THE TEENAGE PREGNANCY STRATEGY FOR ENGLAND: CONCERTED EFFORT CAN MAKE A DIFFERENCE!

Introduction

Last year, in a British public opinion poll, teenage pregnancy rates were estimated to be 25 times higher than official government statistics. In fact, rates are the lowest level since 1969 when data collection began (1). As a result of the previous Labour Government’s Teenage Pregnancy Strategy (2) and the concerted efforts of local government, health partners and individual practitioners, between 1998-2012, the under-18 conception rate fell by 41% (1).

The Teenage Pregnancy Strategy for England was published in 1999. The ten-year Strategy was the first comprehensive approach by Government to reducing England’s historically high teenage pregnancy rates, which had shown no sustained downward trend, and to improving the disproportionately poor outcomes for young parents and their children. Based on the international evidence of what works, the Strategy set out a 30 point action plan on four themes: joined up action at national and local level; better prevention – improving comprehensive sex and relationships education (SRE) and access to contraception; a national communications campaign to reach young people and parents; and coordinated support for young parents. The headline target was to halve the under-18 conception rate from 1998 to 2010.

The first phase of implementation: 1999-2005

A Teenage Pregnancy Unit (TPU) was established to oversee implementation of the Strategy, with support from a cross-departmental Board and an Independent Advisory Group of external experts. Regional Teenage Pregnancy Coordinators (RTPCs) were appointed in the nine Government Office regions and every local government area appointed a Teenage Pregnancy Coordinator (TPC) and Teenage Pregnancy Partnership Board with representation from health, education, social services, youth services, housing and relevant NGOs. A national group of NGOs was also established to harness additional expertise. The aims and target of the strategy were embedded in a wide range of Government programmes to maintain the priority and strengthen joint working between agencies.

Local under-18 conception rate reduction targets were agreed with each area. Attainment of all local targets would achieve the national reduction target of 50%. An annual local implementation grant was provided to each area, on average 300-400 000 pounds. The grant was intended to supplement, not replace, mainstream funding with conditions on spending mandating the appointment of the TPC and Partnership Board and providing an annual report on local progress.

Every local partnership board developed a local Teenage Pregnancy Strategy, informed by guidance issued by the TPU. Each strategy was assessed by the RTPCs who facilitated regular network meetings and provided expert support to local areas.

To support local implementation of the Strategy, the Government issued SRE guidance to schools and a range of guidance on improving uptake of early contraception and sexual health advice (2). This included guidance on young people friendly contraceptive services which later developed into You’re Welcome, the Department of Health quality criteria for youth friendly health services, endorsed by WHO in 2009. Local areas also received funding for teachers and school nurses to participate in a national professional development programme to improve the quality of SRE.

A national media campaign, aimed at 13-17 year olds, promoted messages on resisting peer pressure, accessing early advice and using condoms and contraception to prevent pregnancy and sexually transmitted infections (STIs). A separate campaign encouraged parents to talk to their children about sex and relationships.

Mid-strategy review: 2005-2007

In 2005 the latest data showed the under-18 conception rate had declined by 11% but there was wide variation in local progress. If all local areas had achieved the reductions of the best 25%, the national reduction would have been 23%. This prompted a ‘deep dive’ review of six areas, led by the TPU and the Prime Minister Delivery Unit (3). Three areas with declining rates were compared with three areas of similar levels of deprivation, where rates were static or increasing. The findings were clear. Areas with better reductions were implementing all aspects of the Strategy and involving all agencies to create a ‘whole systems’ approach, with strong senior leadership. The review was a significant milestone in the Strategy. It challenged the common acceptance of high teenage pregnancy rates and demonstrated that if young people were given choices, rates could be reduced, even in deprived areas.

Drawing on the review, the Government issued new more prescriptive guidance for local areas, setting out the ten key factors for an effective local strategy, together with detailed local data analysis and information to strengthen targeted work with young people most at risk. A self-assessment toolkit was provided to help areas identify and address gaps in their local plans and strengthen local performance management. To accelerate reductions in the areas with high and increasing rates, Ministers requested six monthly progress reports from local senior leaders and additional support was provided to the areas by the RTPCs.

The traction of the new guidance and Ministerial focus was strengthened by new legislation (Children Act 2004) which put a duty on local authorities to cooperate with partner agencies and promote a more joined up and holistic approach to improving the health, education and wellbeing of children and young people (Every Child Matters 2004). The reach of the Strategy was also increased through other government programmes to integrate health promotion and drop in services in schools and initiatives to provide more intensive support for vulnerable young people.

2008-2011: a strengthened focus on contraception

By 2008 the under-18 conception rate was continuing to decline, but conceptions leading to birth were declining faster
than conceptions leading to abortion, indicating the need for a stronger focus on increasing early access to effective contraception. This was highlighted by new evidence on the importance of improved contraceptive use in reducing teenage pregnancy rates (4). Additional government investment was secured to improve knowledge and access to the full range of contraception, particularly the newer long acting reversible contraception (LARC) methods. Funds were distributed regionally with a focus on activities, such as training on LARC fitting, which would be sustainable beyond the three-year lifetime of the fund.

To help improve awareness and uptake of contraception, a new national campaign was launched – Sex. Worth Talking About. The campaign was informed by a marketing review that showed the greatest impact of national communications would stand out. These are important for England’s under-18 conception rate remains higher than comparable western European countries and progress between local areas continues to vary significantly. If all local areas had achieved the reductions of the best 25%, the national reduction would be 52%. High quality SRE and easy access to contraception are not yet available to all young people and young people continue to report stigma and embarrassment as key barriers to visiting contraceptive services early.

**Key elements of success**

It is difficult to distill the many lessons we learned from implementing the Teenage Pregnancy Strategy, but six elements stand out. These are important for England as we try and maintain and accelerate progress. They may also be transferable to other countries. Having national and local targets helped maintain a focus; consistent promotion of the evidence by government helped keep the strategy on track; translating the evidence into guidance with clear actions for different agencies, helped local areas achieve the necessary ‘whole systems’ approach; good data and local intelligence from service providers were essential for monitoring and improving performance; a hub and spoke structure, involving national, regional and local partnerships was important in identifying barriers and supporting implementation; and finally, senior leadership at national and local level was vital for maintaining the priority, raising awareness of why teenage pregnancy matters, challenging the acceptance of high rates and championing young people’s rights to informed choices.

Perhaps one of the most important lessons for England is that high teenage pregnancy rates are not inevitable and that concerted effort, evidence based approaches and sufficient time can bring about change. Now we have to make sure public opinion catches up with our progress!

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**References**