Lincolnshire JSNA: Teenage Pregnancy

What do we know?

Summary

Teenage pregnancy rates in Lincolnshire have continued to drop in line with national and regional rates. Nevertheless, we continue to have areas within the county where the levels of teenage pregnancy remain significantly higher, these being East Lindsay, Boston and Lincoln City.

The Teenage Pregnancy Team's performance over recent years has proved to be cost effective in preventing pregnancy within this vulnerable group. However, work will continue to be focused on the populations within the coastal and city areas to specifically reduce their rates.

Facts and figures

The latest figures indicate Lincolnshire has 37.5 conceptions per 1000 of 15 – 17 year olds.

These levels of teenage pregnancy are below both the national average of 38.2 per 1000 for England and the East Midlands rate of 37.7 per 1000. (This most recent data is for 2009)

Nevertheless, there are key areas within the county which demonstrate significant and consistently higher rates, as these areas and rates for conceptions are:

- East Lindsey has 43 conceptions per 1000
- Boston has 54 conceptions per 1000
- Lincoln City has 61 conceptions per 1000

The under 16 conception rate in England has dropped from a rate of 8.8 / per 1000 13 to 15 year old females in 1998 to 7.5 / per 1000 13 to 15 year old females in 2009. The percentage of conceptions leading to abortions in this age group has risen from 52% to 60.2% between 1998 and 2009.

Trends

Since 1998 baseline rate was recorded at 50.1 per 1000, the subsequent data has reduced substantially by 12.4 per 1000 to the current rate of 37.7 per 1000. It has been acknowledged that the rate in 1998 was higher than expected. The overall reduction in the under 16 years conception rate in England has fallen by 15% since 1998.

There has been some fluctuation over the years, although, with the small numbers involved this would be expected.
Targets

The Lincolnshire target for 2009 (the most recent available data) is 27 per 1000 of 15 to 17 year olds, therefore, the actual Lincolnshire rate of 37.5 per 1000 is 10.5 per 1000 above plan.

Nevertheless, the National and East Midland rates are 38.2 and 37.7 per 1000 respectively. More realistic Three year projections have just been submitted to the Strategic Health Authority (SHA) for approval, in line with national and regional rates:

- For 2012 - 36.5 per 1000
- For 2013 - 36 per 1000
- For 2014 - 35.5 per 1000

Performance

The National Tackling Teenage Pregnancy targets were measured between 2000 and 2010. The Children and Young People Strategic Partnership continue to monitor the NI 112 and VSB08 vital signs performance targets. This is monitored for any change, the reasons for that change and what the mitigating circumstances may be.

If under 18 conception rates had stayed at the 1998 level, there would have been a cumulative total of 42,000 additional conceptions.

The financial impact of a teenage pregnancy is £19,000- £25,000 over three years, according to the Department of Education and Skills in 2006.

The cost per annum of a young person registered for C Card is £15.08, which is equivalent to £1.25 per month. This can be compared with a first visit at genito-urinary medicine (GUM) clinic at £139 and a follow up cost of £81. An annual cost of a patient with the Human Immunodeficiency Virus (HIV) is between £8,000 - £10,000.

C Card Evaluation Report Sept 2010
What is this telling us?

Summary

The Teenage Pregnancy team provide:

- Preventive services through C Card, emergency hormonal contraception and information
- Support young women and men during and after pregnancy
- Support to get young parents back into education, employment and training

The health inequalities which result from teenage pregnancy are twofold; affecting both the young parents and their child. It is therefore clear that the current reduction in teenage pregnancy rates needs to be continued through effective planning using multiagency and service user input.

Working more closely with Healthy Schools, Sexual Health, Chlamydia and School Nursing Teams will provide a coordinated approach to tackling teenage pregnancy across Lincolnshire. This will include joint provision of services and integrated action plans.

Local views

Comprehensive evaluation of the C Card Scheme 2009/10 including feedback from young people is now available.

The Young Expectant Parents (YEP) evaluation is currently taking place, the early findings from the evaluation indicate that young parents to be would not engage with mainstream services unless there was specific intervention, and would only continue to engage if targeted specific programmes continued postnatal.

A full evaluation of the Life Choices and Go Girls courses delivered in schools during 2009-2010, has been carried out by International Centre for Guidance Studies, University of Derby, and is available.

Social Marketing project is being piloted, the key findings from the project so far include:

- Two thirds of young women are not in the “Not in Education, Employment or Training” (NEET) prior to their pregnancy,
- Three wards in Lincoln have a higher than average number of mothers who are NEET.

The expansion of Young Expectant Parents and Moving On would support teenage parents to move back into Education, Training and Employment.
National and local strategies

Teenage Pregnancy Strategy Beyond 2010


All previous TTP action plans are on the LRO website

Current activity and services

- **Targeted support and counselling** offered to teenage mothers and their partners; resulting in: 29.8% of teenage mothers recorded as in education, employment and training (2010 figure)

- **Training Packages offered**: 480 professionals have completed Delay training as part of workforce development, 60 professionals are on a waiting list. There are 14 teachers/trainers currently trained to deliver Life Choices, Making Men and Go Girls. There are 40 professionals trained to deliver Young Expectant Parents accredited training course. There is a waiting list of professionals to deliver the accredited Moving On postnatal course.

- **CCard**: Over 16,000 young people (aged 13 – 19 years) registered to C-card condom scheme. There are 740 professionals trained in Lincolnshire to deliver C-card with a further 53 on the waiting list. In total there are 183 agencies delivering C-card across the county

- **Emergency Hormonal Contraception**: 40 Pharmacists across Lincolnshire are providing free Emergency Hormonal Contraception for young people aged 13 – 19 years

Key inequalities

There are key areas within the county which demonstrate consistently higher rates: East Lindsey, Boston and Lincoln City rates are significantly higher than the rest of Lincolnshire at 43 / 1000, 54 / 1000 and 61 / 1000 respectively. Interventions are specifically targeted towards these higher risk areas.

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birth-weight which impacts on the child’s long term health.

Teenage mothers are three times more likely to experience poor emotional health and wellbeing and are more likely to suffer from postnatal depression and experience poor mental health for up to 3 years after the birth.

There is a 50% reduction in breastfeeding rates for teenage mothers

Teenage parents and their children are at an increased risk of living in poverty, low educational attainment, poor housing and health and have lower rates of economic activity in later life.

Department of Health, Teenage Pregnancy Research Programme Briefing (2004): Long Term Consequences of Teenage Birth for Parents & their Children

More information can be found on Lincolnshire County Council’s Children’s Services Website:

http://microsites.lincolnshire.gov.uk/children/section.asp?docld=93897

### Key gaps in knowledge and services

Integrated working with other agencies and teams who are providing a similar service, working together more efficiently will improve outcomes.

The Sexual Health Needs Assessment April to September 2011 will help to identify need and inform future commissioning of services.

### Risks of not doing something

Possible increase in teenage pregnancies and in sexually transmitted infections

Key early intervention with those most vulnerable young people will be withdrawn, which may result in poorer outcomes for the most vulnerable families.

Limited opportunity to work with key partners and to provide a holistic service to young people and their families to prevent risk taking behaviour and unplanned teenage pregnancy.

Without a dedicated communications strategy young people, parents and key professionals will not have the information and knowledge to make informed choices and decisions about teenage pregnancy issues.

No specific specialist role to support Big Society initiatives especially in relation to Voluntary and Third Sector partners. Removal of early intervention and likelihood of increased unplanned teenage pregnancy.

Possible increase in second teenage pregnancies

Loss of expertise resulting in lack of knowledge and skills for professionals working with young people, particularly those at risk of abuse, coercion and teenage pregnancy.

Inability to meet the targets set by the Public Health White Paper, ‘Healthier People, and Healthier Lives’.

Loss of opportunity for early one to one intervention in promoting choice and introducing the Delay concept.

Loss of opportunity to engage with young men

### What is coming on the horizon?

The Department of Health's National Support Team for Teenage Pregnancy no longer exists and national and regional leadership will no longer be available to local teams. The reduction in Lincolnshire County Council funding of many youth services will impact on the breadth of interventions available to young people.

NHS Lincolnshire Public Health Directorate plans to widen support to work closely with: Healthy Schools, Sexual Health, Chlamydia and School Nursing Teams to provide a coordinated approach to tackling teenage pregnancy across Lincolnshire.
The Sexual Health Needs Assessment April to September 2011 will help to identify need and inform future commissioning of services.

What should we be doing next?

Focus on early intervention with a particular emphasis on Primary School provision

- Work with NHS Lincolnshire to support the emerging focus on primary care commissioning
- Work closely with parents and communities to empower them to support young people to reduce negative risk taking in relation to their sexual health
- Emphasis on the impact of early sexualisation on children and strategies on how to Safeguard
- To develop training to provide skill and knowledge for the workforce particularly those working with the most vulnerable families
- Opportunity to increase impact of Big Society by engaging more with volunteers and 3rd sector
- Specialist support to TAC/CIN process
- Widen scope to support broader age range linked with Locality Teams working closely with: Healthy Schools, Sexual Health, Chlamydia and School Nursing Teams to provide a coordinated approach to tackling teenage pregnancy across Lincolnshire.
- The Sexual Health Needs Assessment April to September 2011 will help to identify need and inform future commissioning of services.