NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

SCOPE

1 Guidance title

NHS provision of contraceptive services for socially disadvantaged young people (up to the age of 25)

1.1 Short title

Contraceptive services for socially disadvantaged young people

2 Background

a) The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health (DH) to develop guidance on a public health programme aimed at providing contraceptive services for vulnerable young people (up to age 25).

b) NICE public health guidance supports the preventive aspects of relevant national service frameworks (NSFs), where they exist. If it is published after an NSF has been issued, the guidance effectively updates it. Specifically, in this case, the guidance will support NSFs on children, young people and maternity services (DH 2004a).

c) This guidance will support a number of related policy documents including:

- 'Choosing health: making healthier choices easier' (DH 2004b)
- 'Every child matters: change for children programme' (Department for Education and Skills 2004)
- 'High quality care for all: NHS next stage review' (DH 2008a)
- 'Our health, our care, our say: making it happen' (DH 2006)

- ‘Progress and priorities – working together for high quality sexual health’ (Medical Foundation for AIDS and Sexual Health 2008)
- ‘Recommended standards for sexual health services’ (Medical Foundation for AIDS and Sexual Health 2005)
- ‘Teenage pregnancy next steps’ (Department for Education and Skills 2006a)
- ‘The children's plan: building brighter futures’ (Department for Children, Schools and Families 2007a)
- ‘Working together to safeguard children’ (HM Government 2006)
- ‘You’re welcome quality criteria: making health services young people friendly’ (Department of Health 2007).

d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is mainly aimed at professionals, commissioners and managers working within the NHS, but may also be relevant to those in local authorities with public health as part of their remit and the wider public, private, voluntary and community sectors. It is particularly aimed at those providing contraceptive services or young people’s sexual health services, for example, specialists in sexual and reproductive healthcare, gynaecologists, nurses, pharmacists and GPs. It may also be of interest to youth workers, social workers, probation officers, teachers and others working with vulnerable young people and to young people, their parents and carers and other members of the public.

e) The guidance will complement NICE guidance on preventing sexually transmitted infections and under-18 conceptions, looked after children, long-acting reversible contraception and personal,

social and health education focusing on sex and relationships and alcohol education. For further details, see section 6.

This guidance will be developed using the NICE public health programme process.

3 The need for guidance

a) England has one of the highest rates of teenage pregnancy in western Europe. Despite both under-18 and under-16 conception rates being at their lowest for 20 years (Office for National Statistics 2007) they are still much higher than comparable European Union countries (Population Action International 2007). If the government's public service agreement target to halve the under-18 conception rate by 2010 is to be achieved, progress needs to accelerate (Department for Education and Skills 2006b).

b) National progress masks significant variation in local area performance. The under-18 conception rate in England in 2006 was 40.4 conceptions per 1000 young women (Department for Children, Schools and Families 2008); almost half of these conceptions (49%) occur in the most deprived 20% of local authority wards (Department for Children, Schools and Families 2007b). In virtually every local authority, hotspots exist where annual conception rates are greater than 60 per 1000 women aged 15–17 (Department for Education and Skills 2006a). Approximately 20% of births conceived under the age of 18 are to women who are already teenage mothers (Department for Children, Schools and Families 2008).

c) Abortion and repeat abortion rates are particularly high in the 18–24 age group (DH 2008b). In 2007, the highest abortion rate was in women aged 19 at 36 per 1000; for women aged 20–24 the abortion rate was 33 per 1000. The under-18 abortion rate in 2007 was 20 per 1000 young women. In 2007 there were 18,691

abortions in women younger than 18. Of these, 4376 were in women younger than 16, of whom 1042 were younger than 15, 907 were 14 year olds and 163 younger than 14 (DH 2008b).

d) According to the 1999–2001 ‘National survey of sexual attitudes and lifestyles’ (NATSAL 2000), the average age of first intercourse was 16 years for both men and women. It is estimated that between one quarter and one third of all young people have sex before they reach age 16. Sixty percent of boys and 47% of girls leaving school at 16 with no qualifications had sex before they were 16 (Wellings et al. 2001). Seven percent of men and 10% of women aged 16–19 reported using no form of contraception at first intercourse. Unprotected first sex was more likely for the youngest age groups (Johnson et al. 2001). A survey of young people aged 16–18 in London reported that 32% of black African men, 25% of Asian women, 25% of black African women and 23% black Caribbean men did not use contraception at first intercourse (Testa and Coleman 2006).

e) Teenage pregnancies have a high cost implication for public funds. They place significant pressures on local authority social care, housing and education services. In 2006/07 local authorities spent £23 million on support services for teenage parents (Department for Children, Schools and Families 2008). The cost to the NHS of induced abortions for women up to the age of 25 was £48,680,949 in 2006.

f) Access to contraceptive services is most problematic for people in disadvantaged communities. There is a six-fold difference in teenage conception and birth rates between the poorest areas in England and the most affluent. Under-18 conceptions can lead to socioeconomic deprivation, mental health difficulties and lower levels of educational attainment. In addition, resulting children are at greater risk of low educational attainment, emotional and

behavioural problems, maltreatment or harm, and illness, accidents and injuries (Department for Children, Schools and Families 2008).

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Who is the focus?

4.1.1 Groups that will be covered

People younger than 25. This will focus on, but is not limited to, those who may be:

- socially disadvantaged or living in areas with high levels of deprivation
- teenage parents or the children of teenage parents
- looked after, or leaving care
- from minority ethnic groups, including Gypsy and travelling communities
- members of faith groups and religious groups
- refugees, asylum seekers and people recently arrived in the UK
- unemployed or not in education or training
- excluded from school, or those who do not attend regularly or whose educational attainment is poor
- offenders
- substance users (including alcohol misusers)
- living with HIV/AIDS or other sexually transmitted infections
- in the armed services
- living with physical impairments or learning disabilities
- homeless
- mentally ill

4.1.2 Groups that will not be covered

People aged 25 and older.

People who do not meet the criteria set out in the Fraser guidelines (Gillick v West Norfolk and Wisbech AHA and DHSS, 1985)

4.2 Activities

4.2.1 Activities/measures that will be covered

a) Advice, contraceptive provision and support, including:

- Advice about and provision of all methods of contraception including condoms, oral contraceptives, contraceptive patches, long-acting reversible contraception (for example, subdermal implants), intrauterine devices (IUDs) and intrauterine systems (IUS).
- Provision of counselling and support.
- Advice about and provision of emergency contraception, including emergency IUDs.

b) Method of service delivery, including:

- outreach services (for example, mobile clinics, including ‘clinic in a box’, and street work) and condom distribution schemes
- youth support programmes
- mass media interventions such as awareness raising campaigns
- information technology such as email and online enquiry services
- telephone helplines and text messaging.

c) One-to-one, individual, group, community or population level activities.

d) Setting of contraceptive service, including:

- community-based contraceptive services
- specialist young peoples contraceptive services
- clinics in or near a school or college
- sexual health services providing contraceptive services and emergency contraception
- primary care (for example, GP surgeries or prison healthcare)
- pharmacies
- maternity and postnatal care services
- abortion services
- accident and emergency departments
- NHS walk in clinics.

The PDG will take reasonable steps to identify ineffective measures and approaches.

4.2.2 Activities/measures that will not be covered

- sexual health services that do not provide contraceptive services
- sterilisation, including vasectomy
- termination of pregnancy
- use of contraceptive methods for non-contraceptive reasons, for example, for heavy periods.

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed along with some of the outcomes that would be considered as evidence of effectiveness:

Question: What is the effectiveness and cost effectiveness of interventions to encourage young people, especially socially disadvantaged young people, to use contraceptives and contraceptive services (including access to, and information about, contraceptive services)?

Expected outcome/s:
Primary outcomes include a reduction in:

- the rate of under-16 conceptions.

- the rate of unintended conceptions in 16–24 year olds
- abortions and repeat abortions for women up to the age of 25.

Intermediate outcomes in people up to the age of 25 include:

- increased knowledge of risk of conception
- increased knowledge of contraceptive methods
- increased intention to use condoms
- increased and effective use of condoms
- increased use of contraceptive services
- a reduction in the prevalence and incidence of sexually transmitted infections, including HIV
- increased, appropriate and effective use of contraception including emergency contraception and long-acting reversible contraception
- changes in level of knowledge and trust of services.

Question: What are socially disadvantaged young people and their families' perceptions, views and beliefs about contraception and contraceptive services, and where do they get their information about contraception and contraceptive services?

Expected outcome/s:

- accuracy and depth of knowledge of contraception
- beliefs and sociocultural norms about contraception
- peer group norms about contraception
- knowledge of and trust in contraceptive services (including staff)
- beliefs about contraceptive services (including staff)
- barriers to using contraceptive services
- sources of information about contraceptive services
- accuracy of information about contraceptive services
- credibility of information about contraceptive services for young people.

For cost effectiveness analysis, it is expected that the cost effectiveness outcomes are unlikely to consider cost per QALY, because of the lack of

agreement about the number of QALYs to ascribe to unplanned or unwanted babies before they are born.

In line with the approach taken in other NICE guidance in the area, outcomes will be expressed in terms such as cost per unwanted pregnancy averted, cost per abortion averted, etc. The perspective will be NHS/Personal Social Services.

4.4 Status of this document

This is the final scope, incorporating comments from a 4-week consultation, which included a stakeholder meeting on 23 October 2008.

5 Further information

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) available at www.nice.org.uk/phmethods and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at www.nice.org.uk/phprocess

6 Related NICE guidance

Published

One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. NICE public health guidance 3 (2007). Available from: www.nice.org.uk/PH003

Long-acting reversible contraception. NICE clinical guideline 30 (2005). Available from: www.nice.org.uk/CG30

Under development

The physical and emotional health and wellbeing of looked after children and young people. NICE public health guidance (publication expected September 2010).

Personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance (publication expected September 2009)

Appendix A Referral from the Department of Health

The Department of Health asked NICE to:

‘Produce programme guidance for the NHS on the provision of contraceptive services in appropriate settings for socially disadvantaged young people (up to the age of 25).’

Appendix B Potential considerations

It is anticipated that the Programme Development Group (PDG) will consider the following issues:

- The relationship between sexual and reproductive health services and the relationship between joint provision and effectiveness.
- The variation in the availability of tailored contraceptive services for young people.
- The relevance of this guidance to young people outside of those who have typically been defined as ‘socially disadvantaged’.
- The relevance of this guidance to people older than 25.
- The differences between people aged 16 and younger and those aged 17–25 in terms of need for services and in terms of outcomes.
- The relative needs for contraceptive advice and services for both men and women.

Appendix C References

Department for Children, Schools and Families (2007a) The children's plan: building brighter futures. London: Department for Children, Schools and Families.

Department for Children, Schools and Families (2007b) Teenage parents next steps: guidance for local authorities and primary care trusts. London: Department for Children, Schools and Families.

Department for Children, Schools and Families (2008) Teenage parents: who cares? A guide to commissioning and delivering maternity services for young parents. London: Department for Children, Schools and Families.

Department for Education and Skills (2004) Every child matters: change for children programme. London: Department for Education and Skills.

Department for Education and Skills (2006a) Teenage pregnancy next steps: guidance for local authorities and primary care. London: Department for Education and Skills.

Department for Education and Skills (2006b) Teenage pregnancy: accelerating the strategy to 2010. London: Department for Education and Skills.

Department of Health (2004a) National service framework for children, young people and maternity services. London: Department of Health.

Department of Health (2004b) Choosing health: making healthy choices easier. London: Department of Health.

Department of Health (2006) Our health, our care, our say: making it happen. London: Department of Health.

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Department of Health (2008a) High quality care for all; NHS next stage review final report. London: Department of Health.

Department of Health (2008b) Abortion statistics, England and Wales: 2007. Statistical Bulletin 2008/1. London: Department of Health.

Gillick v West Norfolk and Wisbech AHA and DHSS (1985) 3 WLR (HL).

HM Government (2006) Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children. London: The Stationery Office.

Johnson AM, Mercer CH, Erens B et al. (2001) Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours. Lancet 358: 1835–42.

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Medical Foundation for AIDS and Sexual Health (2008) Progress and priorities – working together for high quality sexual health. London: Medical Foundation for AIDS and Sexual Health.

Office for National Statistics (2007) Conception statistics in England and Wales, 2006 (provisional) [online]. Available from: www.statistics.gov.uk/downloads/theme_health/Conceptions2006/annual_conceptions_2006.xls [accessed 1 October 2008]

Population Action International (2007) A measure of survival: calculating women's sexual and reproductive risk. Washington DC: Population Action International.

Testa A, Coleman L (2006) Sexual knowledge, attitudes and behaviours among black and minority ethnic youth in London. London: Trust for the Study of Adolescence and Naz Project.

Wellings K, Nanchahal K, Macdowall W et al. (2001) Sexual behaviour in Britain: early heterosexual experience. Lancet 358: 1843–50.