

Children and Young People Overview & Scrutiny Committee

12 October 2011

Warwickshire's Respect Yourself Campaign: Tackling the Under-18 Conception Rates

Recommendations

- (1) That the Committee agrees the work of the Respect Yourself campaign and future strategies
- (2) That the Committee comments on the work plan for 2011 and beyond

1.0 Introduction

- 1.1 In Warwickshire, approximately one teenager becomes pregnant every day, with over half resulting in a termination. Warwickshire has reduced the under-18 conception rate by 12.2% since the inception of the Teenage Pregnancy Strategy in 1998. However, Warwickshire still has one of the highest conception rates among our statistical neighbours. Much of the reason for this is the hot-spot areas within the county that have higher than average teenage pregnancy rates. More background information to this report is attached as **Appendix A**.
- 1.2 National research and best practice show that rates of teenage pregnancy in the UK are five times higher than that of the Netherlands. Here in Warwickshire, we will be doing further research into the reasons for this.
- 1.3 Teenage pregnancy is a key inequality and social exclusion issue:
 - Teenage mothers are less likely to finish their education, and more likely to bring up their child alone and in poverty
 - The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers
 - Teenage mothers are more likely to smoke during pregnancy and are less likely to breastfeed, both of which have negative health consequences for the child
 - Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing and poor health, and have lower economic activity in adult life¹

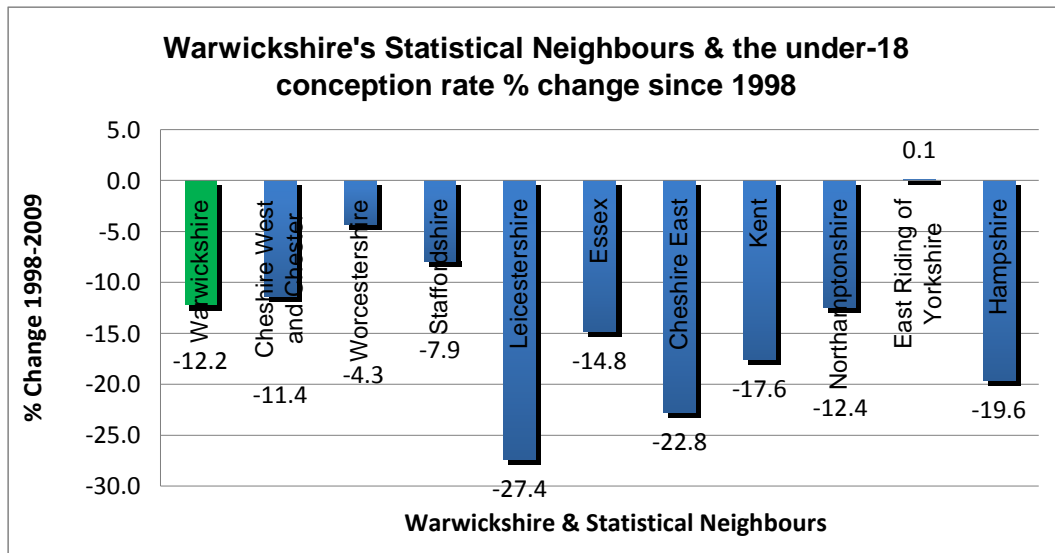
¹ Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts (2006)

- 1.4 Teenage pregnancy is a complex issue, affected by many factors including: young people's knowledge about relationships and sex; access to advice and support; their aspirations and educational attainment; parental, cultural and peer influences; and levels of emotional well-being.
- 1.5 The Respect Yourself campaign, developed in 2005, builds upon Warwickshire's Teenage Pregnancy Action Plan, which is a direct result of the National Teenage Pregnancy Strategy in 2000.
- 1.6 The action plan is commissioned by a small team and delivered by a partnership of agencies (health, education, police, youth support services including statutory and voluntary and leisure services) to ensure services work together to meet the needs of young people under the umbrella of the Respect Yourself campaign, with an aim to provide young people with the skills to resist the pressure to have sex too early, and to make positive, informed choices about their sexual health and relationships.
- 1.7 There are currently four members of the Respect Yourself campaign team: one full-time manager, two part-time coordinators and one full-time administrator.
- 1.8 The national strategy aimed to reduce the teenage pregnancy rate by 50% and to engage 60% of teenage mothers in employment, education and training by 2010. The data for 2010 has not been released yet, but the overall decrease in 2009 was 18.1% – not the 50% hoped for, but a bigger reduction than Warwickshire's 12.2%.
- 1.9 The national Teenage Pregnancy and HIV and Sexual Health Strategy are currently being reviewed and a new strategy incorporating all elements of sexual health and well-being is due in the autumn 2011.
- 1.10 Warwickshire sees approximately one teenager becoming pregnant every day of the year and 54% of those lead to a termination.

2.0 Current Statistical Picture

- 2.1 It is important to note the following:
 - Conception statistics include pregnancies that result in one or more live or still births and legal abortions
 - The Office for National Statistics (ONS) release data 14 months after the period to which they relate. The reason for the time lag is that to be able to record a conception, ONS require information on the birth or abortion relating to that conception. Information on a birth may not be available until 11 months after the date of conception
 - Therefore, the latest annual data is for 2009. Data for Q1 2010 is also available
- 2.2 England has seen a decline in the under-18 conception rate of 18.1% since 1998 – the baseline year for the Teenage Pregnancy Strategy. There has been a decrease of 5.8% from the 2008 rate and this is the lowest rate for over 10 years.
- 2.3 Warwickshire has seen a decline in the under-18 conception rate of 12.2% since 1998, a decrease of 1% from the 2008 rate.

- 2.4 When compared with Warwickshire's close statistical neighbours (determined by DCSF), the County's performance over the last 11 years is more or less as would be expected, in terms of relative performance. Other local authorities started from a relatively higher base and were therefore more conducive to a greater percentage decline.
- 2.5 Among our statistical neighbours, Warwickshire still has one of the highest conception rates. It currently has the third highest; which is not much change from 1998 when it had the fourth highest.



- 2.6 If you look at 3-year aggregated data at a district level, only Warwick has a higher conception rate for the period 2007-09 than the 1998-00 baseline. Rugby and Stratford continue to see the greatest percentage decrease from the 1998-00 baseline.
- 2.7 While Nuneaton & Bedworth's aggregated conception rate continues to steadily decline, Stratford's rate seems to have stalled.
- 2.8 Rather than look at aggregated data, we can review annual data to pick up trends and concerns. Between 1998 and 2009, all but one of the districts experienced an overall decline in under-18 conception rates. However, the overall decline has been accompanied by much fluctuation.
- 2.9 Again, considering annual data, after a pattern of decline in Nuneaton & Bedworth since 2006, they have now experienced a notable rise in 2009. While Warwick has recorded a considerable decline between 2008-09.
- 2.10 When looking at the ages of those becoming pregnant, we are also seeing an increase in the under-16 rate in Rugby and Warwick.
- 2.11 Using ward-level data, we can identify hot-spot areas that have continually high rates. The ten wards with the highest conception rates consist of four in Nuneaton & Bedworth, three in Rugby and three in Warwick, and all but two of these wards (Bar Pool and Cubbington) have featured consistently since 2001. The rates in each of the wards keep fluctuating and in order to make a significant difference will take long-term investment in order to change behaviour and cultures.

| 2001-2003 | | 2002-2004 | | 2003-2005 | |
|--------------------|-------|--------------------|-------|--------------------|-------|
| Ward | Rate | Ward | Rate | Ward | Rate |
| Camp Hill | 133.3 | Camp Hill | 113.8 | Camp Hill | 107.4 |
| Benn | 100.3 | Wem Brook | 87.5 | Atherstone Central | 103.7 |
| Wem Brook | 93.4 | Benn | 79.4 | Wem Brook | 100.0 |
| Clarendon | 74.1 | Coleshill South | 76.9 | Coleshill South | 96.0 |
| Atherstone Central | 72.5 | Atherstone Central | 75.3 | Crown | 80.7 |
| Bar Pool | 72.5 | Brunswick | 73.9 | Benn | 77.2 |
| Brunswick | 65.3 | Bede | 71.6 | Overslade | 73.7 |
| Newbold | 63.5 | Clarendon | 67.7 | Brownsover South | 73.5 |
| Attleborough | 63.1 | Brownsover South | 65.9 | Attleborough | 71.3 |
| Hartshill | 63.1 | Newbold | 65.5 | Newbold | 69.4 |

| 2004-2006 | | 2005-2007 | | 2006-2008 | |
|--------------------|-------|--------------------|-------|------------------|------|
| Ward | Rate | Ward | Rate | Ward | Rate |
| Wem Brook | 113.6 | Camp Hill | 109.1 | Camp Hill | 96.3 |
| Camp Hill | 96.3 | Wem Brook | 96.0 | Wem Brook | 82.1 |
| Brownsover South | 83.9 | Benn | 76.3 | Brunswick | 79.3 |
| Atherstone Central | 82.8 | Brownsover South | 71.2 | Brownsover South | 79.3 |
| Crown | 71.6 | Newbold | 70.2 | Cubbington | 78.2 |
| Brunswick | 69.3 | Clarendon | 66.3 | Newbold | 72.9 |
| Newbold | 68.8 | Atherstone Central | 64.9 | Clarendon | 71.0 |
| Bede | 64.1 | Crown | 64.6 | Benn | 70.5 |
| Benn | 63.4 | Brunswick | 64.6 | Abbey (NB) | 64.3 |
| Poplar | 62.9 | Abbey (NB) | 63.5 | Bar Pool | 63.0 |

3.0 Strategies to reduce the under-18 conception rate

- 3.1 While seeking to reduce the under-18 conception rate, it is important to note that the Respect Yourself campaign is also seeking to support young people to improve their sexual health and well-being. We have always looked at the wider sexual health agenda when addressing teenage pregnancy interventions. We measure success using a wide range of outputs and outcomes and the reduction in the under-18 conception rate is just one of the measures.
- 3.2 The Respect Yourself campaign is in its sixth year of campaign activity, with a solid evidence base of what works.
- 3.3 In 2005-6, the Government completed research that identified key factors that have been evidenced to make a difference to reducing teenage pregnancy rates. All of the work in Warwickshire has built upon these key factors:
- Targeting high-rate areas
 - Targeting vulnerable groups
 - Provision of young-people-focused contraception/sexual health services
 - Strong delivery of Relationships and Sex Education (RSE) by schools
 - Workforce training
 - Youth Support Services committed to tackling big social issues such as sexual health
- 3.4 Investment was made in Nuneaton & Bedworth, resulting in an initial reduction of 24.5% and small declines thereafter, particularly within the high-rate wards. The

current aggregated data picture appears to show sustained reduction. Between 2006-2007, the following was commissioned:

- Theatre in Education (TIE) Project was offered to target secondary schools and feeder primary schools – a whole-school approach to a consistent and effective RSE programme
- Saturday Contraceptive and Sexual Health (CASH) clinic based in the Healthstore, Abbey Green, Nuneaton
- Signposting to services – targeted campaigns around Valentine's Day, school proms, Nuneaton Carnival and Christmas
- Targeted workforce development for all front-line mainstream and some voluntary organisations in the area
- Creation of two RSE Project Officers to offer information, condom distribution and signposting, during evenings and weekends at places where young people 'hang out'
- Preparing young parents service (PYPS) – offering antenatal and postnatal support to under-18s with a view to reducing second and subsequent pregnancies
- Connexions PA to address young parents support and engagement into education, employment and training

- 3.5 This investment totalled £99,758. Much of the work was then embedded and sustained and still continues now. According to national research, every £1 spent on the strategy results in £4 saving to the public purse², therefore we can state that over the year period we saved £399,032 in the long term.
- 3.6 A social return on investment (SROI) exercise based on this highlighted how many conceptions the interventions may have prevented. This was based on the population remaining the same and then the cost to society of the continuation and termination of the conceptions over a 3-year period. The SROI amounted to £400,000 in benefits. Termination costs were not identified, but would have delivered additional savings.
- 3.7 The Respect Yourself campaign team have a clear strategy: Use the evidence of what works and influence all organisations that work with children, young people and families to use their resources to enable young people to make informed choices about their sexual health and improve the life chances of teenage parents and their children. Our long-term aim is still to embed sexual health prevention and support for teenage parents within all key statutory and voluntary organisations.
- 3.8 With a reduction in funding and capacity across partner agencies, the campaign has had to renew its strategy and work within the confines of a changing landscape. The two coordinators and the manager now each take responsibility for a district/borough, and the coordinators are co-located with other strategic leads in those areas to ensure a joined-up approach and maximise investment and impact.
- 3.9 Within our strategy, we are investigating opportunities for joint commissioning within the districts and boroughs and focusing interventions on hot-spot areas. Needs assessments are being compiled as well as service mapping and consultations with young people in order to accelerate progress.

² As per Teenage Pregnancy Next Steps (DfES, 2006)

- 3.10 A new training programme has been commissioned to enable professionals to feel more confident in supporting young people with sexual health and well-being issues. This builds on previous evaluations and needs assessments from young people and professionals, with a new qualification and competency framework being devised to support staff within future appraisals.
- 3.11 We have been successful in securing European funding to enable 20 participants from statutory and voluntary sector partners to visit the leading Dutch sexual health organisation, Rutgers Nisso Group. By understanding the key factors that underpin their interventions, Warwickshire will be able to learn and refresh its approach. It is hoped that this will lead to reductions in our high-rate areas over the long-term.
- 3.12 In March 2012, we will be hosting a conference to share the findings and inform the future direction of sexual health and teenage pregnancy work in line with the new National Sexual Health Strategy.

4.0 Benefits of the Campaign Activity

- 4.1 As a result of the Respect Yourself campaign, as well as some statistical improvements in particular hot-spot areas, particular areas of work have improved and new projects have materialised. Below is just an example:
- Over 1,200 professionals from 20+ organisations have received structured training and over 400 professionals are fully trained to distribute condoms and offer Chlamydia screening
 - RSE in schools has been reviewed and recommendations and good practice developed and shared
 - Young people have been fully involved and have led on mystery shopping of sexual health services and Children's Centres
 - VOX have developed peer-led projects as a direct result of choosing to prioritise RSE, listening to other young people stressing that this is an important area of work
 - Theatre in Education programme has been sustained by schools as part of a wider school package in Nuneaton & Bedworth
 - Specific posts have been developed in hot-spot areas, developed in partnership between the local authority, Borough Council and Leisure Services targeting vulnerable young people on evenings and weekends
 - www.respectyourself.info received 101,576 hits during 2010-11, with peaks identified during specific campaign activities
 - 2,292 young people within the Youth and Community Service and Nuneaton & Bedworth Leisure Trust accessed their sexual health services during 2010-11
 - Over 90 parents accessing parenting courses focusing on discussing relationships and sexual health with their children
 - School health services have been developed with over 1,300 young people accessing sexual health provision between September 2009 and July 2010
- 4.2 Young people themselves have stated the benefits of the various projects under the umbrella of the Respect Yourself campaign:

"My boyfriend did not like to use condoms and he came to see (the worker) and now he will"

“There is so much I can say. They have helped a lot with issues I have had and I am very grateful”.

“I always use condoms now”

“I feel able and confident to go to a one to one session when and if I need advice, support or contraception”.

“Any problems I have, or an embarrassing subject, it is completely confidential”.

5.0 Conclusion

- 5.1 Warwickshire has developed an evidence base of what works regarding interventions that reduce teenage pregnancies and improve young people’s sexual health, under the umbrella of the Respect Yourself campaign.
- 5.2 Reducing teenage pregnancy and improving young people’s sexual health requires a long-term strategy to enable behaviour and cultural change. Warwickshire is seeing a gradual decline, but this requires sustained interventions and a multi-agency approach to continue to reduce the rates.
- 5.3 Relationships and sexual health information and support is still seen as a necessity by young people and has therefore been prioritised by VOX for the third year running.
- 5.4 Targeted work and investment needs to continue in the identified wards particularly in Nuneaton & Bedworth and Warwick.
- 5.5 Future work will be informed by current needs assessments in the areas, the evidence base of what works nationally and locally, learning from the Dutch, the new Sexual Health Strategy and, most importantly, young people.

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Additional Facts and FAQs

1. Why are the rates of teenage pregnancy significantly lower in the Netherlands than the UK? (linked to 1.2)

Information below is taken from 'Deconstructing the Dutch Utopia: Sex education and teenage pregnancy in the Netherlands' (Joost van Loon, 2003)

Approach to Sex Education: The approach to sex education, in a country where pupils are as likely as not to walk through an authorised red-light district on their way to school, is very different. Yes, children can discuss sex during their primary school years but it is discussed in an atmosphere of talking about relationships and caring and respect for others.

As Siebe Heutzepeter, headteacher of De Burght school in Amsterdam, puts it: "The English are embarrassed to talk about sex. They are too squeamish. Here adults and children are better educated [in sex and relationships]. It would be unthinkable for a Dutch parent to withdraw their child from sex education. I have only had one Muslim mother who left halfway through a parents' talk on sex." He added: "There is no point in telling children just to say 'no' – this is a liberal country: you need to tell them why they are saying 'no' and when to say 'yes'.

As educationists in Holland put it, it is as much about changing attitudes and culture in the UK as it is about developing lesson plans. Sanderjin van der Doef, an author of a series of books on sex education for use in Holland schools, says: "Here sex is a normal daily part of life, like shopping or football. In England it is a joke or a nudge."¹

Holland's permissive health policies, including compulsory sex education in schools from the age of five, could be a key contributor to its success.

Holland started getting a grip on sex education in the 1980s, when Aids first became a threat. Dutch authorities created a package of textbooks, videos and other resources, which are used in most schools. Although there's no national curriculum, sex education is compulsory in all Dutch secondary schools and over half the country's primary schools put sex and relationships on the agenda too, for kids from the age of six. For the Dutch, sex is a normal, everyday subject, and it's there on the main timetable alongside maths and PE.

Age of Consent: In the UK, the average teenager loses his or her virginity at the age of 16½ - more than a year before the Dutch average - while young people in the Netherlands are far more likely than their British peers to use contraception. The age of consent for both the UK and the Netherlands is 16.²

¹ The Big Question: Why are teenage pregnancy rates so high, and what can be done about it? (The Independent: R.Garner, Feb 2009)

² Age of Consent in Europe

http://en.wikipedia.org/wiki/Ages_of_consent_in_Europe#Netherlands

However, consensual sexual relations between adolescents who are close in age are not punished in the Netherlands: sexual acts between persons who have reached the age of 12 years are widely tolerated by the courts and the Dutch Public Prosecution Service if the difference in age between the two partners isn't too great. The latter is determined at the discretion of the court, though usually three years is deemed acceptable.

Family Values: Dutch children are five times less likely to be living in a family headed by a lone parent, divorce rates are far lower and fewer mothers are in full-time employment. Many think that this is a key contributing factor to the lower rates. The Dutch are very open – it's not hard for most Dutch teenagers to discuss sex with their parents.

Stigma attached to teenage pregnancy: Another reason why the teenage pregnancy rate is so low may be that in the Netherlands there is still a stigma attached to having a child before the age of 20. In Britain, a baby who can offer unconditional love, a free home away from parents and a cheque every month is not considered a disaster for a teenage girl. The Dutch Government still penalises single mothers under 18, who are expected to live with their parents if they become pregnant. Until six years ago, the Government gave them no financial support. Dutch children are taught that getting pregnant in their teens is a barrier to success.

2. Are there any patterns of teenage pregnancy across the secondary schools for us to target more effectively? (linked to 2.10)

No. Rather than target schools due to pregnancies, we look at the percentage of pupils that feed in from the high-rate wards and identify those schools as priority schools.

3. What other outputs and outcomes do you look at to measure success?

Outcomes:

- Young people in Warwickshire can make informed, positive choices about their sexual health
- Up-to-date information on sexual health issues and local services will be available and highly publicised using a range of media resources
- Young people will be involved in all aspects of Warwickshire's Teenage Pregnancy Strategy via consultations, planning, delivery, monitoring and evaluation
- We want our population to be in good sexual health and well educated in how to protect themselves against STIs and unplanned pregnancies. To have services that meet their needs in a non-judgemental and supportive way (Baroness Joyce Gould, Chair, Independent Advisory Group on Sexual Health and HIV)

Outputs:

- Reduction of the under-18 conception rate
- Reduction of the under-16 conception rate
- Reduction in the diagnostic rate of new episodes of STIs among under-16s and 16-19 year olds
- Number of hits to the website / increase when specific campaign activity is taking place
- Number of first-time entrants to a sexual health service

4. **Contacts**

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