



# Teenage Pregnancy National Support Team:

## Evaluation of impact

## **Introduction to Public Health National Support Teams**

National Support Teams (NSTs) were established by the Department of Health from 2006 to support local areas – including Local Authorities, Primary Care Trusts (PCTs) and their partners – to tackle complex public health issues more effectively, using the best available evidence. By undertaking intensive, ‘diagnostic’ visits to local areas, spending time with key leaders (commissioners and providers) including clinicians and front-line staff, the ten NSTs provided intelligence, support and challenge to local areas to assist in their achieving better public health outcomes. The programme finished in March 2011.

The ten subject specific teams (Sexual Health, Health Inequalities, Teenage Pregnancy, Tobacco Control, Childhood Obesity, Alcohol Harm Reduction, Infant Mortality, Response to Sexual Violence, Vaccination and Immunisation and Children and Young People’s Emotional Wellbeing and Mental Health) were commissioned and established with a focus on improving health and reducing health inequalities.

The ten teams undertook more than 450 visits to local partnerships during the course of the programme and their findings and successes have been documented in a range of Knowledge Management and Evaluation reports.

The NST process involved a desk review of key documentation and data-based intelligence, and interviews with key informants, often in combination with a series of workshops or focus groups. Collation and analysis of findings was immediate, and the findings, including strengths and recommendations, were fed back straight away and on site to the key local players and leadership. Recommendations were accompanied by offers of support, either at the time of reporting, or as part of follow-up activity.

The NST’s approach, based on principles of change management, has been about performance development, rather than performance management, with an ethos of ‘high challenge, high support’.

### **The Teenage Pregnancy NST**

The Teenage Pregnancy NST worked with Local Authorities, Primary Care Trusts, health organisations, Children and Young People’s Partnerships and other statutory and voluntary partners, providing consultancy-style, tailored support on reducing under-18 conceptions. This document summarises an independent evaluation of the impact of the TP NST.

## EXECUTIVE SUMMARY

- 93% of stakeholders would recommend a visit by the TPNST
- 89% of stakeholders feel that the TPNST has raised the profile of teenage pregnancy in their organisation and partnerships
- 86% consider the TPNST to have improved multi-agency working and to have had a positive impact on delivery and performance

### What stakeholders say about the TPNST:

**“It would be daft not to keep this resource. In the future this sort of help will be even more important to focus on delivery of the new [Public Health] outcomes. We need to scrutinise at local level, share good practice from elsewhere and engage elected members much more.”** Joint Local Authority/ PCT Director Public Health, East of England

**“People thought it was going to be like an inspection but it didn't feel like that. The NST facilitated us, walked alongside us and were very helpful.”** Local Authority Head of County Services, South East

**“TPNST provided a catalyst to improve our work on TP, galvanising people's energy to focus and harness our resources to work together more effectively so we can achieve more.”** Director of Primary Care Commissioning, East Midlands

**“High level of expertise was of enormous benefit compared to more generic consultants.”** Associate Director of Public Health, West Midlands

**“We gained a better understanding of the scale of the issue in our area ...For us 'a light came on'!”** Local Authority Chief Executive. North West

## **1. Background**

The Teenage Pregnancy National Support Team (TPNST) was established in 2007. By October 2010, the team had undertaken a total of 68 visits, incorporating each region of England. Visits are based on a whole systems approach and examine the key components necessary to deliver a reduction in the local under-18 conception rate.

## **2. Methodology**

As part of a wider project encompassing each of the NSTs, an evaluation was undertaken regarding the impact of TPNST visits from the perspective of senior stakeholders such as Chief Executives, Directors of Public Health and Local Authority Directors of Children's Services. An independent consultant was employed to undertake telephone interviews with senior stakeholders identified by local areas.

A sample of eight local areas was chosen. These were taken from the twenty nine areas visited by the TPNST between October 2008 and November 2009, and which were not already included in samples chosen for the evaluation of other National Support Teams. (The process of selecting the local areas is described in full in the first document of this series and was carefully designed to remove bias.) A structured questionnaire was used for the interviews, containing a number of open and closed questions regarding the perceived impact of the visit on the priority given to teenage pregnancy locally, multi-agency working, progress towards key outcomes and indicators, and the usefulness of the on-going support provided by the TPNST.

## **3. Main findings**

### **Response rates**

There was a 100% area participation rate, with all eight local areas in the TPNST sample agreeing to take part. A 79% response rate was achieved, with twenty nine people interviewed, half from the PCT and half the Local Authority. Respondents included seven Local Authority Chief Executives, five Directors of Public Health, two Directors of Children's Services, two Directors of Commissioning and two Local Elected Members.

### **Impact of TPNST Visits and Follow-on Support**

The vast majority of respondents feel that the visit and follow-on support has:

- made a positive impact on the progress they have made in reducing teenage pregnancy (79%)
- successfully raised the profile of teenage pregnancy in their organisation and partnerships (89%),
- improved multi-agency working (86%)

### **Impact on Outcomes and Indicators**

Respondents were asked specifically about progress made on key performance indicators since their involvement with the TPNST.

#### **a) Reducing the rate of under-18 conceptions**

Stakeholders feel that most progress has been made with the key national and local target to reduce the rate of under-18 conceptions. Seventy-nine per cent of respondents consider that progress has been made (with 21% of these feeling progress has been significant). The remainder are 'Not Sure' they have made progress - stating this is because official conception data has not yet been published for the period subsequent to the visit.

#### **b) Progress on key proxy indicators in reducing teenage pregnancy**

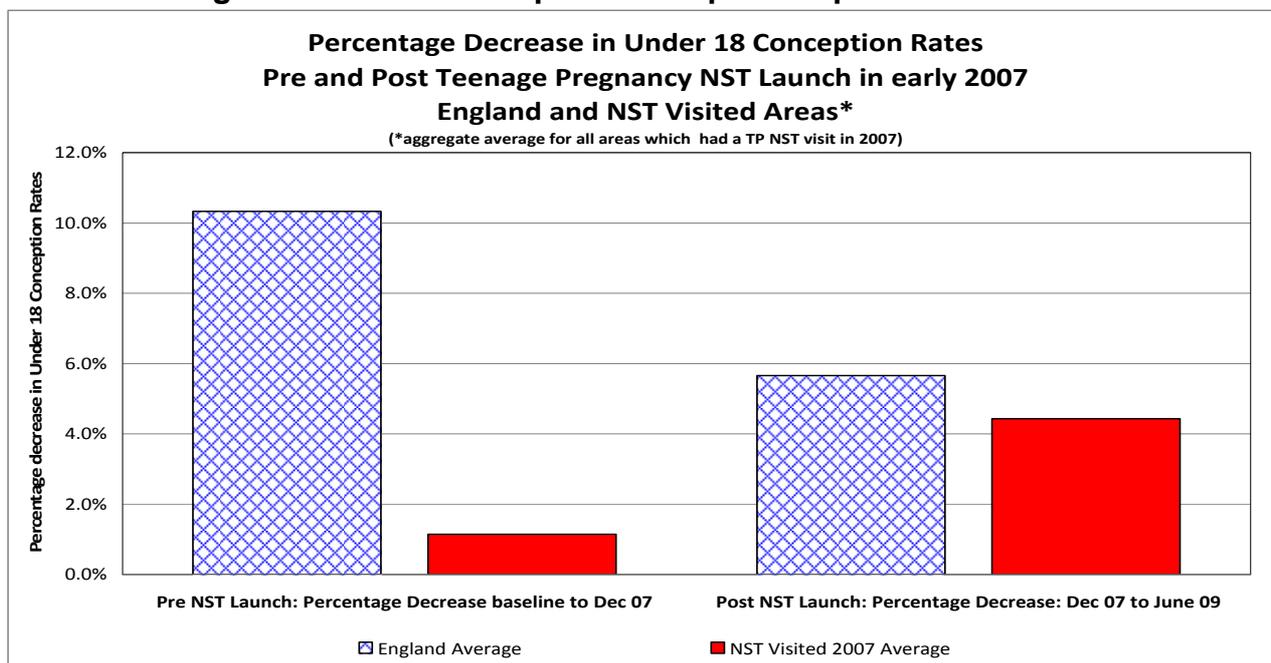
Two key proxy indicators in reducing teenage pregnancy are the uptake of Long Acting Reversible Contraception (LARC) and attendance at Contraceptive and Sexual Health (CASH) Services.

- 64% responded that uptake of LARC by young women has been improved
- 57% responded that attendances by young people at CASH services has improved

**Under 18 Conception Rate: Decreases in TPNST Visited areas compared to England**  
 Separate analysis has been undertaken to compare the under-18 conception rates in areas visited by the TPNST with national averages. In order to examine any change in rates for visited areas, allowing some time post-visit for any impact, this analysis compares aggregated change in rates for the 13 areas that had a TPNST visit during 2007, with that of England as a whole. Findings are encouraging and suggest that the TPNST may have positively impacted on rates for local areas visited.<sup>1</sup>

Chart 1 presents the percentage change in under-18 conception rates pre and post launch of the TPNST in 2007. As the graph illustrates, there has been a greater decrease in the average rate of under-18 conceptions for TPNST visited areas since the launch of the TPNST. Prior to the launch, the aggregate average decrease in those areas which were visited in 2007, was just 1.1% from the 1998 baseline to 2007. This compares with a decrease of 10.3% observed nationally over the same period. In the period following the launch of the TPNST, those areas visited in 2007 experienced a greater average decrease, 4.4% overall: closer to the England average of 5.7% over the same period.

**Chart 1: Change in under-18 conception rates pre and post TPNST launch<sup>2</sup>**



**Where TPNST follow-up support has been most useful**

The aspects of TPNST support following the initial visit which stakeholders consider most useful are shown below. Importantly, these relate to the evidence of what works to reduce

<sup>2</sup> It is recognised that many factors impact on teenage conceptions, and the issue of attribution is a difficult one to deal with in an evaluation of any intervention, due to the potential range of confounding factors associated with teenage pregnancy, however findings presented here are encouraging. These 13 areas were included in the analysis as they were the first visited by the TPNST and thus there was time post visit for any impact to show in the rates. These areas differ from those included in the evaluation.

teenage pregnancy, and also to the most common priority actions recommended by the TPNST in their visit reports.

- Sharper focus of all partner agencies in taking ownership of teenage pregnancy.
- Better communication around teenage pregnancy – with the workforce, young people, parents, elected members and the media.
- Improving performance management of the local Teenage Pregnancy Strategy.
- Better use of data to commission services and/or to design interventions.
- Higher profile for work on teenage pregnancy across the workforce.
- Greater support from senior management.
- Better understanding of the links between the vulnerability factors for teenage pregnancy and other risk taking behaviour, in order to improve preventative work.
- Greater access to contraception and sexual health services for young people.
- Better targeting of individuals and young people vulnerable to teenage pregnancy.
- Improved sex and relationship education.

### **Benefits of a visit from the TPNST**

Two of the most commonly reported benefits of a TPNST visit are raising the local profile of teenage pregnancy and engaging senior level partners. Stakeholders say the visit “re-ignited interest in the issue”, particularly with the Local Authority.

“[The TPNST] shifted the dialogue with partners, particularly with elected members and schools, from support to prevention. It moved TP much higher up the City Council agenda and enabled very senior sponsorship from Chief Officers and Council Leader.”

TPNST visits are seen to provide “external independent scrutiny”, with the rigour of an inspection which “puts more challenge into the system”, and “gets to the issues quickly”, delivering “a crisp report and recommendations - a focused and fast response”.

### **Additional comments about the TPNST**

The most common themes here are praise for the “high level of expertise and knowledge” within the team, and for the general approach of the TPNST acting as a “critical friend”, being positive and supportive, and the visits being “sensitively handled.”

### **Several also talked of the need for the TPNST in the future**

“This support will be more important in the future because the service is likely to be genericised (in terms of a risk and resilience model) so expert help is needed.”

“In future, areas need experts like TPNST to call on (not generalised consultants).”

## **4. Concluding remarks**

The vast majority of respondents feel that the TPNST has helped them to achieve their key outcome - the reduction of their local teenage pregnancy rate. Senior leaders praise the expertise, knowledge and skills of the TPNST team, and their rigorous whole system approach which focuses local effort and resources and brings about significant change.

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