

# Southend-on-Sea Health & Wellbeing Board

Agenda Item No.

## Report of the Interim Director of Public Health

To  
Health & Wellbeing Board  
On  
18<sup>th</sup> September 2019

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For information only		For discussion	x	Approval required	x
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### Teenage Pregnancy and Young Parents in Southend-on-Sea: Understanding the bigger picture of needs through case load analysis

#### Part 1 (Public Agenda Item)

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#### 1. Purpose of Report

The purpose of this report is to update the Health & Wellbeing Board partners on the insights and development being explored as part of the wider deep dive review of under 18 conceptions, teenage pregnancy and young parents support in Southend-on-Sea. The local rates for reducing under-18 conceptions have plateaued in Southend-on-Sea and there is now an opportunity to review and reflect on the 2018 Public Health England document: *Good Progress but more to do: Teenage pregnancy & young parents*.

The inequalities facing young parents are well documented nationally. The purpose of the case review of 38 young parent records was to explore some of those key inequalities and vulnerabilities, to get a better picture of local needs and investigate what additional opportunities can be reviewed, explored and introduced into the system to complement existing areas of good practice. The long term outcome and view is to further reduce the rate of under-18 teenage conceptions and maximise outcomes for young parents.

#### 2. Recommendations

2.1 The Board is asked to agree that the final report with key recommendations will be discussed at the Health and Wellbeing Board in December 2019, to help finalise the collective approach and initiate an implementation plan in early 2020 that includes alignment to the Southend 2050 ambitions.

### 3. Background & Context

- 3.1 Over the last 18 years the under-18 conception rate across England has fallen by almost 60% with all councils achieving reductions, but inequalities remain.
- 3.2 Young people in England still experience higher teenage birth rates than their peers in Western European countries, teenagers remain at highest risk of unplanned pregnancy.
- 3.3 The under-18 conception rate for Southend-on-Sea in 2017 was 24.3 (per 1,000), or 70 conceptions – *this data will be updated in early October*. Southend-on-Sea's reduction in rates has plateaued since 2013 and is not falling in comparison with rates for the East of England region (16 per 1,000) and England 17.8 per 1,000) – see table below. Southend-on-Sea is the only outlier in the East of England.

### 4. Definitions and exclusions

- 4.1 The conception data in England combines births, legal abortions and stillbirths. It excludes illegal abortion and miscarriage.
- 4.2 It is estimated 1:4 pregnancies end in miscarriage, although this is not counted. Younger women have lower miscarriage rates but women at 20 years still have miscarriage rates around 15% of pregnancies.
- 4.3 A woman's age at conception is calculated as the number of complete years between her date of birth and the date she conceived. In many cases her birthday will occur between conception and the birth or abortion; a woman may conceive, for example, at age 19 and give birth at age 20. The conception and birth may also occur in different calendar years does not match the number of maternities and abortions to women of the same given age in the same given year.
- 4.4 Southend-on-Sea picture of Under 18 conceptions

The under- 18 conception rate in Southend-on-Sea has seen a 56.9% reduction between 1998 and 2017.

## The latest full year under 18 conceptions data for 2017

Recent trend: 

Period	Southend-on-Sea				East of England region	England	
		Count	Value	Lower CI			Upper CI
1998		155	56.4	47.9	66.0	37.9	46.6
1999		132	48.5	40.5	57.5	36.4	44.8
2000		126	46.8	39.0	55.7	35.1	43.6
2001		130	47.4	39.6	56.3	34.2	42.5
2002		146	50.9	43.0	59.8	34.6	42.8
2003		140	47.7	40.1	56.3	33.1	42.1
2004		135	46.8	39.3	55.4	32.4	41.6
2005		136	46.2	38.7	54.6	32.4	41.4
2006		143	47.5	40.0	55.9	33.1	40.6
2007		127	40.7	33.9	48.4	33.0	41.4
2008		131	41.8	35.0	49.6	31.1	39.7
2009		128	41.4	34.5	49.2	30.7	37.1
2010		109	36.1	29.7	43.6	29.1	34.2
2011		108	34.8	28.6	42.1	26.6	30.7
2012		94	30.3	24.5	37.1	23.2	27.7
2013		83	26.5	21.1	32.9	21.0	24.3
2014		89	28.7	23.1	35.4	20.2	22.8
2015		79	26.1	20.6	32.5	18.8	20.8
2016		81	27.1	21.5	33.7	17.1	18.8
2017		70	24.3	19.0	30.8	16.0	17.8

Source: Office for National Statistics (ONS)

## 5.0 Inequalities for a teenage parent and child

Summary of the inequalities teenage parents under 20 year old and young children face are summarised in the pictorials below:

### Child health



Teenage mothers are 2x as likely to smoke before and during pregnancy and 3x more likely to smoke throughout pregnancy



Teenage mothers are a third less likely to start breastfeeding and half as likely to be breastfeeding at 6-8 weeks



- Babies of teenage mothers have a 30% higher rate of stillbirth
- Babies of teenage mothers have a 60% higher rate of infant mortality
- Babies of teenage mothers are 1.9 times more likely to die from Sudden Unexpected Death in Infancy



- Children of teenage mothers are twice as likely to be hospitalised for gastro-enteritis or accidental injury
- Babies of teenage mothers have a 30% higher rate of low birthweight.



At age 5, children of teenage mothers are 4 months behind on spatial ability, 7 months behind on non-verbal ability and 11 months behind on verbal ability

## Outcomes for young parents and their children (2)

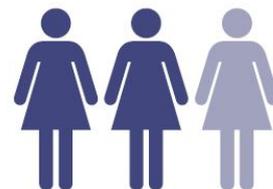
### Mental health and emotional wellbeing



Teenage mothers have higher rates of poor mental health for up to three years after the birth

**3x**

Teenage mothers are 3 times more likely to experience postnatal depression



2 in 3 teenage mothers experience relationship breakdown in pregnancy or the 3 years after birth

## 6.0 A review of the current caseload

Part of the deep dive was to explore where Southend-on-Sea's young parents needs were in comparison to the risks and vulnerabilities identified for young parents. The analysis and interpretation is underway and will make up part of the wider deep dive recommendations, which will come to the Health and Wellbeing Board in December 2019:

- 38 Family Nurse Partnership cases that were open to Early Help were reviewed with a focus on vulnerabilities, mental health and housing concerns;
- 62 current cases (July 2019 snap shot) on the shared caseload were reviewed with partners for engagement including: Early Help, Children's Centres, Social Care, Universal Health Services- Health Visiting, Family Nurse Partnership, Young People's Drug & Alcohol Service, and Youth Offending to look at what agencies are involved with our current young parents leading to a review of existing pathways;
- 8 young mothers were interviewed to hear the users experience of being a young parent and the engagement of the services;
- Family Nurse Partnership Board case studies for the young parents from 2017-2019 and themes explored including the Outcome Star, housing, and general vulnerabilities.

## 7.0 Emerging themes

**The following themes have been identified as requiring more in-depth analysis and interpretation:**

- A need for a system pathway and offer for all young parents from entry and exit that is commissioned in a seamless way;
  - There were no formal pathways in place and the offer is not clear.
- Shared outcomes and data sets and learn from each other;
  - Each service has different data sets and recording systems and there is a fragmented picture. There is no vehicle to share learning or challenges.
- Monitoring longer term outcomes for children and impact of services;
  - Each of the service is focused on service level outputs and no clear process to monitor outcomes at system level, although the services have measures for individual progress.
- Educational attainment and young parents that are not in education, employment or training (NEET) ;
  - The education attainment at time of pregnancy and NEET are both standing out from the initial review. The proportion of the current

caseload is weighted towards the ages 17-19 with only 3 young mothers of school age. This requires more analysis and understanding of the journey before pregnancy.

- Adverse childhood experience and vulnerabilities in the cohort;
  - A significant proportion of the young mothers in the most deprived wards had multiple adverse childhood experiences (ACEs) as a child that included (not exclusive) domestic abuse, being themselves subject to safeguarding concerns/child in need, separation and loss, substance misuse in parents and mental health issues in parents.
- Strategic leadership, service and support co-ordination and oversight;
  - There is no current partnership group overseeing this work at a strategic or operational level. Each service is working in isolation and there is no joined up commissioning. There is no formal pathway commissioned.
- Role of prevention;
  - There is an opportunity to review relationship and sex education (RSE) in schools in line with new statutory mandate from September 2020. There is variability in the current offer and in access. It is unclear the current offer to children and young people on reduced timetables, moving between schools, in alternative education, home schooled and or missing large amounts of school. There was a significant proportion of young mothers on the FNP caseload that were not educated locally. There were some key schools where targeted work might be beneficial.

## **8.0 Next steps to develop the deep dive and recommendations**

- Complete the Public Health England Teenage Pregnancy Self-assessment System Level Review with engagement from the national Teenage Pregnancy lead-Autumn 2019;
- Analyse the findings of the caseload analysis for themes and recommendations-Autumn 2019;
- Review the School Health Education Unit (SHEU) survey to understand children and young people perception of prevention in schools - Autumn 2019;
- Review the information and intelligence coming from the new sexual health service - Autumn 2019;
- Analyse the information and intelligence from the CCG and primary care services for contraception, births and termination of pregnancy - ongoing;
- Complete the collation of conception data (2017) and local data sets-Autumn 2019;
- Review the Family Nurse Partnership case studies for examples of user experience (parents come to board to tell their stories to be explored)-Autumn 2019;
- Understand the housing offer from Sanctuary Housing-Autumn 2019.

The final report with key recommendations will be discussed at the Health and Wellbeing Board in December 2019, to help finalise the collective approach and initiate an implementation plan in early 2020 that includes alignment to the Southend 2050 ambitions.

## **9. Corporate Implications-Contribution to the Southend-on-Sea 2050 Road Map**

Teenage pregnancy and young parent agendas links directly to the following Southend-on-Sea 2050 ambition themes and outcomes:

- **Safe and Well**
  - People in all parts of the borough feel safe and secure at all times.
  - Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.
  - We are well on our way to ensuring everyone has a home that meets their need
  - We are all effective at protecting and improving the quality of life for the most vulnerable in our community.
- **Pride & Joy**
  - there is a tangible sense of pride in the place and local people are actively, and knowledgeably, talking up Southend-On-Sea
- **Opportunity & Prosperity**
  - Our children are school and life ready and our workforce is skilled and job ready
- **Active and Involved**
  - Even more Southenders agree that people from different backgrounds are valued and get on well together
  - The benefits of community connection are evident as more people come together to help, support and spend time with each other
  - Public services are routinely designed, and sometimes delivered, with their users to best meet their needs
- **Connected and Smart**
  - it is easier for residents and people who work here to get in and around the borough
  - people have a wide choice of transport options

## **10. Financial Implications**

There are no direct financial implications arising from this report. There is an element of the strategy that includes opportunities for integration and pathway development that may be identified as the deep dive develops.

## **11. Legal Implications**

None

## **12. People Implications**

Teenage pregnancy and support for parents starts with prevention in education but is linked to wider determinants of health including parenting, social economic background, familial domestic abuse, alcohol and drug misuse of parents, neglect and wider contextual safeguarding issues including County Lines. It is no one services problem to face, but requires a system level approach.

### **13. Property Implications**

There is a Sanctuary Housing scheme to support young parents.

### **14. Consultation**

A task and finish group with wide representation across the services has contributed to the teenage pregnancy self-assessment process and invited for a stakeholder mapping event and review to context of the findings in late September.

### **15. Equalities and Diversity Implications**

Pregnancy and maternity are protected characteristic and fall formally under the Equality Act in addition to age. Young Parents face many adversities and there are well recognised inequalities for both young parents and children of young parents.

### **16. Risk Assessment**

Risk assessments are bespoke to individual services working with young parents and those young people who find themselves pregnant.

### **17. Value for Money**

Public Health England financial modelling for teenage pregnancy prevention suggests that addressing teenage pregnancy can bring the following savings:

- £4 saved in welfare costs for every £1 spent;
- Every young mother who returns to education, employment and training saves agencies £4,500 a year;
- For every child prevented from going into care, social services would save on average £65,000 a year;
- Return on investment for contraception alone shows for every £1 spent, £9 is saved over a 10 year period. This applies to women of all ages but is particularly relevant for teenagers who are at highest risk of unplanned pregnant

### **18. Community Safety Implications**

There is no direct overall impact on community safety; however individual young people and young parents may be engaged in antisocial behaviour. The current caseload of young mother reviewed highlight that no young mothers sampled are were on the youth offending caseload.

### **19. Environmental Impact**

Not Applicable

## **End Report**

