1. Purpose of report

1.1. The purpose of this report is to provide an update on the progress of the Teenage Pregnancy Programme in Lewisham.

2. Summary

1. The Teenage Pregnancy Programme is facilitated through partnership delivery through a range of agencies (including schools and colleges, the Youth Support Service (YSS), voluntary and community sector, housing providers, social care and health services such as the Family Nurse Partnership (FNP) and sexual health clinics, working to a joint strategy of the Children and Young People’s Partnership. The strategy adopts Lewisham’s early intervention approach including the use of a common assessment framework and team around the child/family methodologies to ensure support to all young people. This ensures that work to reduce teenage conceptions and support young parents is closely linked to other risks and vulnerabilities. Whilst the strategy has a number of specific activities, success in meeting targets is clearly linked to the wider activities of the partnership. This paper seeks to provide an update on the programme and consider some of the key elements of delivery.
3. Targets and Performance

3.1. Since Quarter 1 2008, Lewisham has had a consistent downward trend in the conception rate for 15 to 17 year olds measured per 1,000 population, see Figure 1. Rates are moving towards the target of a 50% reduction from our 1998 baseline of 80.3 per 1,000 between 1998 and 2010, as set by the National Teenage Pregnancy Strategy and amended locally to be achieved by 2015.

3.2. Lewisham reached a reduced rate of 48.6 per 1,000 in 2010, which is a 39% reduction, a move from 311 conceptions to 198. This was the 6th highest reduction in London between 1998 and 2010. When compared to our geographic neighbours, Southwark had a similar reduction of 38.9%, Lambeth had 31.9% and Greenwich achieved a reduction of only 7%. Haringey and Redbridge both had an increase between this period 3.9% and 17.4% respectively. Only Kensington and Chelsea achieved the 50% reduction and the remaining boroughs within the top 5 were: Tower Hamlets (45%), Camden (43.8%), Ealing (42%) and Merton (40.4%). We also performed well in London in previous years, with the 3rd highest reduction between 2008 and 2009 and the 11th highest reduction between 2009 and 2010.

3.3. The rate for Quarter 1, 2011 of 33.9 per 1,000 represented the lowest quarterly rate since 1998 with the current rolling average (Quarter 4 2010 to Quarter 3 2011), equalling 41.3 per 1,000, representing a 48.5% reduction against the 1998 baseline.

3.4. Whilst this still keeps Lewisham within the worst quartile nationally, the ongoing improvement places us much higher within this bracket with full year 2011 figures, released in late February 2013, expected to show a continuation of the downward trend.

3.5. One of the challenges with monitoring the teenage pregnancy data is the unavoidable time-lag between the release of data and the period of time it reflects. The ONS usually release data around 14 months afterwards because the record of a birth or termination can only be made when information is received. Birth registrations can legally be recorded up to 6 weeks after a baby is born so this information can be received 11 months after the conception. The ONS require 3 months to compile the statistics before they are released. The Partnership is however looking at the practicalities of gathering more frequent data to enable midway monitoring by the Teenage Pregnancy Board.
4. Local Context

4.1. Lewisham has a large population of young people accounting for 24.5% of all our residents. In 2011 there were 18,942 13-18 year olds, of which half (9,432) are female. The number of females aged 15-17 the population related to teenage conception data and our targets is 4,612.

4.2. Risk factors for teenage pregnancy for both genders include early onset of sexual activity, poor contraceptive use, conduct disorders, involvement in crime, alcohol and substance abuse, low educational attainment, disengagement from school, living in care and being the child of a young mother (HDA, 2004, Fatherhood Institute, 2010). Young fatherhood is specifically associated with neglect, physical and sexual assault, incest and childhood aggression (ibid, 2010). Young motherhood is also closely associated with low parental aspirations, previous teenage motherhood and repeat abortions (ibid, 2004).

5. Policy Context

National Policy

5.1. The Coalition Government is due to publish a new national Sexual Health Strategy in 2013, which should provide further details of ongoing expectations for local authorities and the NHS with regards to teenage conception and sexual health.
5.2. In December 2011, the Coalition Government published Positive for Youth: A new approach to cross-government policy for young people aged 13 to 19 which stated that reducing teenage pregnancies and sexually transmitted infections and improving outcomes for teenage parents form a key part of local areas’ work to tackle child poverty and address health inequalities. There is a strong evidence base on successfully preventing under-18 conceptions and supporting teenage parents.” (page 48, DfE, 2011). Teenage pregnancy is also firmly embedded in the national Child Poverty Strategy (DfE, 2011).

5.3. The government grant for young parents to pay for childcare whilst they are participating in education and work-based learning, Care2Learn continues (Positive For Youth, 2011).

5.4. Personal, Social and Health Education (PSHE) to which Sex and Relationships Education (SRE) is part (and is key to equipping young people with skills to support their decision making), did not become a statutory subject in April 2010 as it was not included in the Education Bill. However, the Schools White Paper released in November 2010 stated the importance of this subject. Currently, maintained schools are required to provide an up-to-date SRE policy and include sex education within their Science Curriculum, but Academies are not.

Local Policy

5.5. Teenage pregnancy remains a local priority across the Children’s Partnership and is reflected in the Children and Young People’s Plan 2012-15 under BH3: Further reduce teenage conceptions and the rate of sexually transmitted infections.

5.6. Sexual health is a local public health priority and from December 2013 strategic leadership for teenage pregnancy will move from CYP to Public Health. From April 2013, Public Health will be integrated with the local authority and be responsible for the commissioning of sexual health services.

6. Activity and Impact

6.1. In the financial year 2012-2013 to date, the Lewisham Teenage Pregnancy Programme has maintained a variety of work summarised below. The Teenage Pregnancy Board locally, ensure that all interventions in the local Action Plan 2012-2014 are evidence-based and follow guidance from the former DCSF, the DoH and
DfE. No single intervention alone impacts on the reduction of teenage pregnancy, instead the strategy covers a range of interventions (DCSF, 2009) as seen in Figure 2.

![Diagram of 10 Factors for effective delivery of teenage pregnancy prevention](image)

**Figure 2: 10 Factors for effective delivery of teenage pregnancy prevention**  
*Source DCSF & DOH, 2006*

Using a local media and campaigning strategy to ensure all young people are aware of the range of services

6.2. Since 2010 Lewisham have maintained a campaigning strategy including the addition of new young people focused web presence [www.b-involved.org.uk](http://www.b-involved.org.uk) which includes a developing advice and guidance section and clear pathways to support. We have also added a twitter feed #lewishamyp and a facebook group which we use to promote initiatives. In addition the Sexual health service has its own website [www.kisp.org.uk](http://www.kisp.org.uk) the promotion of which is supported across the partnership and by more general young people focused support.

6.3. Alongside this virtual presence 2012 saw the re opening of Baseline in Lewisham town centre as a one stop advice drop in centre, this included specific nights with partners offering support around SRE and to young parents as well as continual NEET support and access to targeted key work. The centre continues to be widely publicised along with all youth service settings. Other promotional activity has seen the dissemination of youth focused ‘Z-card’ leaflets detailing locations to access
contraception, EHC and sexual health clinics. These are widely available through schools and youth provision.

6.4. We are currently looking at how to develop promotional activities as part of the youth service restructure and considering a pan London mobile c-card application and website which helps support young people’s access support around SRE and TP.

Improving Sex and Relationship Education provision in schools and community settings

6.5. Evidence shows that good quality sex and relationship education (SRE) is a protective factor in sexual activity with those who have had it are more likely to chose first sex at an older age (Kirby, 2007, UNESCO, 2009 and NICE, 2010) and also impacts on reducing the number of sexual partners in a lifetime and increasing condom and/or contraceptive use (ibid, 2007). SRE develops a range of skills around confidence, communication and decision-making and increases awareness of parenthood, contraception, sexually transmitted infections (STIs) and health relationships amongst others. A recent review of the SRE provision in 11 of the borough’s Secondary Schools revealed that a range of approaches and resources including websites and DVDs are used, with many schools having a named PSHE lead to plan and co-deliver the programme. Some schools involve external providers to deliver part or all of their SRE sessions and a few schools independently fund the SRE Team from the Sexual and Reproductive Health (SRH) service. In addition, parents rarely exclude their children from this subject.

6.6. It is crucial within Lewisham moving forward that we ensure all schools provide SRE. The recent SRE review revealed a gap in knowledge for some PSHE leads about approaches to challenging homophobia and tackling cyber bullying and a lack of consistency in the focus on and delivery of SRE. This has lead to a revamp of the Children’s Partnership bullying policy to include these issues and we will continue to support all schools to ensure provision of quality SRE.

6.7. Support has been provided to parents and carers to be able to support their children with SRE. As looked-after children are one of the most at risk groups for young parenthood, a bespoke SRE training course was provided to all 150 foster carers within Lewisham through a nationally evidenced based course provided by FPA called ‘Speakeasy’. This is supporting over 60 parents across the borough, with options to achieve OCN Level 1 or 2.
Ensure all sexual and reproductive health (SRH) services meet the needs of local young people

6.8. There are 4 sexual health clinics operating across the borough within the Waldron Clinic in New Cross, Sydenham Green Health Centre, Hawstead Road Clinic in Catford and Downham Health and Leisure Centre. These services are open access and operate a fast-track service for under 20 year olds. In the last calendar year, 2,791 young people under 19 have been seen by the sexual health clinics, 2,153 were female, 638 were male. The clinics have provided emergency contraception (EHC) sometimes referred to as ‘the morning after pill’ to 739 women, 796 received the combined pill and 361 were fitted with contraceptive implants. In addition there are 19 pharmacies within the borough which provide EHC and in 2011-2012, 1,720 doses were provided to under 19s, which equates to 24% of all supplies. We are also establishing an abortion provider within Lewisham’s borders at the Waldron Health Centre in New Cross.

6.9. The number of under 19s using the 4 sexual health clinics in Lewisham have declined since 2010 when there was centralised funding for SRE within schools. This is being addressed through Public Health funding the School Nursing and SRH service to jointly offer SRE to Years 9 and 10.

6.10. In 2011, Lewisham joined the pan-London condom scheme and currently has engagement from 39 agencies including secondary schools, youth clubs, libraries, leaving care service and housing providers. There are currently 157 professionals trained to register young people and distribute condoms and 532 young people under 25 registered with the scheme and 3,499 condoms have been distributed since January 2012. NICE guidance from 2010, provided evidence which suggested that condom distribution with associated demonstration education was the most effective form of preventing unintended pregnancies. Whilst local promotion has taken place, with a launch at People’s Day in 2011, membership and distribution numbers have been lower than expected. Currently, options for increasing the promotion of this piece of work are being drafted to ensure this cost-effective health intervention operates at full capacity.

Maintaining a holistic provision of support for young parents

6.11. Workforce development has been a crucial part of ensuring Lewisham’s local teenage pregnancy strategy is holistic and this has led in 2012-2013 to a focus on
workforce development around supporting young parents. This included training the Keywork Team within the YSS to ensure support can be provided to their caseload to reduce subsequent pregnancies, provide support around housing and benefits specifically to this group and improve relationships between young parents and their families. Locally, young parents are over represented within the NEET (Not in Education, Employment and Training) cohort. With any increase in the number of young people who are NEET having implications for the numbers of young people that choose to proceed with pregnancies, as the opportunities are fewer, and welfare reform means they may be worse off financially than they would have been previously. This is then likely to have an adverse impact on the outcomes for their children.

6.12. The Youth Service continues to provide a range of targeted support programmes for vulnerable young people directly and through commissioning, this includes the Keywork Team which provides 1:1 support to young people with additional needs from 8-19 or up to 25 with additional needs. A front-line worker within the Teenage Pregnancy Team provides intensive 1:1 support to young women between 13 and 19 years old. This staff member has supported 17 young women, including 10 at risk of teenage conception, 5 pregnant (4 given pregnancy choices counselling and pre and post abortion support) and 2 young mothers this financial year. In addition, a young parents' drop-in, is provided jointly between the youth service and a Voluntary sector provider: Working With Men, to support clients of both genders around parenting, housing, benefits, emotional wellbeing, sexual health and related issues. This achieves greater awareness of this cohort to their rights to housing, benefits and access, improved access to mainstream services e.g. midwifery and Children’s Centres and a reduction in subsequent pregnancies.

6.13. The Lewisham Young Fathers’ Initiative, also provided by Working With Men, provides 1:1 and group work support to young and expectant fathers with parenting, relationships, access to their children, benefits and housing and other related issues. In 2012-2013 to date, the service has provided 70 young men with support, 21 of which were under 18 years old. Over a hundred (114) young people, including young mothers, were supported on a one-off basis with issues related to teenage pregnancy and parenthood. This has increased the number of young men and young fathers who have better access to their children, greater parenting skills and awareness of their rights which has a knock-on effect on their children, by increasing their development both socially and emotionally. We are now working to ensure greater
integration between young fathers support and mainstream services through respecification of the service.

6.14. The new Youth Service structure will see the teenage pregnancy programme move to Public Health. This will not affect mainstream activities e.g. sexual health services and the FNP which will continue to function. The YSS will also retain activities undertaken by the Teenage Pregnancy Team. To ensure all appropriate activity continues, those staff retained in the new structure will be trained to provide pregnancy decision-making and develop a range of other necessary skills.

6.15. The Family Nurse Partnership (FNP) is a licensed programme, with over 30 years of rigorous research from the US that has shown significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes including:

- improved early language development, school readiness and academic achievement
- improvements in antenatal health
- reductions in children's injuries, neglect and abuse
- improved parenting practices and behaviour
- fewer subsequent pregnancies and greater intervals between births
- increased maternal employment and reduced welfare use
- increases in fathers' involvement
- reduced arrests and criminal behaviour for both children and mothers.

6.16. The FNP has been active in Lewisham since January 2010 and is a borough-wide programme providing support to young women under 20 at the time of their pregnancy, who are at least 28 weeks gestation and are a first time parent. The current team are licensed to carry a caseload of 100 young parents at any one time. The first cohort of parents are now graduating from the programme, and the caseload of the family nurses will be 'topped up'. Funding for an extra two family nurses has now been agreed as part of the Health Visiting Expansion programme, in line with Department of Health policy.

6.17. The FNP Programme has achieved good outcomes to date with the current cohort having good breastfeeding rates (88%), good child and language development by second birthday, 97% immunisation rates, a lower number of subsequent pregnancies, lower number of children attending A&E and lower attrition rates compared to the national FNP average. The impact of these services is likely to
improve the health outcomes for children of young parents and increase the socio-economic position of young parents themselves, benefiting broader society.

6.18. Proposed changes to a midwife led birthing centre for only uncomplicated pregnancies at Lewisham hospital will see a likely decrease in the number of young women who give birth in Lewisham, this will make it increasingly difficult to gather local data about births to under 19s which is currently based around close links in place with the young peoples midwifery team and other local partners.

6.19. Locally, staff working with vulnerable young people, e.g. social workers will need to be aware of the alternatives to the current midwifery service and other changes over the coming months. This will be achieved through effective communication between health services and other agencies.

Involving young people in the development and review of provision

6.20. Young people are trained and supported to operate as mystery shoppers at sexual health clinics, EHC and for the condom scheme with findings fed into service development.

6.21. At the more strategic level, routine consultation and involvement of the Young Mayor and Advisors with officers across services who support TP reduction and young parents ensures young people are able to feed into the development of provision. This has led to a plan to set up a specific young people’s sexual health and substance misuse youth forum later this year. All involvement of young people with provision will be integrated into wider youth service youth participation activity, a core element of the new youth service structure.

6.22. An integral aspect of the FNP is the use of regular user feedback to ensure practice is continually evolved to best meet client needs. At the macro level regular FNP group engagement occurs including two service ‘birthday’ events that allowed young parents to directly feed into the ongoing development of the service.

7. Originator

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