

Teenage Pregnancy Prevention and Supporting Teenage Parents

Introduction

The 2014 Under 18 Conception data for England (ONS) was released in March 2016 and accounts for all conceptions that result in either a live birth or abortion. The rate for England was 22.8 per 1,000 young women aged under 18 and showed a decline of 51% on the 1998 rate of 46.6 per 1,000. This exceeds the goal of a 50% reduction stated in the original Teenage Pregnancy Strategy (1999).

Bedford Borough has also seen a significant decline of 47.6% since 1998. The 2014 data shows that the rate has slightly increased from the previous year, from 22.0 per 1,000 in 2013 (actual number 67) to 24.7 per 1,000 in 2014 (actual number 75). The rate is now above the England and regional average rates. However, given the smaller numbers involved at local authority level it is important to look at the overall trend which continues downwards when the three year aggregated figure is considered.

Teenage Pregnancy is a complex issue affected by personal, social, economic and environmental factors. A study by Crawford et al (2013) found that girls most at risk of a pregnancy under 18 were eligible for free school meals, persistently absent from school in year 9 and showed slower than average academic progress in Years 7 and 9. Other risk factors include being in care and experiencing sexual exploitation and abuse.

Evidence suggests that poor outcomes are disproportionately experienced by both young parents and their children:

Mothers under 20 are (DCSF, 2010):

- Three times more likely to smoke throughout pregnancy
- 50% less likely to breastfeed
- At higher risk of postnatal depression and poor mental health for up to three years after birth
- 22% more likely to be living in poverty at age 30 and less likely to be employed or living with a partner
- 20% more likely to have no qualifications at age 30. Of all young people who are not in education, employment or training, 15% are teenage mothers
- **Young fathers** are more likely to have poor education and have a greater risk of being unemployed in adult life (LGA, 2016).

Babies born to young women under 20 have a (LGA,2016):

- 15% higher risk of a low birth weight
- 44% higher risk of infant mortality
- 63% higher risk of experiencing child poverty

Reducing teenage pregnancy and improving outcomes for teenage parents and their children has been chosen as a priority of the Bedford Borough Health and Wellbeing Board. The continued high level commitment to tackling this complex issue is essential and all services working with children and young people have a role to play to help young people develop healthy relationships, delay early pregnancy, look after their sexual health and support those who choose to become young parents.

What do we know?

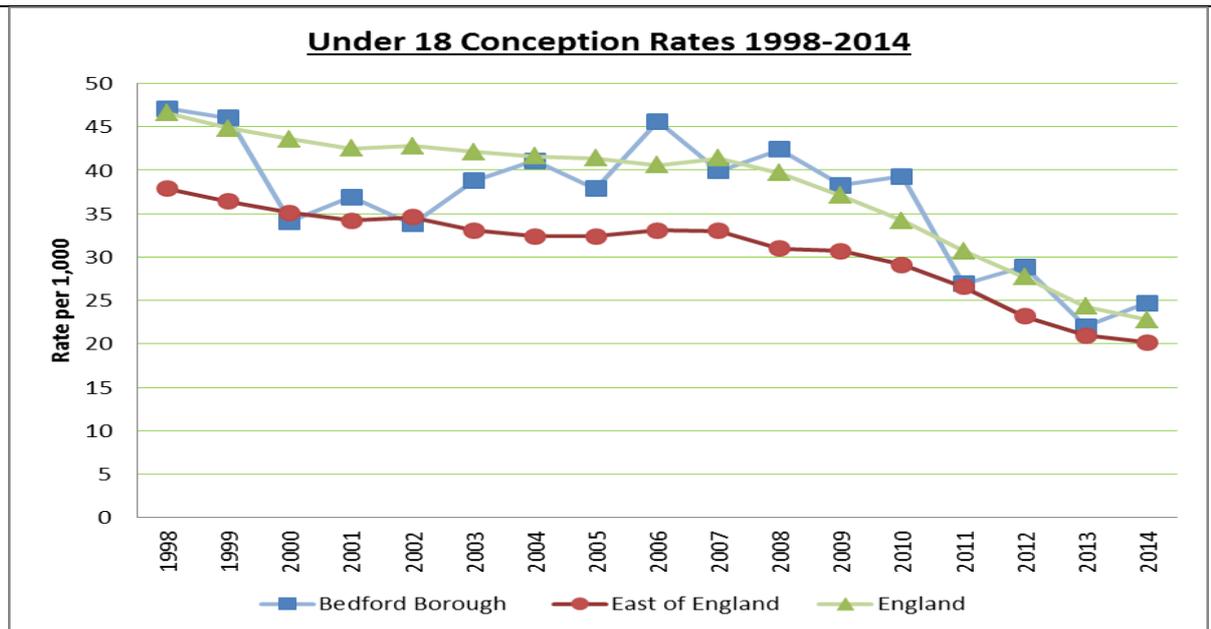
Facts, figures and trends in Bedford Borough

Annual Data

The under 18 conception data is produced by the Office of National Statistics and is used to monitor the rates of teenage pregnancy. It represents all under-18 conceptions that result in either a live birth or abortion and the most recent data is for 2014. In 2013 the rate for Bedford Borough was 22.0 per 1000 (actual number 67) and in 2014 there was an increase in the rate to 24.7 per 1000 (actual number 75). The percentage leading to abortion also increased from 50.7% in 2013 to 54.7% in 2014.

Figure 1 shows the trend in Under-18 conception rates from 1998 – 2014 in England, East of England and Bedford Borough. Whilst rates have fallen significantly across each area there is greater fluctuation in the year on year changes in Bedford. Annual local authority rates can be subject to large yearly fluctuations due to the relatively small numbers involved and these fluctuations are evened out at a regional and national level. Since 1998-2014 there has been a reduction of 47.6% in Bedford Borough compared to 46.7% in the East of England and 51.1% in England.

Figure 1 - Rates of under 18 conceptions from 1998 -2014 in England, East of England and Bedford Borough



Source: Office of National Statistics (updated 2016)

Comparison with our statistical neighbours

Public Health England has identified areas that are similar to Bedford Borough in regards to key child health and educational data. Where 1 is the lowest rate and 5 is the highest, Bedford Borough ranks 4th based upon the 2014 u18 conception data.

	Bedford Borough		Kent		Northamptonshire		Swindon		Derby	
	Rate	% leading to abortion	Rate	% leading to abortion	Rate	% leading to abortion	Rate	% leading to abortion	Rate	% leading to abortion
2014	24.7	54.7	22.2	45.6	23.3	47.5	20.0	41.6	26.1	31
2013	22.0	50.7	22.9	47.8	23.6	51.5	24.4	46.7	29.3	36.2

Three year aggregate data

The three year aggregated conception rate provides a more robust picture of a local authority's overall performance and smoothing out the effect of any random year on year fluctuations that are reflected in the annual data. The 2012-2014 data has not been officially released but can be estimated and shows that the overall trend is downward.

Table 1- Under 18 conception rates in Bedford Borough displayed using three year averages (ONS)

1998-2000	2001-2003	2004-2006	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014*

42.3	36.3	39.4	39.8	40.8	35.6	32.2	25.9	25.2*
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Source: Office for National Statistics (ONS) 2015

*Estimated 3 year average based on annual ONS data

Under 18 Conceptions that end in abortion

Table 2 shows how the Bedford Borough under 18 conception rates compare with the national and regional rates including the percentage of conceptions that end in abortion. The % of conceptions leading to abortion has increased in Bedford Borough from 50.7% in 2013 to 54.7% in 2014.

Table 2: Bedford Borough, East of England and England under 18 Conception Data

	England	East of England	Bedford Borough
U18 Rate (per 1000 females aged 15-17)	22.8	20.2	24.7
% Leading to Abortion	51.1%	49.9%	54.7%

Source: Office of National Statistics 2016

Higher under 18 conception rate wards in Bedford Borough

Ward level data identifies those wards with the highest conception rates. A “higher rate ward” is one that is amongst wards in England with the 20% highest rates for women aged 15-17 years. The most recent ward level data is for the period 2011-2013 (See Table 4). Compared to previous data (2010-2012) two wards remain as higher rate wards: Castle and Kingsbrook. Harpur no longer falls into the category and has been replaced by Eastcotts.

Table 4- Bedford Borough higher rate under 18 conception rate wards.

Bedford Borough Higher Rate Under 18 conception rate wards	
2010-2012	2011-2013
Castle	Castle
Kingsbrook	Kingsbrook

Harpur

Eastcotts

Source: ONS 2016

The links between teenage pregnancy, deprivation and poverty are inextricable with each of the higher under 18 conception wards usually falling within the 20% most deprived areas in Bedford Borough. However the inclusion of Eastcotts shows a shift in this trend. The most recent data on multiple deprivation (Indices of Deprivation, 2015) shows that Castle and Kingsbrook have Lower Super Output Areas (LSOAs) in the top 10 and 20% most deprived in England. The Shortstown area of Eastcotts appears in the 30% most deprived in England.

(Source:http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna/wider_determinants/deprivation.aspx. Accessed 30.3.16)

Repeat Under 18 Conceptions

In England it is estimated 20% of under 18 conceptions are to young women who already have a baby and 11% of terminations to under 19, are young women who have had one or more terminations before. Therefore, reducing repeat conceptions continues to be a priority locally and there are services in place to address this within the Bedford Borough Support Pathway for Under 20s and the post Termination of Pregnancy Pathway (ToP).

Current Services and Activity

1) Services and programmes to prevent teenage pregnancies

Brook and THT Contraceptive and Sexual Health Services

Brook and Terence Higgins Trust (THT) currently provide contraceptive and sexual health services to young people under the age of 25 across Bedfordshire. The clinic locations have been guided by local under 18 conception data to ensure that services are reaching the most vulnerable and at risk young people. Current activity is focused on targeted work with young people exhibiting risky behaviour, however, the sexual health and contraception services are universally available to all young people in Bedfordshire.

Brook also provides on-site nurse-led clinics in the majority of upper schools in Bedford Borough, including all upper schools within the current higher conception rate areas.

Outreach Sexual Health Nurse

Brook have a peripatetic nurse who offers contraceptive advice, support and contraception fittings for all teenage mothers, and also for young women under the age of 25 who have had a termination of pregnancy (abortion). Access to contraception post birth and TOP is a key factor in reducing subsequent and further unintended pregnancies.

A re-procurement process for sexual health services across Bedford is currently underway for November 2016 and the new service will offer a continued focus on young people and vulnerable groups to ensure they receive support and advice about relationships, with a focus on raising self-esteem and making positive choices.

Targeted Intervention programmes for Vulnerable Young People (ASPIRE)

ASPIRE programmes have been run in four schools in Bedford Borough in 2015-16, delivering 2 programmes in each school for up to 10 boys and 10 girls. The programmes are aimed at young people who are at a higher risk of poor outcomes, such as teenage pregnancy, to help them reach their full potential. The programmes are currently targeted at schools that are resident in, or have students from, the higher under 18 conception wards. The ASPIRE Programmes are based on the Neuro Linguistic Programme and are aimed at 11- 16 year olds. It consists of 8 workshops supported by 6 weeks of life coaching, with a 12 month tracking period during which children are able to stay in contact with their coach. The programme has been designed to help young people to challenge their negative self-limiting beliefs so that they can achieve more in all areas of their lives.

Outcomes to date include improvements in:

- Behaviour at school and improved relationships (particularly with teachers)
- School attendance
- Timekeeping
- Homework
- Participation in extra curriculum activities in and out of school
- Grades and increased outcomes into Education, Employment and Training (EET)

The programme delivers measurable increases by up to 25% in the level of aspirations, confidence and self-esteem which increases resilience to risk.

School Nurse Practice Development Team

The South East Essex Partnership Trust (SEPT) 0-19 Team provide a School Nursing Service across Bedford Borough Schools. This includes a School Nurse Drop-In service in each middle/upper or secondary school for pupils in Year 7 and above (aged 11+ years). There are a range of emotional health and wellbeing issues and concerns a young person can bring to the School Nurse, including contraception and sexual health, as recommended in the Developing Stronger Relationships and Supporting Positive Sexual Health (DH 2014) which highlights the need for pupils to have early access to confidential advice.

Sexual Health Website

www.safesexinbeds.co.uk

The website has been developed for all ages to ensure that there is one point of contact for up to date information on local sexual health services, including: Brook, Terence Higgins Trust, Sphere Clinics (delivered by a number of GP Practices),

Sexual Health Clinics (Genito Urinary Medicine, GUM), Pharmacies and outreach workers within the local community.

There is a clinic finder function which provides up to date details on clinic days and times throughout the week. Other features include information on contraception, sexually transmitted infections (STIs), HIV, sexual dysfunction, pregnancy and sexual assault.

Condom Card Scheme

The local authority commission the current sexual health provider to offer a free condom scheme. This scheme supports young people under the age of 25 to easily access free condoms in a variety of settings across Bedford Borough. Young people can register for the scheme at any Brook Clinic and at other registration sites in Bedford Borough. (Further information can be found in the Sexual Health JSNA section).

Improving the Health and Wellbeing of Identified Vulnerable Groups

Looked After Children (LAC), and those leaving care, have been identified as being particularly at risk of becoming teenage parents. The Promoting Health and Wellbeing of Looked After Children Group is in place in Bedford Borough to coordinate support for this vulnerable group on a range of issues which include, general health and wellbeing, sexual health, mental health and drugs and alcohol issues. The group also aims to support staff that provide services to LAC, through provision of resources and information. The group feeds into the LAC Health Board which is accountable to the Health and Wellbeing Board.

Substance Misuse targeted and group interventions

CAN YP is a young person's drug and alcohol treatment service covering Bedford Borough and Central Bedfordshire and is part of the CAN partnership: a drug, alcohol and homeless charity.

CAN YP work with young people aged 5-18 years who are affected either by their own or another's drug and/or alcohol issues. Their sources of referrals come from social care, looked after children, CAMH, health, universal education, hostels, police and youth offending service. The focus is on the provision of information, education, advice and guidance on reducing harm and risk associated with substance misuse.

2.Services to Support Teenage Parents Under 20

Bedford Borough Support Pathway for Parents Under 20

Bedford Borough developed its Support Pathway for Parents Under 20 in 2015. The pathway offers all pregnant women under the age of 20 a range of support to improve their own outcomes, their partners and their child's.

Young mothers are referred onto the pathway when they have booked with a midwife at Bedford Hospital. First-time mothers aged under 20 years, who are under 24 weeks pregnant at booking are offered referral to the Family Nurse Partnership (FNP) Programme. Those women who are not eligible or who decline the programme are referred to the Bedford Borough Early Help Team who are able to assess the support required through the Early Help Assessment process.

Family Nurse Partnership Programme

The FNP is a structured intensive home visiting programme of support for first time mothers under 20 years of age, delivered from early pregnancy to age two years. Introduced in the United States it has shown significant benefits for vulnerable, young families. Evidence from pilots of the Family Nurse Partnership in the UK suggests that the FNP is associated with a range of positive outcomes, such as improved breastfeeding rates and maternal self-esteem and aspirations (DH, 2012).

The Family Nurses:

- Deliver intensive home visits by the same Family Nurse throughout pregnancy and the first 2 years of a child's life
- Deliver the Healthy Child Programme (DH, 2009)
- Follow the FNP Home Visit Guidelines using specified approaches for establishing therapeutic relationships and motivating clients for positive behaviour changes; for which they commit to intensive training.

FNP was launched in Bedford Borough in 2015 and will have the potential to support 50 young mothers in Bedford Borough during pregnancy and until their child reaches two years.

Early Help

Bedford Borough Early Help Team offer support to all teenage parents under 20 years who are not eligible for, or have declined, FNP. The Children's Centre Teen Parent Lead contacts the young parent and supports the completion of an Early Help Assessment, taking in to account the needs of the father, to determine the support needed and ensure a multi-agency range of services where appropriate.

Bedford Borough and Central Bedfordshire Teenage Pregnancy and Sexual Health Operational Group

The group was relaunched in March 2016. The purpose of the group is to disseminate and discuss the latest data and trends relating to teenage pregnancy and sexual health, considering and developing solutions and opportunities for improved joint working arrangements.

Local Views

- During 2014-16 Public Health and Children's Services developed a series of surveys which were completed by children and young people across schools in Bedford. Pupils were asked about their health and wellbeing including emotional wellbeing, drugs and alcohol, relationships and physical activity.
- All commissioned sexual health services are monitored on a quarterly basis to

ensure user involvement is considered in how services are developed

- Young people have been involved in shaping Brook sexual health services through young peoples' inspections. Examples of this were 'You said, we did' notice board which provides the opportunity for young people to anonymously note anything they would like changing about their visit to the service. This is then addressed by Brook and the change evidenced on the notice board
- Research into what young people want in a website (McCarthy et al 2012) was used prior to developing the sexual health website 'safesexinbeds' and when it was launched in October 2014, agencies and all users were asked to feedback.

National Strategies

Reducing the under 18 and 16 conception rate is a priority in the Framework for Sexual Health Improvement (DH 2013) and a key aim of the school nursing guidance, Developing Strong Relationships and Supporting Positive Health (DH 2014).

The Public Health Outcomes Framework 2013-16 (DH, 2013) includes a number of relevant indicators:

- Reduce under 18 conceptions
- Reduce the number of children in poverty
- Increase the detection rate for chlamydia (2300 per 100,000)
- Reduce the rates of adolescents not in education, employment or training at 16 and 18 years of age

Improving the outcomes for young parents and their children and narrowing the inequalities is integral to the role of Children's Centres (DfE 2013) and the Health Visitor Implementation Plan (DH 2011).

Local Strategies

Reducing teenage pregnancy and supporting teenage parents is monitored through the following strategic groups and strategies:

- The Bedford Borough Health and Wellbeing Strategy 2014
- Children and Young People's Families Partnership Framework 2014-2017
- Bedford Borough Sustainable Community Strategy 2009-2021

Cost Implications

Teenage pregnancy is a key inequality and social exclusion issue and there is also a strong economic argument in investing in measures to reduce teenage pregnancy, which places significant burdens on the NHS and wider public services:

- The cost of teenage pregnancy to the NHS alone is estimated to be £63m a

year. This includes the average cost of a termination of pregnancy at £1008, the cost of vaginal delivery at £2880 and caesarean sections at £3790.

- Benefit payments to a teenage mother who do not enter employment in the three years following birth can total between £19,000 and £25,000 over three years.
- Teenage mothers will be much more likely than older mothers to require targeted support from a range of local services, for example to help them access supported housing and/or re-engage in education, employment and training.

The following information can be used to estimate the potential savings associated with reducing teenage conception rates.

Table 5- Potential long term cost analysis for Local Authority and Health Services

Associated risk factor	Source	Average cost
Health Care		
Mental Health issues including post natal depression	Local Authority/Health Services	a. Counselling Services - £40 p/hour. Ten session £400
		b. CAMHS - £2,740 p/case
Alcohol and substance misuse	Local Authority/Health Services	a. Ten week intervention £567 p/case with local provider (local cost)
		b. Counsellor £40 p/hour
		c. Drug and Alcohol rehab unit - £717 p/week
Social Care		
Social care support	Local Authority	a. Social worker £58 p/30 min contact
		b. Group Parenting programme £500
		c. One to one work in home £3,000
Living in care	Local Authority	a. £36,653 p/year

		b. Residential placement £110,000 p/year
Crime		
Youth Rehabilitation Order	Local Authority	Ranges £1,000 to £9,500 approx dependent on intensity
Arrest	Police	£1,930.09
Education/Employment		
Truancy	Society	£44,468 lifetime
Exclusions	Local Authority	£4,300 p/person. Cost to other services within LA including YOS, social services £1,200.

Source: *Think Family Toolkit, 2009*

The key inequalities

Children and young people who are already disadvantaged have an increased risk of teenage pregnancy. As mentioned previously, the links between teenage pregnancy, deprivation and poverty are inextricable with each of the high rate teenage pregnancy wards falling within more deprived areas in the Bedford Borough.

The young people who are most at risk are often experiencing a number of the factors below (DfES, 2006):

- living in a deprived area
- limited knowledge of where to access contraception and sexual health advice
- living in care
- alcohol and substance misuse
- early onset of sexual activity
- low educational attainment
- disengagement from school
- Leaving school at 16 with no qualifications

Therefore tackling teenage pregnancy requires action to address these multiple issues. The evidence points to a number of areas that need to be addressed in order to accelerate progress on reducing teenage pregnancies:

- Poor knowledge and skills among young people in relation to sex, relationships and sexual health risks
- Poor and inconsistent contraceptive use among young people
- Support for parents and professionals on how to engage with young people on

relationships, sex, and sexual health issues

- Disengagement from/dislike of school among those most at risk
- Low attendance/attainment at school
- Lack of aspiration among young people in the most disadvantaged communities and among the most vulnerable young people

The Evidence on Preventing Teenage Pregnancy

The Framework for Sexual Health Improvement (DH 2013), based on evidence from the previous teenage pregnancy strategy and other relevant findings, recommends that in order to reduce teenage conception rates and improve sexual health it is vital to have the provision of high quality comprehensive sex and relationships education (SRE) in schools and youth settings. This should be complemented by open discussion with parents/carers, and the provision of easy access to young people friendly sexual health and contraception services. SRE should be delivered by trained educators, in order to equip young people with the knowledge and skills to develop healthy and safe relationships and should include information about local contraception and sexual health services aimed at young people.

The Department of Health published the Teenage Pregnancy National Support Team Effective Public Health Guidance in April 2011, which states:

'International evidence, as well as lessons from areas where teenage pregnancy rates have fallen fastest, show that all people need effective sex and relationships education (SRE) – 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 STI's – alongside easy access to young people-centred contraceptive and sexual health (CASH) services, when they need them.'

'But it is also clear that 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 years.'

Tackling Teenage Pregnancy is a vital part of local initiatives to address:

- Child poverty and unemployment
- Safeguarding, including infant mortality
- Health inequalities
- Poor sexual health
- Poor emotional wellbeing leading to mental health problems

Service Gaps

Universal provision of PSHE and SRE

Although the evidence has shown that SRE can have a significant impact on reducing teenage pregnancy, it still remains non-statutory. Understanding what a

healthy relationship is can prepare a young person to be aware of sexual exploitation and domestic abuse – both of which are significant issues for young people. There are national resources to support PHSE, such as the Sex Education Forum curriculum design tool which was published by the PSHE Association, Brook and the Sex Education Forum, to assist schools to address some of the new challenges faced by young people, such as pornography, sexting and social media (PHSE Association et al, 2014). Understanding how and where PSHE and SRE is delivered in schools in Bedford Borough is key to ensure that all our young people receive consistent and high quality PSHE/SRE within schools locally in Bedford Borough.

Early intervention with children and young people who are at risk of disengaging from education

Poor educational attainment and low aspiration have an impact over and above deprivation levels in the likelihood of becoming a teenage parent (DCSF, 2007). Therefore early intervention that aims to raise self esteem and aspirations of children and young people who are at risk from disengaging with education is imperative. The ASPIRE programme in Bedford is currently only provided in four schools.

Young Fathers

The lack of that supporting young fathers to be good parents was highlighted in the Ofsted report on serious case reviews and there is evidence that a positive involvement with the father, even if they are no longer in a relationship with the mother, can have significant benefits on the outcome for the child (Fatherhood Institute 2013) Young fathers have reported that they feel excluded from services so more effort is needed to address this and make them feel welcome and involved.

Recommendations

Early Intervention

Continue to provide early intervention programmes, such as ASPIRE that tackle the underlying risk factors which lead to an increased risk of teenage pregnancy. Extending the programme to additional schools would increase the offer to more vulnerable young people.

PSHE/SRE

Develop a coordinated approach to ensure consistent provision of PSHE and SRE in schools in Bedford Borough. High quality, consistent education should include a focus on healthy relationships and address the issues facing young people including sexual exploitation, domestic abuse, pornography, sexting and social media.

Increase awareness of the links between early pregnancy and sexual exploitation

As recommended by the Local Safeguarding Children's Board's 'Sexual abuse of children and young people through sexual exploitation action plan' continue to raise awareness of professionals, and all services accessed by young people, regarding the increased links and risk factors that are associated with teenage pregnancy and

sexual exploitation. (For further information see the Sexual Abuse and Exploitation Chapter)

Under 20s Support Pathway

Review the effectiveness of the pathway and the outcomes for the young people, with a continued strategic focus on joint working arrangements between Maternity, Public Health and Early Years.

Raise Awareness about Sexual Health and Contraception and Improve Access to Services

Ensure that a sexual health communication plan is in place to maximise the opportunities for young people to know about and access sexual health services. This includes the continued promotion of the www.safesexinbeds.co.uk website which provides an up to date list of local sexual health services available in Bedford Borough.

Involvement of Young People in service development

Continue to ensure young people are involved in the development and shaping of local services.

Young Fathers

Services for young parents should ensure that young fathers do not feel excluded and that their needs are understood. Young father's feedback will be gained through focus groups to capture their experiences and ideas about how to make services more inclusive.

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