

The Teenage Pregnancy Strategy for England: what we did and what we've learned – with a focus on translating evidence into action

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The development of the Strategy

The reasons for a Strategy?



- ◆ **A key public health issue** of health and educational inequalities
- ◆ **Disproportionately poor outcomes** for young parents and their children: higher rates of **infant mortality, child poverty, poor parental mental health** and **low educational attainment**
- ◆ Approximately **75% pregnancies were unplanned** – with **46% ending in abortion**
- ◆ **Historically high rates** compared with similar Western European countries and **no sustained downward trend** since the 1970s

Identifying the reasons for the high rates



- ◆ **Ignorance among young people:** of fertility, contraception, asking for advice and the challenge of being a young parent

- ◆ **Mixed messages:** widespread sexual imagery in the media but stigma and embarrassment in asking for advice

“It seems like sex is compulsory, but contraception is illegal”

- ◆ **Low expectations:** limited educational and employment opportunities, particularly in deprived communities – making parenthood, rather than education or work, the passport into adulthood

A review of the evidence



- ◆ Provision of **high quality, comprehensive sex and relationships education** linked to **easy access to effective contraception** in youth friendly services
- ◆ **Universal and targeted**. SRE and contraception provision for all, with more intensive support for young people at risk, combined with additional motivation to delay early pregnancy – ‘**means and motivation**’
- ◆ **Dedicated coordinated support for teenage parents** – with more intensive support for the most vulnerable
- ◆ **No strong evidence for alternative approaches** - e.g. abstinence-based/benefit conditionality

Setting a clear goal and implementation plan

Setting a clear goal – with a sufficiently long timescale



- ◆ **To reduce England's under 18 conception rate* by 50% from 1998-2010** to bring the rate closer to comparable Western European countries
- ◆ **Local under-18 conception rate reduction targets** for each of the 150 local government areas.
- ◆ **Increase proportion of 16-19 year old mothers in education, training or employment** to improve outcomes for teenage parents and their children and **break cycle of disadvantage**

*Conceptions include maternities and abortions and are calculated at the age of the young woman at conception – not at age when she has the abortion or birth

A clear implementation plan



A 30-point action plan, with four themes

Joined up action: nationally, regionally and locally

Better prevention: improving sex and relationships education and access to youth friendly contraceptive services

A national **communications campaign** to reach young people and parents, with a national **free telephone helpline**

Coordinated support for teenage parents: pilot programme of dedicated advisor for teenage parents, starting during pregnancy and continuing postnatally.

'Hub and spoke' joined up structures



National government

- ◆ **Teenage Pregnancy Unit**
- ◆ **Government inter-departmental Teenage Pregnancy Board**

Regional government

- **9 Regional Teenage Pregnancy Coordinators**, supported by Directors of Public Health

Local government

- **150 Local Teenage Pregnancy Coordinators** in each Local Government area
- **Local Teenage Pregnancy Partnership Boards:** with representation from health, education, housing, social services, youth services and NGOs

A strategy for each of the 150 local government areas



- ◆ **National guidance** from the Teenage Pregnancy Unit
- ◆ **Local government strategies** developed by Teenage Pregnancy Partnership Board, led by **Teenage Pregnancy Coordinator**
- ◆ **Support for local areas** from national **Teenage Pregnancy Unit**, **Regional Teenage Pregnancy Coordinators** and **Independent Advisory Group** of external experts

Mid-Strategy review – 2005/6

Mid-strategy review



- ◆ Steady decline in national under-18 conception rate of 11% but **insufficient progress** to meet target
- ◆ **Wide variation in progress** between local areas
- ◆ The **national reduction in the under-18 conception rate would have doubled** if all 150 local areas had the same reductions as the top 25%

Mid-strategy review



- ◆ Government 'Deep Dive' in depth review **comparing 6 areas** with similar populations and deprivation: **3 with increasing rates** and **3 with declining rates**
- ◆ **1-1 interviews** with senior leaders, education, health and youth work service managers & **focus groups** with practitioners
- ◆ Questions focused on how the local area had **implemented the strategy actions**
- ◆ **Interview notes** compiled and compared

Mid-strategy review



- ◆ Areas with better reductions were **implementing all aspects** of the strategy guidance, supported by **senior leadership**
- ◆ Areas with slower progress were **implementing some aspects**, focusing only on **parts of the local area**, and **lacked senior leadership**
- ◆ The review confirmed the need for a **‘whole systems’** approach, **clear actions for different agencies** and **strong leadership** to have an impact on local rates
- ◆ Revised, **more prescriptive guidance** was issued to local areas setting out the **ten key factors** for an effective strategy

Translating evidence into a 'whole systems' approach: ten factors for an effective local strategy



The ten factors for an effective strategy: examples of national and local action

Sex and relationships education in schools



National Government action

- ◆ Department for Education **SRE guidance** for schools
- ◆ Provision of SRE included as a criteria for achieving **National Healthy Schools Programme** accreditation
- ◆ **Funded training** for local teachers and school nurses
- ◆ **Pupil involvement tool** to assess whether SRE meets their needs

Sex and relationships education in schools



Local action

- ◆ **SRE policies** for all schools, in line with national guidance
- ◆ **Training places prioritised** for teachers and nurses in schools with highest numbers of young people at risk
- ◆ Small group or 1-1 **SRE for young people at risk**
- ◆ **Pupil involvement tool** to assess whether SRE meets their needs, and inform improvements in SRE provision
- ◆ **Local Government funded SRE advisor** to support schools and share effective practice

Support for parents to talk about sex and relationships



National Government action

- ◆ **Campaign messages to parents – ‘*Time to Talk*’** - encouraging them to talk to their children about sex and relationships, with **posters/leaflets distributed to family doctors and pharmacies**
- ◆ **Government partnership with large parent support NGO** to provide **free helpline** for parents needing advice
- ◆ Funding for Family Planning Association to run **parent SRE programme – *Speakeasy*** - in local areas
- ◆ **Guidance for schools** on involving parents in SRE



University of
Bedfordshire

growing up
saying yes
saying no

Want help talking to your kids about relationships and sex?

pregnancy
safe sex

Contact Parentline Plus for help and support

Free helpline 0808 800 2222

Or look at our website

www.parentlineplus.org.uk

Parentlineplus
Because instructions aren't included



“timetotalk”

Support for parents to talk about sex and relationships



Local action

- ◆ **Support schools** in involving parents in SRE, in line with guidance
- ◆ **Display and distribute *Time to Talk* materials** in services and locations visited by parents
- ◆ Offer **Speakeasy programme, prioritising parents in high rate areas** and schools with high numbers of young people at risk
- ◆ **Train local practitioners to be Speakeasy** facilitators to make the programme sustainable

Easy access to contraception in youth friendly services



National Government action

- ◆ Department of Health **guidance on youth friendly services – *You're Welcome* quality standard**
- ◆ **Assessment programme** and **quality mark** for services meeting standard
- ◆ **Confidentiality and safeguarding guidance** for practitioners seeing younger teenagers, and **tool for spotting sexual exploitation**
- ◆ Guidance on establishing **clinics in schools & colleges**
- ◆ Guidance on reaching **boys and young men & condom distribution schemes**

You're Welcome criteria for youth friendly services



- **Easy to access:** in the right place, open at the right time
- **Well publicised:** in schools, colleges, youth settings
- **Confidential:** with clear messages for young people
- **Young people friendly environment**
- **Well trained friendly and welcoming staff**
- **Joined up working** with other services – either in one location or with referrals between agencies
- **Monitored and evaluated by young people** - ‘mystery shopping’ of services*

Department of Health You're Welcome quality criteria, endorsed by WHO

Easy access to contraception in youth friendly services



Local action

- ◆ Commissioning of contraceptive services meeting ***You're Welcome*** guidance, **with mystery shopping** by young people
- ◆ **Staff training** on confidentiality and safeguarding
- ◆ **Services systematically publicised** to all young people in schools, colleges and youth settings
- ◆ **Service information for all practitioners** working with young people, particularly those most at risk
- ◆ **Condom c-card distribution schemes** informed by consultation with young people, particularly young men

Targeted prevention for young people at risk



National Government action

- ◆ **Data** showing areas with higher than average rates
- ◆ **Summary of risk factors** to identify young people needing additional support
- ◆ **Guidance** on SRE and **sexual health outreach services**
- ◆ **Inclusion of teenage pregnancy risk factors** in other relevant policies and programmes – e.g. improving education attainment, young people in government care

Risk factors for pregnancy by 18



- ◆ **First sex under 16**
- ◆ **Family poverty**
- ◆ **Persistent school absence** by age 14
- ◆ **Slower than expected school progress** by age 14
- ◆ Young people in **local government care**
- ◆ Teenagers with a **previous pregnancy**

Targeted prevention for young people at risk



Local action

- ◆ Develop a **screening tool** for practitioners and services to **identify young people at risk**
- ◆ Appoint an **outreach team to provide 1-1, group and drop in sessions** in schools, colleges, youth projects, NGOs, **focusing on SRE, aspirations and contraceptive use**
- ◆ Provide **post pregnancy contraception** and follow up support for young women (and men)
- ◆ **Monitor pregnancy outcomes** of young people receiving targeted prevention, to inform further support

Workforce training in touch with young people



National Government action

- ◆ **Guidance for youth workers and social workers** on discussing relationships and sexual health and supporting young people to access contraception
- ◆ Awareness of **teenage pregnancy risk factors** included in the **core competencies of the children and young people workforce**

Workforce training for practitioners in touch with young people



Local action

- ◆ **Develop a training programme** on relationships and sexual health, including safeguarding: Tier 1 foundation for all staff to Tier 4 training for specialist advisers
- ◆ **Deliver the training programme** to all practitioners working with young people, **prioritising those working in areas with high rates**
- ◆ **Include discussion** about relationships and sexual health in the **job descriptions of practitioners**

Senior leadership to monitor actions and progress: a vital ingredient!



Progress so far: 1998-2013

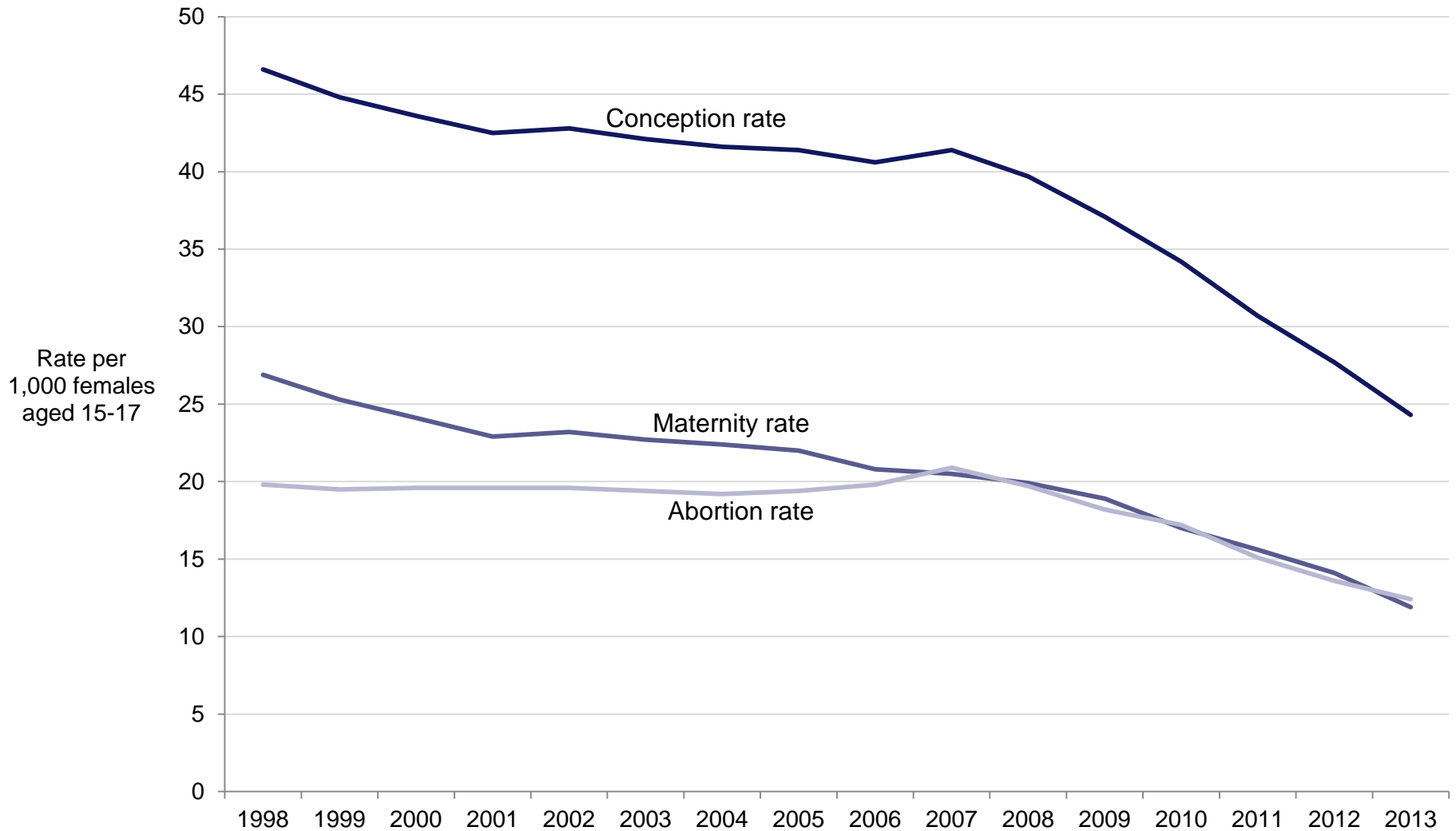
England progress: 1998-2013



- **48% reduction** in under 18 conception rate – from 46.6/1000 15-17s to 24.3 – **lowest rate since 1969**
- **All local areas now showing reductions**, including those with previous slow progress
- Both **maternity and abortion rates now declining**

Accelerated progress since 2008 with **benefits of time**, more **prescriptive guidance** and **contraceptive investment**

Significant progress – but more to do to reach original 50% target



Proxy indicators of progress



- ◆ **Upward trend in the proportion of young people reporting school as their main source of SRE** – and an association with later age of first sex and reduced risk of pregnancy before 18 and non-volitional sex (National Survey of Sexual Attitudes and Lifestyles)
- ◆ **A doubling of youth contraceptive sessions: 1998-2010** (Department of Health routine data set)
- ◆ **Significant expansion in school & college based contraception clinics** (Survey data)
- ◆ **An increase in young people choosing long acting reversible contraception 2008-10 from 24% to 28%** (Department of Health routine data set)
- ◆ **Large increase in educational attainment at 16** (Department of Education routine data set)

Significant progress, but more to do!



- ◆ **Rates remain higher** than Western European countries
- ◆ **Local progress varies** and inequalities persist
- ◆ Some young people continue to report **inadequate SRE** and **barriers accessing contraception**
- ◆ As rates decline, those choosing teenage parenthood have **more vulnerabilities**
- ◆ **Strategy ended but Government focus continues:** the under-18 conception rate is an indicator in the **Public Health Outcomes Framework** and reducing rates is a priority in the Department of Health **Sexual Health Policy Framework**. Some support for local areas provided by PHE.

Key elements of success



- ◆ National and local **targets** and **sufficient time**
- ◆ Consistent **promotion of the evidence**
- ◆ **Translating evidence** into local guidance – with **clear actions** for all agencies for a whole systems approach
- ◆ **Good national and local data** for performance management
- ◆ **Joined up national, regional structures** to support local delivery
- ◆ **Senior leadership** at national and local level to **challenge the acceptance of high rates** and highlight how addressing teenage pregnancy **contributes to improving long term outcomes** for young people and their children

What could we have done differently?



- ◆ Made **sex and relationships a compulsory part of the school curriculum** as part of the Strategy to ensure teacher training, curriculum time and more consistent provision
- ◆ **Provide more prescriptive guidance from the start** to establish the ‘must do’ actions in all areas and reduce variation in delivery
- ◆ **Establish a national annual survey of young people** to monitor improvements in SRE, access to contraception and identify any barriers – which could also be used by local areas
- ◆ **Proactive work with the media to explain the strategy** and its benefits to the health, wellbeing and economic prosperity of young people and future generations

For more information:



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