

HEALTHIER AND SAFER SCRUTINY COMMITTEE

02 February 2017

Report of the Working Group Investigating Teenage Pregnancy

Exempt Information

None

Purpose

To make members aware of the works carried out with reference to Tamworth having high levels of teen pregnancy and propose recommendations to establish a borough council position and actions to make improvement.

Recommendations

1. That Tamworth Borough Council signpost all services relating to sexual health
2. That Tamworth Borough Council creates additional pages on its website to signpost to subject specific webpages including <http://www.sssexualhealth.nhs.uk/>
3. That Tamworth Borough Council assist South Staffordshire Sexual Health in promotion and recruitment of both users and suppliers for the C-card across the town and particularly in areas where Teen pregnancy is still on the increase.
4. That Tamworth Borough Council become a C-card outlet at both front desk, TIC and other suitable outlets.
5. That Tamworth Borough Council recognise the drop in Teen pregnancy of 26% in the last 2 years
6. That Tamworth Borough Council creates or signpost to a voluntary group mentoring group for pregnant or new parents with particular focus on teens who are pregnant or new parents.
7. That Tamworth Borough Council no longer considers Teen pregnancy as a stand-alone issue but as part of the sexual health agenda
8. That Tamworth Borough Council works towards breaking down the prejudice and stigma around teen pregnancy and parents whilst promoting the empirical stories of success of individuals after becoming parents.
9. That Tamworth Borough Council note and endorse the efforts of Staffordshire county council with the Mac's, South Staffordshire Sexual Health, Schools nurses with clinic in a box and charities in promoting safe sex and dealing with contraception
10. That Tamworth Borough Council creates a voluntary group or signposts to a support groups and services dealing with conception which does not go full term for whatever reason.
11. That Tamworth Borough Council understands that any additional financial burden of assisting teen parents on the public purse is short lived and the majority go on to have successful careers without public sector support as do most parents regardless of age.

Report

For a number of years tables showing teenage conception rates have placed Tamworth either at the top or near to the top of these tables both nationally and regionally. During 2015-16 members of scrutiny chose to look at this issue as an aspiration issue but it was quickly recognised that this issue bridged both committees and following a decision to allow a review of a contributing service the work was deferred until 2016-17. The following report shows the findings and recommendations of the Health and Wellbeing Scrutiny Committee working group for Teenage Pregnancy 2016-17.

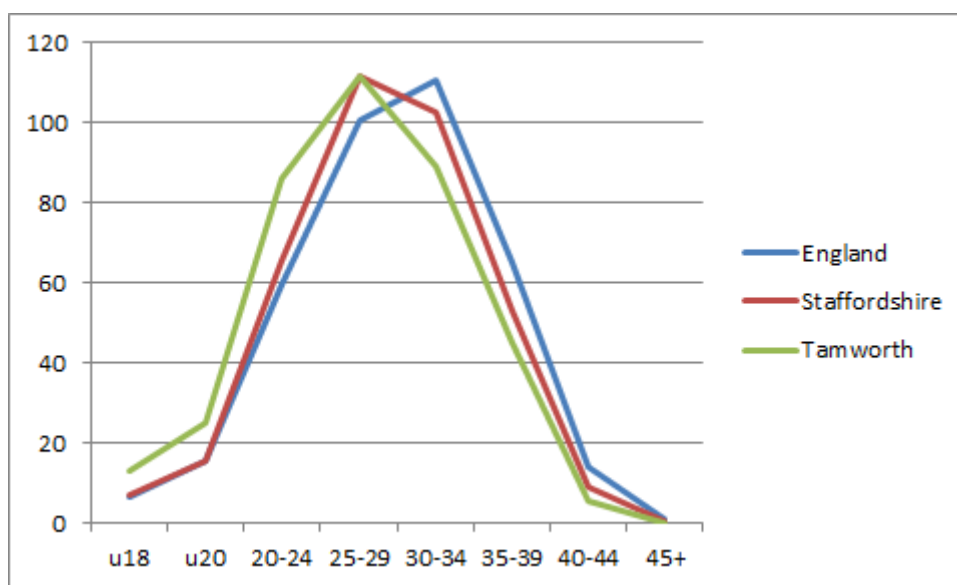
Number and Tables.

Initially the rates of teenage conception for different boroughs were difficult to identify with different agencies using different measures, some used district boundaries whilst others used constituency boundaries which are not coterminous. The other major issue with this was the ongoing challenge of trying to compare different areas with different sizes and populations so some sort of equation must be used. The result of this comparison exercise has created a set of tables and charts putting Tamworth at the top and also remaining there despite birth rates in this age group falling. There are a number of different measurements that have been taken, each show assumed high rates whether it be borough wide, per thousand, constituency wide, birth rates, termination rates. There is also a suggestion that Tamworth may have high levels repeat termination rates etc.

The below table shows the birth rates for 2014 by 1000 population allowing a view of the Tamworth position within the county and nationally.

2014

Live Births per 1000	England	Staffordshire	Tamworth
u18	6.7	7.1	13.3
u20	15.4	15.5	25.1
20-24	59.8	65.4	86.2
25-29	100.5	111.7	111.6
30-34	110.6	102.8	89.0
35-39	65.1	53.0	45.0
40-44	13.9	8.9	5.5
45+	1	0.5	0
all	62.2	57.1	60.1



In order to look at the actual issue for Tamworth the data provided within the Area Health Profiles were used creating the below table showing the actual live births for under 18 year old parents in Tamworth by year. It can be seen from this chart that years 2014 & 2015 have seen a significant drop in the under 18 birth rate. With reference the league tables and their calculations, due to other areas also reducing in their U18 birth rates Tamworth's reduction does not move Tamworth down the league table. This can be seen in the charts in Appendix 1. Sandwell figures have been included as a reference due to there being a 14 year low in rates.

Tamworth u18 Birth rate

year	actual number of
2007	86
2008	82
2009	80
2010	78
2011	78
2012	83
2013	79
2014	65
2015	64

Services in School

MAC's

The delay in beginning this work allowed Staffordshire County Council the opportunity to complete an in year review of a new service in schools bringing agencies together to tackle a number of issues. This project produced a series of MAC's (Multi Agency Centres) one in each school and referred to in schools as Wellbeing Centres. According to other documents from Staffordshire County Council these MAC's were set up in part to address the high levels of Teen conception.

It was decided that the committee would examine the work of the Multi Agency Centres which the committee was informed were set up by Staffordshire County Council to address a number of issues including the high levels of teen pregnancy seen in Tamworth (page 2 & 11 of Research into the Impact of Multi Agency Centres). Five of these centres were created to provide support and provide advice to pupils covering a variety of subject areas. Conveniently the MAC's have been reviewed by the county council and a report published.

To look at the review both scrutiny committees had a joint meeting to receive a presentation on the review findings this took place on Tuesday, 4th October, 2016. The first notable finding of the report shows that whilst a major part of the initial brief given to the Mac's related teen pregnancy the number of pupils using the service for sexual health advice has been low, at around 5%. Other services such as support etc have proven to be more in demand than had been anticipated. The feeling of the committee was that whilst there had been a demand lead change of direction of the Mac's they served a useful purpose and should continue to exist and provide the services they do. It was said that there is nothing wrong with starting in a direction and finding you're lead down a different route.

As for teen pregnancy at this stage and with the information in the MAC review it is difficult to quantify the success of the MAC is addressing teenage pregnancies and the issues related to them due to the small amount of information available. The work of the MAC was however thought to be both useful and meaningful therefore the committee would like to show support for this concept and welcome the new approach.

School Nurses

Since September 2015 the School nursing Service in Staffordshire is provided by Birmingham Community Healthcare NHS Foundation Trust through a commissioned service. This commission requires them to deliver intervention services which included teen pregnancy services.

The school nurse service is set up in a way that service users are referred by either teaching staff or parents, from this point a qualified nurse who will carry out an assessment and arrange support specific to that child's needs. Children with special needs and Looked after children receive regular detailed health assessments which also include sexual health and information on how to access sexual health services.

With particular regards to Tamworth the school's nurse services confirmed early on additional support was required around teenage pregnancy. In September 2016 The school nurse service in Tamworth took the opportunity to embrace National Sexual Health Week with a range of activities to raise awareness of school nurse services as well as sexual health issues, The service has also rolled out a health questionnaire for year 7 pupils this has a number of benefits including gathering information and introducing the service directly to pupils.

Staffordshire School nurses have recently received training and will be in a position to offer Clinic in a Box including free condoms, pregnancy testing, chlamydia testing and emergency contraception under the legal framework of a "patient Group Direction".

The School nurse service also deal with sexual exploitations risk and Female Genital Mutilation risk making the referrals to First Response etc, for other issues such as sexuality, transgender and non-binary sexualities the service are also active in signposting to support organisations.

The school nurse service also supplied information of the interventions relating to sexual health for quarter 1 & 2 of 2016-17. It must be noted that schools are closed of 6 weeks in quarter 2 and the figures reflect this.

INTERVENTION	QUARTER 1	QUARTER 2
Advice	30	19
Barrier Contraception Supplied	4	3
Chlamydia Intervention	1	0
Chlamydia Testing	0	0
EHC Supplied	0	0
Pregnancy Advice	4	1
Pregnancy Test	2	0
Signposting	31	20

Contraception & Clinics

Tamworth has had high levels of teen conceptions rates a for a number of years, whilst considering these the committee identified that Tamworth has higher than average conceptions rates across all measured age ranges. It was therefore felt by the committee that the availability of contraception should be looked into.

The below list shows initial findings

- Condoms can be purchased at a number of outlets including chemists, local shops, supermarkets etc.
- Emergency contraceptive pill is available from GP's, minor injuries or a pharmacy.
- Free condoms are available from either
 - sexual health clinics, opening hours in are divided between 2 locations, Mon 2:30pm-4:45pm, Tues 6:15pm-8:30pm, Wed 09:15am-11:30am, Fri 11:45am-2:00pm, Sat 09:15 am-01:30pm
 - certain pharmacies through the use of a C-Card.
- Traditional contraception methods are available through referrals from local GP's.

Staffordshire Sexual Health Service

This service is not solely focusses on teen pregnancy but sexual health across the south of Staffordshire and is responsible for a number of services and monitoring. For example current estimates show there are around 80 people in Staffordshire who may be living with HIV and be unaware, this is only an estimation. During September 2016 the service also took part in National Sexual Health Week with a series of roadshows including one in Marmion house reception, these promoted to work of the service as well as provided some advice.

Staffordshire Sexual health provides the clinics mentioned above.

Clinic opening times are included in Appendix 2. These clinics provide a number of services including advice treatment and contraception, there are also a limited number of appointments at each clinic for procedures such including contraceptive procedures. Four of the five sexual health clinic sessions offer procedures such as coil fitting or implants fitting and removal, these are limited to 3 appointments per session but at quiet times it may be possible to perform these procedures to a drop in patients assuming they meet the criteria. .

The Staffordshire Sexual Health website <http://www.sssexualhealth.nhs.uk> has a lot of good information including very good information on different contraception. This details all the information a person would need including factors which may make the contraceptive less effective.

With regard the work of the committee the C-card service was one which garnered some support.

C-Card

The C-Card is a plastic card that gives anyone aged under 25 quick and easy access to FREE condoms, across the South Staffordshire area. You can gain access to free condoms from a number of venues, including sexual health clinics, doctor's surgeries, supermarkets and pharmacies

http://www.sssexualhealth.nhs.uk/ccard/ccard_collection.asp

Cambridgeshire Community Services NHS Trust also offers a C-Card at the website www.areyougettingit.com To register for a C-Card a person must visit either of the below during the normal clinic times. They will then have a consultation and be issued with a card. They can then present themselves at any clinic or selected pharmacies to receive free condoms, once they have visited a certain number of times they will have another consultation before being issued with another card..

Free condoms are available with the c-card at the following locations.

What area is this site located?	Venue name?	Still not sure? See venue postcode below:
Tamworth	Boots, (Ankerside)	B79 7LQ
Tamworth	Boots, (Ventura Park)	B78 3HB
Tamworth	Stonydelph Pharmacy, (29 Ellerbeck)	B77 4JA
Tamworth	David Siswick, (Masefield Drive)	B79 8JA

Tamworth	Dosthill Pharmacy, (47 Cadogan Road)	B77 1PQ
Tamworth	Well Pharmacy, (1-5 Church Street)	B79 7DH
Tamworth	Eason Pharmacy, (125a Watling Street)	B77 5BJ
Tamworth	Fazeley Pharmacy, (11 Coleshill St Fazeley)	B78 3RB
Tamworth	Peel Court Pharmacy, (2 Aldergate)	B62 8SP
Tamworth	Sainsbury's (Ventura Park)	B78 3HD
Tamworth	Primary Care Trust (30 Hospital Street)	B79 7EB

This Table was produced December 2016, since then other outlets have come online including Mcgrath's in Caledonian Glasgote. A map is attached as Appendix 3.

The South Staffordshire sexual health C-card scheme has only been in place since July, It is understood that the youth service formerly ran by Staffordshire county council had a C-card running since 2009 but at the time of writing no information on this was available. Emails have been sent to SCC democratic services.

Survey

As part of the scrutiny committees work an online survey was performed which identified the below issues. The survey was promoted through social media and press releases however the sample data is relatively small and the demographic responding tended to be those who had accessed services historically so whilst is a lack of empirical information there is certainly a time line of information and stories to tell.

Briefly the highlights include the below, there are also some conclusions included.

1. Most of those affected related to a pregnancy between 15-18, one reply state the age of 12 but this has not been confirmed.
2. The majority 73% did receive sex education at school or during their school years, 12% were unsure as to whether they did or not.
3. A wide variety of contraceptives were known to teens at the time of conception as well as many of these being used. 61% were using some sort of contraceptive pill at the time of conception.
 - a. This has raised some questions around the major causes of the pill to be less effective.
4. The question of access was asked and whilst many were able to access contraception one question displayed a barrier "At the time I was unable to get the pill due to being under 16, as they said they would tell a parent" The question around being able to actually get contraception highlighted the taboos that surround the subject
 - No I was embarrassed
 - No I was embarrassed
 - yes
 - yes
 - No, I was worried he'd tell my mom
 - no embarrassing back in the day
 - No, too shy to

- No due to anxiety and depression
- Yes, but my mother found them and threw them away.
- From chemists but was embarrassed, was got from pub toilets
- This question is badly written
- No it was my partner who bought condoms not me
- Can never get a drs appointment!
- Judgemental staff, low self esteem
- They said they were unable to give contraception without telling my next of kin
- No-embarrassed and from a strict family
- You felt awkward and embarrassed
- Embarrassing
- No it was awkward
- No felt embassered
- No, I was far too shy and too embarressed

6. With regards to intention to become pregnant 84% stated it was not their intention to get pregnant, 1.5 % did but had not involved their partner in this discussion.

7. 85% of conceptions went full term.

8. Of those who have had conceptions that had been terminated 96% would not consider the procedure again.

a. This seems to show that initial assumptions around repeat termination and the use of termination as a contraception is unfounded.

9. 11 respondents stated they had received relationship education at school.

a. The big push from national government over the last 30 years has been about relationships, it seems that this message is either not getting through or not recognised

10. The majority of teens who became parents or conceived were living at home with married or cohabiting parents who were both in full time employment.

a. Throughout all the documentation and studies of this subject there is an assumption that teen pregnancy is prevalent in areas of deprivation relating to low employment and aspiration, this response seems to contradict this assumption

11. 36% of teen parents are bringing their children up in socially rented accommodation. 11.7% are home owners the residual are in some sort of private renting arrangements. 26,7% are living with parents.

a. Throughout all the documentation and studies of this subject there is an assumption that teen pregnancy is prevalent in areas of deprivation relating to low employment and aspiration, this response seems to contradict this assumption

12. 53.7% of teen parents are now in full time employment, 32% are raising the child full time at home.

a. Throughout all the documentation and studies of this subject there is an assumption that teen pregnancy is prevalent in areas of deprivation relating to low employment and aspiration, this response seems to contradict this assumption

13. 75.8% have gone on to have other children.

14. The final question related to achievement since the time of the pregnancy, this showed that the majority have gone on to live healthy enjoyable lives including good careers and higher education qualifications.

15. This shows that despite the mantra that teen pregnancy is a really bad thing and reduced life chances evidence shows that this is generally not the case. Unfortunately anecdotal discussions have highlights some use this mantra as a way of promoting termination.

16. Throughout the survey there are interesting answers given ,one that stands out and has done in discussions of the working group relates to post pregnancy support and post termination or post miscarriage support. There have also been individuals who have expressed an interest in getting involved in longer term projects relating to this subject. There is a call in the survey for support and mentoring assistance.

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