

Briefing paper on Teen Conceptions and Young People's Sexual Health in North Lincolnshire September 2016

KEY FACTS

This paper summarises some of the current available data on teen conceptions in North Lincolnshire.

- Whilst the vast majority of under 16s are not sexually active, sexual activity increases significantly post 16 years of age, and, by the age of 17, almost half of girls and a third of boys in North Lincolnshire report having had sex.
- Staying safe and sexually healthy during adolescence when young people are developing their own sense of identity is important. Poor sexual health and unwanted pregnancies can have an impact on young people's physical and emotional wellbeing, their educational and employment outcomes, and their longer term prospects.
- Teen parenthood is also a marker for social disadvantage and poorer health outcomes, for both the child, and for the mother, with higher rates of infant mortality, poor maternal mental health and lower educational and employment outcomes for children. Hence the inclusion of teen conception rates as an indicator in the Public Health Outcomes Framework.
- North Lincolnshire has historically had relatively high teen conception rates, with annual and 3 year rates remaining stubbornly above the national average. However since 2008, rates have been falling consistently in North Lincolnshire, and above national rates of decline.
- In 2014 and 2015 local rates continued to decline, and both official and provisional unpublished data suggest that local rates are currently in line with, rather than above, the national average for the first time in 20 years.
- According to national published data, the local teen conception rate in the 12 months to December 2014 was 24.5 per 1000 15-17 year old females, compared with a national rate in that year of 22.8. This represents a 55% reduction on the 1995-7 baseline, with almost all of the local decline occurring in the last 10 years.
- This was better than the national rate of improvement, in spite of starting from a worse position.

- More recent local unpublished data (up to Qtr 4 2015/16), suggest local rates continued to decline during 2015, with rates in line with the national average in all but 3 Scunthorpe wards, Frodingham, Brumby and Crosby and Park.
- This decline reflects broad national societal and cultural shifts, including a rising age of sexual debut, rising educational attainment, increasing aspirations of young people as well as greater awareness of and access to high quality sexual health services.
- The steep decline in teen conceptions in North Lincolnshire since 2010 is also likely to be due to a combination of other local factors, including the priority given to teen pregnancy in North Lincolnshire's Children and Young People's Plan in the last 5 years; strong leadership; consistent messages about sexual health in schools and other universal services; targeted outreach prevention for young people at risk; the rising availability and uptake of long acting reversible contraception (LARC) methods amongst young people; rising educational attainment amongst 15 year olds and increasing participation in education training and employment amongst 16-17 year olds.
- The challenge for local partners is to maintain this downward trend and to secure the sexual health of young people into adulthood. In the next decade this will be in the context of a growing teenage population and a growing rural population.
- Teen conception rates also remain strongly linked to deprivation and whilst conception rates have fallen in all areas of North Lincolnshire in the last 5-10 years, the relationship with youth unemployment and low attainment continues to be reflected locally. In Brumby ward, for example, which ranks amongst our most deprived areas, teen conception rates are more than twice the national average.
- Continuing to support and educate young people about healthy relationships will also be important.
- When asked, children and young people say they value lessons on healthy relationships. Recent local consultations with young people suggest children and young people want to know more about CSE, how to recognise it, with efforts made to reduce stigma and enable young people to disclose. (http://nlido.northlincs.gov.uk/IAS_Live/sa/)
- Take up of contraceptive methods amongst the under 20s, (such as LARCs), has improved over time. However, according to our local surveys, only half of those 16-18 year olds who are sexually active reported using a condom the last time they had sex, and only 20% used a condom in combination with LARC or other contraceptive methods, with condom use being lowest amongst those on low incomes.

- Chlamydia screening and detection rates are on line with the national average in North Lincolnshire and well above the national target set for local authorities. In 2015/16, more than 5700 under 25s were screened for chlamydia in North Lincolnshire, representing more than a quarter, (28.1%) of the population of that age. This compares with 21% regionally and 22.5% nationally.
- Of those screened, 637 were positive, giving a detection rate per 100,000 15-24 year olds of 3,393, compared with a national benchmark of at least 2,300 per 100,000. This is one of the highest detection rates in the country.
- Young women are at least 3 times more likely than young men to be screened at this age, with detection rates highest in the most deprived areas of North Lincolnshire. Rates are lowest amongst 18-24 year old men.
- This suggests high levels of undiagnosed chlamydia in the young male population.
- Both trends suggest the need for a continued focus on raising attainment, reducing risky behaviours and promoting sexual health and access to sexual health services amongst those under 25s living in our most deprived areas, with a particular focus on young men.
- The incidence of other detected STIs amongst young people is relatively low and is in line with or below the national average. The most common after chlamydia is genital herpes.
- Local HPV vaccination coverage amongst 12-13 year old girls remains below the national and regional average in 2015/16 at 83% compared with 89% across England, and compares with 94% in neighbouring North East Lincolnshire.

TEEN CONCEPTIONS - WHY IS THIS ISSUE IMPORTANT?

Nationally, most teenage pregnancies are unplanned and around half end in an abortion. Whilst having children at such a young age may be a positive experience for many young people, generally speaking, the outcomes for both mother and child are poorer than for older women.

Teenage mums are more likely to suffer from postnatal depression than older mothers, and face a higher risk of poor mental health up to three years after the birth. They are also more likely to struggle to continue their education and may find it more difficult to gain employment. National research suggests that at age 30, those who had been teenage mothers suffered from higher levels of physical and mental ill health, with most of this difference being accounted for by higher levels of partnership breakdown post birth, and a greater risk of poverty and poor housing due to worklessness. Similar issues affect young fathers. These factors, combined with poor emotional support post birth can also contribute to higher levels of anxiety and depression amongst younger mums.

In turn, children born to teen mums are more likely to be born prematurely, and have a higher infant mortality risk, (60% above average). They are also more likely to live in poverty than children of parents aged 24 years and older, contributing to a cycle of disadvantage and health inequality. Local research shows that Mums under the age of 20 are 2.6 times more likely than older mothers to smoke in pregnancy, and 1.6 times less likely to breastfeed, leading to poorer health outcomes for themselves and their children. In addition to conception being an avoidable experience, abortions, live births and miscarriages following unplanned pregnancies represent an avoidable cost to health and social care services.

Public Health Outcomes Framework: Teen conception rates are reported on nationally at a local authority level via the Public Health Outcomes Framework. The 2 relevant outcome indicators are PH 2.4(i) Under 18 conception rates per 1000 15-17 year old females, and PH 2.4(ii), Under 16 conception rates per 1000 13-15 year old females. <http://www.phoutcomes.info/public-health-outcomes-framework#gid/>

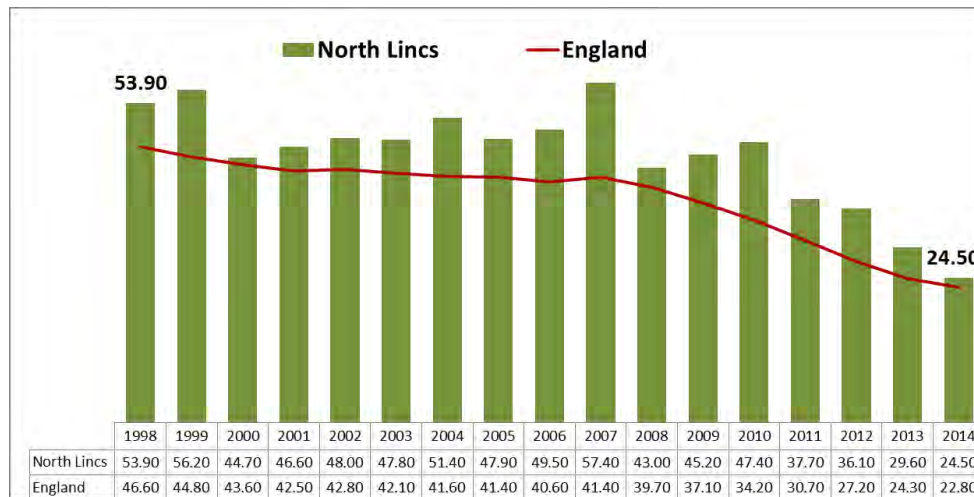
Teen conception data are reported on nationally, at least 14 months in arrears and are published in February each year on the ONS and Public Health Outcomes website, although provisional, unpublished local data are available ahead of this. Both national and local data are used at a local level to inform the planning and commissioning of early help and sexual health services.

Positive local trends

North Lincolnshire began the national monitoring period in 1995-7 with 156 teen conceptions, a baseline rate of 53.9 per 1,000, compared with a national average in that year of 46.6 per 1,000. Official teen conception data for the period January to December 2013 was released nationally in February 2015. This indicated a continuing decline in teen

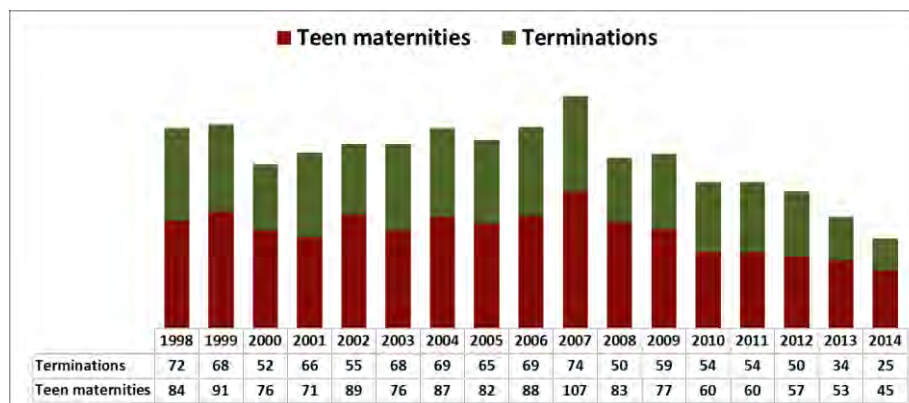
conceptions in North Lincolnshire – ahead of the regional rate of decline, both amongst under 16s and amongst 16-17 year olds. According to provisional national data, in the calendar year 2014, 70 North Lincolnshire women under the age of 18 conceived. Of these pregnancies, 64%, (45) resulted in maternities and 36% were terminated. This represents a local teen conception rate in that year of 24.5. Figures 1 and 2 below show the annual trend since 2000.

Figure 1: North Lincolnshire teen conception rates 2000-14



Source: PHE and NHS North Lincolnshire, 2016

Figure 2: North Lincolnshire teen conceptions (numbers) 2000-14

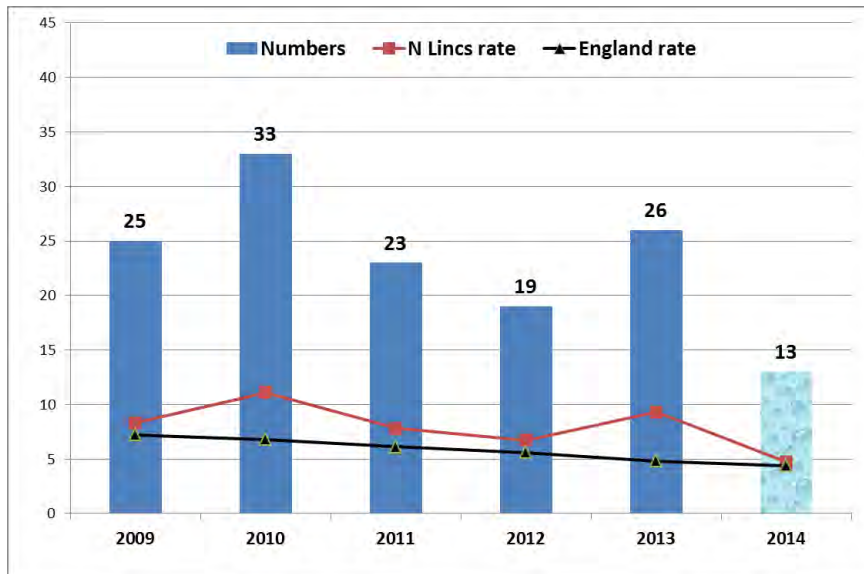


Source: ONS 2014 (based on age at time of conception)

The vast majority of teen conceptions occur amongst young women in Year 11 or 12, i.e. post-secondary school age. In 2014, almost 80% of teen conceptions occurred amongst 16 and 17 year olds, and just over 20% at 15 years of age or younger.

This represents a 13-15 conception rate of 4.7 per 1,000, compared with a conception rate of 31.8 per 1,000 16-17 year olds. Both rates have declined in the last 12 months and since 2008.

Figure 3: Under 16 conception rates

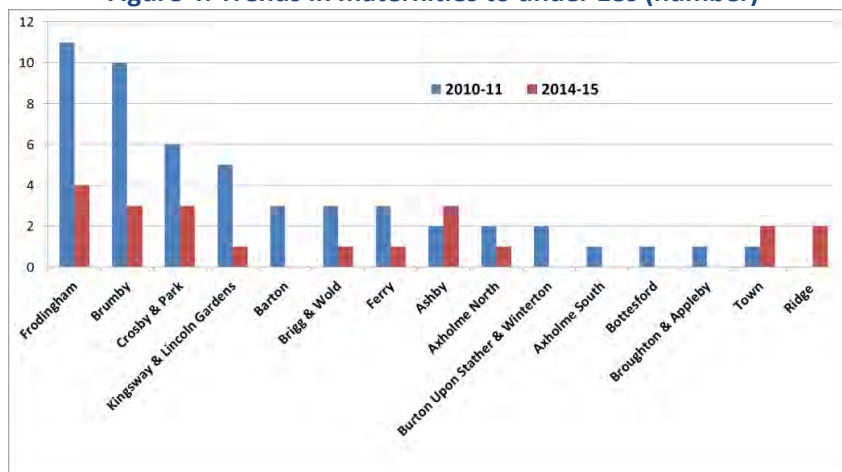


Source: ONS & NHS North Lincolnshire 2016

This finding is important, although not that surprising. All of the national and local research evidence suggests that most young people are not sexually active before the age of 16 and that young people are at greatest risk of teen pregnancy immediately before, or in the 12 months after compulsory school leaving age.

Provisional local (and unpublished) data suggest that the decline in teen conceptions has been sustained throughout 2014/15 and 2015/16 with the most recent annual rates for both 2014 and 2015 averaging at 24 per 1000. This decline has occurred in under 16s, and amongst 16 and 17 year olds, and has been greatest in traditional 'hotspot areas', suggesting effective targeting of interventions.

Figure 4: Trends in maternities to under 18s (number)



Source: ONS & NHS North Lincolnshire, 2015

Access to high quality sex and relationships education (SRE)

Sex education including information about STIs is compulsory in all state maintained secondary schools and the Government's advice is that primary schools should provide sex education in addition to what is already required within the National Curriculum. The quality of SRE teaching in our secondary schools is clearly very high and is well received by young people.

- In 2013/14, 75% 14 -17 year olds said they had found school lessons on sex useful, whilst 61% of 17-18 year olds felt that in hindsight, these lessons had answered all of their questions. (Adolescent Lifestyle Survey, 2014)
- Of those who responded to the question, 61% said they found lessons on healthy relationships useful, whilst 33% said they had not had any yet.
- 26% said they would like more information about healthy relationships in the classroom.
- There have been a number of recent consultations with young people and other key stakeholders about CSE during the last 12 months. Emerging themes arising from these discussions were that:
 - CSE is hard to recognise as some of the warning signs happen as part of normal adolescence
 - There should be more awareness raising, such as compulsory CSE education in school and using social media
 - The definition of CSE should be clear so everyone understands it
 - CSE is CSE so shouldn't be called anything else
 - Everyone has a role in tackling CSE so there is a lot of people who can help
 - Positive activities for children help may help to divert from CSE and raise self-esteem
- As far as knowledge and awareness of STIs and local services goes, young people were far better informed in 2013, than in 2004, 2007, or 2010, especially in the younger year groups.
- By the age of 16/17 years, almost all, 97%, have heard of chlamydia and most were aware of how to avoid it and where to go for help and advice. This is very encouraging, as research evidence suggests that if effective sex and relationships education (SRE), is provided before young people become sexually active, it can delay the onset of sexual activity and increase the use of contraception.
- However, use of condoms is still relatively low, with fewer than half of those engaging in sex using condoms, and only 20% using condoms in combination with contraceptive methods.

Access to sexual health services

In addition to provision in local GP practices, there are currently at least 11 other community sites in North Lincolnshire where young people can access specialist sexual health advice and support services. They include additional drop ins, as well as some appointment only clinics at the following health and non-health venues, which includes schools and colleges.

Table 1: Community venues where young people can access specialist sexual health services in North Lincolnshire (in addition to mainstream GP practice offer)

Axholme	Barton/Winterton	Brigg and district	Scunthorpe Nth	Scunthorpe Sth
North Axholme School South Axholme School	Winterton Youth Centre Barton Central surgery Baysgarth school	Vale Academy Riverside GP Surgery Kirton Lindsey Youth Centre	Ironstone Centre	Riddings Youth Centre Melior Community Academy Frederick Gough School Ashby Children’s Centre

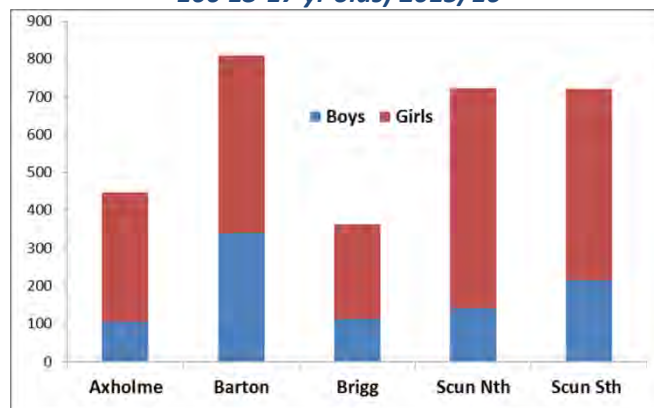
John Leggott College and North Lindsey College, Scunthorpe serve students from right across North Lincolnshire and from some neighbouring authorities.

Between April- March 2015/16, there were 3190 contacts of under 18s using these services in North Lincolnshire, involving 1172 young people. This represents a take up rate of 12% of 13-17 year olds in North Lincolnshire. Just over a quarter of these contacts, (29%), were with young men, 72% with young women.

The highest number of under 18 contacts in 2015/16 was recorded by the Ironstone Centre, followed by Baysgarth and Frederick Gough secondary schools and North Lyndsey College.

More than 40% of contacts were with teenage residents of just 4 wards, namely, Ashby, Crosby and Park, Brumby, Barton and Bottesford wards. The lowest contact rate was with teenage residents of Scunthorpe North, whilst the highest was in Scunthorpe South. Axholme was the only locality where contacts with young men exceeded that for young women. Overall, the contact rate with young men was 18 per 100, compared with 47 per 100 young women in that year.

Figure 5: Under 18 contacts with commissioned sexual health services by locality of residence, (per 100 13-17 yr olds) 2015/16



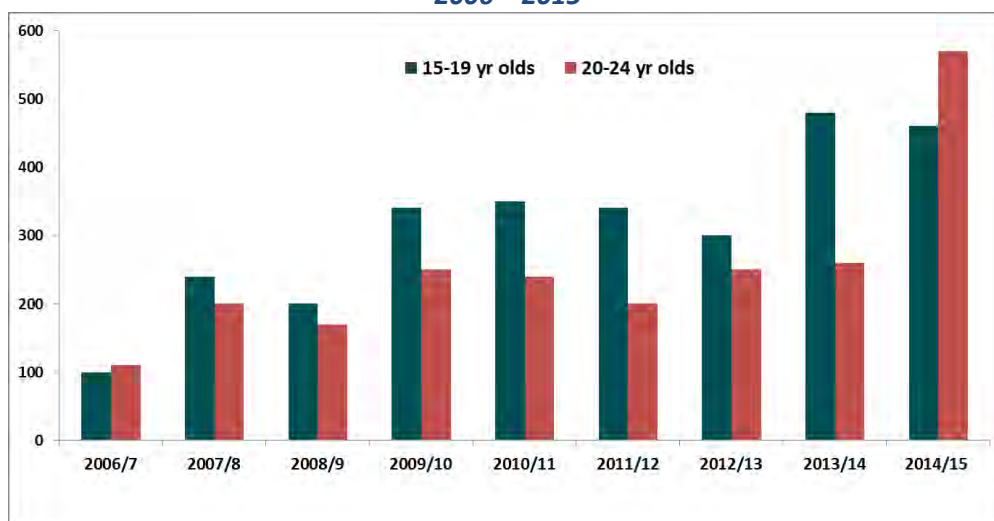
Source: VirginCare 2015/16

Access to contraception

The increasing uptake of contraception amongst the under 20s, and of LARCs in particular, has been maintained in North Lincolnshire following a slight fall in 2011 and 2012.

LARC methods such as contraceptive injections, implants, intra-uterine system (IUS) or intrauterine device (IUD) are more effective than other forms of contraception as they do not depend on daily concordance. They are also considered to be more cost effective than User Dependent Methods (UDM), and their increased uptake could further help to reduce unintended pregnancy. NICE evidence suggests that all LARC methods are more cost effective than the combined oral contraceptive pill even after 1 year of use.

Figure 6: Uptake of LARC (number of Nexplanon insertions) in North Lincolnshire, 15-24 year olds, 2006 – 2015



Source: VirginCare and NHS North Lincolnshire CCG, 2015

Chlamydia screening

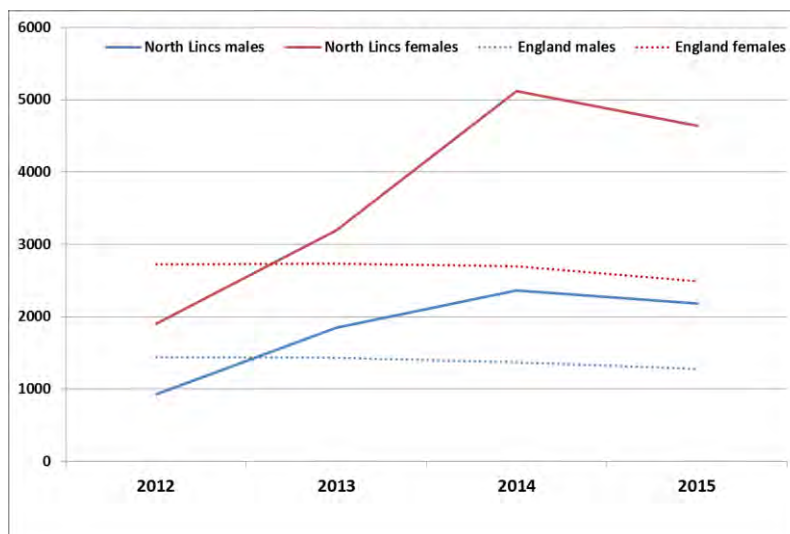
Chlamydia prevalence among 16–24 year olds is estimated nationally at 3.1% for women and 2.3% amongst men. The current screening programme advises at least 1 screen a year amongst this age group and/or a new screen with every partner change, whichever is most frequent.

In North Lincolnshire, more than 1 in 4 young people, 28%, were screened for chlamydia in 2015/16. This is more than what it was in 2013, and exceeds the current national coverage. This followed a change in specialist sexual health services provider since April 2013,

As a result there has been a significant rise in the number of positive chlamydia tests in North Lincolnshire amongst under 25s, which currently exceeds the nationally recommended detection rate of 2,300 per 100,000.

However, there are significant differences in the detection rate between young men and women, with detection rates amongst young men currently averaging below 2,500 per 100,000. Nevertheless this is higher than the national average.

Figure 7: Chlamydia detection rate amongst under 25s in North Lincolnshire by gender, 2015



Source: Virgincare, 2015/16

Amongst young men, those aged 19-20 years are the only group where the detection rate exceeds the 2,300 benchmark. In all other age groups male detection rates are below this benchmark, with the lowest detection rates amongst those aged 15-16 years.

Risk factors for STIs amongst this age group include:

- Area-level deprivation,
- Low educational attainment
- High rates of binge drinking (amongst young women)
- High number of sexual partners

- Unprotected sex
- Younger age at first sex and
- Any same-sex experience.

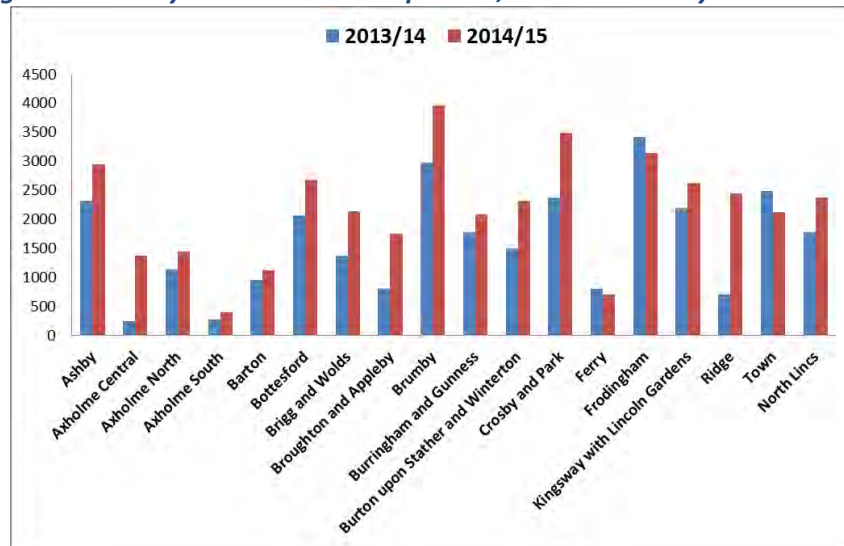
Table 2: Chlamydia detection rates by ward 2014/15

Chlamydia detection rate	15-24 year old Males	15-24 year old Females
Wards with detection rate above benchmark (>2,300) in 2014/15	Brumby, Crosby and Park, Frodingham	Ashby, Bottesford, Brigg and Wolds, Broughton and Appleby, Brumby, Burringham and Gunness, Burton upon Stather and Winterton, Crosby and Park, Frodingham, Kingsway with Lincoln Gardens, Ridge, Town
Wards with detection rate below benchmark (<2,300 in 2014/15)	Ashby, Axholme Central, Axholme North, Axholme South, Barton, Bottesford, Brigg and Wolds, Broughton and Appleby, Burringham and Gunness, Burton upon Stather and Winterton, Ferry, Kingsway with Lincoln Gardens, Ridge, Town	Axholme Central, Axholme North, Axholme South, Barton, Ferry

Source: Virgicare 2015

Spatial data on detection rates suggest that local chlamydia testing is well targeted with the highest detection rates in our most deprived wards.

Figure 8: Chlamydia detection rate per 100,000 under 25s by ward 2013-15



Source: Virgicare 2015

In contrast the number of tests amongst BME groups remains low, in spite of a recent rise in coverage.

The number of 15-24 year old MSM patients screened and the number of positives has remained static from contract commencement; the overall positivity rate for this group of young men of 8% is low compared to other testing in GUM settings, suggesting that this group of men are not accessing the outreach services effectively.

Other STIs

The incidence of new cases of STIs (excluding chlamydia) has risen in recent years, although not significantly so, and is in line with the national average at 837 per 100,000. This is accounted for largely by a recent increase in genital warts.

HPV vaccine uptake

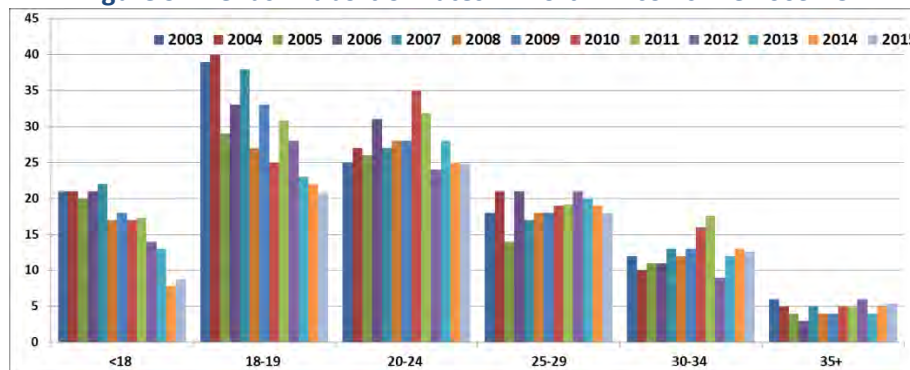
All girls aged 12 to 13 years are currently offered HPV (human papilloma virus) vaccination as part of the NHS childhood vaccination programme. The vaccine protects against cervical cancer and is usually given to girls in year eight at school.

The HPV vaccine is delivered largely through secondary schools, and consists of two injections into the upper arm spaced at least six, and not more than 24 months apart. In North Lincolnshire, coverage has been below national and regional rates for the last 4 years and has not improved during this time. The current coverage of dose 1 amongst 12-13 year old girls is 83.4% in 2015/16, compared with 89.4% nationally and 90.4% in the North Yorkshire and Humber area. The % vaccinated with dose 2 is currently 73.3%.

Abortion rates

Abortion rates have fallen in almost all age groups in North Lincolnshire over the last decade and are currently below national rates, and have fallen fastest amongst the under 18s. Between 2003-15 abortion rates amongst under 18s more than halved, whilst they have remained relatively unchanged amongst 20-9 year olds. Repeat abortions have also fallen, but not as fast as 1st abortions and still account for 1 in 4 (25%) abortions amongst <25s, in line with the national average, suggesting potential for more targeting of contraceptive services amongst young women with previous abortions.

Figure 9: Trends in abortion rates in North Lincolnshire 2003-15



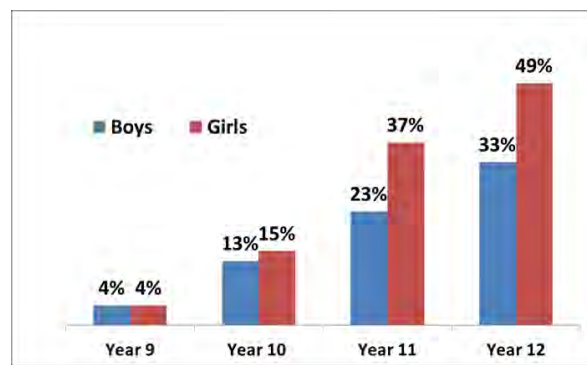
Source: DoH, 2016

Sexual activity amongst young people

The vast majority of under 14-16s in North Lincolnshire are not sexually active, and the number that are has fallen year on year since 2004, from 21% to 15%. (For more detail go to survey reports at http://nlido.northlincs.gov.uk/IAS_Live/sa/jsna/surveys. The highest rates are reported amongst Year 11s, and, in keeping with previous years, amongst girls.

However, this rises rapidly after the age of 16, with almost half of girls and a third of boys in Year 12 reporting that they have had sex

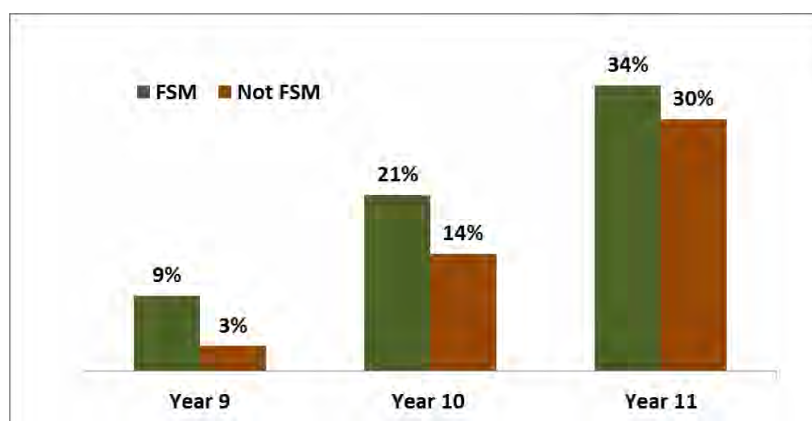
Figure 10: % 14-17 year olds who report having sex in North Lincolnshire (2013/14)



Source: Adolescent Lifestyle Survey, 2013/14

There is a strong association between sexual activity at this age and free school meal status (FSM), especially amongst the younger teenagers, although this relationship weakens with age.

Figure 11: % 14-16 year olds who report having sex by Free School Meal Status (FSM) 2013/14



Source: Adolescent Lifestyle Survey, 2013

Lesbian, Gay, Bi sexual and Transgender issues (LGBT)

Gay men, lesbians, bisexual and trans people have the same health needs as straight people. However they can also have additional needs related to sexual health. For example, research shows that people with same-sex partners may have a higher risk of contracting certain STIs.

Yet people who are LGBT may be reluctant to take advantage of sexual health screening and other health checks, because of fear of disclosure and discrimination, and so sexual health problems may not be picked up as early as they could be.

Nationally it is estimated that between 5-7% of adults in England are LGBT, including between 2-3% of males are men who have sex with men, (MSM). The local Adolescent Lifestyle Survey asked 17+ (only) how they would define their sexuality. 2% identified themselves as lesbian or gay, and 5% as bi sexual.

Of these, the majority said they were 15 years of age when they became sure of their sexuality. When asked if they would have liked someone to talk to at school about their sexuality, 39% of this group said yes. Just under half said they would have liked more information about this at school.

Applying national estimates to the local male 16-24 year old population suggests a potential MSM population of between 160-260 young adult men in North Lincolnshire.

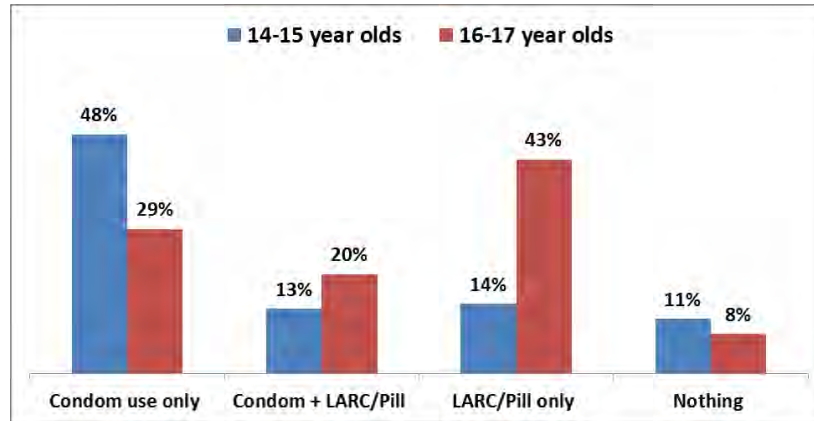
In the 12 month period April 2015 to March 2016, 30 patients aged under 25 years who accessed specialist sexual health services in North Lincolnshire and identified themselves as MSM, suggesting a significant under-representation of MSM in the local service.

Protected and unprotected sex

We know from national data the highest rates of unprotected sex occur amongst young adults aged 16-24 years.

- According to the latest national sexual lifestyle survey data, (NATSAL, 2010), by the age of 24, both men and women have had on average, at least 3 sexual partners, with a third of this age group having had sex with at least 2 partners in the previous 12 months.
- 16% of this national age cohort said they had had unprotected sex with at least 2 partners in the previous 12 months, compared with 10% of 25-34 year olds.
- In North Lincolnshire, of the 15% of 14-16 year olds who took part in the Adolescent Lifestyle Survey, who said they were sexually active, 61% said they or their partner had used a condom the last time they had sex, (with or without other forms of contraception), whilst 11% said they had used nothing. This is better than in previous years, when 16% said they had used no protection.
- Ironically, condom use falls with age, presumably as more young people turn to other methods of contraception.
- Amongst North Lincolnshire's sexually active 16-17 year olds, 78% said they felt able to discuss using a condom with their partner, and 58% said they had discussed contraception. Yet only half (50%) said they had used a condom, and only 20% had used a condom in combination with another contraceptive method. This is in spite of a high rate of knowledge about chlamydia and other STIs and how to avoid them.
- Across all 14-17 year olds in North Lincolnshire, 10% of those who were sexually active reported engaging in unprotected sex.

Figure 12: use of contraceptive methods reported amongst sexually active 14-17 year olds (North Lincolnshire Adolescent Lifestyle Survey 2013/14)



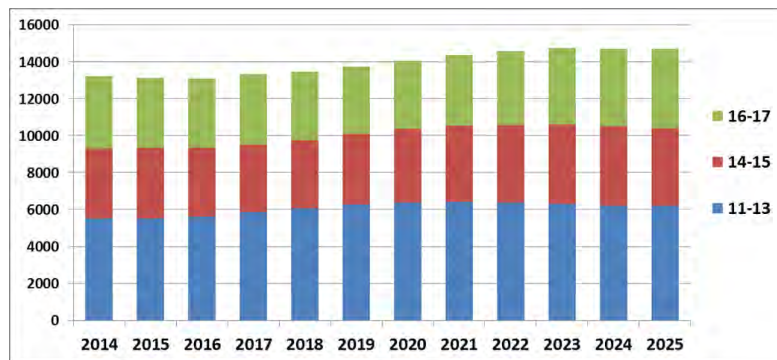
Source: North Lincolnshire Adolescent Lifestyle Survey, 2013/14

Future issues

- Whilst risk taking behaviour is falling and in all social groups, multiple risk taking behaviour ie 3 or more behaviours, including physical inactivity, alcohol misuse, under age and/or unprotected sex, is becoming more concentrated in a smaller cohort of vulnerable young people.
- Most young people continue to rely on schools as their main source of information about sexual health, although this is often supplemented by information and advice from parents and friends. However, as young people approach their exams in Years 10 and 11, the pressure on timetables is particularly intense, and PHSE is often the first subject to suffer. Yet this is just the age when young people are most likely to engage in risky behaviours.
- In its document “ Developing Sexual Health Programmes – a Framework for action”, the World Health Organisation write “ The correlation between education level and sexual health outcomes has been well documented. One of the most effective ways to improve sexual health in the long term is a commitment to ensuring that adolescents and young people are sufficiently educated to make healthy decisions about their sexual lives”.
- Whilst the number of young people who say they are ‘having sex’ in North Lincolnshire, continues to fall, a small but significant minority of young people, mainly low income girls, are having sex at relatively young ages.
- Given the association between low income and early sexual experience, and the strong correlation between teen pregnancy rates and socio-economic deprivation, maintaining the decline in risk-taking behaviours will require a targeted approach to raising aspirations and self-esteem.

- Addressing sexual health issues will be crucial. Whilst young people are more likely to delay sex and to take actions to avoid unwanted pregnancy, the proportion of young people taking action to prevent STIs has not improved.
- Local service data also suggests a significant under-representation of young adult MSM in specialist sexual health services in North Lincolnshire, in spite of their specific sexual health needs and higher risk of contracting STIs. It may be that they are using specialist services outside of the area, are unwilling to disclose their sexuality, or are accessing what services they need within primary care.
- In 2015, a brief stakeholder consultation took place on local provision for MSM. This recommended that:
 - Commissioners and providers should consider outreach work to target high-risk MSM who do not ordinarily access services.
 - Address any potential issues with current services, including stigmatisation, to ensure MSM patients feel they can openly access services without being seen.
 - Raise awareness of local sexual health services, safe sexual practice and the risks MSM may be taking, through a range of media.
 - Address the knowledge gaps of the sexual health stakeholders, surrounding the social and emotional aspects of MSM through training. Wherever possible to try and engage MSM user groups with this training.
 - Raise professional awareness outside of the immediate sexual health service, for example with GPs.
 - Consult with the local young adult LGBT to ensure that appropriate local services for this population group are being targeted effectively.
- After a decade of decline the number of resident teens is set to rise by 10% over the next 10 years, as a result of rising birth rates in the mid part of the last decade.

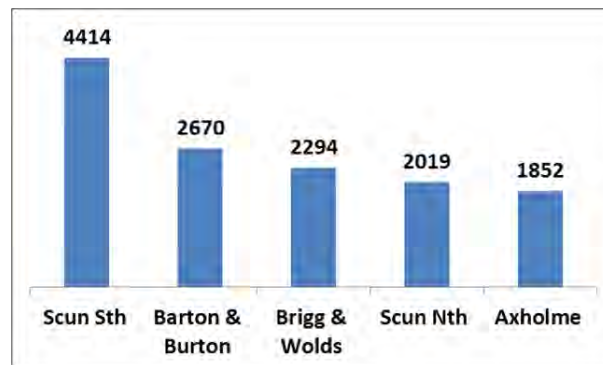
Figure 13: Population projections 10-17 year olds in North Lincolnshire



Source: ONS 2012 based population projections

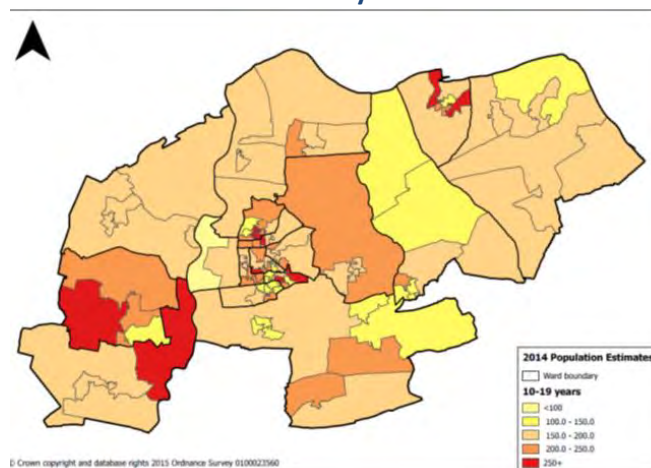
- Whilst Scunthorpe South has the highest number of teens of any locality in North Lincolnshire, just over half (51%) of all resident teens live in rural North Lincolnshire, with high concentrations in Barton and South Axholme. This may have implications for future service delivery.

Figure 14: 10-17 year olds in North Lincolnshire, (2014)



Source: ONS 2014 mid-year population estimates, 2015

Figure 15: Current distribution of 10-17 year olds in North Lincolnshire (2014)

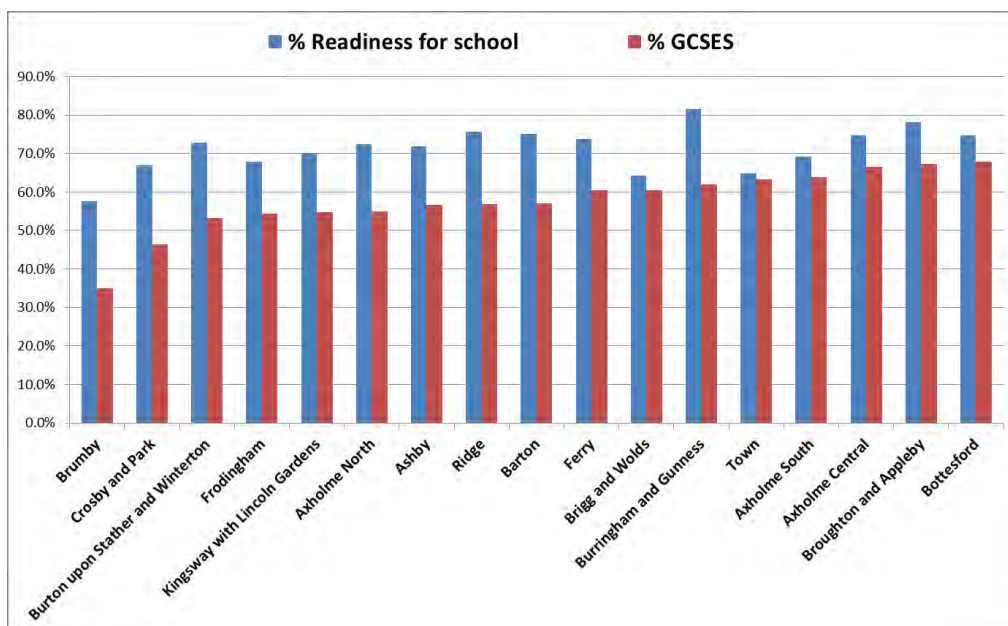


Risk Factors for Teen pregnancy

Young people who become teenage parents often have complex and multiple difficulties in early childhood and adolescence. Many of the risk factors for teenage pregnancy are similar to that for STIs and are similarly associated with deprivation and social exclusion and include:

- Poor family relationships
- Low self esteem
- Poor emotional wellbeing
- Unhappiness and disengagement from school
- Low educational attainment
- Limited career opportunities
- Being looked after
- Early onset of sexual activity
- Poor contraceptive use
- Alcohol and substance misuse
- Previous pregnancies

Figure 16: Educational outcomes at 5 and 15 years by ward (readiness for school, 5+ GCSEs A*-C (incl E&M) 2014/15



Source: North Lincolnshire Council, 2015

Health inequalities: All of the data suggest the need for a continued focus on raising attainment and reducing risky behaviours in young people, especially in our most deprived areas, as national and regional research indicate a strong relationship between deprivation, multiple risk taking and teen conception rates.

What can North Lincolnshire Council achieve by taking action to improve sexual health, reduce teen conception rates and help young parents?

- Continue to raise aspirations and improve health, education and wellbeing outcomes for vulnerable young people
- Close the gap in educational outcomes between North Lincolnshire's most and deprived residents right across the curriculum years.
- Improve the health and wellbeing outcomes of infants and young Mums.
- Boost the employment prospects and life-chances of our most vulnerable young people
- Reduce health and wellbeing inequalities across the life course

WHAT WORKS TO REDUCE TEEN CONCEPTIONS AND IMPROVE SEXUAL HEALTH

The international evidence-base for prevention of teenage conceptions presents two clear measures for which there is the strongest evidence of impact on teenage pregnancy rates:

Effective sex and relationships education, which helps young people to deal with pressure to have sex, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and sexually transmitted infections. This includes comprehensive information, advice and support from a variety of settings, from parents, schools and other professionals.

Accessible, young person-centred contraceptive and sexual health services. This includes the provision of services at the right time(s) and in the right place(s).

As well as giving all young people the means to avoid early pregnancy, sustained reductions in teenage pregnancy rates will only be possible if action is taken to address the underlying factors that increase the risk of teenage pregnancy, such as poverty, educational underachievement, low aspirations and lack of engagement in learning post-16.

Two further priorities that have been shown to be effective in reducing teenage conceptions are:

Three: Targeted work with 'at risk' groups of young people; in particular looked after children and care leavers.

Four: Working closely with parents and carers

LOCAL ACTIONS TO REDUCE RISKY BEHAVIOURS AMONGST YOUNG PEOPLE

Various local actions are already in place to reduce risky behaviours – including risky sexual behaviours:

- A local focus on reducing risk taking behaviours amongst young people, particularly amongst vulnerable young people
- Accessible universal sexual health services are commissioned for the population of North Lincolnshire through a hub and spoke approach and deliver targeted outreach to vulnerable groups including young people. The Council are currently reviewing the distribution of sexual health services with a view to targeting services where need is greatest.
- The school nursing service supports young people through general health promotion and one-to-one support, including specific sexual health advice. The Council is currently looking at ways of enhancing the school nursing offer to schools.
- Schools and academies provide sex and relationship education (SRE) in addition to a range of healthy relationships work. The Council are looking at introducing brief intervention workshops for all staff working with young people to ensure the workforce is competent and the messages are consistent.
- In 2014/15 North Lincolnshire pupils achieved their highest ever school attainment results, and across all key stages. For the gold standard 5+ GCSEs at A*-C (including English & Maths) North Lincolnshire outperformed the national average.
- Local actions to close the gap in attainment are included as key actions in North Lincolnshire Council's Children and Young People's Plan 2013-2016
- A move towards locally integrated services, which cut across individual risk taking behaviours. This is included in North Lincolnshire Council's Children and Young People's Plan 2013-2016

WHAT MORE COULD BE DONE

Work needs to be ongoing to increase aspiration and close attainment gaps between disadvantaged pupils and their peers.

Continue to collect and analyse data around teen conceptions and use this to inform and target service provision.

Increase the skills of the workforce.

It is vital that schools and academies provide high quality PSHE (Personal Social Health Education and SRE (Sex and Relationships Education), including targeted provision in the areas with the highest levels of need.

More specifically there is a need to continue:

- Improving self-esteem, raising aspirations and reducing risky behaviours, such as alcohol misuse which evidence shows increases the likelihood of a teenage girl becoming pregnant.
- working in partnership to ensure teenage pregnancy prevention and support for existing young parents is integrated into local plans and implemented effectively.
- ensuring that North Lincolnshire's Strategic Assessment (SA) takes into account teenage pregnancy and the variation across local authority areas.
- more CSE awareness raising, such as compulsory CSE education in school and using social media

Further actions to achieve the above include:

- Ensuring our contraception and sexual health services are in the right place, open at the right time, well publicised and trusted by young people in the area. This includes developing social media where young people can access consistent accredited advice.
- Sex and relationships education and sexual health advice are already targeted some key vulnerable groups, including young people who are in or leaving care and those in supported housing. We need to ensure that pathways are also in place for other vulnerable groups including children and young people who are not in education or training.
- Brief intervention training for all staff working with young people to ensure that messages are clear, and consistent.
- The sexual health needs of young people who are lesbian, gay, bisexual or transgender (LGBT), are poorly understood. More work is required to ensure that services are available and appropriate for the LGBT community of all ages.

Links to websites

<http://fingertips.phe.org.uk/profile/sexualhealth/>

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