

## **Wiltshire Teenage Pregnancy Partnership Update**

### **Purpose of this Report**

1. To provide additional information on the subject of Teenage Pregnancy and work done in Wiltshire to reduce the level as requested by the Children's Services Select Committee on 12 November 2009.

### **The Wiltshire Teenage Pregnancy Strategy**

2. There are two main aims of the Strategy. These are:
  - to reduce teenage conceptions
  - to provide quality care for young parents

### **Why are Teenage Pregnancy rate higher in the UK than in the rest of Europe?**

3. This is clearly a question that has exercised many minds and prompted a great deal of research. The following bullet points summarise the main areas that have been considered:
  - A change in family values and structure with less emphasis on marriage and an increase in the numbers of single parent families
  - Exposure of young people to increased use of sexy adverts and images
  - The sexual content of the media that children and young people are exposed to
  - The role of the internet
4. In countries where Teenage Pregnancy is much lower it is felt that the difference lies in the ability of a nation to talk about sex and relationships openly. It is felt that the British are embarrassed to talk openly about sex. This is not the case in countries such as Holland, where the Teenage Pregnancy rate is much lower than in the UK and where relationships and sex are openly discussed. This need for discussion has led to the British Government's current campaign which is called; "Sex – Worth Talking About".
5. It is often cited that Sex Education in the UK has often tended more towards biological facts than an understanding of emotions and feelings.

Young people have been told traditionally to say no to sex but not why or when it is fine to say yes.

6. If we are to move forwards, it is felt that children must learn about relationships alongside the facts of life. Such a move has begun but in many schools SRE is often delivered by non specialists who are not dedicated to or comfortable with this field. This must also be addressed.
7. If the information given above is correct, change relies on bringing about a change in attitudes and values. This will not happen overnight. The following quote comes from Sanderjin van der Doef, an author of a series of books on sex education for use in Dutch schools: "Here sex is a normal daily part of life, like shopping or football. In England, it is a joke or a nudge."
8. A key element of the DCFS document recently published, "Teenage Pregnancy Strategy: beyond 2010", clearly addresses amongst other things the need for high quality SRE in schools alongside the understanding and availability of contraception when it is needed by young people.

#### **What has been done and is being done in Wiltshire to reduce rates?**

9. The following is a summary of the main strands of work which are current in Wiltshire. The report presented to Scrutiny on 24 July 2008 gives a clear insight into how work was developed in the county and therefore I have concentrated here on current initiatives to move the work forwards and to reduce rates. ONS data published last week show that rates fell slightly in 2008 and remain lower than those of England and those of the South West.
  - (a) Development of "No Worries" - A confidential service which gives sexual health advice to young people in Pharmacies, GP Surgeries and Youth Centres. The network has almost doubled in the last year and has outlets in every corner of the county. Young people can access free condoms, pregnancy tests, and emergency Contraception. In 2009 over 400 young women in the County requested emergency contraception from a No Worries Pharmacy. This figure does not include those who went direct to a GP. In early April young assessors will carry out a mystery shopper day at a selection of No Worries pharmacies.
  - (b) Work with schools and Wiltshire College to develop multi agency health and well being drop-ins on the premises where young people can seek advice or be signposted to other specialist services. Drop-in services are well established in a small number of Wiltshire Secondary Schools and the aim is to extend this provision. A steering group now exists and much work is being done by partners. Provision at Wiltshire College is being extended. There is at present a drop-in at the Salisbury campus but from September it is planned to offer a matching service at all four

campuses of the college. A recent bid has secured funds of £25,000 to establish this service.

- (c) Work to identify vulnerable groups of young people who may become teenage parents and to aim support at them. Work is on going to use data to identify where groups of young people at risk of becoming young parents are concentrated. It will then be possible to target appropriate inputs to schools where these young people are and to professionals who work with them. This data collection is well under way.
- (d) Work to try to prevent repeat pregnancies. Work is taking place with partners to provide pregnant young women with high quality contraception advice to aim to prevent unwanted repeat pregnancies. Young women who have terminations will now be given such advice as part of their treatment.
- (e) Work to improve communications with young people, their parents and professionals. Wiltshire is undertaking work with Brook to audit and seek to enhance communications surrounding all our work in sexual health. Following their report and also input from Blue Rubicon, the company running the government's present campaign called "Sex-Worth talking about", a communication strategy for Wiltshire will be developed.
- (f) Training of professionals who work with young people in Sexual Health and Delay to ensure that the best messages are delivered. Two fully subscribed courses have been offered in the last year on both Sexual Health and Delay for practitioners working with young people. Participants came from all partners.
- (g) A self assessment tool has been developed with young people to give information about SRE in schools. This is at present being put to use and results will be used to enhance provision.

### **Social Housing and Teenage Pregnancy**

- 10. There are three supported housing units in Wiltshire in Calne, Salisbury and Trowbridge. Between them they offer 18 beds for young mothers. The unit at Calne admits young fathers also. Stays here are limited to six months.
- 11. Out of the 1126 households housed by Homes 4 Wiltshire between 1 April and 1 October 2009, 2 were aged 16 and 9 aged 17. There were 37 young women aged 16 or 17 on the list waiting for housing. Of these 25 were living with friends and family. 19 were pregnant and the remainder had given birth.
- 12. There is no specific banding for teenage mothers. However pregnancies are taken into consideration if it is a first child. If an applicant is living in

one room the child will lack a bedroom and this will give the applicant silver status. The same is true if the applicant is living with friends and family as this is regarded as sharing facilities. Any additional factors may raise the applicant's status to gold. In the event of homelessness, platinum status is awarded.

## **Recommendation**

13. That the Children's Services Select Committee note and comment as appropriate on this report.

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## **Background papers**

None

## **Appendices**

None