

**PREVENTING AND SUPPORTING UNDER 18 CONCEPTIONS  
'TEENAGE PREGNANCY'**

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**SUMMARY REPORT****Purpose of the Report**

1. To provide progress update against local Teenage Pregnancy Strategy and priority actions for 2010 – 11

**Summary**

**Reducing teenage pregnancy is central to improved outcomes for young men and women. It reduces health inequalities, child poverty and the costs associated with addressing the poor outcomes for young parents and their children.**

The Government has made a commitment to continue work to reduce teenage conceptions beyond 2010. It is acknowledged that the target of a 55% reduction in the PSA will be hard to reach and work is being done nationally, regionally and locally to accelerate progress.

- Teenage pregnancy is a cause and a result of exclusion, poverty and inequality. Half of all under-18 conceptions occur in the 20% most deprived wards. (see map of CD&D)
- 20% of under-18 conceptions are repeat pregnancies
- Over one third of teenage mothers have no qualifications and only 33% are in education, employment and training compared to 90% of all 16-19 year olds
- Babies born to teenage mothers have a 60% higher risk of dying in the first year of life and have a significantly increased risk of living in poverty, achieving less at school and being unemployed in later life.

**Recommendations**

**High teenage pregnancy rates are not inevitable. Some areas with an integrated, focused and targeted evidenced based strategy have achieved reductions of over 25%.**

- 2 It is recommended that:-

(a) Darlington responds to the DH Teenage Pregnancy Strategy – beyond 2010  
<http://www.dcsf.gov.uk/consultations/> by 31<sup>st</sup> May 2010

(b) Darlington provides better young person friendly access to contraception and sexual health provision as part of the integrated agenda.

(c) Early identification and intervention pathways are strengthened to ensure that under 18 conception rates continue to reduce with appropriate packages of care and support

(d) Sex and relationship education is developed and enhanced within primary, secondary and out of school settings, including better workforce development and support for parents and carers to talk to their children about SRE

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**Background Papers**

DH Teenage Pregnancy Strategy – beyond 2010

ONS Under 18 conception data

Brook Evaluation Study

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S17 Crime and Disorder	There are no direct links to crime and order.
Health and Well Being	Measures to reduce teenage conceptions will reduce health inequalities.
Sustainability	There are no issues relating to Sustainability which this report needs to address.
Diversity	Universal and targeted approaches are required.
Wards Affected	Universal and targeted approaches are required.
Groups Affected	The focus is on young people under 18 years.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	The Teenage Pregnancy strategy is part of a long-term effort to narrow social and health inequalities.
Efficiency	This report does not identify specific efficiency savings.

## MAIN REPORT

### Information and Analysis

#### 1. Darlington has significantly higher under 18 conceptions rates that the national England average.

The latest data shows that Darlington has achieved a significant downward trend in under 18 conceptions.

2008	Number	Rate	% leading to abortion	% change in rate
England	38,750	40	50	-13.3%
North East	2,391	49	44	-13.3%
County Durham	467	48.6	44	-10.7%
<b>Darlington</b>	<b>97</b>	<b>51.1</b>	<b>56</b>	<b>-20.1%</b>

National evidence shows that improving uptake and use of effective contraception combined with better sex and relationship education will have the biggest and quickest impact on improving current performance in reducing conception rates including second conceptions.

#### 2. Local Teenage Pregnancy Strategic Structure

Darlington local teenage pregnancy structure has been reviewed against priority areas identified in Teenage Pregnancy Accelerating the Strategy (Department for Children, Schools and Families, 2007) this has resulted in new membership, Terms of Reference and lines of accountability. (Appendix 1)

- The TP Strategic Group meets quarterly
- The TP Lead sits on Darlington's Joint Commissioning Group
- There are 2 stakeholder events held each year
- Young people have been engaged/participate in development and evaluation through partnership working:
  - Schools and Educational Settings
  - Investing in Children
  - Targeted groups: Young Parents, Looked After Children and those engaged with DAAT

#### 3. Contraception

Current community contraceptive provision in Darlington is under review against national best practice, which includes NICE guidance.

Brook has been commissioned to evaluate current contraceptive services against young people's needs – it is anticipated that this work will result in a report September 2010. This local analysis will strengthen the commissioning of CASH provision. (Appendix 2)

Priority action within Darlington is to provide on site 'health drop in's' in school settings. This model is evidenced as contributing to reductions in under 18 conceptions by up to 35%. A local model in Easington has been attributed as playing a significant role in Easington's 15% reduction in under 18 conceptions.

Darlington has been invited by NICE to participate in the development of new guidelines: 'Contraceptive Services for Socially Disadvantaged Young People.' - June 2010.

#### **4 Sex and relationship education**

The Children Trust and schools in Darlington are working towards statutory Personal, Social and Health Education (PSHE) ahead of legislation. Darlington has an identified Sex and Relationships Officer who is leading on the strategic development for education, the workforce and parents.

#### **5. Young Parents**

Within Darlington there is an established young parent's care pathway offering universal, targeted and specialist provision. There are positive signs that more young mothers are getting back into education, employment and training (EET). The latest data from Care to Learn (DCSF) shows that Darlington has achieved a 'care to learn' take up of 21.21 % which places Darlington 34th in a table that starts at 8 and ends at 155<sup>th</sup>. There is more work to be done in this area to achieve the national expectation that 60% of young mothers will be engaged in EET.

#### **6. You're Welcome Quality Criteria for young people friendly services**

The You're Welcome (YW) quality criteria and associated quality mark for health services is the national approach for making health services for young people friendly. There is regional DH funded support and a local facilitator who sits within the Sexual Health Improvement Treatment and Screening Team. 2 GP practices located in 'hotspot' areas have agreed to work towards and achieve the quality mark by 2010.

#### **Outcome of Consultation 09/10**

The target is challenging – however since the launch of the Teenage Pregnancy Strategy in 2001 organisational structures and thinking have changed and strategies that address both the prevention and the support agenda have emerged.

In 2010 Darlington has a refreshed structure and will draft a refresh strategy after the national refresh is launched'.

Darlington has 4 priority actions based on evidence which will be commissioned 2010/11 with clear accountable performance management/metrics.

- 1 Better Access to contraception and sexual health provision
- 2 Early identification and intervention pathways
- 3 Better SRE in and outside of educational settings, for the workforce, families and communities
- 4 Better, integrated support for all young parents/parents to be