Common themes:

Local Strategic Partnerships and Teenage Pregnancy

department for
education and skills

DH Department of Health

Common themes:

Local Strategic Partnerships and Teenage Pregnancy

Department for Education and Skills
Department of Health

May 2007

Department for Communities and Local Government : London

Department for Communities and Local Government
Eland House
Bressenden Place
London
SW1E 5DU
Telephone: 020 7944 4400
Website: www.communities.gov.uk

© Crown copyright, 2007

Copyright in the typographical arrangement rests with the Crown.

This publication, excluding logos, may be reproduced free of charge in any format or medium for research, private study or for internal circulation within an organisation. This is subject to it being reproduced accurately and not used in a misleading context. The material must be acknowledged as Crown copyright and the title of the publication specified.

Any other use of the contents of this publication would require a copyright licence. Please apply for a Click-Use Licence for core material at www.opsi.gov.uk/click-use/system/online/pLogin.asp, or by writing to the Office of Public Sector Information, Information Policy Team, St Clements House, 2-16 Colegate, Norwich, NR3 1BQ. Fax: 01603 723000 or email: HMSOlicensing@cabinet-office.x.gsi.gov.uk

If you require this publication in an alternative format please email
alternativeformats@communities.gsi.gov.uk

Communities and Local Government Publications
PO Box 236
Wetherby
West Yorkshire
LS23 7NB
Tel: 08701 226 236
Fax: 08701 226 237
Textphone: 08701 207 405
Email: communities@twoten.com
or online via the Communities and Local Government website: www.communities.gov.uk

Printed on paper comprising no less than 75% post-consumer waste.

May 2007

Product Code: 06 NRD 04335

Common themes: Local Strategic Partnerships and Teenage Pregnancy

AIM

This briefing aims to show how effective programmes to tackle teenage pregnancy can contribute to Local Strategic Partnerships (LSPs) achieving their key priorities and outcomes.

CONTENT

The briefing covers

- Introduction and background
- Why reducing teenage pregnancy matters
- Policy drivers and local priorities
- Characteristics of successful programmes
- Recommended actions
- Annex 1: Risk factors and consequences
- Annex 2: Regulation and performance management
- Annex 3: Resources and support
- Annex 4: Abbreviations

AUDIENCE

This briefing is intended primarily for those in LSPs with responsibility for achieving the public service agreement (PSA) target on neighbourhood renewal, and in receipt of Neighbourhood Renewal Funding (NRF)[1]. It asks LSPs to consider how they could assist partnerships working in their area to help tackle teenage pregnancy for mutual benefit in achieving targets.

Because of their key linking role and responsibilities in relation to children and young people, it is also for the attention of Directors of Children's Services (DCSs). More broadly, it also aims to be helpful to all those working on issues relating to young people and inequalities – especially education, worklessness, teenage pregnancy and infant mortality – within Government Offices (GOs), Strategic Health Authorities (SHAs), Local Authorities (LAs), Primary Care Trusts (PCTs) – including directors of public health.

1 Further information available at www.neighbourhood.gov.uk

Introduction

Communities and Local Government have produced this briefing in partnership with the Department for Education and Skills' (DfES) Teenage Pregnancy Unit (TPU) and the Department of Health.

This briefing provides information on how a coordinated, effective approach to preventing and addressing teenage pregnancy can complement and contribute to tackling LSPs' key outcomes, particularly in relation to education and worklessness. It highlights key issues including evidence of best practice, points to sources of more detailed information, and signposts support for areas at risk of not achieving the teenage conception target.

Background

There has been steady progress to date in tackling teenage pregnancy, demonstrating that effective action can have considerable impact. Since the launch of the Teenage Pregnancy Strategy in 1999, there has been a steady downward trend in the under-18 conception rate: which is now at its lowest level for 20 years. Between 1998 and 2005 the under-18 conception rate has fallen by 11.8% and the under-16 rate has fallen by 12.1%. However, UK rates are still much higher than in comparable EU countries and there is significant variation in local area performance. If all areas were performing as well as the top quartile, the national reduction would be 26 per cent – more than double the 11.8 per cent reduction that has been achieved.[2]

Teenage pregnancy is strongly associated with the most deprived and socially excluded young people. Difficulties in young people's lives such as poor family relationships, low self-esteem and dislike of school contribute to young people's risk.

- Each year around 39,000 under 18 year olds become pregnant in England
- Half of under-18 conceptions occur in the 20% most disadvantaged wards
- These pregnancies occur throughout the country, but are much more likely in deprived neighbourhoods. Nearly every LA has at least one 'hotspot' neighbourhood, where every year more than 6% of young women aged 15-17 become pregnant
- The overwhelming majority of under-18 conceptions are unintended; about half lead to abortion

Sources: ONS and TPU analysis, DfES (2007).

Why reducing teenage pregnancy matters

Evidence shows that having children at a young age can damage young women's health and wellbeing and severely limit their education and career prospects. Longitudinal studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves.

2 Sources: ONS and TPU analysis, DfES (2007).

Below are some of the *risk factors* for teenage pregnancy[3], showing a relationship between deprivation and a range of related factors and an increased risk of teenage pregnancy. It also looks at some of the *consequences* of teenage pregnancy, which itself increases the risk of a number of poor outcomes, such as low educational attainment, poverty and worklessness, poor health and infant mortality. The facts are stark:

Education

- **Risk factor:** Among young women leaving school at 16 with no qualifications, 29% will have a birth under 18, and 12% an abortion under 18, compared with 1% and 4% respectively for young women leaving at 17 or over
- **Potential consequence:** Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over
- **Potential consequence:** Overall, nearly 40% of teenage mothers leave school with no qualifications

Worklessness

- **Potential consequences:**
  - at age 30 teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner
  - at age 30 men who became fathers in their early 20s (under age 23) were twice as likely to be unemployed as those becoming fathers over 23 years, even after taking account of deprivation[4]

Health

- **Potential consequence:** The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to mothers aged 20–39 years[5]

Multiple risk factors

- Young women experiencing five risk factors (daughter of a teenage mother; father's partly or unskilled social class; conduct disorder; social housing at 10 and poor reading ability at 10) have a 31% probability of becoming a mother under-20, compared with a 1% probability for someone experiencing none of these risk factors
- Young men with the same five risk factors had a 23% probability of becoming a young father (under age 23), compared to 2% for those not experiencing any of these risk factors

Source: Teenage Pregnancy: Accelerating the Strategy to 2010, DfES (2006) – unless stated otherwise.

3 Further details and references on risk factors for and potential consequences of teenage pregnancy can be found in annex 1.

4 Berrington A, Diamond I, Ingham R, Stevenson J *et al* (2007) *Consequences of teenage parenthood: pathways which minimise the long term negative impacts of teenage childbearing.* University of Southampton

5 For further information about infant mortality please see the *Review of the Health Inequalities Infant Mortality PSA Target*, DH (2007).

There is also a strong economic argument for investing in measures to reduce teenage pregnancy, which places significant burdens on the NHS and wider public services. The cost of teenage pregnancy to the NHS alone is estimated to be £63m a year[6]. Benefit payments to a teenage mother who does not enter employment in the three years following birth can total between £19,000 and £25,000 over three years.[7] Broad estimates suggest that every pound spent on the Strategy saves approximately £4 to the public purse, when assessed over a 5 year period.[7]

It is clear that teenage pregnancy is both a cause and a consequence of factors such as low educational attainment, worklessness and poverty, resulting in a cycle of deprivation. Increased risk of infant mortality and other health risks for both mother and baby further exacerbate this cycle. Poorer outcomes associated with teenage parenthood mean the effects of deprivation and social exclusion can be passed from one generation to the next.

However, across England there are many examples of areas that have successfully tackled teenage pregnancy through integrated programmes that address access to information, contraception and services, as well as wider factors such as aspiration and parental engagement. These integrated programmes have been shown to reduce teenage conceptions and support young parents to continue education and employment. They also have the potential to have a positive impact on key LSP outcomes – particularly education and worklessness.

Policy drivers and local priorities

This section highlights LSP priorities and identifies which may be particularly affected by effectively implemented teenage pregnancy initiatives. It also outlines key teenage pregnancy policies.

The Government's Teenage Pregnancy Strategy, launched by the Prime Minister in 1999, required all LAs, by 2010, to reduce the rate of under-18 conceptions by half and to increase to 60% the proportion of teenage mothers in education, training or employment to reduce their risk of long term social exclusion. In 2004, some targets were strengthened and new public service agreements (PSA) were introduced to reduce health inequalities including:

> Reducing England's under-18 conception rate by 50% by 2010, as part of a broader strategy to improve sexual health (target shared by Department of Health and Department for Education and Skills)

Communities and Local Government's PSA performance target 1 is to:

> Tackle social exclusion and deliver neighbourhood renewal, working with Departments to help them meet their PSA floor targets, in particular narrowing the gap in **health**, **education**, **crime**, **worklessness**, **housing** and **liveability** outcomes between the most deprived areas and the rest of England, with measurable improvements by 2010.

6 These are the costs associated with a birth, miscarriage or abortion, *Teenage Pregnancy Strategy Evaluation (2003) Annual report synthesis 2002. London.* Teenage Pregnancy Unit, DfES.

7 *Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies*, DfES (2006).

LSPs will be considered successful if the six key outcomes areas are achieved. Because of their strong correlation with teenage pregnancy (see annex 1), the outcomes of particular relevance to this briefing are:

- **Education:** Raise standards in English, maths, and science in secondary education so that by 2008, in all schools located in LA Districts in receipt of NRF, at least 50% of pupils to achieve level 5 or above at Key Stage 3 in each of English, maths and science

- **Worklessness:** For those living in the LA wards with the worst initial labour market position that are also located within LA Districts in receipt of NRF, significantly improve their overall employment rate and reduce the difference between their employment rate and the overall employment rate for England

The health outcome relates to premature mortality rates caused by stroke, heart disease and related diseases and are unlikely to be affected by teenage pregnancy programmes *in the short term.* However, parenting programmes, including breastfeeding, smoking cessation during pregnancy and improved nutrition will have a longer term effect, in relation to areas such as obesity, heart disease and mental health. Also children born to teenage mothers have a 25% higher likelihood of low birth weight[8] which can lead to health problems later in life.

Although there is not a clearly established relationship, the outcome on crime may, to a lesser extent, be impacted by successful teenage pregnancy programmes – through initiatives to increase educational attainment and aspiration. Programmes to support teenage parents will also contribute to meeting this target, although it was not possible to quantify this. Housing and liveability are less directly linked to teenage pregnancy.

Health inequalities and infant mortality: Reducing health inequalities was made one of the top NHS priorities for 2006-07, putting the issue at the heart of NHS performance. The wider Neighbourhood Renewal floor targets set in 2004 relate to PSA1, but are not all reported on by LSPs. Local areas are responsible for setting priorities that reflect local need, at the same time as ensuring that national targets are addressed.

One of the elements within PSA1 is the health inequalities infant mortality target[9] (which is a measure of the overall health of the population and one in which health inequalities persist). A review of this target, published by Department of Health in February 2007, quantified the impact of interventions to reduce the gap: achieving the teenage pregnancy target would contribute 1% (or one-tenth) of the 10% needed to narrow the gap and meet the target. The infant mortality review outlines interventions to meet the target. These include reducing teenage pregnancies and supporting and improving services for teenage parents.

Every Child Matters: Change for Children is at the core of programmes affecting children, aiming to ensure children have good outcomes across five key areas: to be healthy, stay safe, enjoy and achieve, make a positive contribution and to achieve

8 Botting B, Rosato M, Wood, R '*Teenage mothers and the health of their children*'. Population Trends, 93, Autumn 1998.

9 Infant mortality: by 2010 to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth. This is underpinned by objectives focusing on reducing the gap between "routine and manual" groups and the population as a whole, and to reduce by at least 10% the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole.

economic wellbeing. PCTs and LAs have new duties to work in partnership in pursuit of these outcomes, to plan children's and young people's services and to deliver integrated services found in Sure Start Children's Centres. Children's and Young People's Plans (CYPPs) and Local Area Agreements need to take into account child and adolescent mental health services (CAMHS), services for children in care and for those with special needs. The strategic role of DCSs and the duty to cooperate will be important here. These areas could potentially be impacted by effective teenage pregnancy programmes.

Teenage pregnancy guidance: Tackling teenage pregnancy is central to the Government's work to prevent health inequalities, child poverty and social exclusion. As part of *Every Child Matters: Change for Children*, the Teenage Pregnancy Unit (TPU) has produced new non-statutory guidance to support achievement of the 2010 targets:

Teenage Pregnancy: Accelerating the Strategy to 2010

Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies

These reiterate the need to provide information and access to contraception/sexual health services, but also stress the importance of tackling wider issues, such as raising aspiration in young people and their communities. With effective coordination, this approach has the potential to have impact beyond a reduction in teenage conceptions to wider issues, such as educational attainment and worklessness.

All top tier LAs have in place a 10-year strategy to prevent teenage pregnancies and support teenage parents, with local targets to reduce under-18 conceptions by between 40% and 60% by 2010. The teenage pregnancy strategy timeframe is now more than half complete.

NSF for Children, Young People and Maternity Services: The National Service Framework for Children, Young People and Maternity Services maternity standard says that women should have 'access to supportive, high quality maternity services, designed around their individual needs and those of their babies'. Teenage parents are included in this NSF.

Other priorities: LSPs are facing a range of current and upcoming priorities, with a focus on reducing inequalities. As related priorities arise, it will be important to explore the potential linkages with teenage pregnancy programmes.

Characteristics of successful programmes

This section highlights characteristics of successful activities to tackle teenage pregnancy, as part of broader mainstream programmes in local areas addressing a range of priorities – through education, health services, housing and social services.

The TPU has produced *Teenage Pregnancy: working towards 2010. Good practice and self-assessment toolkit*. This resource, which synthesises recommendations and up-to-date evidence of effectiveness[10], is an easy-to-use toolkit for Teenage Pregnancy Partnership

10 For example, TPU 'Deep Dives'; the Prime Minister's Delivery Unit's review of teenage pregnancy, *Teenage Pregnancy: Accelerating the Strategy to 2010; Teenage Pregnancy Next Steps*

Boards (TPPBs) and LSPs. It outlines key characteristics to aim for – as well as those to avoid – to enhance the potential of local areas to reduce teenage conceptions. Some examples of programmes that work are outlined here. The TPU website has further examples of best practice:

Key component	*Examples of what works*
Strategic: Active engagement of the key mainstream delivery partners who have a role in reducing teenage conceptions (including second pregnancies)	• Clear accountability for delivery of the under-18 conception target • Members of the TPPB/equivalent body represent the four key agencies – PCT, Education, Social Services, Youth Services/Connexions – as well as the independent sector, and occupy senior strategic positions • There is a high level champion for teenage pregnancy in the LSP or LA/PCT who leads in driving the local strategy • Key actions to prevent teenage pregnancies/support teenage parents are included in the area's Children and Young People's Plan and monitored regularly
Data: Detailed, accurate, up to date data/information are critical for assessing need, planning, commissioning, and performance managing broad and targeted programmes	• Protocols are in place for collection, analysis and use of data from a variety of sources (eg schools, live births, terminations, Connexions) across sectors to contribute to planning and performance management • Where BME population of a local area is significant, census categories are further broken down to enable effective targeting to communities most at risk
Communication: Effective communication is central to partnership working, access to services and informed choice for young people, parents and communities	• There is effective communication among all partners on issues relating to teenage pregnancy • There is proactive publicity of local services to young people most at risk • There is a media/communications strategy (developed through engagement including young people/parents) to manage pro-active and reactive media work
Implementation: Programme elements:	
• Provision of young people focused contraception/ sexual health services, trusted by teenagers and well known by professionals working with them	• Young people's contraceptive/sexual health services are part of mainstream provision/funded from mainstream resources • Clear referral systems for other service providers (eg substance misuse services, Connexions, Youth Service) • Services meet You're Welcome quality criteria/are welcoming to gay, lesbian, bisexual and transgender young people
• Strong delivery of SRE/PSHE by schools	• Systematic delivery of sex and relationship education (SRE)/personal, social and health education (PSHE) across primary and secondary schools, in line with DfES SRE Guidance, and tailored to meet specific need (eg boys, BME communities) • Dedicated PSHE coordinator/specialist PSHE teachers in post, with all teachers having basic training • Governors understand/receive training on importance of SRE
• Targeted work with at risk groups of young people, in particular Looked After Children and Care Leavers	• Local data are used to identify young people at risk • Interventions are tailored to suit specific needs of at risk children and young people (eg young men, BME communities, refugees and asylum seekers, young offenders) and include work on aspiration, relationships and safe sex *continued*

Key component	*Examples of what works*
• Workforce training on sex and relationship issues within mainstream partner agencies	• LA ensures all those working with at risk young people (Connexions PAs, youth workers, social services, foster carers, those working with boys/young men etc) receive sex and relationship training, ideally on joint multi-agency courses
• A well resourced Youth Service, with a clear remit to tackle big issues, such as teenage pregnancy and sexual health	• Youth Service plays a leadership role in relation to social issues affecting young people, including sexual health • Trained youth workers have clear arrangements for referring young people to specialist sexual health advice and are involved in condom distribution schemes
• Work on raising aspirations	• Raising aspiration is viewed as integral to all other interventions and programmes of action • Opportunities through the 14-19 agenda are maximised to provide alternative education for young women identified as being at risk of teenage pregnancy • Young parents are targeted for support in relation to positive aspirations for themselves and their children • There is a strong focus on supporting young people to resist peer pressure and deal with insecurity and lack of self-confidence
• Work with parents	• There is investment in community-based programmes that seek to engage hard-to-reach families (eg through children's centres) • YOT and other parenting courses that parents are required to attend by court orders include SRE issues • Programmes such as the Parentline Plus 'Time to Talk' and the fpa Speakeasy are commissioned to provide support for parents[11]

Evidence shows that integrated programmes which include all these elements have the best chance of reducing teenage conception rates – which has the potential to impact on LSP key outcomes. Ensuring particular elements are in place – such as raising aspirations, working with parents and targeted work with at risk groups – can have a direct impact on education and worklessness targets, as well as on infant mortality and to a lesser degree on housing.

In addition to integrated programmes to prevent teenage pregnancy, targeted initiatives to support young parents will be particularly important. For example, the Sure Start Plus evaluation showed that one-to-one advisors for pregnant and parenting young women increased educational participation for under-16 year olds, improved accommodation situations and improved family relationships including reducing the incidence of domestic violence. The following will be important for key outcomes:

- **Education:** Poor educational attainment increases the risk of teenage parenthood and so measures taken by the LSP to raise aspirations of at-risk teenagers and close the gap in educational attainment will serve to reduce teenage pregnancy, while at the same time increasing educational performance across the LSP. Measures to ensure young parents can continue their education will contribute to education targets

- **Worklessness:** Because of teenage parents' lack of qualifications and low levels of post-16 participation they will be at higher risk of poor long-term labour market outcomes/benefit dependency and make up a significant proportion of the NEET (not

11 Parentline Plus: www.parentlineplus.org.uk/; Speakeasy: www.fpa.org.uk/

in education, employment or training) cohort. It will be important for LSPs to ensure adequate support is available to help teenage parents re-engage in education, employment and training, including work on raising aspiration

- **Health:** Children born to teenage parents have higher rates of infant mortality and higher incidence of low birth weight, so preventing teenage pregnancies is of particular importance. Providing effective, tailored ante-natal support/health visiting services for young parents is essential so that they are given information about nutrition during pregnancy, the importance of breastfeeding and help with smoking cessation. Tailored and young people friendly services will help ensure that young women get maximum benefit from earlier access to ante-natal care

In order for benefits of these programmes to be fully realised, the following will be essential:

- assessing need, based on findings of the teenage pregnancy self assessment toolkit linked with priority issues and gaps from among local key outcomes

- commissioning programmes that are complementary and contribute to achievement of targets, for example, youth crime initiatives could include sex education and access to sexual health services and worklessness programmes should include young mothers. Links should be clear with corporate and community plans

- addressing wider issues, particularly reducing childhood poverty

- raising aspiration, which is critical to most, if not all, programmes aimed at young people

Recommended actions

The *Teenage Pregnancy: working towards 2010: Good practice and self assessment toolkit* asks Local Teenage Pregnancy Coordinators or equivalent strategic leads to carry out a self assessment using this toolkit with their Teenage Pregnancy Partnership Board (TPPB) or equivalent strategic level body with responsibility for the teenage pregnancy strategy. As part of this work a series of actions are required:

- ***LSPs*** are asked to consider whether they could become involved in helping to tackle teenage pregnancy in light of findings from the teenage pregnancy self assessment to contribute to achievement of their key outcomes. This should be done in close liaison with the Teenage Pregnancy Partnership Board and Director of Children's Services, to ensure effective joint planning (through the Local Delivery Plan for the NHS, the Children and Young People's Plan and the Local Area Agreement) and commissioning in order to reach young people most at risk

- At local level, ***Directors of Children's Services*** are asked to ensure that the results of self assessment are made available to LSPs – and in particular to LA/PCT chief executives – to inform planning and commissioning of LA and PCT services both to address gaps and to ensure local provision matches the descriptions of effective practice highlighted in the toolkit

- At regional level, ***Directors of Children and Learners*** and ***Regional Teenage Pregnancy Co-ordinators*** or relevant strategic leads should use local areas' self assessments to stimulate discussion and to gain a detailed understanding of the problems in under-performing areas, as part of the improvement cycle

ANNEX 1
Teenage pregnancy – risk factors and consequences

For additional information on teenage pregnancy and full details on the following existing data, please see the Teenage Pregnancy Unit's website, and publications including *Teenage Pregnancy: Accelerating the Strategy to 2010* (2006) and *Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies* (2006).

Education

Low educational attainment is both a risk and consequence of teenage pregnancy. However, specialist support has been shown to reduce the risk of low educational attainment for teenage parents. Tackling teenage pregnancy through raising aspiration and work with parents can also have an impact on educational attainment, contributing directly to education and worklessness outcomes, such as Key Stage 3 attainment and encouraging more young people to stay in education/training or find employment.

Risk factors for teenage pregnancy

- **Low educational attainment:** The likelihood of teenage pregnancy is far higher among those with poor educational attainment, even after adjusting for the effects of deprivation. On average, deprived wards with poor levels of educational attainment have an under-18 conception rate double that of similarly deprived wards with better levels of educational attainment (80 per 1000 aged 15-17 compared with 40 per 1000)

- **Leaving school at 16 with no qualifications:** Among young women leaving school at 16 with no qualifications, 29% will have a birth under-18, and 12% an abortion under-18, compared with 1% and 4% respectively for young women leaving at 17 or over[12]

- **Disengagement from school:** A survey of teenage mothers showed that disengagement from education often occurred prior to pregnancy, with less than half attending school regularly at the point of conception. Among the most deprived 20% of LAs, areas with more than 8% of half days missed had, on average, an under-18 conception rate 30% higher than areas where less than 8% of half days were missed. Dislike of school was also shown to have a strong independent effect on the risk of teenage pregnancy.[13]

12 Wellings K, et al (2001) *Sexual Health in Britain: early heterosexual experience*. The Lancet vol. 358: p1834-1850

13 Hosie A, Dawson N (2005) *The Education of Pregnant Young Women and Young Mothers in England*. Bristol: University of Newcastle and University of Bristol

Potential consequences of teenage pregnancy

- **Leaving school with no qualifications:** Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over
- Overall, nearly 40% of teenage mothers leave school with no qualifications[14]

Worklessness

Worklessness is a potential consequence of teenage pregnancy. Tackling teenage pregnancy through aspiration raising and working with parents, as well as ensuring young parents have access to employment schemes can contribute to achieving the worklessness target.

Potential consequences of teenage pregnancy

- At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner[15]
- At age 30, men becoming fathers in their early twenties (under age 23) were twice as likely to be unemployed than those becoming fathers over 23 years, even after taking account of deprivation[15]
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems
- Department for Work and Pensions figures show that around 70% of mothers aged 16-19 claim income support[16]
- People with low or no qualifications are significantly more likely to be workless – in England nearly half of people without formal qualifications are unemployed, where people are also residents of deprived areas the employment rate drops to nearly 40% on average and as low as 20% in some areas[17]
- Teenage mothers are more likely to partner with men who are poorly qualified and more likely to experience unemployment[18]

14 National Statistics (2004) *Census 2001 table: C0069 Mothers under 19 at birth* (Commissioned by Teenage Pregnancy Unit, DfES)

15 Berrington A, Diamond I, Ingham R, Stevenson J *et al* (2007) *Consequences of teenage parenthood: pathways which minimise the long term negative impacts of teenage childbearing*. University of Southampton

16 Unpublished analysis of *DWP income support* data by TPU, DfES (2007).

17 Sources: *Labour Force Survey*, ONS (April-May estimates, 2006) and deprived area data analysis from the 2001 Census,

18 Ermisch J (2003) *Does a 'teen birth' have longer term impacts on the mother? Suggestive evidence from the British Household Panel Study* ISER Working Papers No. 2003-32; Institute for Social and Economic Research

- Where individuals are lone parents the chances of being unemployed are greater; around 72 per cent of partnered mothers are in employment, compared with 56.6 per cent of lone mothers[19]

Health

Children born to teenage mothers experience poorer health outcomes than children born to older mothers, which impacts on both their short and long-term health. Reducing teenage conceptions can have a significant impact on reducing infant mortality.

Risk factors for teenage pregnancy: health related risk behaviours:

- **Alcohol and substance misuse:** Research among south London teenagers found regular smoking, drinking and experimenting with drugs increased the risk of starting sex under-16 for both young men and women. Other studies have found teenagers who report having sex under the influence of alcohol are less likely to use contraception and more likely to regret the experience[20]

- **Teenage motherhood:** A significant proportion of teenage mothers have more than one child when still a teenager. Around 20% of births conceived under-18 are second or subsequent births

- **Repeat abortions:** Around 7.5% (in London this is 12%) of under-18 abortions follow either a previous abortion or pregnancy

Potential consequences of teenage pregnancy:

- Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth

- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, than older mothers – both of which have negative health consequences for the child

- Children of teenage mothers fare worse in two areas – accidents and behavioural problems. However, the fact that teenage mothers were more likely to suffer from anxiety and depression that seemed to be at the root of this, rather than teenage parenthood *per se*[21]

Infant mortality: The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to mothers aged 20–39 years. From 2003-05, there were just over 1000 deaths among infants born to women under-20 – an infant mortality rate of 7.6 per 1000 live births. If mothers under-20 had the same infant mortality rate as mothers aged 20–39 (4.8 per 1000 live births) there would be around 157 fewer infant deaths each year.[22]

19 *A new deal for welfare: Empowering people to work*, DWP (2006).

20 Alcohol Concern (2002) *Alcohol & Teenage Pregnancy*. London: Alcohol Concern

21 Berrington A, Diamond I, Ingham R, Stevenson J *et al* (2007) *Consequences of teenage parenthood: pathways which minimise the long term negative impacts of teenage childbearing*. University of Southampton

22 Sources: ONS and TPU analysis, DfES (2007).

Housing

Teenage parents need support to learn skills necessary to maintain a tenancy and live independently. This includes activities like cooking and budgeting as well as helping them re-engage with education, employment and training. A stable home and childcare are necessary to enable young mothers to take up education, employment and training.

The Supporting People programme pays for vulnerable people to receive help and advice to live independently including, lone teenage parents in priority housing need. All lone teenage parents under-18 who cannot live with their parents or partners should be in supported accommodation and not given independent tenancies without support.

Wider factors: family/background factors

Evidence has shown that teenage pregnancy rates can be reduced by targeted programmes for young people in care as well as work with parents to raise aspiration for their children and to enable them to talk about sex.

Risk factors for teenage pregnancy

- **Living in care:** By the age of 20 a quarter of children who had been in care were young parents, and 40% were mothers[23]. The prevalence of teenage motherhood among looked after young women under-18 is around three times higher than the prevalence among all young women under-18 in England

- **Daughter of a teenage mother:** Research findings from the 1970 British Birth Cohort dataset showed being the daughter of a teenage mother was the strongest predictor of teenage motherhood. *This also becomes a consequence of teenage pregnancy*

- **Ethnicity:** Data on mothers giving birth under age 19, identified from the 2001 Census, show rates of teenage motherhood are significantly higher among mothers of 'Mixed White and Black Caribbean', 'Other Black' and 'Black Caribbean' ethnicity. 'White British' mothers are also over-represented among teenage mothers, while all Asian ethnic groups are under-represented

  - A survey in East London[24] showed the proportion having first sex under-16 was far higher among Black Caribbean men (56%), compared with 30% for Black African, 28% for White and 11% for Indian and Pakistani men. For women, 30% of both White and Black Caribbean groups had sex under-16, compared with 12% for Black African, and less than 3% for Indian and Pakistani women

- **Parental aspirations:** Research shows that a mother with low educational aspirations for her daughter at age 10 is an important predictor of teenage motherhood

23 Barn R, Andrew L, Mantovani N (2005) *Life after care: the experiences of young people from different ethnic groups* Joseph Rowntree Foundation, London

24 Viner R, Roberts H (2004) *Starting sex in East London: protective and risk factors for early sexual activity and contraception use amongst Black and Minority Ethnicity adolescents in East London* University College London, City University and Queen Mary, University of London

Potential consequences of teenage parenthood

Young fathers were less likely to be currently living, and to have ever lived, with their children. The family experiences of both the young father and mother following the birth – for example, starting new relationships – were crucial in affecting the father's subsequent level of contact and the payment of maintenance.[25]

Multiple risk

Where young people experience multiple risk factors, their likelihood of teenage parenthood increases significantly. Tackling multiple risk through targeted programmes with a focus on raising aspiration has the potential to have impact on education and worklessness targets.

Risk factors for teenage pregnancy

- Young women experiencing five risk factors (daughter of a teenage mother; father's social class IV & V; conduct disorder; social housing at 10 and poor reading ability at 10) have a 31% probability of becoming a mother under-20, compared with a 1% probability for someone experiencing none of these risk factors[25]

- Similarly, young men with the same 5 risk factors had a 23% probability of becoming a father under age 23, compared to 2% for those without these risk factors[25]

Economic factors

There is a strong economic argument for investing in measures to reduce teenage pregnancy, as it places significant burdens on the NHS and wider public services. Measures aimed at reducing teenage pregnancies can result in longer term savings. For example, provision of young people-centred contraceptive services/health promotion activities results in fewer unplanned pregnancies/STIs.

Potential consequences of teenage pregnancy

- The cost of teenage pregnancy to the NHS alone is estimated to be £63m a year. Teenage mothers are more likely than older mothers to require expensive support from a range of local services, for example to help them access supported housing and/or re-engage in education, employment and training

- The Labour Force Survey estimates identified 70% of teenage mothers aged 16-19 as not being in education, employment or training[26]

- Census 2001 data show 79% of teenage mothers were in socio-economic groups classified as 'semi-routine occupations', 'routine occupations' or 'unemployed'[27]

25 Berrington A, Diamond I, Ingham R, Stevenson J *et al* (2007) *Consequences of teenage parenthood: pathways which minimise the long term negative impacts of teenage childbearing*. University of Southampton

26 Sources: *Labour Force Survey*, ONS (2006) and TPU analysis, DfES (2007).

27 Sources: ONS and TPU analysis, DfES (2007).

- Child benefit claimant data show that 49% of teenage mothers live in the most deprived 20% of Super Output Areas[28]

28 Sources: Unpublished analysis of *DWP benefit claimant data* by TPU, DfES (2007).

ANNEX 2
Regulation and performance management

There are a number of current regulation and performance management mechanisms that include measures to assess progress towards the teenage conception target. Regulation mechanisms are currently undergoing review to ensure effective approaches and minimal burden on providers. Regulation includes:

- **Ofsted – Annual performance assessment (APA):** An APA is conducted each year in every council. It focuses on the contribution council services have made in the previous twelve months towards improving outcomes for children and young people. Indicators include a range of issues, including the under-18 conception rate and outcomes for looked after children. No fieldwork is undertaken.

- **Ofsted – Joint area review (JAR):** JARs are a three-year programme running until December 2008. All 150 local authority areas will have a joint area review during this time. This involves limited fieldwork and judges the contribution the council and its partners in the local area make to improve outcomes for children and young people.

  From April 2007 modifications to the existing JAR methodology will be introduced. The modified arrangements will target those children and young people not doing well enough or at risk of underachieving, and be proportionate to risk in relation to both the quality and impact of the performance of services and the vulnerability of particular groups of children and young people.

  All joint area reviews will cover investigations on safeguarding, looked after children and children and young people with learning difficulties and/or disabilities. Any additional investigations undertaken will be determined by evidence from the most recent annual performance assessment and any additional evidence provided by individual inspectorates and commissions. Teenage pregnancy is a crosscutting element and may be evaluated in any or all investigations.

  Further information on the APA and JARs can be found on the Ofsted website: www.ofsted.gov.uk

- **Healthcare Commission: Annual health check:** The Healthcare Commission is responsible for regulation of healthcare organisations – both NHS and independent. The annual health check inspects NHS healthcare organisations against core and developmental standards[29]. A number of standards impact on young people, particularly public health core standards on partnerships and disease prevention and health improvement. Organisations' self assessment is cross-checked against a range of

29 Standards for Better Health. (2006) Earlier version: *National Standards, Local Action: Health and Social Care Standards and Planning Framework:*2005/06 – 2007/08 (2004)

nationally available data (including teenage conceptions), as well as against new national targets (including teenage pregnancy). The Healthcare Commission is exploring methods of ongoing assurance in relation to sexual health (including teenage pregnancy) to provide information to its regional teams

- **Performance management:** At a regional level, Government Offices and Strategic Health Authorities contribute to performance management in relation to action to tackle the teenage conception target, as part of the improvement cycle. Locally, performance management is through the LSPs and children's trusts. While both the PCT and the LA are assessed by regulators on performance in relation to achieving the teenage conception target (as noted above), the LA is the legally accountable body in relation to the teenage pregnancy local implementation grants

Following the proposals in the Local Government White Paper: *Strong and prosperous communities* the current LAA negotiating framework will be refined so that from April 2008 each LAA will contain around 35 improvement targets (plus the statutory DfES attainment and childcare targets) drawn from a set of 200 national performance indicators. LAA targets will generally be negotiated to balance local priorities and levels of performance with national improvement priorities. Under this new framework a teenage conception target could be included in an LAA depending on the priorities and needs of the local area.

ANNEX 3
Resources and support

This includes policy, guidance and resources to support tackling teenage pregnancy

CABINET OFFICE

Reaching Out: An Action Plan on Social Exclusion (2006) focuses on teenage pregnancy within a broader commitment to address social exclusion. Principles include:

- Better identification and earlier intervention
- Systematically identifying 'what works'
- Promoting multi-agency working
- Personalisation, rights and responsibilities
- Supporting achievement and managing underperformance

www.cabinetoffice.gov.uk/social_exclusion_task_force/publications/reaching_out/

COMMUNITIES AND LOCAL GOVERNMENT

Supporting People: a grant programme to ensure that LAs take a coordinated and integrated approach, in partnership with other service providers and commissioners to enable provision of user-focused housing related support services to help vulnerable people maintain or improve their ability to live independently. Teenage parents are one of the Supporting People client groups.
www.spkweb.org.uk

Neighbourhood Renewal Fund (NRF): In the 86 most deprived areas of England, LSPs can choose to use NRF resources in 2007-08 to support teenage pregnancy programmes. Also, until the end of financial year 2007-08, ***Neighbourhood Renewal Advisors***, available through Government Offices, can support local areas to address inequalities, with expertise in areas including health inequalities (eg teenage pregnancy) and young people. They specialise in ensuring integrated approaches to addressing the range of targets and priorities faced by local areas.
www.neighbourhood.gov.uk

Communities and Local Government also provides support to local government through nine ***regional centres of excellence*** that aim to improve efficiency in the overall delivery of services (eg partnership, data collection and sharing – key issues for teenage pregnancy and related targets).
www.rcoe.gov.uk

DEPARTMENT FOR EDUCATION AND SKILLS

Every Child Matters: Change for Children (2004) identifies five outcomes that services should be working towards for all children – being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well being. Reducing teenage conceptions is a key cross cutting element.
www.everychildmatters.gov.uk/publications

Care Matters: Transforming the lives of Children & Young People in care (2006). A Green Paper describing Government's vision for children and young people in care, setting out what needs to be done to improve outcomes for looked-after children.
www.dfes.gov.uk/publications/carematters/index.shtml

Every Parent Matters (2007). This sets out what the DfES is doing to promote both the development of services for parents as well as their involvement in shaping services for themselves and their children. It contains a section on supporting young parents.
www.parentscentre.gov.uk/news/?asset=news&id=42223

Sure Start Children's Centres Practice Guidance (2006). This is a revised version of the Guidance issued in 2005 to mainstream good practice in Sure Start Children's Centres which includes an expanded chapter on working with teenage parents.
www.surestart.gov.uk/improvingquality/guidance/practiceguidance

Sure Start Children's Centre Planning and Performance Management Guidance (2006). This contains key performance indicators for Children's Centres (CCs) including two in relation to teenage mothers: the percentage of teenage mothers and pregnant teenagers in the CC's reach area with whom the CC has established contact; and the percentage of mothers aged 16-19 in education, employment or training.
www.surestart.gov.uk/_doc/P0002365.pdf

Targeted Youth Support: A guide (2007). TYS aims to ensure that the needs of vulnerable teenagers are identified early and met by agencies working together effectively, in ways that are shaped by the views and experiences of young people themselves. The targeted youth support guide offers practical help with the design and implementation of targeted youth support in each area.
www.everychildmatters.gov.uk/youthmatters/

Targeted youth support online toolkit. A useful tool when reviewing work to reach young people most at risk of teenage pregnancy.
www.everychildmatters.gov.uk/deliveringservices/targetedyouthsupport

Youth Matters (2005): aims for young people to have more choice and influence over services and facilities that are available to them. **Youth Matters Next Steps** (2006) outlines the next steps Government is taking, following its consultation in ***Youth Matters*** with pathfinders now underway on redesigning targeted support in 14 LA areas for vulnerable young people.
www.everychildmatters.gov.uk/youthmatters/

Local Parenting Strategies. DfES, in line with the Respect agenda, has produced guidance and is providing funding to help LAs develop and start to implement a local parenting support strategy. It is for LAs to decide how to make best use of this resource based on local circumstances.
www.everychildmatters.gov.uk/resources-and-practice/IG00169

DEPARTMENT FOR EDUCATION AND SKILLS: TEENAGE PREGNANCY UNIT

Teenage Pregnancy Unit provides coordination, advice on effective interventions and detailed advice and support on data for targeting and performance management of the Teenage Pregnancy Strategy. ***Promising practice***: a section in the TPU website points to promising practice in tackling teenage pregnancy. www.dfes.gov.uk/teenagepregnancy. Please note that the TPU website content is currently in the process of being migrated to www.everychildmatters.gov.uk/teenagepregnancy

Teenage Pregnancy: Accelerating the Strategy to 2010 (2006). Reiterates the importance of delivering local strategies, with an increased focus tackling wider issues, including poverty, poor educational attainment and low aspiration.
www.everychildmatters.gov.uk/resources-and-practice/ig00156

Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies. Every Child Matters/Change for Children (2006). Guidance for LAs and PCTs on *Accelerating the Strategy*.
www.everychildmatters.gov.uk/resources-and-practice/IG00145

Teenage Pregnancy: Working Towards 2010. Good Practice and Self Assessment Toolkit (2006). An easy to use resource for TPPBs and LSPs to enhance the potential of local areas to reduce teenage conceptions.
www.everychildmatters.gov.uk/resources-and-practice/IG00198/

Teenage Pregnancy: Working Towards 2010. Data Collection and Information Sharing Toolkit. A resource providing guidance and best practice examples on using and sharing data to support the delivery of local teenage pregnancy strategies.
www.everychildmatters.gov.uk/teenagepregnancy/

Best practice guidance on the provision of effective contraception and advice services for young people (2000).
www.dfes.gov.uk/teenagepregnancy/dsp_content.cfm?pageid=125

DEPARTMENT OF HEALTH/DEPARTMENT FOR EDUCATION AND SKILLS

Healthy Schools Programme aims to: help young people to develop healthy lifestyles; raise pupil achievement; reduce health inequalities; and promote social inclusion. To achieve Healthy School Status, schools must demonstrate evidence of effective practice in relation to healthy eating, physical activity, emotional health and wellbeing and PSHE. The Healthy Schools programme supports achievement of the teenage conception target through PSHE, as well as through other initiatives such as mental health and anti bullying schemes. There are Local Healthy Schools Coordinators available to provide support and advice.
www.healthyschools.gov.uk

Multi-agency working to support pregnant teenagers: A midwifery guide to partnership working with Connexions and other agencies. DfES, DH and the Royal College of Midwives (2007).
www.everychildmatters.gov.uk/teenagepregnancy/

DEPARTMENT OF HEALTH

Choosing Health: Making Healthy Choices Easier (2004)/***Delivering Choosing Health: Making Healthy Choices Easier*** (2005)/***Health Challenge England – next steps for Choosing Health*** (2006). Key policy documents that include teenage pregnancy within a broad public health approach to improve health and tackle inequalities.
www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/fs/en

***Young People's Development Programme* (YPDP)**. Based on evidence of effective, intensive programmes in the United States, DH established YPDP as a three year pilot. It aims to address risk factors for a number of issues, including substance misuse, teenage pregnancy and low educational attainment through a broad based, developmental programme. Elements include education, mentoring, arts, sports, and life skills.
http://ypdp2005.live.poptech.coop

Maternity Matters: Choice, access and continuity of care in a safe service (2007). A framework for local delivery of the government's maternity committment.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073312

National Service Framework for children, young people and maternity services (2004). A 10 year programme setting standards to ensure children's, young people and maternity services are designed and delivered around the needs of children and families.
www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/ChildrenServices/Childrenservicesinformation/index.htm

Review of the Health Inequalities Infant Mortality PSA target (2007). This review considers why, despite a general improvement in infant mortality rates, health inequalities in infant mortality between different social groups remain. It identifies a range of issues and makes recommendations relevant to the health inequalities 2010 PSA target.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065544

You're Welcome quality criteria. Making health services young people friendly (2007). Criteria to ensure health services are young people-friendly.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586

Recommended standards for sexual health services: Produced by the Medical Foundation for Aids & Sexual Health (2005).
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4106273

Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health (2004).
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960

Effective commissioning of sexual health and HIV services: a sexual health and HIV commissioning toolkit for Primary Care Trusts and local authorities (2003).
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4073555

DEPARTMENT FOR WORK AND PENSIONS

New Deal for Lone Parents. Jobcentre Plus service for lone parents who are not working or working less than 16 hours per week. Lone parents taking part may qualify for financial support to address education and training needs, and childcare costs. A personal advisor is allocated to each client to help with the process of getting ready for and finding a job. Clients should contact the information line on 0800 868 868. Text phone 0808 100 8680.
www.jobcentreplus.gov.uk/JCP/Customers/New_Deal/New_Deal_for_Lone_Parents/index.html

HM TREASURY, DFES, DTI AND DWP

Choice for parents, the best start for children: a ten year strategy for childcare (2004)/***Sure Start Children's Centres***. Sure Start Children's Centres are where children under-5 years old and their families can receive holistic, integrated services and information, and access help from multi-disciplinary professional teams. The Government is committed to delivering a Sure Start Children's Centre for every community by 2010.
www.hm-treasury.gov.uk./media/426/F1/pbr04childcare_480upd050105.pdf

REGIONAL SUPPORT

- Government Offices can provide a range of support through Regional Teenage Pregnancy Coordinators or by commissioning specialist support where an issue has been identified

- Strategic Health Authorities can provide advice and performance management for relevant programmes

LOCAL SUPPORT

- ***Children's trusts*** have a key strategic and commissioning role in relation to services for children and young people that can have an impact on reducing teenage pregnancy

- ***Teenage Pregnancy Coordinators*** or relevant strategic leads have expertise in programming both for prevention of conceptions and support of teenage parents

ANNEX 4
Abbreviations and acronyms

APA	Annual Performance Assessment
BME	Black and Minority Ethnic
CYPP	Children and Young People's Plan
DCL	Director of Children and Learning
DCS	Director of Children's Services
DfES	Department for Education and Skills
DH	Department of Health
DTI	Department for Trade and Industry
DWP	Department for Work and Pensions
ECM	Every Child Matters
EU	European Union
FPA	Family Planning Association
GO	Government Office
IMD	Index of Multiple Deprivation
LA	Local Authority
LAA	Local Area Agreement
LDP	Local Delivey Plan
LSP	Local Strategic Partnership
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
PCT	Primary Care Trust
PSA	Public Service Agreement
PSHE	Personal, Social and Health Education
RTPC	Regional Teenage Pregnancy Coordinator
SHA	Strategic Health Authority
SRE	Sex and Relationship Education
TPC	Teenage Pregnancy Coordinator
TPPB	Teenage Pregnancy Partnership Board
TPU	Teenage Pregnancy Unit
YOT	Youth Offending Team
YPDP	Young People's Development Programme