

**UNDER 18 CONCEPTION RATES - UPDATE**

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**Purpose of Report**

1. To inform Members of Annual 2007/08 progress, opportunities and challenges for 2008/09.

**Information and Analysis**

2. England has the highest rate of teenage conceptions in Western Europe 2007. Darlington, in 1998 had compared to the England average a significantly higher number of teenage conceptions. Darlington has achieved a 20% decrease in teenage conceptions 1998 – 2006. This compares well to the England national average of a 13% decrease in the same period. This is a significant achievement and testament to the strong multi-agency partnerships that have developed through Darlington's Teenage Pregnancy Partnership Board.
3. Although it is important not to over-generalise, national and local evidence recognises that young people at risk of teenage conceptions are more likely to:
  - (a) Have come from a deprived background
  - (b) More likely to have been in care
  - (c) Have educational problems, including low achievement, truancy and exclusion
  - (d) Have a mother who was a teenage parent
  - (e) Be involved in crime
  - (f) Have been sexually abused
  - (g) Have mental health problems
4. Early motherhood is widely recognised to be associated with poor outcomes in terms of both health and social exclusion. Babies born to mothers under 18 are at increase risk of:
  - (a) Prematurely low birth weight and have an infant mortality rate 60% higher than the babies of mothers over 20
  - (b) Hospitalisation for accidental injuries, diarrhoea and vomiting, developmental delays and poor nutrition
  - (c) Experiencing isolation, postnatal depression and breakdown of relationship with father; and
  - (d) Living in poverty, in poor housing throughout their childhood and adolescence.
5. In addition a pregnant or young mother under 18 is more than twice as likely to smoke and half as likely to breastfeed as first mothers who are over 18.

**2007/2008 Priorities**

6. Deep Dive analysis of Darlington's Teenage Pregnancy Strategy and Action Plan 2006/07 evidenced 3 immediate priority areas for 2007/08. Progress is indicated further details are available on request

7. Accessible Young Person Focused targeted Contraception and Sexual Health Services:  
 (a) Darlington FE College – Achieved  
 (b) Eastbourne Church of England Academy - Under development
8. Strengthened Sex and Relationship Education within all Primary Schools  
 The National Curriculum Science Orders across all Key Stages set out the sex education elements, which schools must provide for all pupils. (DfEE Guidance (0116/2000:19) Ofsted (2002) guidance to all schools suggests broad learning outcomes for SRE. Parents have the right to withdraw their children from any SRE that is provided outside of the National Curriculum Science Orders, however they cannot withdraw their children from National Curriculum subjects.  
Consultation with parents has resulted in a:  
 Specialist SRE resources for all primary schools, currently being rolled out through the Healthy School Program. Evaluation September 08  
Faith Schools  
 SRE needs to be sensitive to and mindful of different cultures and faiths.  
 Children and young people attending faith schools need to develop an understanding of the diversity of lifestyles, beliefs and practices.  
 The Race Relations Amendment Act (2000) requires that all schools work towards promoting racial equality

9. Strategic workforce development

- (a) Mainstreaming of Teenage Pregnancy Co-ordinator and Sexual Health Outreach worker posts, mainstreamed and funded by PCT.  
 Midwifery and Supporting young parents posts – negotiations to mainstream 08-09.
- (b) Strengthen SRE induction programmes for Social Care, Connexions and Youth Service workers – September 2008.
- (c) Increase access to multi-agency Teenage Pregnancy, Sex and Relationship training programs through PCT Health Improvement Training Calendar – Distributed to all agencies, analysis of attendees built into new structure.
- (d) Implement/Review Children’s Services and PCT policies/procedures:
- (i) Education of School Aged Parents – Achieved  
 Policy and Guidelines formally adopted and implemented from September 07
- (ii) Under 13 years Sexual Activity Protocols– Achieved
- (iii) Sex & Relationship umbrella policy – September 2008.

10. Analysis 2007/08

Deep Dive Analysis of Darlington’s Teenage Pregnancy Strategy & Action Plan 2007/08 has evidenced 3 immediate priority areas for inclusion into Action Plan 2008/09. These are described in paragraphs 11, 12 and 13.

**2008/09 Priorities**

11. Accessible Young Person Focused targeted Contraception and Sexual Health Services

- (a) Eastbourne Church of England Academy  
 (b) Develop Teen Health Clinic to provide Sexual Health Services which includes emergency oral hormonal contraception  
 (c) ‘Your Welcome’ quality standards to roll out across Primary Care Provision  
 (d) Local Social Marketing of Genito-Urinary Medicine (GUM) and Termination of

## Pregnancy Services

(e) Increase C-card outlets by 25%

12. Strengthen Secondary and post 16 Sex and Relationship Education within and outside of mainstream services:
  - (a) Map current provision
  - (b) Present report with recommendations to Children's Trust
13. Strengthen and develop general and targeted work with parents of young people and children:
  - (a) Develop a user friendly guide for parents/carers to support them to do talk to their children about sex
  - (b) Strengthen links with Darlington's Parenting Strategy and existing parenting programs
14. The target of a 55% reduction by 2010 in under 18 Conception rates is very challenging. Darlington's Teenage Pregnancy Board are currently systematically bringing together TP risk factors and performance indicators including the deeper underlying causes of poverty, exclusion and poor educational attainment. This will strengthen the strategic approach; inform the provision of local services and other strategies.

### **Legal Implications**

15. This report has been considered by the Borough Solicitor for legal implications in accordance with the Council's approved procedures. There are no issues which the Borough Solicitor considers need to be brought to the specific attention of Members, other than those highlighted in the report.

### **Section 17 of the Crime and Disorder Act 1998**

16. The contents of this report have been considered in the context of the requirements placed on the Council by Section 17 of the Crime and Disorder Act 1998, namely, the duty on the Council to exercise its functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area. It is not considered that the contents of this report have any such effect.

### **Impact on Looked After Children**

17. Looked after Children are evidenced as being at 'risk' of teenage conceptions. Darlington's Teenage Pregnancy Strategy directly addresses this risk through a series of actions and strategic developments targeting those Looked After and Care Leavers.

### **Recommendation**

18. Members are asked to note the contents of this report.

**Donna Thorne**  
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### **Background Papers**

No Background papers were used in the preparation of this report.

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