Local Government Association

Public Health England

Good progress but more to do

Teenage pregnancy and young parents

Foreword

It is over 15 years since the then government launched its Teenage Pregnancy Strategy in response to England having one of the highest teenage pregnancy rates in Western Europe. Since then, thanks to the hard work of councils and their partners, the under-18 conception rate has dropped by 60 per cent and the proportion of teenage mothers in education and training has doubled.

This has undoubtedly had a huge contribution to the health, wellbeing and life chances of young people. But there is more to do. Local government must sustain this downward trend, accelerate improvements in areas with high rates and narrow the inequalities we see between wards.

As time has gone by it has become clear what works. Evidence shows that high quality relationships and sex education (RSE), welcoming health services (in the right place, open at the right time) and friendly non-judgmental staff, help young people to delay sex until they are ready and to use contraception effectively.

Key to success has been making teenage pregnancy everybody's business. Translating the evidence into a whole system approach, with all agencies understanding why teenage pregnancy matters and how they can contribute. England's achievement has been recognised by the World Health Organisation, which is sharing the lessons with other countries, trying to reduce high rates.

In March 2017, the LGA welcomed the government's announcement that RSE would be made compulsory in all secondary schools and relationships education (RE) compulsory in all primary schools, from September 2019. The government can also introduce compulsory PHSE (as set out in the Children and Social Work Act) subject to consultation. This legislative commitment will lay the foundations for universal prevention - equipping all children and young people to make safe, well informed decisions about relationships, pregnancy and sexual health. It also signals a fantastic opportunity for councils to work closely with schools and parents in their local areas to ensure high quality RSE gives children and young people age appropriate knowledge and information on contraception, safe sex and healthy relationships.

The preparation for statutory status provides another opportunity to think about how existing services commissioned by the council to help reduce teenage pregnancy rates, (such as school nursing and sexual health services for young people) can work with schools, colleges and teachers to ensure that young people know where to go for support and advice if they need it, and that all professionals regardless of the setting in which they work provide consistent, clear advice.

The RSE briefing for councillors, published by LGA, RSE Hub, Sex Education Forum and Public Health England, provides more detail of how councils can help.[1]

1 www.sexeducationforum.org.uk/resources/leadership-and-management-of-sre.aspx

Meanwhile, continuing to offer dedicated and coordinated support for young parents – including the Family Nurse Partnership programme – is crucial for improving the opportunities for both them and their babies, and breaking the intergenerational cycles of inequality.

There are undoubted challenges from the financial constraints in the system. But there are also opportunities from council's commissioning responsibilities for sexual and reproductive health services and 0-19s public health.

Together with programmes which target families most at risk and work around Child Sexual Exploitation and improving mental health, councils have a real chance to integrate services and help young people develop healthy relationships, delay early pregnancy, look after their sexual health, and support those who choose to become young parents.

Getting it right on teenage pregnancy will not only make a difference to individual lives; it will narrow inequalities, contribute to the safeguarding agenda, build the social capacity of an area, and reduce long-term demand on health and social care services.

And as the continuing successful work of the councils featured in this brochure illustrates, high rates of teenage pregnancies are no longer an intractable part of English life.

That is why we have published with Public Health England two documents to support councils in making further progress. A teenage pregnancy prevention framework[2], and a framework for supporting teenage mothers and young fathers.[3]

Councillor Izzi Seccombe
Chair, Community Wellbeing Portfolio

2 www.gov.uk/government/publications/teenage-pregnancy-prevention-framework

3 www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework

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Introduction

In many ways, the focus on teenage pregnancy seen in England during the last 15 years or so has been one of the success stories in the public health field.

The conception rate for young women aged 15 to 17 has fallen by 60 per cent since 1998 with a similar reduction in conceptions to under-16s. Both are at lowest level since record-keeping began in the late 1960s.

But that doesn't mean the problem has been solved. Far from it. The teenage birth rate still remains higher than a number of other western European countries and the progress made has been uneven across England.

Around 29 per cent of local authorities have a rate significantly higher than the England average and even in those areas that have low rates, inequalities exist between wards.

These variations matter. Teenage pregnancy is both a cause and consequence of health and education inequalities.

All young parents want to do the best for their children, and some manage very well. However for many the outcomes are poor.

Children in poverty – 63 per cent higher risk for children born to women under-20

Rates of adolescents not in education, employment or training (NEET) – 21 per cent of the estimated number of 16-18 female NEETs are teenage mothers

Adult poverty – By age 30, women who were teenage mothers are 22 per cent more likely to be living in poverty than mothers giving birth aged 24 or over. Compared with older fathers, young fathers are twice as likely to be unemployed, even after taking account of deprivation.

Infant mortality rate – 75 per cent higher rate for babies born to women under 20

Sudden unexpected death in infancy (SUDI) – babies born to women under 20 are three times more likely to suffer SUDI

Incidence of low birth weight of term babies – 30 per cent higher rate for babies born to women under 20

Maternal smoking prevalence (including during pregnancy) – Mothers under 20 are twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout pregnancy

Breastfeeding initiation and prevalence at 6-8 weeks – Mothers under 20 are a third less likely to initiate breastfeeding and half as likely to be breastfeeding at 6-8 weeks

Emotional health and wellbeing – Mothers under 20 experience higher rates of poor mental health for up to three years after the birth

Teenage mothers are at higher risk of missing out on further education - an estimated 1 in 5 young women aged 16 to 18 who are not in education, employment or training are teenage mothers. Young fathers are also more likely to have poor education and have a greater risk of being unemployed in adult life.

Their children can be affected too. They have a 30 per cent higher rate of a low birth weight, 75 per cent higher rate of infant mortality, 63 per cent higher risk of experiencing child poverty and at age five are more likely to have developmental delay on verbal ability.

This is the reason why the drive to reduce teenage pregnancy has been coupled with increasing the support available to young mothers and fathers. Taken together the twin-track approach helps ensure all young people fulfill their potential and every child enjoys the best start in life.

The two frameworks[4], published with Public Health England, are designed to help councils review their actions to see what's working well, identify any gaps and maximise the assets of all services to strengthen both the prevention and support pathways.

The case studies in this briefing highlight the continuing good work of councils in both helping young people prevent unintended pregnancy and supporting young parents.

4 www.gov.uk/government/collections/teenage-pregnancy

The story so far

The focus on teenage pregnancy as a major public health issue began in 1999 with the then government's Teenage Pregnancy Strategy. The strategy called on councils to lead local partnership boards and ring-fenced budgets were allocated to help tackle the issue. The ambitious target of halving teenage pregnancy by 2010 was set.

It saw local areas make changes to the way they delivered relationships and sex education in schools, provided access to contraceptive services, involved youth and community practitioners and improved the support available to young parents.

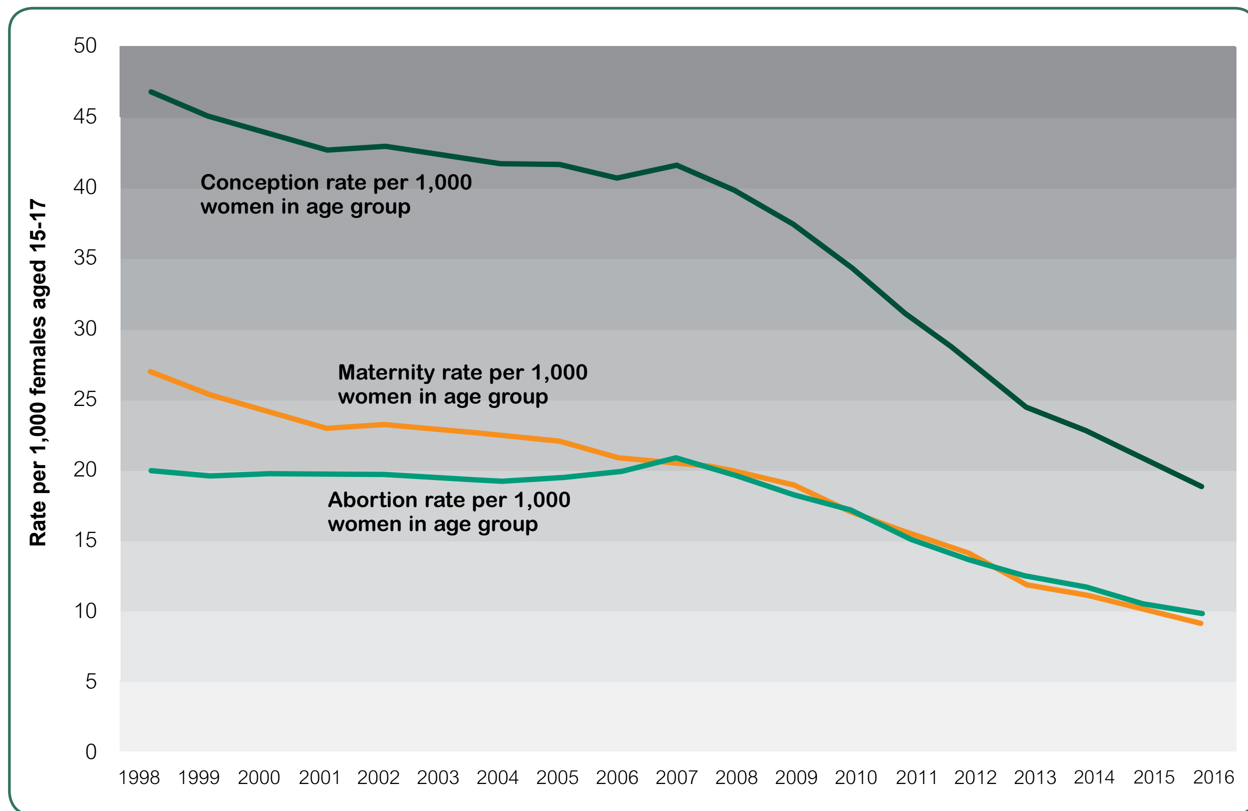
It took time for the Strategy to have an impact on such a complex issue. But after 2007 progress accelerated as the cumulative actions taken by councils and their health partners became embedded in local services. By 2010 there was a 27 per cent drop with the steep downward trend continuing in the following five years. The conception rate has now dropped by 60 per cent from the 1998 level with abortion and maternity rates now both declining.

However, that overall figure masks what is happening on a local level. Reductions at a council level vary from just under 40 per cent to over 80 per cent, including stark differences between areas with similar demographics; around 29 per cent of councils have a rate significantly higher than the England average with an almost 8-fold variation in rates between areas; and the majority of councils have at least one ward with very high rates.

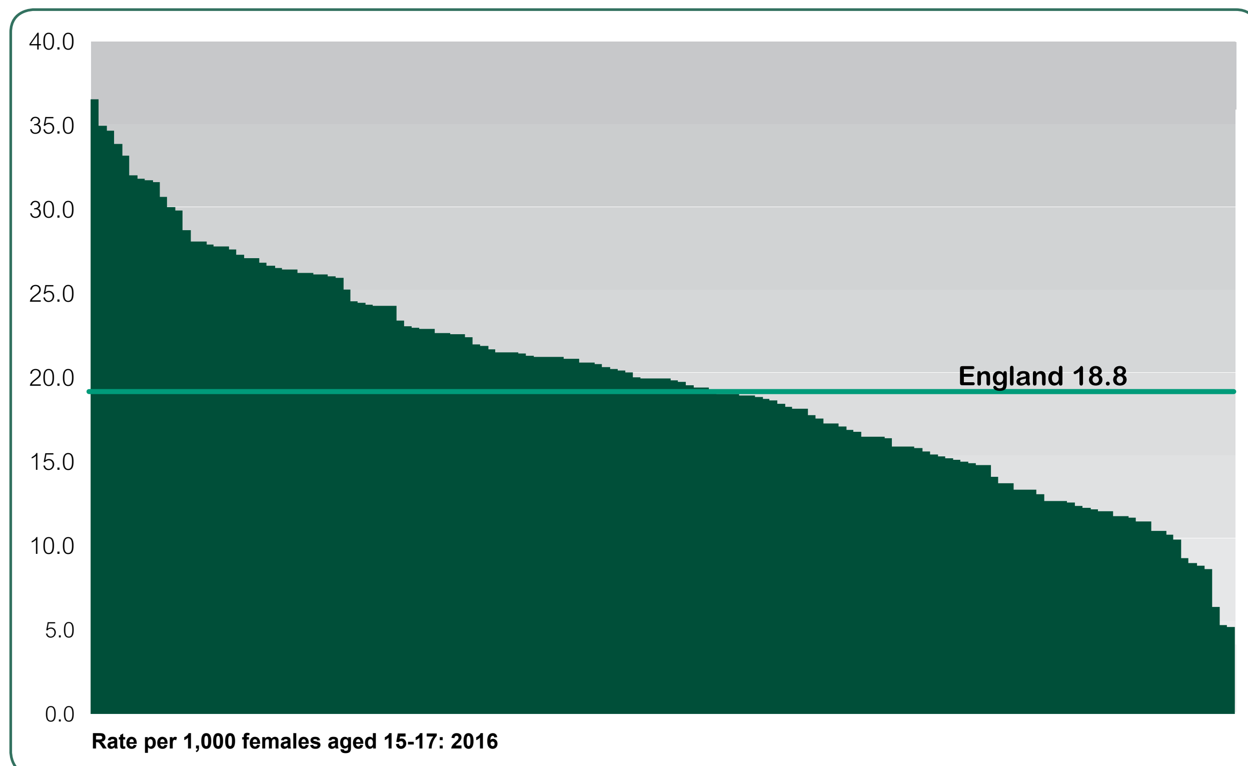
Since 2010 the Government has continued to make reducing teenage pregnancy a priority. In 2013 public health transfered from NHSE to local authorities including the 5-19 years services. From October 2015 the commissioning of the 0-5 years services transfered to local authorities, offering the opportunity to focus on integrating work on prevention and support for young parents.

Continuing to reduce the rate of under-18 conceptions is one of the key objectives of the Department of Health Sexual Health Improvement Framework and is also one of the 66 indicators in the 2013 Public Health Outcomes Framework (PHOF). The two teenage pregnancy frameworks, published by PHE and LGA signal the ongoing commitment to making further progress.

The reduction in the under 18 conception rate in England: 1998-2016



Variation in under 18 conception rates between local authorities: 2016



What your council can do

Ten key factors in addressing teenage pregnancy: the importance of a whole system approach

The commitment of local government has led to the success so far. Continued system leadership will be key to further progress both in reducing early pregnancy and improving the lives of young parents and their children.

Councils[5] are responsible for public health which includes responsibility for commissioning of the 0-5 and 5-19 Healthy Child Programme.

Health visitors lead the delivery of the 0-5 Healthy Child Programme. Through the delivery of this universal programme, they are well placed to identify where additional support is needed including for teenage parents. They often work closely with professionals in other services such as early years, children's, social care and youth services to ensure a multi-disciplinary approach.

They can also co-ordinate additional support through referral to existing programmes commissioned by the local authority, such as the Family Nurse Partnership which provides evidence based intensive support to young mothers and their children.

Delivery of the 5-19 Healthy Child Programme is led by school nurses. Through taking a whole systems approach to commissioning, councils can join up the delivery of this programme with other services including contraception and sexual health services.

Councils commission the full range of contraception, including more effective long acting reversible contraception (LARC) methods through open access community contraception services and LARC provision in general practice. They also commission sexual health promotion STI prevention, including the chlamydia screening programme, testing and treatment (although for HIV they cover only testing and prevention).

Sexual health promotion activities provide an opportunity to ensure targeted early intervention and prevention for young people that evidence suggests are at higher risk of teenage pregnancy such as looked after children and care leavers.

At a strategic and leadership level, local authorities' public health role is exercised through health and wellbeing boards (H&WBBs).

The H&WBB needs to consider at a population level how all local partners are working together to reduce teenage pregnancy rates and support teenage parents. This information should be set out in the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).

Clinical commissioning groups (CCGs) are responsible for abortion and maternity services and NHS England for contraception (user dependent methods such as the contraceptive pill only) and STI testing provided by GPs and all HIV, treatment and care services.

However collaborative commissioning is key to preventing gaps in young people's care. For example ensuring contraception is provided as part of the abortion and maternity care pathways to prevent second unplanned pregnancies.

So what should you do? Well, the most important lesson from the Strategy was that the solution to teenage pregnancy is not in the gift of any one service. A whole system approach is needed on both prevention and support, with clear actions for all agencies, supported by strong leadership and accountability. The 10 key factors on the following page set out what should be in place for effective local action.

5 Public health responsibilities lie with upper tier and unitary authorities, while some health protection functions lie with lower authorities (in two-tier areas)

Ten key factors for effective local action

1. Senior level leadership (through the health and wellbeing board) and accountability across local authorities and health services is essential.
2. Work with schools to ensure high quality relationships and sex education in schools and colleges in preparation for statutory RSE in 2019. Ensure that RSE and PHSE is integrated with commissioning of school nursing, sexual health services, safeguarding and emotional wellbeing progammes, with clear links to one to one advice.
3. Ensure contraceptive and sexual health services are youth-friendly, easily accessible and well publicised in schools, colleges and other settings used by young people.
4. Target additional prevention at those most at risk, including looked after children and care leavers, and link in with relevant early intervention programmes, such as Troubled Families.
5. Use parenting programmes to ensure sexual health advice and communication support for parents to enable them to discuss relationships and sexual health with their children.
6. Train both the health and non-health workforce in sexual health and teenage pregnancy, working in partnership with CCGs to target front line professionals who are in touch with vulnerable young people, such as foster carers, youth services, youth offending teams and supported housing workers.
7. Provide advice and access to contraception and sexual health services in non-health settings used by young people.
8. Ensure consistent messages on healthy relationships and delaying pregnancy are promoted to young people, parents and professionals.
9. Use robust local data for commissioning and monitoring progress and local intelligence from surveys and consultation with young people.
10. Provide dedicated support for teenage mothers and young fathers, using the LGA-PHE Framework to ensure all agencies contribute to a joined up care pathway.

The Teenage Pregnancy Prevention Framework provides a self assessment checklist for councils to review the current situation against the ten key factors and identify gaps and actions, well, any gaps.[6]

The teenage pregnancy narrative reports, published by PHE, bring together key data and information for councils to help inform commissioning decisions to reduce unplanned teenage conceptions and improve outcomes for young parents.[7]

6 www.gov.uk/government/publications/teenage-pregnancy-prevention-framework
7 https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people/data#page/13/

Case studies

The following examples illustrate how councils have applied these lessons. The case studies focus on a key element of what the local authority has done and by no means represent the totality of their work.

Cornwall Council: ensuring no stone is left unturned

In tackling teenage pregnancy, Cornwall Council has taken a holistic approach. Whether it is the way relationships and sex education (RSE) is delivered to how parents, young people and the children's workforce are supported, the local authority has ensured no stone has been left unturned as it has driven down the under 18 conception rate by 60 per cent since 1998.

At its heart is strong leadership and accountability. There is a Sexual Health Commissioning Board of senior local leaders, which overseas a sexual health partnership group, composed of front-line representatives and strategic leads from all the main partners. Together they monitor local data, take charge of evaluating projects, carry out consultations with young people and their families and ensure clear approaches to communication are taken.

Sexual health charity Brook offers RSE to secondary schools and offers bespoke support to those who need it, while CLEAR, a local charity, offers a six-week intensive healthy relationship programme.

Brook also runs the young people's sexual health clinics across Cornwall so is able to refer young people from the school sessions to the nearest Brook clinics for young people to be able to access 1-1 advice.

Cornwall has also developed a dedicated film and interactive lesson toolkit for colleges and sixth forms. The video combines myth-busting with information about how to access local services.

To complement this are a range of 'youth-friendly' services from the Savvy information website – and linked Facebook page and Twitter feed – to the C-card scheme, which is available in over 200 places.

Cornwall has also made working with the local care sector a priority. Children who have experienced care are 2.5 times more likely to become teenage parents and are least likely to have received both formal and informal RSE due to both disrupted education and pre-care experiences.

Cornwall has done this by developing a bespoke version of the Family Planning Association (fpa) Speakeasy training programme for foster carers in partnership with the local designated nurse for children in care. It has proved so successful that it is now accepted as a mandatory part of the training programme.

Training around healthy sexual development using the Brook Sexual Behaviours Traffic Light Tool has also been provided to members of the children's workforce, including teachers, care workers and youth workers. There is a core three-hour session which more than 6,000 staff have completed since 2014. More advanced support is then available for those who want it.

The final piece of the jigsaw is the support provided to those who do become teenage parents. The Wild project provides a wide range of support to teenage mothers, including help with finances and housing as well as running parenting skills and healthy lifestyle workshops, while Brook deliver a project aimed at young fathers.

Also a two-day per week education course – Young Mums Will Achieve – has been set up with the help of Cornwall College and local childcare provider Fit n Fun Kids to help get teenage mothers back into education.

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Shropshire: investing in quality relationships and sex education

Shropshire has adopted an entitlement, county-wide approach, ensuring all young people regardless of the area they live in and the school they go to, have the opportunity to receive good quality RSE. Public health curriculum adviser Alice Cruttwell has developed the programme for years 1 to 11 over the past six years with the aim of not only tackling teenage pregnancy, but also addressing safeguarding issues and improving the self-confidence and self-esteem of young people too.

It includes training for teachers, support for non-teaching staff about use of language and responding to pupils' questions as well as running parents meetings and working with governors on policy and whole school issues.

A comprehensive set of classroom resources are also provided. They cover assessment tools to identify pupils' baseline knowledge and confidence before and after lesson delivery, guidance on establishing a safe and comfortable learning environment and lesson plans.

"In return for this, we ask for a commitment from the school," Ms Cruttwell says. "We want to make sure that sufficient curriculum time is allocated, so we ask secondary schools for a minimum of five one-hour lessons for each year group and that staff attend training, have an opportunity to reflect and review delivery and develop as part of a specialist team.

"The primary curriculum is in three sections with flexibility across the key stages to address choices and challenges, changes and celebrate.

"The message to our schools is that this work needs to be taken seriously, it is about developing pupil's skills and self-esteem as well as knowledge in an age appropriate way. Long gone are the days of the one-off lesson delivered by an outside speaker."

To date 85 per cent of primary schools and all secondary schools, as well as a number of independent schools are signed up. In addition a Catholic Consortium of seven schools from Shropshire and Telford and Wreken are receiving training and support.

"It's a myth that schools are not interested and don't want to make it a priority," adds Ms Cruttwell. "Teachers were concerned they weren't doing enough, governors were keen to ensure a consistent whole school approach and parents welcomed an opportunity to strengthen the home-school partnership. Parents welcomed an opportunity to strengthen the home-school partnership. Having a council approved, award winning curriculum which is PSHE Association quality assured, has ensured all schools are working in a consistent and agreed way."

The classroom work is supported by strong pastoral support and co-ordination with local services, including school nurses providing confidential, open access services in secondary schools.

The CHAT service (confidential, help, support and advice) has different levels of sexual health provision, and can, following governor approval, include condom distribution, pregnancy and chlamydia testing.

Schools that have taken part are full of praise. Mount Pleasant Primary School deputy head Steve Morris says the programme has become a 'key element' of the school's approach to PSHE and he would 'unreservedly recommend' it.

Meanwhile, Andrew Smith, head of Mary Webb School and Science College, says one of the strengths of the programme is that it encourages a 'whole school approach' by involving teachers, governors and other staff. He says staff at his school are very satisfied with the programme.

Senior staff and councillors are also delighted. Public Health Director Rod Thomson says the work "directly contributes to corporate priorities and departmental objectives such as the emotional health and wellbeing of children and young people".

Councillor Ann Hartley, Chair of Shropshire Council, former portfolio holder for Children, Young People and Safeguarding, says the programme plays an important part in protecting children. "We take our responsibility to safeguard our children seriously, RSE is vital to ensure they are protected. We are doing all we can at a local level."

Shropshire's under-18 conception rate has now fallen by 55 per cent since 1998.

The Shropshire Respect Yourself RSE resources are available via www.healthyshropshire.co.uk/sexualhealth/RSE

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Leicestershire County Council: supporting young parents

Leicestershire has had great success reducing teenage pregnancy rates – latest figures show a fall of over 60 per cent since 1998. But the county council's public health team has also invested time and effort in supporting young parents.

Central to this work has been supporting parents under 20. The public health team has commissioned the Centre for Fun and Families to deliver a Baby Box Scheme (based on a programme in Finland).

The Baby Box project involves giving teenage mums-to-be a box of baby-related gifts, including a Moses basket mattress, blanket, muslin cloth and material for bath time as well as information about local services. The boxes are delivered at the 24-week point and used as an opportunity to engage young people with local services. After that initial contact, staff maintain a relationship with the teenager and carry out a follow-up call after birth. This provides a second opportunity to support the new young mum in to other support services.

A total of 100 boxes are handed out each year. The evaluation of the project suggests it has helped to ease concerns pregnant teenagers have as well as making them more aware of what help was available.

The experience of one youngster, who was pregnant at 15, is typical of the impact. Before receiving the box, she says she felt "isolated and judged", but the contact and support helped her realise she "wasn't alone". She joined an antenatal class and started attending the local sure start centre. The Baby box scheme also helps to steer and refer pregnant women under 20 (with their consent) into relevant support services through the Teenagers with babies' action group.

This means that young parents have better access to, and are able to engage more readily with, and are given information about local services in their areas and know how and when to access them.

Joshna Mavji Public Health consultant with the council says: "It is only by listening and learning from the real experiences of young parents that services can provide the support they need. We have tried really hard to make sure their voice is heard and that we respond to that."

Over the years, a wide variety of initiatives have been set up from social groups and breastfeeding support to specific support for parents under 20 on the Health for Under 5s and Health for Teens websites, which contain information about local services. Young parents are also supported through the Early Start Programme – an intensive health visiting programme to support first time vulnerable parents (including young mothers under 20) during pregnancy until the child is 2 years old.

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Hull City Council: targeting help at the most at risk

When Hull first started its teenage pregnancy work progress was a little slow. Conception rates were coming down, but not as fast or consistently as the city's Teenage Pregnancy Partnership would have liked.

So in 2004 a review, Mind the Gap, was carried out. The findings led to a re-think about how the whole issue was tackled with a much greater emphasis placed on targeted intervention. Gail Teasdale, integrated services manager for children and young people's health, says: "We realised it was too clinically focused. We were not reaching those young people we needed to – the ones who were becoming teenage mothers and fathers."

This led the Partnership to set up several new projects. Cornerhouse, a local sexual health charity was funded to run a drop-in clinic in the city centre. It is open six days a week with late opening from Monday to Friday and provides advice, support and information about sex and relationships as well as condoms, chlamydia testing and pregnancy testing. Contraception is also available as is testing for some other sexually transmitted infections. A nurse holds a clinic there twice a week to provide access to more clinical services, such as the contraceptive implant.

"It is very popular," says Ms Teasdale. "Teenagers see it as a safe and non-threatening environment in which to come for advice. It's quite relaxed – there is even a Playstation there. The service talks to young people about having positive, happy relationships as well as supporting them to deal with other issues, for example peer pressure, sexting and the risk of CSE. You can't just talk about STIs and teenage pregnancy in isolation. Getting that atmosphere right is essential because our research showed that teenagers were almost more afraid of the sexual health services than they were of becoming pregnant."

Laura, aged 17, is typical of the young people who use the service. "I come to the drop-in for condoms and my appointment with the nurse for my depo, but I also have a cup of tea and a chat and usually sort out other stuff too."

As part of the drop-in service a boy's and young men's worker has been employed to ensure they are engaged – and the post has had such an impact that 51 per cent of the 5,500 visits a year made to the drop-in centre are now by males. Young men can also be supported in other venues around the city.

Changes have also been made to the way RSE is delivered with the Cornerhouse peer education project training fellow teenagers to go into schools to talk to their peers. But getting out and about has also formed an important part of the work in recent years.

This is done via street-based outreach work with workers going out to talk to young people in parks, on the streets and other places they gather.

These projects have been combined with greater training for the non-clinical workforce, such as teachers, youth workers and voluntary sector staff who work closely with children. Ms Teasdale says: "Often a young person, when they want to talk, will find someone to trust. It may not always be the person we plan it to be – the school nurses or clinic staff – so we have tried to make sure that people who work with children are comfortable about talking about these issues and know where to refer them."

The figures for 2016 show an under-18 conception rate of 30.6 - a fall of 64 per cent from the 1998 baseline. The number of conceptions to younger teenagers is now low with 16 per cent of under-18 conceptions occurring in under-16s year olds compared with 20 per cent in 2010.

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Bristol City Council: running school-based drop-in clinics

Working with schools is, of course, an essential part of tackling teenage pregnancy. Investing in good quality relationships and sex education is something many areas have done, but Bristol City Council has taken that a step further by establishing a network of drop-in sessions in secondary schools. The weekly clinics are run by a sexual health nurse and youth worker and are held during lunchtimes.

Julia Nibloe, service manager at Brook, which runs the service, says: "We provide contraception and do some STI testing and when we can't or if a clinical setting is more appropriate we can refer them on.

"But most of our time is really spent talking with young people about sexual health and healthy relationships – we discuss what that involves, what is consent and staying safe. We also talk about other things, such as alcohol or pornography and the safe use of the internet. We really encourage young people to discuss anything they need to. It's about getting students to discuss things in an open and non-judgemental environment."

But this is just one of a number of ways the council's public health team has sought to reduce teenage pregnancy. When the national healthy school programme was discontinued, Bristol developed its own version which has been relaunched after extensive redesign and consultation with schools. Rather than one large programme there are now eight smaller 'badges' covering different health and wellbeing topics, including relationships and sex education and emotional health and wellbeing.

This is a universal programme that reaches thousands of pupils by ensuring a whole school approach to tackling health and wellbeing, including teenage pregnancy and sexual health. Aimed at making it as easy as possible for schools which have very little capacity to get best practice in place, schools are provided with guidance and support documents from lesson plans to example policies.[8] The major focus is the schools in the most deprived areas of the city. There is also a programme of free or low cost training and a number of networks for schools to attend.

Two years ago the council launched a new scheme, Bristol Ideal, in partnership with the police to tackle domestic abuse and sexual violence. Guidance and training is provided to schools helping them to learn how to identify pupils at risk and how to address that. As part of that schools are expected to appoint one member of staff to take responsibility for the issue.

8 www.bristol.gov.uk/healthyschools

All the work seems to be paying off. Teenage pregnancies in Bristol have shown a steep decline with the rate now 17.2/1000, lower than the England average and 66 percent below the rate in 1998.

Councillor Asher Craig, Deputy Mayor with responsibility for Public Health said: “In recent years we have seen a significant fall in numbers of teenage pregnancies within the city. Our teams have been working with organisations across the city to get to this great result and I hope we will be able to continue to improve this in the years to come.”

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North Tyneside Council: creating youth-friendly services

North Tyneside has seen a significant reduction in the teenage pregnancy rate of 74 per cent since 1998.

At the heart of North Tyneside Council’s success has been its partnership working which has allowed it to make great strides in creating youth-friendly services.

There is an integrated sexual health service – One to One – delivered by the local NHS through a ‘hub and spoke’ model. The hub is the centrally-located clinic, which has been given the ‘You’re Welcome’ accreditation for being young person-friendly.

There is also a network of drop-in clinics that offer access to sexual health advice, including contraception, from trained staff. These are based in a variety of settings, including alongside health services and in community venues where need is greatest.

The drop-in clinics run across the borough with some running into the early evening, while the hub is open until 7.30pm Monday to Friday and during part of the day on Saturdays.

Operational Service Manager for Integrated Sexual Health Services, Anne Tierney says: “The important thing is to be prepared to be flexible and monitor how services are being delivered. We are constantly asking whether we are providing services in the right place, at the right time.”

The drop-in service has also been accompanied by more dedicated support for the most vulnerable teenagers and those who become young parents.

A range of training courses are available to all health and non-health staff. These include everything from an introduction to sexual health to C-Card training for receptionists and pharmacy counter assistants.

As part of that, dedicated training has been provided to staff working with the most vulnerable children such as those in youth offending, drug and alcohol and young people’s care so they are aware how to help young people access services.

There is also a young parent midwife who works with all parents under the age of 20, offering a wide range of additional support including discussing antenatal contraception as early as possible in pregnancy and, in most cases, agree a method before birth with the aim of preventing second unplanned pregnancies.

To ensure everyone has access to accurate sexual and reproductive health information and details of local services, a sexual health website and app have been developed for Northumbria Healthcare NHS Foundation Trust which are widely publicised.

Ms Tierney says: “Our aim has been to make sure young people feel comfortable accessing our services. But you can only do that through partnership working. We have worked closely with the voluntary sector, with schools and health.”

Wendy Burke, North Tyneside's Director of Public Health, says making sure such health services are accessible has been a key part of the success.

But she says it is just one part of the wider strategy on teenage pregnancy, citing good leadership and data collection, having committed staff, promoting long-acting reversible contraception and providing high quality sex and relationships education.

"Reducing teenage conceptions in the borough is multi-faceted and complex," she adds.

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Want to find out more?

A Teenage Pregnancy Prevention Framework – supporting young people to prevent unplanned pregnancy and develop healthy relationships
The framework is designed to help councils review their local progammes, identify what's working well and address any gaps.

A Framework for supporting teenage mothers and young fathers
Designed to help commissioners and providers review and improve the support for young parents, and maximise the contribution of all agencies.

Teenage Pregnancy Knowledge Exchange, University of Bedfordshire
Provides data, briefings, articles and an e-network to share effective practice
www.beds.ac.uk/knowledgeexchange

Local Authority teenage pregnancy reports
https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people

A Framework for Sexual Health Improvement in England, Department of Health, 2013
Sets out the objective and policy context for continuing to reduce under-18 and under-16 conception rates
www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV PHE, DH, LGA, ADPH and NHS England, 2014, updated in 2015
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