

Hackney and the City Teenage Pregnancy Partnership

Strategic Summary 2004-2005

1. Introduction:

The Teenage Pregnancy Strategy for Hackney & the City has this year shown a success in significantly reducing the teenage conception rate by 10% from baseline. This has been achieved by a strong and consistent partnership of both senior and operational managers, investment in both contraceptive and support services, increased prevention work with young men and young fathers and sex and relationship education with young people in and out of schools.

The new commissioning group, chaired by the Head of Family Support Service, has met regularly to oversee strategic development, plus contract and performance management. It has been agreed that the Supporting People manager will join this group as they are a significant contributor to support services for young parents. The Partnership also successfully bid for NRF funding which will make a significant contribution towards the strategy over the next 2 years.

Hackney is also a Sure Start plus pilot and these services, with additional Teenage Pregnancy and mainstream PCT funding, have been providing intensive support to the most vulnerable young families. In addition, there has been an increase in work with fathers and young men. The Sure Start plus database is now fully operational and is beginning to provide us with much clearer data on what the outcomes are for service users. This will be further developed over next year.

Ensuring the continuation of these specialist services within the new agendas of Children's Centres and a Children's Trust will be a key challenge for the commissioning group next year.

1.1 What we think has worked/been successful to date.

The Hackney and City Partnership has identified the following factors as contributing to our success in reducing the local conception rate:

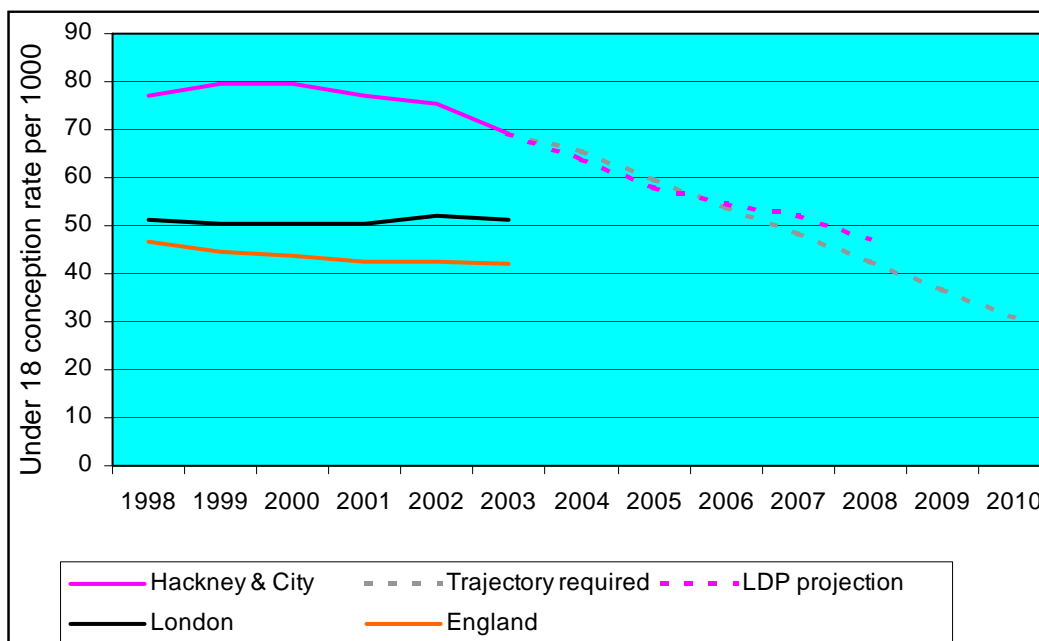
- The active involvement and engagement of young people.
- An effective partnership comprising of both senior level managers and frontline service providers - good communication networks, strong co-ordination and multi-disciplinary working.
- Senior level commissioning group.
- A long-term approach focussing on primary schools.
- Investing in specialist support services for teenage parents and their children.
- The increase in activity targeting boys, young men and young fathers.
- Both a universal and targeted approach to service delivery of both prevention and support services

- Ensuring that all teenage pregnancy funded services are sensitive and responsive to the specific needs of BME young people and to young parents, including young fathers.
- Interventions based on national and local evidence of best practice.
- Developing a whole school approach to SRE through the National Healthy Schools Programme (NHSP).
- The Partnership has also been successful in securing additional investment into teenage pregnancy most notably from NRF, (1.5million over 2 years) but also mainstream PCT funding into support services for young parents.

2. Data analysis:

Provisional data from ONS for 2003 show a reduction of 10.1% in the teenage conception rate in Hackney and the City from a 1998 baseline of 77.1 to 69.3 per 1,000 girls aged 15 to 17. Although the rate initially increased to a high of 79.8 in 1999, from 2000, coinciding with the start of the strategy, there has been a consistent year-on-year reduction. This is a major achievement for the Teenage Pregnancy Partnership, particularly as it goes against the trend for London as a whole (where the rate showed no change between 1998 and 2003) and other similar local authorities such as Southwark¹, Lambeth² and Haringey³.

The chart below shows the under 18 conception rate in Hackney and the City from 1998 to 2003 compared with the rates for London and England as a whole. It also presents the trajectory required to meet the Department of Health targets (to obtain a 15% reduction from the 1998 baseline by 2004 and a 60% reduction by 2010) and the projected rates included in the Local Delivery Plan (LDP). As can be seen, the LDP projections suggest that the teenage pregnancy rate will not quite reach the 2010 target of 30.8.



¹ Where the rate remained effectively stable between 1998 and 2003

² Where the rate increased by 23.0% between 1998 and 2003

³ Where the rate increased by 13.9% between 1998 and 2003

In Hackney and the City 20.3% of all teenage conceptions in 2000 to 2002 occurred amongst girls under 16. This is comparable London and England as a whole where 19.8% and 19.3% (respectively) of teenage conceptions took place in the under 16 age group. (see appendix 1)

2.1 Teenage pregnancy by ward.

Ward level teenage pregnancy rates for the 3-year period 2000-2002⁴ varied from a high of 122.9 per 1,000 females aged 15-17 in Hackney Downs to a low of 49.1 in Cazenove and Lordship. In addition to Hackney Downs, other high rate wards included Chatham, Victoria, Brownswood and Queensbridge.

The five wards with the highest *number* of under 18 conceptions in 2000-2002 were Hackney Downs, Chatham, Victoria, New River and King's Park. In terms of a strategy to reduce the overall rate of teenage pregnancy across City and Hackney, it makes sense to target wards with high numbers of conceptions, in addition to those with high rates. However, all wards in Hackney have high teenage pregnancy rates so all should be targeted based on TPU guidance.

It is worth noting that in Hackney ward level teenage pregnancy rates do not appear to be associated with ethnicity, deprivation or the educational achievement of girls or boys. For example, the most deprived wards are not necessarily those with the highest number/rate of conceptions. However, all wards in Hackney are relatively ethnically diverse, deprived and have low levels of educational attainment.

(See appendix 2)

2.2 Terminations.

In Hackney and the City between 2000-2002 56.8% of under 18 conceptions resulted in a termination. The termination rate in City and Hackney is higher than for England as a whole where 46% of under 18 conceptions resulted in an abortion, but generally similar to other boroughs considered 'statistical neighbours', e.g. Southwark (61.1%), Lambeth (57%), Lewisham (60.1%) and Haringey (54.2%). The under 18 termination rate in Hackney and the City remained stable between 1997-99 and 2000-02 (43.3 per 1,000 in 1997-99 and 43.9 in 2000-02).

Homerton Hospital termination service saw 234 young woman under 19 between January and September 2004. Whilst nearly all Hackney ethnic groups are represented young people identifying as black accounted for 36.3% of the total which is higher than the proportion of this ethnic group in the population.

⁴ Interpretation of single year data is inadvisable due to the small number of pregnancies and females in the relevant age group.

2.3 Ethnicity of mothers giving birth.

Less than one in four (22.1%) teenage mothers in Hackney and the City were White British compared with 89.3% of teenage mothers in England as a whole. However, as 31.1% of the population of girls aged 15 to 19 are White British, this community could be said to be under-represented amongst teenage mothers in Hackney and the City.

Other White groups made up a relatively substantial proportion (17.2%) of the mothers under 19 in Hackney and the City. Some of these women may well be from Turkish or Kurdish communities, which have sizable populations in Hackney as well as traditions of early marriage and childbirth.

Almost a quarter (22.7%) of all teenage mothers in the locality are Black Caribbean. Yet this community makes up only 11.7% of the population of girls aged 15 to 19 and is therefore significantly over-represented amongst teenage mothers in Hackney and the City.

One in ten (9.8%) teenage mothers in Hackney and the City is Black African, which is slightly less than would be expected if teenage mothers reflected the population of Black African girls aged 15 to 19 overall.

11.7% of teenage mothers in the locality describe themselves as Other Black. This community is over-represented amongst teenage mothers as it only makes up 4.4% of the population of girls aged 15 to 19.

(See appendix 3 for comparison)

The ethnic profile of Sure Start plus service users reflects the profile of teenage mothers above for example a high proportion are Black Caribbean or Black other.

2.4 Educational attainment of teenage mothers.

Teenage mothers in Hackney and the City appear to have slightly higher levels of qualifications than the England average for mothers under 18. In the locality 31.9% of teenage mothers have no qualifications, compared with 37.4% in England. Furthermore, teenage mothers in Hackney and the City are slightly less likely to have level 1 qualifications (22.9% versus 29%) and slightly more likely to have level 2 qualifications (31.9% versus 24.9%).

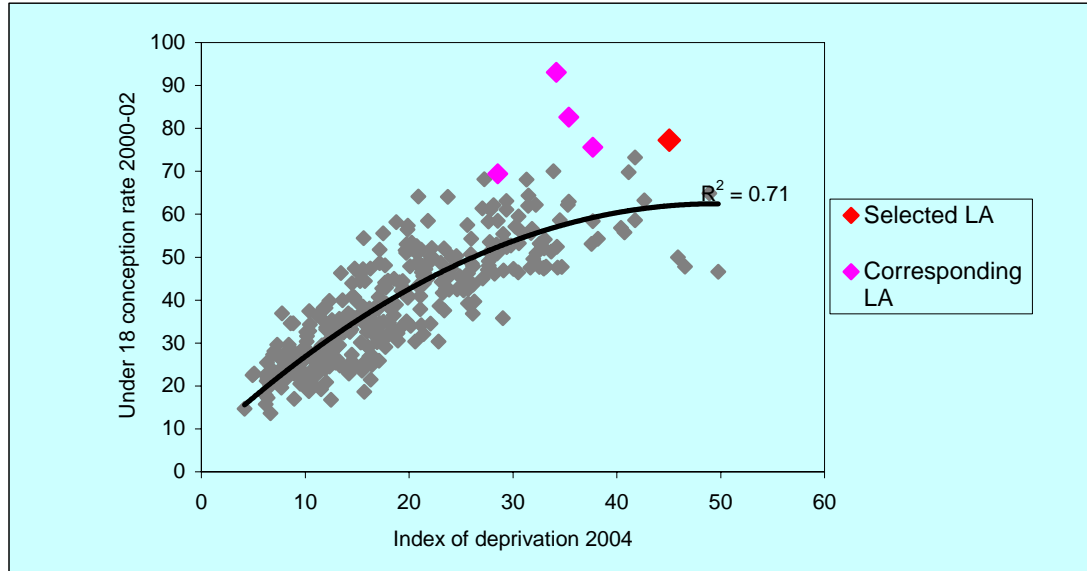
2.5 Teenage pregnancy and deprivation:

As the figure below shows, there is a strong correlation⁵ between deprivation and the rate of teenage pregnancy in a local authority with the more deprived boroughs having higher rates. As Hackney is one of the most deprived boroughs in England, it is not surprising it has one of the highest teenage pregnancy rates in the country. However, the rate of teenage pregnancy in the locality appears slightly higher than might be expected given its level of

⁵ 71% of the variation in under 18 conception rates is explained by the deprivation level.

deprivation. This is also the case in other corresponding local authorities, particularly Southwark, Lambeth and Haringey, suggesting that something other than deprivation, possibly cultural differences is influencing teenage pregnancy rates in these areas.

Deprivation score and under 18 conception rate for 2000-02 by local authority



2.6 Marital status of teenage mothers.

Between 1999 and 2001 more than three in four (77%) mothers giving birth under 19 in Hackney were lone parents. This was significantly higher than in England as a whole where 61.4% of teenage mothers were lone parents. Although the proportion of teenage lone parents in Hackney was consistent with some other similar boroughs (Lambeth 78% and Lewisham 76.8%), it was higher than two others (Haringey 67.8% and Southwark 66.3%).

Unlike many other areas young mothers in Hackney who were not lone parents are also more likely to be married rather than cohabiting (living together without being married): 12.7% and 6.6% respectively.

A higher proportion of local mothers were married when compared with England as a whole (12.7% versus 7.5%) and all bar one of the comparable local authorities, the exception being Haringey, This could be partly reflective of the Turkish/Kurdish communities who live around the Hackney/Haringey area, some of whom have traditions of early marriage and pregnancy. Only 6.6 % of young mothers were cohabiting compared to 29.8% nationally. Cohabitation was also much less frequent in Hackney compared with other similar local authorities.

2.7 Other Characteristics.

Hackney is one of the most deprived boroughs in England and is almost unique in so far as every ward in the borough is sufficiently deprived that they qualify for Neighbourhood Renewal Funding. The local authority is also one of the most diverse areas in London with a wide range of established and newer

immigrant communities. The services of the Local Education Authority in Hackney are provided by a 'not for profit' organisation, the Learning Trust. The Council and its Social Services Department have improved their performance in recent years after a difficult history and have become more actively engaged in the partnership this year.

2.8 Educational attainment.

Girls in Hackney are much less likely to have obtained 5 or more GCSEs grades A* to C than in England as a whole (39.1% versus 54.6%). They are also less likely to have obtained such qualifications than girls in similar boroughs such as Southwark. (see appendix 4)

Boys in Hackney are less likely than in England as a whole to have obtained 5 or more GCSEs grades A* to C or 5 or more GCSEs grades A* to G and they are more likely to have no GCSE passes. Again, boys in Hackney tend to have slightly fewer GCSE qualifications than their statistical neighbours. (see appendix 5)

Whilst educational attainment is lower than the national average, it is improving.

There are 96 young woman currently in Local Authority care. Almost all of these are fostered and there are no residential children's homes in Hackney. A review of cases conducted in 2004 found 6 teenage mothers. This year the number will be monitored (as part of the SSD return to central govt), so we will be better able to plan service delivery and monitor outcomes for this group.

This school year, September 04 to April 05 the Reintegration Officer has supported five young mothers under 17. Four of these are taking GCSE's in June. She has also provided support to four young mothers under 19. Seven of these nine are from BME backgrounds

City and Hackney Young Peoples Service (CHYPS), which provides contraceptive and sexual health services to young people under 26, has a high level of attendance by young people who describe themselves as black. Almost half of all attendance episodes for 2004/5 are by those of black ethnicity. This is higher than the proportion of this ethnic group in the general population (27%). Eighty five percent of attendances at CHYPS were by woman with 15% being male.

Census categorisation of ethnicity is not identical to the categories utilised by NHS organisations in Hackney and the City services. Turkish, Kurdish and many refugee committees are subsumed under 'white' or 'white other' We will commission research this year that will explore the sexual health needs of young people from some of these communities (see below).

Sure Start Plus services are reporting increasing numbers of pregnant teenagers and young mothers presenting who have no recourse to public funds. It is difficult to accurately collect data on this group as they are hidden.

However there is a need for better national guidance on how to effectively support them and to clarify the legal situation regarding funds

The City, in contrast is relatively affluent with only small pockets of deprivation and people in general being healthier and living longer than the national average. Between 2000 and 2002 the City had a negligible number of teenage pregnancies.

Given both the diversity and deprivation of the borough targeted approaches in other areas more closely resemble what is a 'universal' approach in Hackney. Universal work such as delivery of clinics and SRE in schools is delivered to all high rate wards. Nearly 40% of Hackney secondary students attend school out of Borough. This combined with the number of single sex schools also presents further challenges in how to effectively target work based on ward data. SRE work in primary schools, whilst offered to all schools, is prioritised in schools with a high percentage of free school meals, and with catchments in high rate wards. In Hackney 55 out of 56 primary schools meet the criteria for having a high percentage of free school meals. The Partnership has also worked to ensure that the needs of Black and Minority Ethnic young people have been integrated into all work, both in and out of schools.

The increased investment from the NRF program will enable us to further strengthen and develop this work and not only ensure that we are targeting wards with high rates and numbers but are also reaching the most vulnerable groups such as Looked after Children, Young Offenders and young people with erratic or poor school attendance.

3. Summary of Action Plan:

3.1 Sex and Relationships Education in and out of schools.

The Christopher Winter Sex and Relationship modelling project in primary schools will continue this year. This project offers schools three lessons which are team taught with the classroom teacher and a member of Christopher Winter in order to increase the teacher's skills and confidence. This model will now be extended to the secondary schools. As with the primary schools, the project will be offered to all schools and prioritised in schools with a high percentage of school meals and low GCSE attainment and attendance. In addition we will improve further the links between the Teenage Pregnancy Reintegration Officer and contraceptive/sexual health services and SRE programmes.

Funding from the NRF has enabled the partnership to commission a broad range of projects targeting young people in and out of schools.

To ensure work is effective and coordinated with the schools and that young people most at risk are targeted, an SRE co-ordinator, funded through NRF will be based within the Learning Trust and managed by the Healthy Schools Co-ordinator. The SRE Coordinator (full time) and Special Schools SRE Coordinator (part time) will support and monitor schools developing SRE policy and practice through the National Healthy Schools Program. (NHSP)

Other Projects targeting young people in and out of schools are:

- **L8r** an SRE drama series (BBC Learning Zone) with an interactive website for students aged 12-16. Audiences can influence the story.
- **Meet the Parents** a peer education theatre based project provides an opportunity for students in Year 9 upwards to find out about the realities of young parenthood directly from those who have experienced it. Sessions involve video, exercises and asking questions. This project works with young people both in and out of school settings.
- **Sexual Health Peer Education Project** run by two voluntary sector agencies, SKY and Cityzen, focussing on young people in out of schools settings. The peer mentors from this project will also be conducting a mystery shopper exercise into Teenage Pregnancy and Sexual Health Services.
- **Special schools SRE Coordinator** within the Learning Trust who will be supporting special schools and PRU's to develop SRE programs.
- **'Capacity Builders'** have also been funded by NRF within Social Services and the Youth Service. These posts will focus on developing policy and practice within the organisations, training staff and developing pilot programs with young people.

Contracts with all the above projects also specify work with at risk young people within the Pupil Referral Units (PRU), the local boys' school, alternative providers of education as well as work within the youth service.

3.2 Looked-After Children.

Children who are or have been in care have been identified nationally and locally as having high risks of teenage pregnancy. We aim to strengthen work with these young people and their carers this year with a significant investment from the NRF.

A working party of social service and health staff have developed a draft Sex and Relationship policy based on guidance produced by the TPU. This should go out for consultation and be ratified early next year. A new Teenage Pregnancy Project Officer (Capacity Builder) based in Social Services will implement the new SRE policy by providing a tailored programme of training for foster carers, social workers and reviewing officers. This will help to ensure that SRE is included in the care plans for all looked-after children and young people wherever they are placed and that they are enabled to access local contraceptive, sexual health services and specialist pregnancy support services. We will also ensure that the condom distribution scheme (see below) is integrated within Social Services.

3.3 Youth service/ Young Offenders.

To ensure young people at high risk of teenage pregnancy receive sex and relationship education in informal settings project officers, funded through NRF will be based in the Youth Service and the Youth Offending Team (YOT). These posts will develop an SRE policy and provide training for YOT staff and

youth workers on talking about sex and relationships with their clients. They will also develop pilots targeting the most at risk young people. We will ensure that YOT clients who are fathers are offered parenting programmes and supported in being actively involved in their child's upbringing. Evidence has shown that such involvement can be a powerful protective factor in terms of their risk of further offending.

3.4 Asylum Seekers/Refugees.

Anecdotal evidence from service users suggests high teenage pregnancy rates and risk behaviour amongst asylum seekers and refugees. Service usage data mentioned above is not showing these groups as frequent users of either contraceptive or termination services. Maternity data on asylum seekers and refugees was not available. This year we are commissioning City University to undertake exploratory research to better understand the health needs of young people who are asylum seekers or refugees. This research will be used to inform work targeting this group for SRE education and service provision.

3.5 Parents.

Work with parents has been slow to develop this year. Next year we intend to develop this and link into the NRF TP projects and the NRF/BME programme fund plus offer programs for parents in the schools working with Christopher Winter. Ajamu, the NRF funded sexual health project with African young people will, as part of their project, be conducting sessions and debates between African young people and their parents/carers.

3.6 Contraceptive and Sexual Health Services.

City and Hackney Young Peoples Service (CHYPS) clinics will be expanded using the investment from NRF enabling the service to offer a more comprehensive service. An additional G Grade nurse post will be able to provide a full range of contraceptive and sexual health services. This post will provide a clinic based within a New Deal for Communities regeneration project (SHOW) which is in a high rate ward. In addition a new centre for sexual health (The IVY) funded by the PCT will provide a young peoples clinic in an area poorly serviced by existing clinics and easily accessible to a number of high rate wards. The CHYPS house will also be extended which will enable the service to provide more contraceptive and sexual health services from its base.

Counselling services for young people who are pregnant or identified at high risk of pregnancy through repeat pregnancies, repeat use of emergency contraception, abuse issues etc will continue to be provided at two CHYPS clinics by Offcentre as part of the Sure Start plus pilot. Sure Start Plus counselling services are also uncovering high levels of sexual assault and abuse amongst clients and have begun work on common child protection protocols for the voluntary sector which will link into the Common Assessment Framework and Sure Start Plus. They are also developing guidance for counsellors, in consultation with the police, on appropriate counselling and support to victims when a case is being prosecuted.

3.7 Condom scheme/ Emergency Contraception.

An NRF funded condom scheme managed by Brook will target areas not well served by clinics and services working with young people at high risk of pregnancy. Identified services are Looked-after Children teams, Leaving Care, Connexions, outreach services on housing estates, Hackney Community College and Brooke House 6th Form College. Services will be assisted with policy development and training will be provided to staff to ensure effective delivery of SRE alongside condom provision. Community based projects in wards with high numbers of conceptions and little clinic provision will be prioritised for the condom scheme. The condom scheme will also be offered to projects providing drug and alcohol outreach street work services to young people.

An NRF funded emergency contraception scheme will make emergency contraception available free in pharmacies to women aged under 26. We will ensure that pharmacies serving areas with high teenage pregnancy numbers and rates will be prioritised for registration.

3.8 Young parents.

The Sure Start plus services will continue to be provided to pregnant teenagers and young parents. A review of this program and opportunities for mainstreaming will be a priority next year to ensure continuation of service delivery to vulnerable clients. In addition we will be assessing the provision of group work and the possibility of developing accredited courses for young mothers.

Work will be commissioned with a specialist provider in addressing Domestic Violence to ensure Teenage Pregnancy practitioners and others are appropriately identifying and referring clients.

The Specialist Public Health midwife who is joint-funded by Teenage Pregnancy/ Sure Start Plus and the 7 Sure Start programs will be working with Sure Start midwives to improve and coordinate service delivery to pregnant teenagers and young mothers in Sure Start areas. A strategy will also be developed for ensuring that pregnant teenagers and young mothers not living in Sure Start areas also receive a similar service.

The Sure Start plus database has been operational since April 2004 and Sure Start Plus funded services are entering client data and outcomes. We will continue to improve this system and are currently developing protocols for sharing client data between the services with the aim of integrating the database and extending this to other services supporting 'Sure Start Plus clients.

Unheard Voices, the video about young fathers' experiences has been finalised. This will be used for training of professionals as well as being distributed to schools.

4. Conclusion:

The Hackney and City Teenage Pregnancy program is currently a well funded program which, including the NRF component, is in excess of a million pounds per year for the years 04/05 and 05/06. Both of these funding streams have to be mainstreamed in April 2006. The program is demonstrating that it is making progress on reducing teenage pregnancy rates and improving outcomes for young parents and their children.

Mainstreaming a program of this size and ensuring that excellent local services are not lost and that we maintain the momentum, good practice and joined up working developed in the Borough as part of the strategy presents a significant challenge to the Partnership and Commissioning Group.

The end of the Sure Start Plus pilot is also significant and the Partnership and Commissioning Group will need to ensure that services to this very vulnerable client group and their children are secured within the new agendas of Children's Centre and Children's Trust and that the expertise and learning from the Pilot is maintained and developed.

5. Acknowledgements:

Additional analysis has been provided by Rachel Turner, Senior Public Health Strategist, Directorate of Health Improvement, City & Hackney Teaching PCT.