Health and Sport Committee
Inquiry into teenage pregnancy

Note of a visit to Positive Steps, Oldham, on Monday 4 February 2013.

Members present: Richard Simpson

Scottish Parliament staff present: Rebecca Lamb (Assistant Committee Clerk)

Staff present: Tim Mitchell, Chief Executive, Positive Steps, Janine Brook, Teenage Pregnancy Liaison Midwife, Jill Beaumont, Assistant Executive Director, Early Intervention and Families, Jane Hughes, Deputy Chief Executive, Brook

Summary of issues discussed:

Teenage Pregnancy Strategy

- In 1999 the UK Government launched a ten-year Teenage Pregnancy Strategy. The main aims of the strategy were to:
  - reduce by 50% the number of teenage conceptions
  - ensure that teenage parents were supported into appropriate pathways including effective post-natal services, education, employment and training.
- Ten years ago, Oldham did not have a clear teenage pregnancy strategy as it was ‘buried’ between the primary care trust and the local authority.
- Due to levels of deprivation in Oldham, it received additional revenue through the Area Based Grant\(^1\). Teenage pregnancy targets were part of the local area agreement between UK Government and the local authority. Oldham Borough Council did not choose teenage pregnancy as one of its ‘stretch targets’\(^2\).
- Rates of teenage pregnancy in Oldham in early 2000’s were not declining. In 2006 Oldham’s Director of Children’s Services was formally invited to meet with representatives from Government Office for the North West over concerns regarding have a RAG rating of Red\(^3\) for teenage pregnancy. Oldham was placed in equivalent of special measures\(^4\) to address the issue.

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1 The Area Based Grant is a general grant allocated directly to local authorities as additional revenue funding to areas. It is allocated according to specific policy criteria rather than general formulae. Local authorities are free to use all of this non-ringfenced funding as they see fit to support the delivery of local, regional and national priorities in their areas.

2 Stretch targets represent key priority areas identified in Local Area Agreements.

3 RAG rating for issues, based on the Red, Amber, and Green colours used in a traffic light rating system.

4 Special measures is a status applied by Ofsted, the schools inspection agencies, to schools in England, respectively, when it considers that they fail to supply an acceptable level of education and appear to lack the leadership capacity necessary to secure improvements.
Local authority then made progress on the components that made up the teenage pregnancy strategy. Data up to 2010 indicated that Oldham had seen the 10th highest reduction in teenage pregnancy conceptions in England.

The appointment of a local coordinator, to support adaption of the national strategy and implementation plan to meet Oldham’s requirements, was helpful or even instrumental in achieving a reduction.

No ‘magic bullet’ solution to teenage pregnancy but a combination of several key elements needing to be in place. A key component in ensuring the Strategy was delivered was the role of the council’s chief executive. Clear leadership and strategic buy-in at chief executive level alongside close monitoring and directives on what needed to be put in place. There was also political buy-in to the Strategy from Oldham’s councillors.

Oldham’s Teenage Pregnancy Strategy is led by Positive Steps Oldham which facilitates a multi-agency strategic group to co-ordinate and commission the work of service providers in the field to deliver the targets of the Government’s Strategy.

Professionals from different organisations no longer operate in silos, but work together. This has led to a huge amount of trust between organisations. A key commitment has been made to partnership working among the support staff, not only at operational level but also at strategic level.

This integrated approach assisted by colocation has increased confidence in the population whom these services are seeking to approach.

**Schools**

Children’s Services played a central role in delivering the Strategy, through influencing other partners and raising the agenda with schools, especially head teachers.

A key element to the strategy’s success was bringing the schools on-board. Previously there had been little intervention in schools and work was un-coordinated. There was variation in the role of the school nurses with some more involved in providing sexual health advice than others.

The preventive work as a whole was patchy and poorly coordinated.

Head Teachers of the Borough’s secondary schools were brought together. They were presented with data on the number of teenage pregnancies amongst their pupils either while the young women were in school or within a year of leaving school. The mapping exercise was an important awareness exercise. When the schools were provided with the information, they wanted to compete with their peer schools, bring services in and provide training for their staff.
A ‘deep dive exercise’ was conducted to look at what was and what wasn’t working in schools. This included holding workshops with young people and asking teenagers what could have been done to stop them becoming pregnant. Sometimes they responded “nothing”, and indicated that they wanted to become pregnant.

Being a teenage mum was a career choice for some. However many had low aspirations and poor educational attainment.

Of the 109 schools in the Borough, previously only 20 were working towards the National Healthy School Standard (NHSS). By 2010 100% had achieved the standard. The NHSS is part of the UK Government’s Healthy Schools Programme. It offers support for local programme co-coordinators and provides an accreditation process for education and health partnerships. A strand within the programme is ‘sexual health’. A total of 24 schools are now working towards their gold standard.

Schools introduced a C Card system – this was a condom card that allowed individuals to collect condoms free at certain locations. The locations included youth centres, Brook Centre and some schools and colleges. There were issues with using the C Card system at some Black and Minority Ethnic (BME) schools and Roman Catholic schools. Some school governors were uncomfortable about engaging with the scheme. But this system was signposting rather than in school distribution.

**Multi-agency approach**

Positive Steps Centre is for use by people under the age of 21. A number of services are co-located at the hub and it acts as a central point for careers advice, health advice and social work support in Oldham town centre. The Brook centre is located across the street.

As the centre is a hub for various services, including job advice, visiting the building does not hold any stigma for the young person as there could be a range of reasons for a young person’s visit.

Health Visitor based at the Centre sees 200-300 young people a month. People do not need to have been referred or registered at a GP to access services. There is anonymity about what individuals are seeing the Health Visitor for, could be a range of reasons from issuing condoms to checking stitches. The Health Visitor can prescribe medication including contraception. The service is often seen as more friendly, relaxed and accessible than a GP surgery.

Health Visitor has a close working relationship with a designated Midwife and Brook Services.
• There has been multi-disciplinary, multi-agency training on sexual health, to build confidence of staff across the Borough. This has raised awareness of services and brought cohesion.

• Steps have been taken to engage young people in ensuring public services are tailored to their needs. Some services have involved young people in the selection process for staff. The You’re Welcome Department of Health initiative\(^5\) has led to young people being involved in the inspection of health services to ensure they are young people friendly. Oldham has an active youth council and youth mayor that report to Oldham Children’s Trust\(^6\).

• Brook has been in Oldham since 1994. Service provision has grown, initially just a couple of sessions a week grew to a seven-day service. It is currently a six-day service (closed Sundays) due to funding issues.

• Brook supply two types of emergency contraception. This includes ellaOne, which unlike other emergency contraceptives can be used up to five days after unprotected sex or contraception failure. Other emergency contraceptives are only approved to be taken within 3 days of unprotected sex.

_Career Advisers_

• Careers advisers are in regular contact with midwife and health visitor. They aim to try to raise young parent’s aspirations and improve self-esteem. Girls can suffer from low confidence which can lead to them thinking it is ‘easier to have sex, than to have a conversation about not having sex’.

• Advisers target young people who are not in education, employment or training (NEET). Peer mentoring is an important tool used to target this group. Advisers also seek to target the needs of teenage mums by asking them what they want and need rather than being prescriptive.

• Staff recently co-ordinated a training scheme for teenage mums. Careers Adviser identified 13 potential volunteers, of whom nine engaged in the project. This required a very “hands-on” approach from careers advisers to try to break down barriers to teenage mums’ engagement, a key barrier being transport to the training. Carers Advisers were very proactive in following up and supporting the teenage mums to participate, ensuring taxis could transport them to the training for example. They also required intensive support and confidence building. A small bursary to cover travel costs (£4 a

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5 The Department of Health ‘Quality criteria for young people friendly health services’, which is referred to as ‘You’re Welcome’, sets out principles to help commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people.

6 Oldham Children’s Trust is a partnership of organisations committed to improving the lives of children, young people and families in Oldham.
day) incentivised participation. Scheme has worked well, and has resulted in five going on to training providers, one to further education and one to employment.

- Funding for the project came from the European Social Fund and the Care to Learn scheme.

- The Care to Learn, UK Government scheme provides financial support to teenage parents who want to continue their education and need help with the cost of childcare and any associated travel. It pays up to £160 a week (£175 in London boroughs) for each child. Childcare payments are made directly to the childcare provider and travel payments are made to the learning provider. The funding is available to teenage parents who wish to take part in courses or learning programmes that have some public funding. In 2011, Oldham had the second highest uptake in Care to Learn in England.

*Teenage Pregnancy Liaison Midwife*

- Oldham also has a Teenage Pregnancy Liaison Midwife, who provides targeted support for teenage parents. In 2012 the Midwife had a caseload of 114 mums for antenatal and postnatal care.

- The first impact of the Strategy seen by the Midwife was the fall in repeat abortions in Oldham. There has also been a massive rise in child protection figures, as people have been identified for the first time due to the co-ordinated agency approach.

- The Midwife has seen a reduction in the number of deliveries from 147 deliveries a year, five years ago, to 88 deliveries in 2012. She has also seen a reduction in repeat teenage pregnancies with just one repeat pregnancy last year, whilst two years ago there were ten girls with repeat pregnancies. There has also been less small and premature babies, which has reduced the need for scans and other medical monitoring.

- Child protection is a key issue, with 61% of mothers and babies having safeguarding issues.

- Previously uptake in post concept, contraception was below 50%. It is now at around 97%. Approximately 45% have the Long Acting Reversible Contraception (LARC).

*Rates of teenage conceptions*

- It was suggested that one of the reasons the reduction in rates of teenage pregnancy has plateaued in Oldham was that it was hard to tackle the remaining core group as it was comprised of the most vulnerable children from families with complex and multiple problems. Moreover, youth unemployment and economic recession were contributing factors. A concern for the future was that whilst it was important to encourage teenagers to raise their aspirations, high youth unemployment meant the system might not be able to deliver for them.
• Monitoring terminations of pregnancies in this age group is one of the basic data sets. But adding in a clear loop back to the team has helped to reduce repeat terminations and increase post termination contraception.