

<b>Institution:</b> University of Bedfordshire		
<b>Unit of Assessment:</b> A3		
<b>Title of case study:</b> Reshaping policy and practice to sustain reductions in teenage pregnancy rates – Teenage Pregnancy Knowledge Exchange		
<b>Period when the underpinning research was undertaken:</b> 2013 to date		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Alison Hadley	Director, Teenage Pregnancy Knowledge Exchange	February 2013 to date
Dr Nasreen Ali	Reader in Public Health Equality	2013 to date
<b>Period when the claimed impact occurred:</b> 2013 to date		
<b>Is this case study continued from a case study submitted in 2014?</b> No		
<b>1. Summary of the impact</b> (indicative maximum 100 words)		
<p>At the end of England's Teenage Pregnancy Strategy, the under-18 conception rate had declined by 41% (1998-2012) but rates remained high. Research carried out by the Teenage Pregnancy Knowledge Exchange (TPKE) revealed teenage pregnancy as a continuing public health priority through two changes of government; determined the national guidance for local planning and commissioning; and contributed to a further 31% reduction in the under-18 conception rate (2013-2018). In collaboration with WHO, TPKE research has identified the transferable success factors of the England teenage pregnancy programme which have been used by low and middle income countries to review their national initiatives.</p>		
<b>2. Underpinning research</b> (indicative maximum 500 words)		
<p>In 1999, the Labour Government published a ten-year Teenage Pregnancy Strategy (TPS) to halve England's historically high teenage pregnancy rates which had shown no sustained downward trend and were out of line with comparable western European countries. Teenage pregnancy was positioned as an issue of social exclusion and intergenerational inequality requiring collective action. A cross government Strategy was developed, informed by the international evidence base: comprehensive relationships and sex education combined with easy access to youth friendly contraceptive services, delivered through proportionate universalism, with dedicated support for young parents. The multi-agency programme, led by a national Teenage Pregnancy Unit (TPU) was implemented in all 150 local government areas.</p> <p>In 2012 when the Strategy ended and the TPU was disbanded, the under-18 conception rate had reduced by 41%. However, rates remained higher than comparable western European countries, inequalities persisted between local areas and outcomes for young parents and their children were disproportionately poor. Government ministers called for further local action, using the lessons from the Strategy, but provided no further guidance.</p> <p>The TPKE was established in February 2013 to provide research leadership for further progress, to distil the learning from the Strategy implementation and provide an evidence based commissioning model for continued local action. Subsequently the TPKE analysed the success factors that could be applied to other countries. TPKE utilised local research into maternal and child health inequalities to underpin the case for local prioritisation of teenage pregnancy and application of the model. (3.1, 3.2, 3.3).</p>		

Alongside this, TPKE's research focused on conceptualising a new delivery model: 'The ten key factors for an effective strategy'. The model drew on evidence from the mid-term 'deep dive' review of the TPS, led by the Director in her role as head of the TPU. The review compared the progress of six local authorities with similar populations and identified the actions in the high performing areas. The new model maintained the whole system approach, but translated the underpinning evidence for the Strategy into actions required from multi-agency collaboration. It provided an easily understandable, practical tool for local areas to assess their progress and prioritise actions. This was particularly important at a time of diminishing resources and a reduction of dedicated local teenage pregnancy coordinators, resulting in work being led by less experienced commissioners. The TPKE tested the model through workshops with local government to confirm it was comprehensible and easily applied by experienced and new commissioners. The model now determines government guidance, policy and briefings (see Section 4).

In 2014, WHO identified the England TPS as one of a small number of examples of a successful government led programme to address adolescent pregnancy and parenthood.

Following a WHO global consultation event to identify the common success factors in countries with successful programmes, WHO commissioned TPKE to analyse the Strategy against five agreed criteria: Placing adolescent sexual and reproductive health on the national agenda; planning for scale up from the start; managing scale up effectively and efficiently; building support while anticipating and addressing opposition; and promoting and sustaining sustainability. (3.4, 3.5)

### 3. References to the research (indicative maximum of six references)

**3.1.** Garcia R, Ali N, Guppy A, Griffiths M & Randhawa G: "Ethnic differences in risk factors for adverse birth outcomes between Pakistani, Bangladeshi and White British mothers", *Journal of Advanced Nursing*, 76:174–182, 2020, DOI: 10.1111/jan.14209

**3.2.** Garcia R, Ali N, Griffiths M, Randhawa G: "Understanding the consumption of folic acid during preconception, among Pakistani, Bangladeshi and White British mothers in Luton, UK: a qualitative study", *BMC Pregnancy and Childbirth*, 18, 234, 2018, Doi: 10.1186/s12884-018-1884-0

**3.3.** Garcia R, Ali N, Guppy A, Griffiths M: "Differences in the pregnancy gestation period and mean birth weights in infants born to Indian, Pakistani, Bangladeshi and white British mothers in Luton, UK: a retrospective analysis of routinely collected data", *BMJ Open*, 7(8), 2017, DOI: 10.1136/bmjopen-2017-017139

**3.4.** Hadley A, Chandra-Mouli V, Ingham R: "Implementing the United Kingdom Government's 10-Year Teenage Pregnancy Strategy for England (1999-2010): Applicable Lessons for Other Countries" *Journal of Adolescent Health*, 59, 68-74, 2016, [https://www.jahonline.org/article/S1054-139X\(16\)00102-6/pdf](https://www.jahonline.org/article/S1054-139X(16)00102-6/pdf)

**3.5.** Hadley A, Ingham R, Chandra-Mouli V: "Implementing the United Kingdom's ten year teenage pregnancy strategy for England (1999-2010): How was this done and what did it achieve? *Reproductive Health*", 13, 139, 2016, <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0255-4>

### 4. Details of the impact (indicative maximum 750 words)

Established in February 2013, after the end of the TPS and the closure of the TPU, the TPKE quickly became the national source of expertise on teenage pregnancy, with a network of over 300 local government and health stakeholders seeking advice on how to maintain and accelerate progress. Initially, because of the need to address persistent inequalities caused by

teenage pregnancy, the TPKE was pump primed by the university. However, in recognition of the early work of the TPKE in conceptualising a new model for local commissioning and the reach of the stakeholder network, the TPKE was contracted by Public Health England (PHE) in November 2013 to provide teenage pregnancy advice to national government, and to support local government through promotion of the new commissioning model and bespoke workshops for senior leaders and stakeholders.

The TPKE Ten Key Factors model determined the national government guidance on the prevention of teenage pregnancy and support to improve outcomes for young parents and their children. The Teenage Pregnancy Prevention Framework sets out the rationale and evidence for the ten key factors, recommended actions to translate the evidence into practice, and resources providing further assistance. An accompanying self-assessment enables local authorities to review their current programmes, identify gaps and prioritise the actions needed for improvement. Evaluation of the use of the Framework using the PHE Evaluation Toolkit, was underway but had to be halted due to Covid. However, application of the Framework is evident in local Joint Strategic Needs Assessments and in case study examples illustrating how the Framework is being used for local action plans. The benefits to young people are illustrated by the case studies in the Local Government Association (LGA) briefing for councillors – *Good progress, more to do*, for which the TPKE provided content and local contacts. The Framework and the interactive process for its development won the 2019 PHE National Quality Award.

The Framework for supporting teenage mothers and young fathers provides local areas with the evidence for a dedicated coordinated multi-agency care package for young parents. It sets out the relevance of young parents to each agency, the actions they can take to contribute to improved outcomes, and resources for further assistance. The development of the Framework involved cross departmental liaison to agree policy commitments. Use of the Framework is evident in the development by local government of young parent pathways, a key recommendation of the guidance. The benefits to young parents are illustrated in the case studies in the LGA briefing for councillors – *Supporting young parents to fulfil their potential* – for which the TPKE provided content.

The TPKE uses the two Frameworks in the PHE bespoke support provided to local areas, facilitating multi-agency workshops to develop and agree revised action plans. The LGA briefings are also instrumental in engaging councillors.

As part of the PHE contract, the TPKE is commissioned to provide content for the PHE Teenage Pregnancy Narrative Reports in the Fingertips Child and Maternal Health resources. The bespoke reports for each of the 150 local authority areas bring together key data and evidence to help inform local actions to reduce unplanned teenage conceptions and improve outcomes for young parents. The TPKE model and national Frameworks are the recommended commissioning models. In 2019 there were 1508 downloads of the reports.

The TPKE's oral and written evidence to the Education Select Committee inquiry into Sex and Relationships Education and Personal, Social and Health Education was quoted extensively in the final report.

In recognition of the TPKE's expertise in supporting local areas, Luton Council commissioned the TPKE and IHR to undertake qualitative research with the ethnically diverse population of young people to gather views on the barriers and enablers to accessing contraception in Luton. The findings are being used to inform improvements.

The TPKE's commissioning model has underpinned the multi-agency approach of a PHE Women's Reproductive Health programme, the first government programme to position reproductive health as a public health issue.

Internationally, the World Health Organisation has sought collaboration with the TPKE to identify and share effective policy and practice in England with low and middle-income countries. The

analysis, together with the 'ten key factors' model have been used widely internationally. The articles in the Journal of Adolescent Health and Reproductive Health have received 23 and 39 citations, respectively. The Reproductive Health article is ranked 1<sup>st</sup> of the 7 tracked articles of a similar age in the journal. The TPKE has been commissioned by the following countries to advise on government teenage pregnancy programmes: Thailand, Mexico, Argentina, Columbia (Bogota), Panama and Uruguay.

#### **5. Sources to corroborate the impact** (indicative maximum of 10 references)

**5.1.** A Teenage Pregnancy Prevention Framework, and accompanying self-assessment guidance. Public Health England and Local Government Association. 2018; updated 2019/20. <https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework>

**5.2.** A framework for supporting teenage mothers and young fathers: guidance for local authorities. Public Health England and Local Governance Association. 2016; updated 2019. <https://www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework>

**5.3.** Teenage pregnancy and young parents: good progress, more to do – a briefing for councillors. Public Health England and Local Government Association. 2013, updated 2016 and 2018. <https://www.local.gov.uk/good-progress-more-do-teenage-pregnancy-and-young-parents>

**5.4.** Supporting young parents to reach their full potential. Local Governance Association and Public Health England. 2019 <https://www.local.gov.uk/supporting-young-parents-reach-their-full-potential>

**5.5.** Teenage Pregnancy and Young parents. Narrative Reports. Public Health England Fingertips. 2020. <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/13/gid/1938133228/ati/302/cid/4/tbm/1/page-options/ovw-do-0>

**5.6.** Life Lessons: SRE and PSHE in Schools. Education Select Committee. 2015. <https://publications.parliament.uk/pa/cm201415/cmselect/cmeduc/145/14502.htm>

**5.7.** Chandra-Mouli V, Plesons M, Hadley A, Maddaleno M, Oljira L, Tibebu S, Akwara E, and Engel D. Lessons learned from national government-led efforts to reduce adolescent pregnancy in Chile, England and Ethiopia Early Childhood Matters. 2019. <https://earlychildhoodmatters.online/2019/lessons-learned-from-national-government-led-efforts-to-reduce-adolescent-pregnancy-in-chile-england-and-ethiopia/>

**5.8.** Adolescent pregnancy: evidence brief. WHO. 2019. <https://apps.who.int/iris/bitstream/handle/10665/329883/WHO-RHR-19.15-eng.pdf?ua=1>

**5.9.** Accelerating progress towards the reduction in adolescent pregnancy in Latin America and the Caribbean. UNFPA. 2019. <https://lac.unfpa.org/sites/default/files/pub-pdf/Accelerating%20progress%20toward%20the%20reduction%20of%20adolescent%20pregnancy%20in%20LAC%20-%20FINAL.pdf>

**5.10.** Thailand to adopt English Teenage Pregnancy Prevention Strategy. UNFPA. 2017. <https://thailand.unfpa.org/en/news/thailand-adopt-english-teenage-pregnancy-prevention-strategy>