

**Scrutiny Sub-Committee
Promoting Strong, Healthy
& Safe Communities**



5 March 2007

Tackling Teenage Pregnancy

Report of Corporate Director of Adult and Community Services

Background

Across County Durham, around 1 in 20 young women between the ages 15-17 conceive. The rate had fallen from 54.4 per 1000 in 1998, the baseline year, to 48.1 in 2004 representing a fall of 11.6% against a target reduction of 10% by 2004 and 55% by 2010. The rate, and progress, varies considerably between districts, with Wear Valley's rate having fallen by nearly 30% whilst Sedgefield's and Durham City's have risen slightly, although it should be borne in mind that at a more local level the numbers are relatively small and thus more volatile.

Figures for 2005 released in February show that the rate has risen again slightly, so that the overall reduction since 1998 stands at 10.1%. The rise is disappointing. It can be seen that to meet the target there will need to be a considerable acceleration in the reduction of the rate.

The consequences of teenage parenthood

Although teenage parenthood can be a positive experience, it frequently brings negative consequences including:

- Negative health (including mental health) outcomes in the short- and long-term for teenage mothers;
- Teenage mothers are more likely not to complete their education, to have no qualifications by age 33, and to be in receipt of benefits or be on lower income; and
- Housing difficulties.

It should be noted young fathers seem to have similar difficulties to young mothers.

There can also be negative consequence for the babies and children of teenage mothers, including:

- Lower birth weight;
- Higher mortality;
- Lower breast-feeding rates;
- Higher risk of poverty, poor housing, poor nutrition; and
- Greater likelihood of teenage parenthood.

Data issues

Figures on teenage pregnancy rates are updated annually, each February/March, for the year ending 14 months before. The lag is inevitable because the conceptions can only be counted by the numbers of births and abortions (including miscarriages) – and births are only recorded at least 9 months later when the baby is registered by the new parents: conceptions from Dec05 may not be recorded until autumn 2006.

This delay can mean that the strategy for reducing the rate is not necessarily immediately responsive to what is happening in local communities. However, we do have a picture of which communities (and which schools) are most associated with higher rates, and it is these we particularly focus our efforts on. Local intelligence, for example from staff in the home and hospital support service, frequently highlights clusters of pregnancies from an area and services can and do respond.

A focus for Scrutiny

The national strategy for reducing the rate of conceptions covers the following areas:

- Young people-focused contraception and sexual health services
- Strong delivery of SRE/PSHE by schools
- Targeted work with at risk groups of young people, especially Looked After Children (LAC)
- Workforce training on SRE in mainstream partner agencies
- Well resourced Youth Services
- Raising aspirations
- Work with parents

The Board is developing a performance framework to help us assess our progress on key measurable factors behind these areas of work. It is suggested therefore that any further work via Scrutiny should focus on these factors more than the headline rate: these will include factors for the County Council, PCT and other bodies engaged in the strategy – for example achievement of the National Healthy Schools standard, particularly by schools in areas with higher rates, and the availability of a nurse with contraceptive practice qualification for each secondary school.

The Tackling Teenage Pregnancy Partnership Board for the County has to submit to the Government a self-assessment of its work on these key areas by the end of March. This report can also be made available to Scrutiny once it is ready.

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