MANCHESTER CITY COUNCIL
REPORT FOR INFORMATION

Committee: **Health and Well-being Overview and Scrutiny Committee - 3 September 2009**

Subject Teenage Pregnancy

Report of: Acting Director of Public Health, NHS Manchester
Teenage Pregnancy Coordinator, Joint Health Unit
Public Health Manager – Sexual Health, NHS Manchester

Purpose of Report:

To provide members with an update on teenage pregnancy prevention and sexual health in Manchester, with a particular focus on:

1. An overview of the most recent statistics in relation to local performance against the under-18 conception rate reduction target.

2. An overview of progress to address the recommendations of the National Support Team for Teenage Pregnancy.

3. The reconfiguration of contraception and sexual health services and the use of local clinics.

4. The contributions of NHS Manchester, the council and our partners to:

    a. Provide contraception and sexual health information, advice, and services for further education students at the Manchester College.

    b. Determine the young people most at-risk of early parenthood and to intervene to reduce this risk.

Wards Affected:

All

Recommendations:

The committee is asked to:

1. Note the report.

2. To make recommendations for further service improvement.

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Background Documents:

- 'Sexual Health in Manchester'

Report for Health and Wellbeing Overview and Scrutiny Committee
December 2006

- 'Teenage Pregnancy Prevention and Support:

Report for Health and Wellbeing Overview and Scrutiny Committee'
September 2007

- 'Teenage Pregnancy in Manchester:

Report for Health and Wellbeing Overview and Scrutiny Committee'
March 2008

- 'Teenage Pregnancy in Manchester:

Report for Children and Young People's Overview and Scrutiny Committee'
December 2008

Glossary:

Brook	Contraceptive and sexual health service provider
CASH	Contraception and Sexual Health Service
DCSF	Department for Children, Schools and Families
DH	Department of Health
FRESH	Contraceptive and sexual health clinics for young people
GONW	Government Office for the North West
GUM	Genito-Urinary Medicine
ISHC	Integrated Sexual Health Centre
IYS	Integrated Youth Support
LAA	Local Area Agreement
LARC	Long-acting reversible contraception
LIG	Local Implementation Grant
NST	National Support Team
PSA	Public Service Agreement
PSHE	Personal, Social and Health Education
SRE	Sex and Relationships Education
TOP	Termination of Pregnancy
TPPB	Teenage Pregnancy Partnership Board
TPU	(National) Teenage Pregnancy Unit
TYS	Targeted Youth Support

1.1 Introduction

1.1 This report provides an update on local efforts to reduce the number of teenage conceptions and to improve the sexual health of young people. It provides an update on recent improvements to contraception and sexual health services, the implementation of teenage pregnancy prevention and support interventions, and local performance against the conception rate reduction target.

2.1 Young People, Sexual Health, and Teenage Conceptions

2.1.1 Sexually transmitted infections, including HIV, remain one of the most important causes of illness due to infectious disease among young people (aged 16-24). Young people are the age group most at risk of being diagnosed with a sexually transmitted infection, and accounted for 65% of all chlamydia, 50% of genital warts, and 50% of gonorrhoea infections diagnosed in sexual health clinics in the UK in 2007.

2.1.2 Despite a reported increase in the use of condoms and other contraceptive methods over the last decade, too many young people fail to practice safer sex. This has resulted in the continuing high level of teenage conceptions and the increase in the overall reported cases of sexually transmitted infections among young people. It is important to note that sexual activity among teenagers is often opportunistic and unplanned, and sometimes influenced by alcohol and drugs.

2.1.3 There has been a reduction in the under-18 conception rate for England over the last decade but is still high in comparison to other western European countries. Teenagers can be good, competent and loving parents, but the evidence is clear that children born to teenage mothers are more likely to experience a range of negative health and social outcomes in childhood and later life than children born to older parents. It is known, for instance, that the infant mortality rate for babies born to teenagers is 60% higher than for babies born to older mothers.

2.1.5 The continuing focus on improving sexual health is reflected in the national target setting framework, with local areas being asked to respond to a number of priorities including:

a) Reducing the under-18 conception rate (NI 112)

b) Reducing the prevalence of chlamydia among under 25s (NI 113)

3.1 Teenage Conceptions

3.1.1 The national Teenage Pregnancy Strategy was launched in 1999. It set two targets: to reduce the under-18 conception rate by 50%, and to increase the proportion of teenage mothers into education, employment or training (EET) to 60%, both by 2010 (reporting in 2012). Manchester is required to reduce the under-18 conception rate from 61.3 per 1000 to 27.6 per 1000.

3.1.2 Reasonable progress has been made to overall on reducing the under-18 and under-16 conception rates in England, to the point where both are now at their lowest level for more than two decades. The under-18 conception rate fell from 46.6 per 1000 in 1998 (baseline) to 41.7 per 1000 in 2007, a reduction of 10.7%. The number of teenage conceptions fell from 41,089 to 40,298.

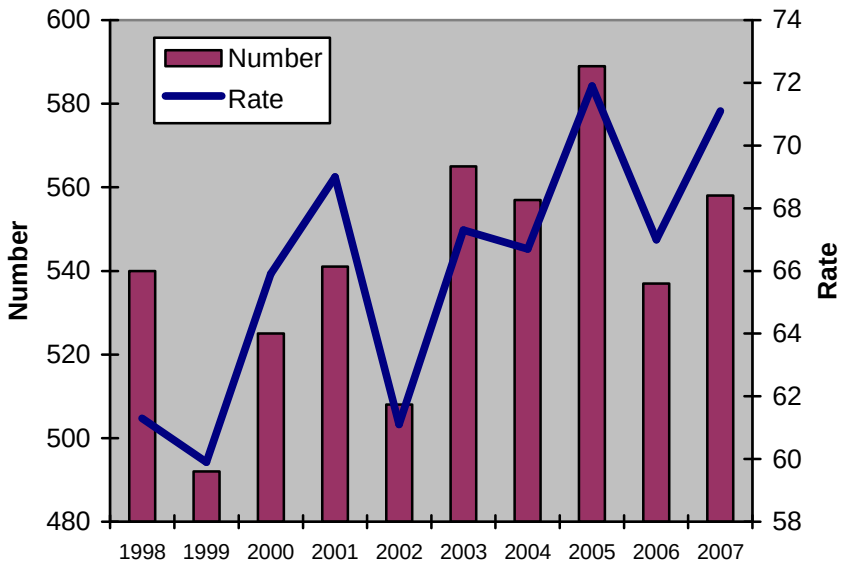
3.2 Local Performance

3.2.1 Manchester has experienced difficulties in reducing the under-18 conception rate. The rate has remained high and fluctuating between 1998 and 2007. The under-18 conception rate in Manchester in 2007 was 71.1 per 1000, up from 67.0 per 1000 in 2006 – an increase of 6.1%. The rate had fallen between 2005 and 2006, down from 71.9 per 1000 to 67.0 per 1000.

3.2.2 There were 558 conceptions in 2007, a small increase on the 537 recorded in 2006. This is much less than the 591 conceptions recorded in 2005.

FIG 1: Under 18 conception numbers and rates, Manchester, 1998 – 2007

	No	Rate
1998	540	61.3
1999	492	59.9
2000	525	65.8
2001	541	69.0
2002	508	61.1
2003	565	67.3
2004	557	66.7
2005	591	71.9
2006	537	67.0
2007	558	71.1



Sources: Office for National Statistics and Teenage Pregnancy Unit © Crown Copyright

3.2.3 The reduction in the number of females aged 15-17 living in the city, from 8,802 in 1998 to 7,848 in 2007 (10.8% reduction) has meant that the conception rate

has increased despite numbers of conceptions remaining at a more consistent level. If the population had remained stable, the conception rate would now be 63.3 per 1000.

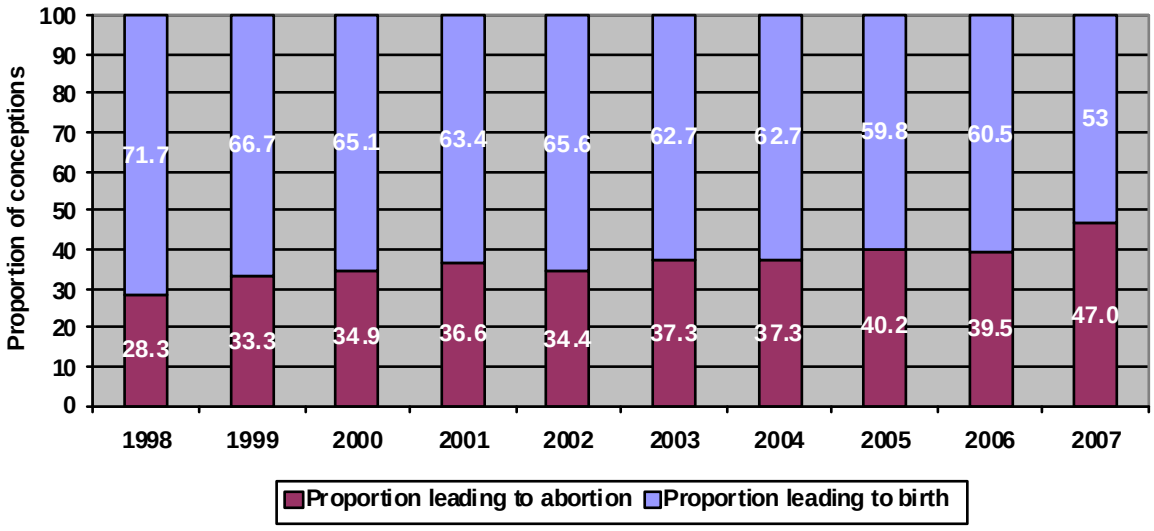
3.3 Outcomes

3.3.1 The most significant trend seems to be the outcome of conceptions (Fig 2). The proportion of conceptions resulting in abortion has increased from 28% in 1998 to 47% in 2007 (up from 39.5% in 2006) – an **increase of over 65%.** In 2007, 262 conceptions ended in abortion and 296 resulted in live birth.

3.3.2 The increase in the number of teenage women opting to end their pregnancy is in line with the national trend. In 2007, 50% of under-18 conceptions in England ended in termination compared to 47% in Manchester. This confirms that a significant proportion of conceptions are unplanned and unwanted.

3.3.3 Locally, all teenage mothers are offered a domiciliary visit from a contraception and sexual health outreach nurse. NHS Manchester has now contracted all of our abortion providers to offer women contraception information and supplies post-procedure. It is hoped that these interventions will result in a reduction in the number of second / subsequent teenage conceptions.

FIG 2: Trends in under-18 conceptions in Manchester by outcome



Source: Office for National Statistics © Crown Copyright

3.4 Distribution of conceptions

3.4.1 The Office for National Statistics (ONS) publishes under-18 conception data using pre-2001 ward boundaries. The most recent data is for the period 2004 – 2006 (Fig 4). ONS ward-level data is useful as it allows us to determine patterns and to monitor change over time.

3.4.2 ONS data shows that 20 wards are classified as teenage conception hotspots (see Fig 4). Hotspots are wards that have under-18 conception rates in excess of 60 per 1000 young women. Six wards have rates in excess of 100 conceptions per 1000 young women: Harpurhey, Hulme, Bradford, Beswick and Clayton, Benchill, and Gorton South

3.4.3 There is a strong association between socio-economic deprivation and teenage pregnancy. Nationally, more deprived wards have higher under-18 conception rates. This pattern is true for Manchester.

District-level Data

3.4.4 It is now possible to estimate district-level under-18 conception data. District-level conception data has been calculated using known ward-level birth data combined with known abortion data distributed across wards on a best-fit basis for 2006 and 2007 (Fig 3). It is important to stress that the total number of conceptions for each of the districts is an estimate. Data should be treated with caution and cannot be used for performance management due to the inherent inaccuracies in the allocation method and the disclosive nature of the data.

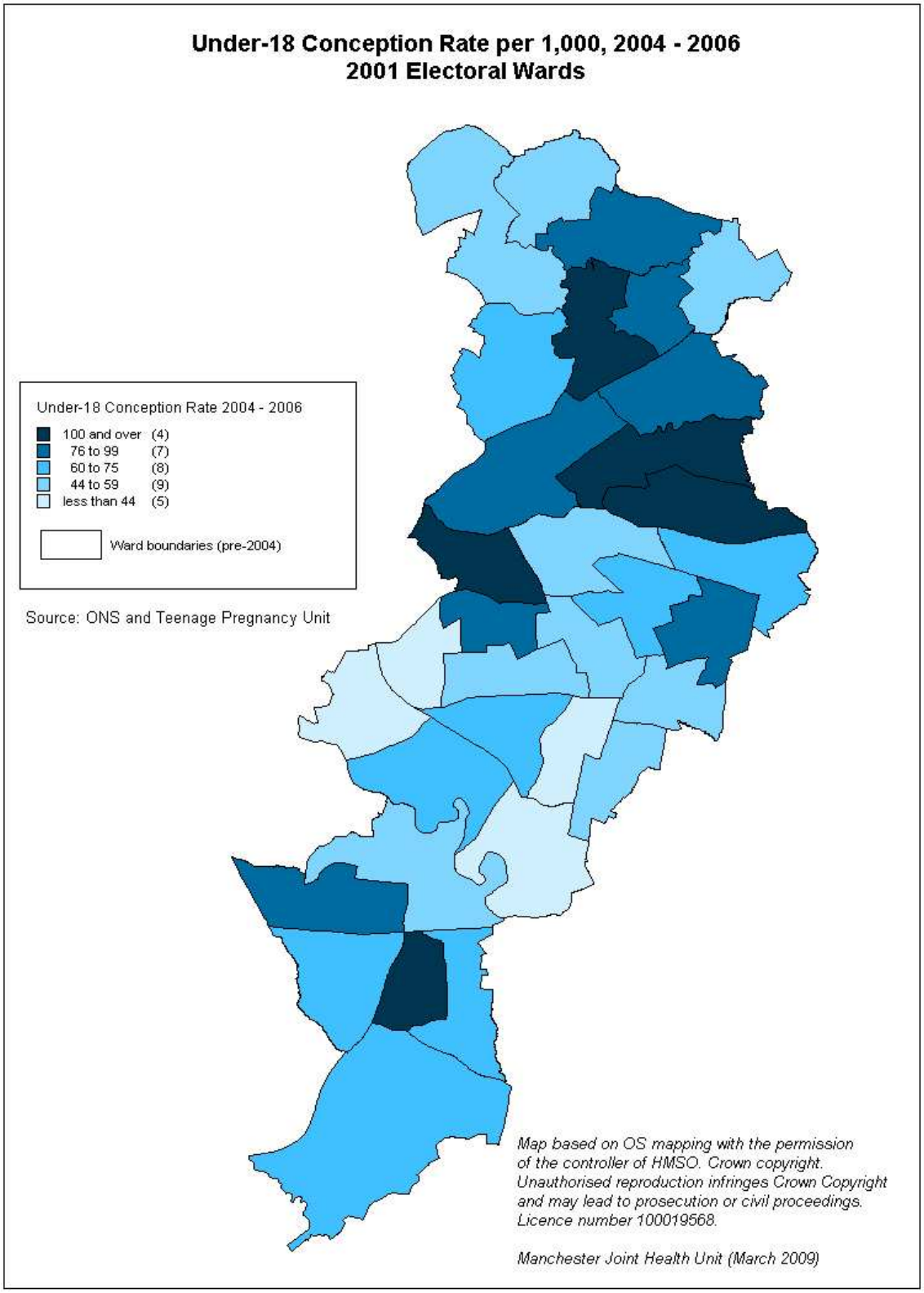
3.4.5 The numbers of conceptions in the North West and Wythenshawe districts were similar in 2006 and 2007. Numbers fell in the North East and South districts, and increased in Central West and Central East.

FIG 3: Estimated district-level under-18 conceptions, 2006 and 2007

	North West	North East	Central West	Central East	South	Wythen-shawe
2006	**131**	**86**	**73**	**79**	**58**	**110**
2007	**130**	**67**	**93**	**107**	**52**	**109**

3.4.6 Measures to reduce the number of teenage conceptions – those that provide young people with the means and the motivation to put off parenthood until later in life – will have an impact, but a dramatic reduction will not be achieved without addressing the wider determinants of social exclusion and health inequalities.

FIG 4b: Under-18 conception rate, Manchester, 2004 - 2006



4.1 Chlamydia Screening

4.1.1 The national chlamydia screening programme has had full coverage across England since April 2008. The indicator relating to the prevalence of chlamydia in under 25s was introduced at the same time to monitor the performance and impact of the programme in each area.

4.1.2 The chlamydia screening indicator monitors screening volumes and prevalence of the infection among the target population, and requires the reporting of the following:

a. Proportion of the resident population aged 15 – 24 accepting chlamydia screening (Years 1 to 3).

b. Number of positive diagnoses for chlamydia in the resident population aged 15 - 24 (Years 2 and 3)

4.1.3 NHS Manchester had to screen 17% of the target population in 2008/09 and succeeded in screening 18.9%. From 2009/10, prevalence will be measured as well as screening volumes using baseline data from 2008/09.

FIG 5: Chlamydia screening targets for NHS Manchester

	Yr 1: 08/09	Yr 2: 09/10	Yr 3: 10/11
Required screening volume	17%	25%	35%
Actual screening volume	18.9%	-	-

4.1.4 Members will note that the required screening volumes for 2009/10 and 2010/11 are more challenging and will require a marked increase in the proportion of young people being screened.

4.1.5 The Greater Manchester Sexual Health Network established and manages the RU Clear chlamydia and gonorrhoea screening programme on behalf of the Greater Manchester Primary Care Trusts. Screening and treatment sites are located across the region; young people can also request postal test kits via text message or the RU Clear website. Chlamydia and gonorrhoea can generally be treated with a simple course of antibiotics. Failure to diagnose and treat these conditions can lead to long-term health problems such as infertility.

5.1 Reducing teenage conceptions

5.1.1 It is difficult for public services to influence young people's decision making in relation to their sexual behaviour. However, local partners are acting to establish an environment that better supports young people to make positive choices in relation to their sexual health and to reduce the number of teenage conceptions. The agreed approach is to make sure that young people have both the 'means' and the 'motivation' to avoid unwanted sexual experiences, to practice safer sex, and to make the conscious choice to put off parenthood until later in life.

5.1.2 The Teenage Pregnancy Partnership Board, with support from national and regional colleagues, has continued to oversee the strengthening of prevention and support activities. The Board performance manages the action plan, monitors outcomes, and makes investment decisions leading into commissioning. The Board meets on a regular basis, comprises senior officers from partner organisations, and is leading progress in the agreed priority areas.

a. Improving knowledge and understanding in relation to sex and relationships and supporting young people to develop the skills and the confidence to make positive choices about their sexual health.

b. Improving access to dedicated contraceptive and sexual health services and ensuring that young people understand the importance of condom use.

c. Ensuring that parents and professionals feel confident to discuss sex and relationships with young people.

d. Improving support for pregnant teenagers and teenage parents.

5.2 National Support Team

5.2.1 The National Support Team (NST) for Teenage Pregnancy visited Manchester in September 2007. The NST identified that our programme had a number of strengths including high-level strategic commitment, the inclusion of teenage pregnancy as one of the top priorities for the city, and the good progress that has been made towards increasing the number of teenage mothers in education, employment or training (EET).

5.2.2 Good progress has been made over the last twelve months to address the NST recommendations. Significant developments include:

a. Strengthening the prevention aspect of the teenage pregnancy programme in line with the NST recommendations.
b. Reviewing the Teenage Pregnancy Partnership Board (now chaired by the Chief Executive of NHS Manchester) and reforming sub-groups to drive progress.
c. Modernising sexual health services – including opening four contraception and sexual health hubs (with an additional three in development) including the £3million new build integrated sexual health centre (Hathersage Centre)

d. Doubling clinical outreach provision (now four nurses) and education outreach (five workers) to better target young people most at-risk of teenage parenthood – based on the known risk factors.
e. Developing the college contraception service to meet identified local need and in line with national guidelines, to better target 16 and 17 year olds.
f. Launching the C-Card scheme (NST recommendation).
g. Promoting of local contraception and sexual health services, including campaign work (recognised as good practice) and a new website (NST recommendation).
h. Ensuring that teenage mothers are offered contraception following birth; and contracting with our abortion providers to offer contraception post-procedure (NST recommendation).
i. Publishing the risk assessment toolkit to ensure that professionals can determine young people most at-risk, and linking this tool to the CAF and other processes (NST recommendation).
j. Investing in youth development programmes to support young people identified as being at risk of teenage parenthood.
k. Implementing Targeted Youth Support (TYS) programmes focussing on teenage pregnancy.
l. Implementing Growing and Changing Together at KS1 and KS2, and supporting high schools to develop their SRE curriculum in line with regional expectations and national guidance.

6.1 Improving contraceptive and sexual health service provision

6.1.1 The principle strand of the local teenage pregnancy prevention programme aims to improve the provision of young people focused contraceptive and sexual health services. NHS Manchester continues to improve access to, and expand the provision of, sexual health services including dedicated provision for young people.

6.2 Service Improvements over the last twelve months

6.2.1 NHS Manchester is continuing to modernise sexual health services. The agreed approach is to establish a number of community contraception and sexual health hubs across the city, each offering a broad provision and with extended opening hours. Four hubs have been opened to date: the new build Hathersage Centre (with Manchester Centre for Sexual Health), Openshaw Primary Care Centre, Withington Community Hospital, and Forum Health. The process of reconfiguring services in north Manchester has started and is due to be completed for March 2010. Each hub is to be supported by a number of spokes including General Practices and pharmacies.

6.2.2 NHS Manchester has now contracted a number of General Practices to offer enhanced contraception and sexual health provision (NST recommendation). The Local Enhanced Service specification allows for the provision of long-acting reversible contraception (implants and coils), chlamydia screening, and the testing and treatment of uncomplicated sexually transmitted infections. This is in line with the local ambition that more contraception and sexual health services should be offered

outside of specialist settings. 17 practices have been contracted to provide enhanced services to date.

6.2.3 NHS Manchester contracts around 50 pharmacies to prescribe emergency hormonal contraception (EHC), free of charge to the patient. National research shows that pharmacies are now the preferred supplier of EHC – 55% of women chose pharmacies in preference to other suppliers in 2008. NHS Manchester has also contracted 6 pharmacies to offer first and repeat prescribing of oral contraception and to screen and treat chlamydia. This pilot has been successful and is now being maintained and rolled out to other pharmacies.

6.2.4 Specialist contraception and sexual health provision for young people has been further enhanced. Brook (for under 19s) is now contracted to open seven days per week; the new Sunday clinic is attracting up to 30 young people. FRESH (Palatine service for under 25s) clinics are being provided from the Hathersage Centre, Forum Health, and Harpurhey Health Centre. Palatine's clinical and education outreach teams have more than doubled in size over the last twelve months and are delivering targeted prevention work.

6.2.5 The C-Card scheme (NST recommendation) has been operational for over twelve months and is proving to be popular. This registration scheme allows young people to obtain supplies of free condoms and lubricants from numerous collection points across the city, including from Connexions, Manchester Youth Service, and the Manchester College. The C-Card differs from other condom distribution mechanisms in that it is aimed at young people in contact with universal services.

6.2.6 NHS Manchester, as of April 2009, has contracted all our abortion providers to provide contraceptive advice, supplies and treatment. Each of our maternity hospitals now employs specialist midwives to work with teenage parents in line with best practice guidance. All new teenage mothers are offered a domiciliary visit from a contraception and sexual health outreach nurse. These approaches will help us to reduce the number of second / subsequent conceptions (around 20% of all teenage conceptions in England)

6.2.7 It is important that both young people and the professionals working with them know how to access contraceptive and sexual health services. We have continued to develop our high profile teenage pregnancy prevention campaign – 'Any Plans for Tonight?'. We have run three billboard campaigns over the last eighteen months with two further executions planned for September / October 2009 and Christmas and New Year. Following a successful bid, Manchester is one of three areas in the North West to pilot a social marketing campaign to encourage more women to choose long-acting reversible contraception (LARC) methods.

6.3 Targeting further education students

6.3.1 NHS Manchester has allocated new resources to fund the establishment of a clinical contraception and sexual health service for further education students. This is in line with national guidance and will address two known issues: a) that most teenage conceptions occur to 16 and 17 year olds (around 80%), and b) that most teenage mothers were in some form of education prior to conceiving. This new

service will commence in September 2009. Brook and The Manchester College are the principle partners.

6.3.2 The new service will offer regular, timetabled drop-in clinics. The outreach nurse will be able to provide contraception and sexual health information, advice, supplies and treatment. Sexual health screening will also be available. The service will also offer signposting to other sexual health services. The provision will be further developed to offer other health services such as smoking cessation.

6.3.3 Palatine and Brook education outreach workers worked in partnership to deliver awareness raising training to further education tutors in Autumn 2008: tutors of childcare, hair and beauty, and construction courses at The Manchester College were targeted. The outreach teams also delivered sex and relationships education (SRE) sessions to students enrolled on these particular courses. This programme is being repeated this autumn / winter and aims to increase young people's knowledge and understanding of sex, relationships, and the importance of using contraception, and to signpost to sexual health services. Similar work was done with a number of other training and education providers.

6.3.4 The Manchester College is also an active participant in the C-Card scheme. Students are able to access free condoms from distribution points at most campuses.

6.4 Reconfiguration of contraception and sexual health services

6.4.1 NHS Manchester contracts two providers to deliver community contraception and sexual health services. For the purpose of this report, Palatine refers to the Manchester Community Health contraception and sexual health service. Brook is a third sector organisation and is commissioned to deliver a specialist clinic for young people aged under 19.

6.4.2 NHS Manchester inherited two separate contraceptive and sexual health services from the predecessor PCTs. The former North PCT provided contraceptive services in the north of the city and Central and South PCTs worked in partnership to provide services in the rest of the city. The service is now part of Manchester Community Health and has a single management structure under the direction of one Clinical Director.

6.4.3 The reconfiguration of contraception and sexual health services in central and south Manchester occurred during 2008. The process had started in 2006 under the direction of the former Central Manchester PCT. Following consultation with patients and staff, a number of part-time clinics were closed in favour of establishing four new hubs. Each hub has extended opening hours and offers a comprehensive range of services including the provision of contraception and the testing and treatment of uncomplicated sexually transmitted infections.

6.4.4 Community contraception services are required to collect attendance data and to submit annual monitoring data – the KT31 return. The most recent published data is for the period April 2007 – March 2008. Data for April 2008 – March 2009 will be published in October 2009. It will not be possible to make an informed assessment of the impact of the reconfiguration of community contraception services in central and

south Manchester until the publication of KT31 data in the autumn / winter 2009. However, some provisional data is available for the most recent period.

6.5 Clinic Attendances

6.5.1 Manchester community contraception and sexual health clinics (Palatine clinics and Brook) reported over 63,000 clinic attendances during the period 2007/08. Provisional data indicates that the total number of clinic attendances rose in 2008/09, up to 63,808. Palatine saw a small reduction in the total number of clinic attendances (down from 48,400 to 47,765) but Brook saw an increase of 1,343.

FIG 6: Total Clinic Attendances

	2005-06	2006-07	2007-08	2008-09 provisional
Palatine clinics	54,300	51,000	48,400	47,765
Brook clinic	20,100	13,300	14,700	16,043
Total	74,400	64,300	63,100	63,808

6.5.2 New Clients

6.5.2 Provisional data indicates that local clinics saw 30,892 new clients in 2008/09 (Fig 7). This is down from 2007/08 but is comparable to the level in 2006/07. The predecessor contraception and sexual health services (former North PCT and Central / South PCT services) had different and incompatible data collection and reporting methods; the new service submitted an estimate in 2007/08 and it now seems that numbers were over reported.

6.5.3 Brook saw 4,524 new clients (male and female) in 2008/09. This is up from the 4,300 new clients reported in 2007/08.

FIG 7: First Contacts (All Ages), Manchester clinics

	2005 / 06		2006 / 07		2007 / 08		2008 / 09 provisional	
	Female	Male	Female	Male	Female	Male	Female	Male
Palatine clinics	24,900	900	23,700	1,200	32,100	1,400	23,801	2,567
Brook clinic	9,400	1,200	3,100	1,200	3,000	1,300	2,996	1,528
Totals	34,300	2,100	26,800	2,400	35,100	2,700	26,797	4,095
Grant Totals	36,400		29,200		37,800		30,892	

6.5.4 In terms of new female clients aged 19 and under, provisional data suggests

that Palatine clinics saw 3,870 clients (Fig 8a) and Brook saw 2,993 clients (Fig 8b) in 2008-09. The increase in the numbers of young women attending Palatine services could be due to the additional FRESH sessions introduced at the new hubs.

6.5.5 Brook saw a small reduction (7 contacts) in the number of first contacts with females aged 19 and under in 2008/09 compared with the previous period.

FIG 8a: First Contacts with Females, Palatine clinics

	2006 / 07			2007 / 08			2008 / 09 provisional		
	19 and under	20 - 34	35 and over	19 and under	20 - 34	35 and over	19 and under	20 - 34	35 and over
Number	2,844	15,879	4,977	3,531	21,507	6,741	3,870	14,603	5,328
% of total	12%	67%	21%	11%	67%	21%	16%	61%	23%

FIG 8b: First Contacts with Females, Brook clinic

	2006 / 07			2007 / 08			2008 / 09 provisional		
	19 and under	20 - 34	35 and over	19 and under	20 - 34	35 and over	19 and under	20 - 34	35 and over
Number	3,038	62		2,940	60		2,933	63	
% of total	98%	2%		98%	2%		98%	2%	

6.5.6 It is important to note that Palatine and Brook are specialist contraception and sexual health services. Around 80% of women who use contraception choose to obtain their supplies from their GP. All GP practices in Manchester offer Level 1 contraception services – in particular, the provision of oral contraception, which remains the most popular (though not the most effective) contraception method.

6.6 Choice of contraception

6.6.2 There has been a small increase in the proportion of women choosing long-acting reversible contraceptive methods (LARCs). 14% of women attending Palatine clinics chose these methods in 2007/08 (up from 12%); only 1% of females attending Brook accepted a LARC method. Nationally, LARC methods are proving to be more popular with older women and further work is being done at all levels to promote contraceptive choice to women of all ages, including teenagers. Data has not bee published for 2008/09.

Table 9: Reason For Visit, All Women, All Ages								
	2006-07				2007-08			
	LARCs	User dependant methods	Other method	Contact for other reason	LARCs	User dependant methods	Other method	Contact for other reason
Palatine clinics	12%	46%	1%	40%	14%	46%	2%	38%
Brook clinic	1%	67%	29%	3%	1%	76%	17%	6%

6.3.2 In the North West in 2007-08, 18% of all visits were females accessing LARC methods of contraception. All of the Brook clinics reported low uptake of LARC (ranging from 1 – 5%). NHS Bolton reported the highest uptake of LARC – accounting for 31% of the total number of visits by female clients.

6.6.2 User dependant methods remain popular – with nearly half of females attending Palatine clinics and over two thirds of females attending Brook opting for one of these methods. The most used user-dependent method is the oral contraceptive pill.

6.7.1 Sexual Health Standards

6.7.1 The GUM 48 hour access target was one of the top NHS priorities for 2006/07 and 2007/08; and from 2008/09 it has become a national standard that has to be maintained. The standard is that all patients should have guaranteed access to a GUM clinic within 48 hours of contacting a service. The target was introduced to address the problems of long waiting times (up to 10 weeks at local clinics) and high levels of unmet demand, and to facilitate earlier testing and treatment.

6.7.2 The national standard is now that 100% of patients should be offered an appointment, and at least 85% of patients should be seen within 48 hours of contacting a GUM clinic. In March 2009, GUM clinics in Manchester saw 89% of patients within 48 hours meeting the target. Appointments were offered to all patients.

6.7.3 NHS Manchester also complies with the targets relating to abortion services. Since the introduction of Central Booking in 2007, waiting times have reduced (the time from initial contact to procedure) and abortions are being performed earlier. NHS Manchester meets the target of at least 60% of procedures being carried out under 10 weeks gestation.

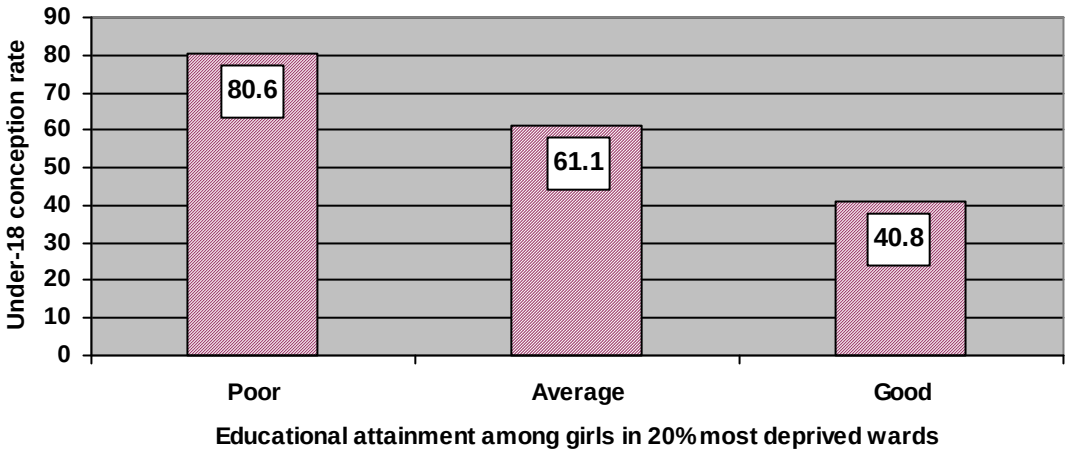
7.1 Teenage Pregnancy and Education

7.1.1 Education has the biggest single impact on teenage conception rates. Young women who leave school with qualifications are much less likely to become teenage mothers. Low attainment is associated with high conception rates even after accounting for the effects of deprivation and economic status (Fig 10). On average, deprived wards with poor levels of attainment have under-18 conception rates twice as high as similarly deprived wards with better levels of attainment.

7.1.2 Educational attainment also has a big impact on contraceptive use. NATSAL research (2000) indicates that a low proportion of girls (8%) and boys (6%) who leave education with qualifications after the age of 17 report the non-use of contraception at first sex, compared with a much higher proportion of girls (34%) and boys (28%) who left school at 16 with no qualifications.

7.1.3 The national evidence suggests that improving educational attainment and attendance has a positive impact on the under-18 conception rate. But schools and colleges also have an important role in ensuring that young people have knowledge and skills about sex and relationships and have the skills and the confidence to make positive choices in relation to their sexual behaviour.

FIG 10: Under 18 conception rates and educational attainment in 20% most deprived wards



Poor = < 40% girls 5 + A-C GCSEs & > 10% no qualifications
Average = 40-60% girls 5 + A-C GCSEs & 6-10% no qualifications
Good = 60% girls 5 + A-C GCSEs & < 6% no qualifications

Source: 'Teenage Pregnancy Next Steps'

7.2 Improving sex and relationships education (SRE)

7.2.1 The Government has announced that Sex and Relationships Education (SRE), as part of Personal, Social and Health Education (PSHE), is set to become a compulsory part of the curriculum for all primary and secondary school pupils in England from September 2011. The announcement came in response to the principal findings from two independent reviews – the first on the teaching of sex and relationships, the second on drugs and alcohol education, both of which recommended that PSHE was vital to providing a healthy, rounded education.

7.2.2 The Department for Children, Schools and Families (DCSF) is now consulting with professional bodies, schools, parents and young people, about the content of the new curriculum. Initial findings are expected later in 2009. All schools will have to deliver SRE, though parents will continue to have the right to exclude their children from SRE lessons.

7.2.3 The provision of Sex and Relationships Education (SRE) is considered critical – the national evaluation of the first four years of the teenage pregnancy programme affirmed the importance of school-based SRE as an important source of learning about sex for young people. The evaluation found that, taking account of other factors, areas where a higher proportion of young people said the SRE they received met their needs, had lower under-18 conception rates.

7.2.4 Good progress has been made to support primary schools to deliver SRE. The popular 'Growing and Changing Together' programme is being delivered in most primary schools at Key Stage 2. From September 2009, curriculum resources for Key Stage 1 (dealing with friendship) will be made available to schools. 'Growing and Changing Together' is an age appropriate programme and focuses on building self-esteem, friendships and relationships, and, during the transition period, puberty and how babies are born.

7.2.5 Local high schools use several different approaches to deliver SRE. Most schools deliver SRE as part of a regular, timetabled PSHE lessons. A small number of schools hold PSHE events at regular points during the academic year. Other schools deliver SRE as part of the RE curriculum. Variation is due, in part, to competing curriculum demands, the current non-statutory nature of PSHE / SRE, and the school ethos. Manchester Healthy Schools Partnership is now conducting a piece of research with most local high schools to determine their support needs to implement the new PSHE curriculum.

7.2.6 Local partners have agreed a standard approach to support schools to further improve the provision of SRE. This approach includes policy development, curriculum support, and training, in line with local and national guidance. School Improvement Partners (SIPs) and School Effectiveness Officers (SEOs) have been tasked to challenge and support schools to address teenage pregnancy prevention issues.

8.1 Improving support for professionals and parents

8.1.1 Considerable effort has been made to raise the profile of teenage pregnancy prevention and support issues among parents and professionals. The Partnership is working to implement agreed actions following the recent Ministerial meeting (which had a focus on workforce issues). We have produced a framework for the provision of relationships, sex and sexual health (now being reviewed following the Ministerial meeting) that builds on existing policies and guidance. We have specialist sexual health training courses at present, and will soon be introducing a tiered training programme. This will include a basic-level teenage pregnancy e-learning course (due to launch later this summer) and face-to-face training about young people, sexual

health, and risk-taking behaviour (due to launch this autumn). These will link to existing sexual health courses.

8.1.2 Some parents find it difficult to talk to their children about sex, relationships, and sexual health. We are working hard to support parents to develop the knowledge and skills to make this task easier. Manchester has implemented all of the recommendations set out in the 'Next Steps' guidance. The popular Parenting Your Teen course addresses sex and relationships education as does the Speakeasy programme. New initiatives include the development of three new booklets – to be given to all parents and carers at three important points in their children's development: at birth, at the start of primary school, and before the transition to secondary school – that will be published later in the year.

9 Vulnerable Young People and Assessing Risk

9.1.1The wide range of personal, social, economic and environmental risk factors associated with teenage pregnancy are, ultimately, mediated through sexual activity and contraceptive use. Understanding differences in sexual activity rates and contraceptive usage among teenagers is, therefore, crucial to understanding how teenage conception rates can be reduced. The early identification of young people most at-risk of early parenthood, and the provision of appropriate intervention and support, will contribute to local efforts to reduce the under-18 conception rate.

9.1.2 The national evidence base has identified a number of risk factors that are known to increase the risk of early parenthood. For young people who experience multiple risk factors, their likelihood of teenage parenthood increases significantly (by as much as 30%). In broad terms, these risk factors can be divided into four broad groups:

- Personal circumstances
- Social circumstances
- Risky behaviours
- Education-related factors

9.1.3 It is also important to consider geographical variations. Variations in under-18 conception rates mirror the pattern of deprivation across England, with half of all teenage conceptions occurring in the 20% most deprived wards. Manchester has a high number of teenage pregnancy hotspots – defined as wards with conception rates of over 60 conceptions per 1000 young women. Based on the most recent ward level data almost two thirds of local wards can be classified as hotspots.

FIG 11: Risk Factors for Teenage Parenthood			
Personal circumstances	**Social circumstances**	**Risky behaviours**	**Education-related factors**
▪ Being the child of a teenage mother ▪ Already being a teenage parent ▪ Older sibling a teenage parent ▪ Being in care or care leaver ▪ Poor emotional health ▪ Experience of sexual abuse	▪ Living in poverty ▪ Living in a deprived area ▪ Inadequate family support ▪ Parents unable to discuss sex ▪ Parents have low aspirations for their children ▪ From community that accepts early parenthood	▪ Early onset of sexual activity ▪ Poor use of contraception (if at all) ▪ Multiple sexual partners ▪ Alcohol or substance misuse ▪ Involvement with crime	▪ Poor school attendance ▪ Disengaged from school / learning ▪ Poor attainment or achievement

9.1.4 The Partnership has acted to improve the identification of young people most vulnerable to teenage parenthood. Our risk assessment tool (based on the tool developed in Stoke-on-Trent) has been used since last summer and is enabling staff to determine risk and to negotiate interventions with individual young people. We have also produced a checklist to encourage staff working with groups of young people to deliver teenage pregnancy prevention activities. The tools are linked to the Common Assessment Framework (CAF) process and have also been used as part of Targeted Youth Support (TYS). There are a range of interventions in place for at-risk young people, including 'Not Just A Bump' – over 180 young people have completed this intensive prevention programme to date.

9.1.5 The Partnership has continued to invest in targeted prevention work. We now know much more about the characteristics of at-risk young people, and this intelligence is being used to target young people from particular neighbourhoods or social groups. We have further expanded the education outreach team and the six workers are delivering sex, relationships and sexual health education in a range of settings across Manchester, including Pupil Referral Units (PRUs), E2Es, youth centres, and residential homes. We offer support and resources to ensure that all professionals know about local contraception and sexual health services and how to make referrals.

9.1.6 A Targeted Youth Support (TYS) programme focusing on teenage pregnancy prevention has been delivered in the North West district. A number of staff from a range of partner organisations worked with a group of young people identified as being at-risk of teenage parenthood. Further TYS programmes are being developed.

10 Recommendations

10.1 Members might wish to consider in which areas they would like to see further service improvement.