and each has a related plan which reflects the county plan but is adapted to encompass differentiation of need between areas and ensure focus on local issues.

Actions to reduce teenage pregnancy are closely aligned with work to reduce rates of Chlamydia and address wider sexual health needs. There is close working between strategic and operational staff in the three fields. Linkages to other risk taking activity such as alcohol and drug taking are continually evaluated and considered in the commissioning of services.

**The detail below sets out actions against the strategic priorities**

- ***To offer timely prevention, early intervention and support when and where young people need them***

- The Kent Public Health Observatory publishes quarterly datasets of conception data using local maternity and termination data, this allows earlier tracking of progress. Using this data allows estimated conception figures with a 7 month time lag, as opposed to the 14 month time lag in the data published by the Office of National Statistics. The datasets include progress reports on service delivery at district level to support effective targeting
  - Young Peoples services are badged with a 4YP logo. An extensive network of 4YP services are offered through community clinics, youth clubs, pharmacies, housing foyers and education settings
  - Sexual health outreach nurses are based in each district; they work with groups or on a 1-1 basis with young people who do not access mainstream services. They engage with the most vulnerable young people and deliver education, services and behaviour change interventions.
  - Training is ongoing for GPs and nursing staff to increase access to Long Acting Reversible Contraception with a mobile service is operating in East Kent
  - The House on the Move bus offers sexual health advice and services and is proactively visiting high teenage pregnancy rate locations. Drug and alcohol information/intervention is delivered concurrently.
  - Thanet outreach nurses and midwives have successfully increased the numbers of post natal young mothers using Long Acting Reversible Contraception to 50%. Sexual health Outreach Nurses in all districts are aspiring to engage teenage mothers in a contraceptive intervention on a 1-1 basis in the pre and post natal period
  - 30% of secondary schools now have health clinics on site
  - 9 sexual health clinics are on Further Education College sites
  - 53% of pharmacies now offer free Emergency Hormonal Contraception
  - The C Card Condom distribution scheme is extremely popular across the county and is delivered by a wide range of agencies working in community settings.
- **To support the development of young people's aspirations and life skills**
- The KIST screening tool and portfolio of interventions is in use by many front line workers. This screening tool identifies young people at risk of teenage conception and signposts to an appropriate intervention
  - Young people in Swale and Maidstone are delivering peer mentoring programmes in schools
  - Pinnacle Young Parent Workers are becoming embedded at local level within the preventative work of the Children's Centres
  - Over 35 Young Parent Support Groups are active across the county
  - 80 young people returned to education or training in 2010 following support from the Young Parents' Team
  - The Community Learning programme is offered through the Young Parent Support Groups to give young parents the opportunity to gain a level 1 or 2 qualification
  - 20 teenage parents are engaged in the Kent County Council apprenticeship scheme.
  - Supporting People grant has provided accommodation for 28 young parents and floating support on a 1:1 basis for 133 teenage parents.

- ***To develop the children's workforce so that they are competent and confident to offer appropriate advice and support to children and young people***
  - Kent has a teenage pregnancy pathway which identifies the universal multi agency offer to young people who become pregnant
  - A Relationship and Sex Education Quality Mark has been developed to identify schools that are delivering a high standard of relationship and sex education. Some schools have achieved this and others are currently undergoing assessment.
  - 25% of schools are receiving intense support to deliver high quality sex and relationship education
  - A Kent on-line sex and relationship resource toolkit is available
  - The Speakeasy programme has been highly promoted in Kent. A new non accredited programme called Family Life has recently been developed and is being rolled out to parenting practitioners
  
- ***To seek and respond to the information and advice we receive from children and young people and their families and enable them to shape our services***
  - A survey of young peoples perceptions of access to services was undertaken in 2010 ( findings reported in *Users Views* )
  - Kent Children's Trust reference panel consulted with 40 young people to gain their views regarding teenage pregnancy
  - 28 young parents/young parents-to-be have been consulted in Ashford, Canterbury, Swale and Herne Bay and their views incorporated in the commissioning of services
  - All foster parents who have received the Great Expectations sex and relationship training have been consulted on its effectiveness and findings demonstrate it is necessary and helpful
  - The views of parents have been sought in relation to provision and content of sex and relationship education and teenage pregnancy. Parents were positive about intervention, and wanted schools to take a greater role in education provision.

#### **4) Projected service use and outcomes in 3-5 yrs and 5-10 years**

There is a continued drive to increase C Card points and Pharmacists engaging in the free emergency hormonal contraception scheme. The need for increased efficiencies and effectiveness will demand that services are scrutinized to ensure they are in the locations of greatest need. The possibility of increasing community access to hormonal contraception through pharmacists is currently being explored.

Young Peoples clinics in schools and in community settings are very well used. The HOUSE on the move mobile enhances service delivery to the areas with fewer services. This is a popular method of service delivery and it is hoped it can be expanded in the future.

The sexual health outreach nurses have an extremely high level of referrals. The KIST tool and intervention portfolio has been developed to enable front line workers to screen young people who are identified as risk taking and to offer low level intervention.

Estimated data indicates that teenage pregnancy rates are declining and there is strategic support to continue the momentum of the strategy. In the absence of a national target each district will set an individual reduction target and from this a county target will be established.

Some work on modeling may need to be added

## **5) Evidence of what works**

Much research has taken place over recent years, including that in counties in the UK where reductions have been significant.

The essential preventative factors are

- the delivery of high quality sex and relationship education in schools supported by parental discussion at home
- extensive and appropriate provision of young people friendly services which provide opportunities for a young person to discuss their situation and receive contraception if that is their choice

Other very significant factors are

- targeted support for those identified as risk takers, primarily from youth services and schools with signposting to services
- strong leadership of the strategy
- high quality support for young parents with emphasis on preventing a second pregnancy
- targeting of young people at risk of teenage pregnancy including looked after children, young offenders and young people disengaged from education.

The following national documents have been written during the course of the strategy and detail information regarding best practice and what works to reduce teenage conceptions (control + click on link below to full document or go to

<http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0066808/teenage-pregnancy-guidance>

### ***Teenage Pregnancy Strategy: Beyond 2010***

Sets out the progress that has been made in reducing England's teenage pregnancy rate between 1998 and 2008; presents a review of the evidence-base on what works in reducing teenage pregnancy rates, including examples of effective practice in local areas.

### ***Teenage Pregnancy Independent Advisory Group final report (2010)***

*Teenage Pregnancy: Past successes – future challenges* is the final report from the Teenage Pregnancy Independent Advisory Group (TPIAG) which for 10 years advised Ministers on reducing teenage pregnancy and improving support for teenage parents. The report says that over the past decade there has been significant progress in reducing teenage pregnancy, but there have also been missed opportunities - while England's under-18 pregnancy rate is currently at its lowest level for 20 years, it is still unacceptably high.

### ***Getting maternity services right for pregnant teenagers and young fathers*** (revised November 2009)

This guide was first produced in 2008 by the Department and DH. It has been revised with the help of the Fatherhood Institute, following feedback from midwives and other maternity workers who wanted more guidance on engaging young fathers.

***Teenage parents: Who cares? A guide to commissioning and delivering maternity services for young parents*** (2nd edition) (2008)

The revised edition of this guide, published jointly by the Department, the Department of Health and the Royal College of Midwives in 2008, contains practical pointers as to how commissioning and delivery of maternity services for young parents can be achieved, with case studies of successful services. It places renewed emphasis on multi-agency working in the commissioning and delivery of services.

***Targeted youth support and teenage pregnancy - working together to reduce teenage pregnancy rates and support young parents*** (2008)

***Lead members for children's services briefing on teenage pregnancy*** (2008)

Summary of key points in relation to: progress in reducing teenage pregnancy rates; what works; and what action lead members can take to challenge and support local teenage pregnancy strategies.

***You're welcome quality criteria - making health services young people friendly*** (2007)

Department of Health guidance to making health services young people-friendly.

***Improving access to sexual health services for young people in further education settings*** (2007)

Sets out the rationale for, and examples of good practice, in relation to the provision of contraceptive and sexual health in FE colleges.

***Multi-agency working to support pregnant teenagers*** (2007)

This midwifery guide, jointly published by the Department, the Department of Health and the Royal College of Midwives, highlights effective practice on issues of confidentiality and sharing information about individual teenage mothers.

***Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trust on Improving Outcomes for Teenage Parents and their Children*** (2007)

It describes the poor outcomes to which teenage parents are at risk and sets out measures that can be taken locally and what is being done nationally to improve these poor outcomes.

***Teenage pregnancy next steps: Guidance for local authorities and primary care trusts on effective delivery of local strategies*** (2006)

This guidance for LAs and PCTs gives advice on what works in areas with declining rates and which confirms the evidence base for reducing teenage pregnancies. It highlights seven key factors to help reduce rates including active engagement of mainstream delivery partners, a strong senior champion, accessible young people-

centred contraceptive and sexual health advice services, and priority being given to developing comprehensive sex and relationship education programmes.

***Teenage pregnancy: Accelerating the strategy to 2010*** (2006)

Accompanying guidance to *Teenage pregnancy next steps*, showing how local areas need to develop strategies taking account of what has worked in areas with rapidly declining rates.

***Enabling young people to access contraceptive and sexual health information and advice*** (2005)

Guidance for Youth Support workers.

***Enabling young people to access contraceptive and sexual health information and advice*** (2004)

The legal and policy framework for social workers, residential social workers, foster carers and other social care practitioners.

## **6) Engagement**

In Kent the following work has been undertaken to engage service users in the planning and commissioning of services.

- **Young Peoples Perceptions of the provision of confidential sexual health advice and services in Kent. This survey was undertaken by BMG and the results were published in March 2011**

This was survey of young people aged 13-17 years. 458 responses were received from males (40%) and females (56%), not stated (4%) across Kent. Findings were as follows:

- 70% recognition of logo, young parents least likely to do so, and recognition in most deprived areas good, older group better recognition. No significant ethnicity difference
- 43% had heard of 4YP services, good knowledge in deprived areas but only 25% young parents and fewer young men
- 10% had used 4YP website and 87% found it helpful
- 78% had received advice re contraception and sexual health in past year, those in the Connexions groups were least likely to have, also
- males and those with disabilities
- 71% learn about contraception and sexual health though friends, 70% learnt something from school sources (although regarding school education most learnt a little rather than a lot and 21% learnt nothing at all from school sources), lower learning in BME groups (26%)
- Trusted sources for information were friends, sexual health outreach workers, youth workers doctors/nurses and parents. For sexual health just 10% trusted parents but for sex or relationship information parents were a trusted source
- Re sex and relationships the most trusted sources were partners for boys and friends for girls
- 90% had enough information on most issues, esp. condoms, growing up and development but 1 in 6 wanted more info on feelings and emotions and 1 in 5 on other types of contraception, emergency contraception or unwanted pregnancy, particularly the young age groups

- 85% satisfied with advice and information available to young people, 5% dissatisfied, most dissatisfied were those with learning disability
- 26% had changed behaviour following an intervention from a worker
- 58% has accessed C card points, half had accessed a dr/nurse/clinic or pharmacy service, Youth workers, 25% had accessed HOUSE, 17% has accesses Marie Stopes ( a termination provider but also an independent C Card point)
- Majority rated C Card as good overall and liked youth workers for advice and information
- Majority rated clinics positively but opening times and privacy is an issue for some
- 11% rated services from drs/nurses/pharmacists as poor
- Barriers to accessing services –being young, embarrassment is the most common barrier, fears regarding medial examinations, confidentiality/parents finding out, BME backgrounds and gender of staff
- 60% said easy to get contraception is needed- 4% said difficult and some groups i.e. those with learning difficulties, disabilities/longstanding illness and young parents
- Preferred access for condoms is chemists/shops (51%) then drs/nurses (35%) clinics (33%) youth workers (34%)
- 34% of females said GP had suggested LARC and half not using this said they would consider it, it was more likely to be mentioned to young parents
- 25% had made a behaviour change as a result of receiving information/advice, 23% in sexual health outreach services and change was related to condom use, contraception, alcohol intake

Other surveys and research are detailed below

- **NFER survey conducted through secondary schools (2010)**  
61% of young people reported that they did not receive enough information on relationships and 37% reported that they lacked adequate information on sexual health support/services
- **HOUSE Public Health Report Campaign for Young People in Kent (June 2010):** includes results of a consultation on sexual health services in Kent
- **National Foundation for Educational Research (NFER) 2009:** identified that in Kent two thirds of young people do not get enough information on relationships and one third do not get enough information on sexual health
- **Every Child Matters-exploring the needs of vulnerable young people in Kent (MORI research) 2009:** identified that young people want to develop life skills and specifically mention parenting. For some very vulnerable young people image is more important than the risks of certain behaviours
- **Maternity Matters Joint Strategic Needs Assessment Eastern and Coastal and West Kent PCTs 2008:** identified the need to encourage early access to services, discussion on contraception and improve multi agency information sharing
- **Assessment of Sex and Relationship Education (SRE) in designated target schools with recommendations for future action (2007):** reviewed SRE in thirty schools (which were identified as more susceptible to high teenage

conception) and concluded the delivery and content of SRE in the majority of the schools needs to be improved

- **Regular needs analyses undertaken by the Supporting People programme:** collates need\_data and identifies unmet housing related support needs in consultation with strategic partners

Research undertaken by Kent University:

- a) **A comparison of young peoples perceptions of relationships, sexual health teenage pregnancy between France and Kent (2007)**
- b) **A Survey of Teenagers views of Sex and Relationships Education and Sexual Health Services in Kent (2007)**
- c) **Teenage Parents' Experiences of Parenthood and Views of Family Support Services in Kent (2007)**
- d) **Looked after Children's Views of Sex and Relationships Education and Sexual Health Services in Kent (2007)**

### **7) Unmet needs and service gaps**

- Migration: there is an absence of information on the impact and needs of eastern Europeans, some districts have seen a significant change in the ethnicity within the population
- Young fathers; there is a lack of information on the demographics and specific needs of this group
- Looked after children and young offenders; although a vulnerable group there is no information on the levels of teenage conception within these groups in Kent
- Termination; there is one service provider operating from one location for the whole of Kent. Although it is likely that this impacts on a young persons choices there is no evidence to support this. To ensure equity there is a need to offer termination services in the east of the county
- There is disparity across the county in the number of sites offering implants (long term reversible contraception). With the increasing popularity of this contraceptive method with young people there is currently an inequity of service.

### **8) Recommendation for commissioners**

1. The actions with the Kent Teenage Pregnancy action plan should be embedded into the core work of partners from 2012.
2. Children's Centres should take on the main role for providing tailored support to teenage parents including the facilitation of provision of specific education programmes within the young parent support groups
3. All partners should adopt the Teenage Pregnancy Pathway to ensure parity of 'offer' to young people who may become young parents.
4. The Kent Children's Trust Board should issue guidance to governing bodies of schools advising of their statutory duty to safeguard children, promote their welfare and therefore co-operate positively with school nursing services and other initiatives that can contain and reduce the incidence of teenage pregnancy amongst young people of 16 and under.

5. All schools need to ensure proper Relationships and Sex Education (RSE) provision as a key part of the curriculum and should aspire to the Quality Mark for Relationship and Sex Education
6. PCTs should strive to increase access to services through the availability of emergency hormonal contraception (EHC) through community pharmacies and the C Card condom distribution scheme.
7. PCTs should seek to improve access to termination facilities, in particular for those parts of the county where travel to established centres is an issue.
8. PCTs should seek to increase sites offering to long acting reversible contraception to increase choice of access
9. Partners should seek to develop their workforce to enable operational staff to manage delivery of low level interventions to young people demonstrating high levels of risk taking behaviour.
10. There should be ongoing recognition of the relationship between the risks of teenage pregnancy and alcohol misuse amongst young people in the commissioning of interventions for young people

#### **9) Recommendations for needs assessment work**

Exploration of teenage pregnancy rates in specific vulnerable groups including looked after children, young offenders and BME groups

Further work on the demographics of partners of teenage mothers and the needs of young fathers

#### **10) Key contacts**

The lead for teenage pregnancy in the county is the Meradin Peachey, Director of Public Health, Kent County Council

Other contacts are

Ruth Herron, Senior Commissioning Officer with who has responsibility for the Kent Teenage Pregnancy Strategy

Chairs of the Teenage Pregnancy Sub Groups of which there is one per district

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## **11) References**

Allen et al 2007

Hosie's (2007)

Living on the Edge: sexual behaviour and young parenthood in rural and seaside areas (June 2004) Teenage Pregnancy Research Programme research briefing 2. Teenage Pregnancy Unit, DH