

TEENAGE PREGNANCY INDEPENDENT ADVISORY GROUP FINAL REPORT

Teenage pregnancy: Past successes - future challenges

This is the final report from the Teenage Pregnancy Independent Advisory Group (TPIAG). For 10 years TPIAG has advised ministers and monitored the Teenage Pregnancy Strategy.

Over the past decade there has been significant progress in reducing teenage pregnancy but also missed opportunities and disappointments.

England's under-18 pregnancy rate is currently at its lowest level for over 20 years, but it is still unacceptably high. The evidence is clear that teenage parenthood results in poor health, under-achievement and low earnings for both the mother and her baby.

In 2000 we welcomed the launch of the Teenage Pregnancy Strategy but felt the timescale for halving under-18 conceptions by 2010 was too short. Teenage pregnancy is closely interlinked with poverty which is a major issue to tackle in just one decade.

Progress in teenage pregnancy is also dependent on a change in culture so that sex and relationships can be discussed more easily and it also requires a co-ordinated approach across all sectors.

But despite our reservations many local areas around England used the Teenage Pregnancy Strategy to achieve great success, with excellent support from the national Teenage Pregnancy Unit and the many dedicated professionals, including regional and local teenage pregnancy co-ordinators.

Some areas managed to reduce their under-18 conception rates by up to 45 per cent from the 1998 base line which proved the strategy worked when it was applied properly.

But some local areas failed to implement the strategy effectively and as a consequence their teenage pregnancy rate stayed high - or in some cases increased.

Has the Teenage Pregnancy Strategy worked?

Data

The data confirms that the strategy has worked. The rate of under-18 conceptions in England has fallen by 13 per cent from the 1998 base line to 2008.

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

In 2008 there were 38,750 conceptions in the under-18 age group. Since the start of the strategy, increasing proportions of young women have opted for abortion, with the most recent data showing that half of these under-18 conceptions are terminated.

In fact, the birth rate arising from under-18 conceptions fell by 25 per cent, indicating that early childbearing became less appealing despite there being more support for young parents.

Positive developments

- The strategy has resulted in better support for young parents with programmes such as *Care to Learn* which helps towards childcare costs so young parents can continue their education and training.
- The Family Nurse Partnership is also a very positive programme which helps first time young mothers and their partners to parent their babies, attend college or gain employment.
- The strategy has addressed the lack of appropriate housing for many young parents, including child poverty pilot schemes to try out different levels of supported accommodation.
- The number of school and college-based contraceptive and sexual health (CASH) services has increased enormously, giving more young people onsite access to vital information and confidential advice from health professionals.
- Ten thousand teachers, support staff and school nurses have been trained to deliver Personal, Social and Health Education (PSHE), although we still need many more qualified staff to cover all schools.
- Communications work has included innovative and award-winning advertising campaigns such as *Sex - worth talking about*. These initiatives contributed to a calmer debate and consensus for sex and relationships education (SRE) amongst parents, health professionals and young people.

We have noticed a significant and positive change in the culture resulting in more young people and their families becoming more confident to talk about sex and relationships. Professional groups including head teachers and school governors are increasingly supportive and the majority of media outlets are less likely to sensationalise their coverage of sexual health and teenage pregnancy.

The immediate challenges

Public spending cuts

The challenge for local areas is to maintain the current downward trend in teenage pregnancy during major reorganisation in the NHS, the removal of targets and at a time of reduced public spending. Existing provision must be reviewed and cuts made strategically and thoughtfully.

The major risk is that without explicit leadership and prioritisation of teenage pregnancy from central government, local areas will reduce the leadership and co-ordination of teenage pregnancy. It is truly shocking to hear about the current level of disinvestment, the loss of posts and projects and closure of CASH services.

Cost effective contraception

Health providers should be offering a full range of contraception, including long acting reversible methods, along with condoms to protect against STIs. TPIAG is very concerned that there is still a lack of 'young people friendly' CASH services across the country and too much variation in provision and quality.

Astoundingly clinics are not always open at times convenient for many young people or in places they can easily reach by public transport.

Local areas must also realise the cost benefits of reducing teenage pregnancy. Every £1 invested in contraception saves the NHS £11 plus additional welfare costs, which is a powerful economic argument for maintaining contraceptive services.

If local areas stop investing in teenage pregnancy prevention they will face much bigger costs within the same financial year.

Improving SRE

The last government's failure to make SRE part of the national curriculum was inexcusable, especially considering the overwhelming consensus of support amongst teachers, health professionals, school governors, parents and young people.

Good SRE taught by trained professionals gives children and young people the knowledge and life skills to resist peer, partner and media pressures and to understand issues such as sexual consent and responsibility.

We are left with unequal provision of SRE around the country, with many young people missing out on their entitlement to good quality teaching of this critical issue.

Improving support for young mothers and fathers

Teenage parents remain some of the most excluded young people in society despite the improvements of the last ten years. The inclusion and support of teenage parents and their children is vital to the success of the Big Society.

Looking to the future

- We welcome the new government's commitment to early intervention, which has the potential to identify young people at risk of teenage pregnancy and provide targeted help.
- TPIAG also welcomes the fact ministers have ignored the arguments of opponents to the Teenage Pregnancy Strategy who have no credible alternative.
- Moves to reduce child poverty are also welcomed but they will fail unless they are combined with effective measures to reduce teenage conceptions and improve support for young parents and their children.
- TPIAG also welcomes government's commitment to improving schools, '...which are better able to raise standards, narrow the gap in attainment between rich and poor and enable all young people to stay in education...' However we are very concerned that young parents will be affected by the loss of the Education Maintenance Allowance.
- Government must ensure that discretionary learner support funding is sufficient to meet the needs of young parents.
- The Schools White Paper contains good news. TPIAG welcomes the statement: 'Children need high-quality sex and relationships education so they can make wise and informed choices.' It goes on to say: 'Children can benefit enormously from high-quality Personal, Social and Health Education.' TPIAG urges government to work with young people, parents, school governors and professionals to produce revised SRE guidance urgently and ensure all children and young people receive their entitlement.
- The curriculum review will not include PSHE and SRE. We feel it makes no sense to look at these subjects separately.
- We welcome the continuation of *Care to Learn*. The expansion of the Family Nurse Partnership and the refocusing of Children's Centres are very good news as long as they reach all young parents and their families.
- The recent Public Health White Paper helpfully brings together contraception, abortion and sexually transmitted infections into one integrated service.
- The White Paper also says young people should have 'easy access' to 'young people friendly' health services, such as those accredited under the *You're Welcome* scheme.
- Whilst there is some ring-fencing and teenage pregnancy will be included in the Sexual Health Strategy in 2011, we are very concerned that there will still be inadequate CASH provision for all young people.
- The NHS reforms bring a period of uncertainty and turbulence to the sector and teenagers' specific health issues and needs could be overlooked.
- TPIAG is encouraged that teenage pregnancy is included as an impact indicator in the Department for Education's business plan and the public health outcomes framework.

Many of these proposals are positive but the challenge is how the government and local areas working in partnership can make them happen.

What needs to be done - TPIAG's final recommendations

TPIAG has often said that teenage pregnancy is everybody's business. In the Big Society everyone has to play a part in supporting young parents and preventing teenage pregnancy.

The last decade has proved that teenage pregnancy rates can be reduced through the dedicated and strategic efforts of the workforce and as TPIAG ends its work we hope the lessons will not be lost.

Early intervention which addresses poverty, health inequalities and disadvantage, is crucial. We warn government that teenage pregnancy rates will rise again unless there is sustained commitment and investment in contraceptive services, along with better sex and relationships education.

Nationally government should

- 1 State the case for teenage pregnancy as a priority, make its expectations explicit and show how investment is cost-effective.**
- 2 Provide strong political leadership to support cultural change in addressing teenage pregnancy and talking about sexual matters with young people.
- 3 Issue revised SRE guidance so schools are immediately clear about what should be taught.**
- 4 Ensure that teenage pregnancy is integrated into all other national future policy.
- 5 Disseminate local good practice and support areas doing less well. Evidence and effective practice must be kept. We recommend that government funds C4EO and their partners to appoint teenage pregnancy specialists to ensure all examples of good practice of teenage pregnancy are recorded, new ones collated and support for local areas is brokered.**
- 6 Ensure teenage parents are included in targeted support for young people and disadvantaged families.

Local areas should

- 7 Work in partnership to ensure teenage pregnancy prevention and support for young parents is integrated into locally decided plans and implemented effectively. Teenage pregnancy is still a priority despite the removal of top down targets.**

After 10 years we know what works. We also know that young people, parents and professionals want SRE and CASH services and the Big Society must not let them down.



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