

REPORT TO: Children, Young People and Families
PPB

DATE: 21st February 2011

REPORTING OFFICER: Strategic Director
Children & Young People's Directorate

SUBJECT: Teenage Pregnancy

1.0 PURPOSE OF REPORT

1.1 To update progress, regarding teenage conceptions for 2009/10 YTD

2.0 RECOMMENDED that

(i) Progress is noted

3.0 NATIONAL PERFORMANCE

The National Teenage Pregnancy strategy was launched in 1998 with the aim of halving the under 18 conception rate by 2010. Whilst 2008 saw the lowest conception rates in England for over 20 years (-13.8% reduction from 1998) this is still way short of the 50% target. The updated National Strategy: beyond 2010 sets out what has been achieved so far and what is proposed post 2010.

Halton's performance has fluctuated in recent years; however a 25.7% reduction was achieved in 2008 in comparison to 2007.

The latest data from ONS that we have is to Quarter 3 2009 (the full year 2009 will be released later in February 2011):

Provisional first quarter 2009 conception data for England shows:

- The rate of under-18 conceptions was 39.4 per 1000 girls aged 15-17 (6.4% lower than the rate of 42.1 for first quarter 2008)

Provisional second quarter 2009 conception data shows:

- The rate of under 18 conceptions was 40.1 per 1000 girls aged 15- 17 (3.6% lower than Quarter 2 2008.)

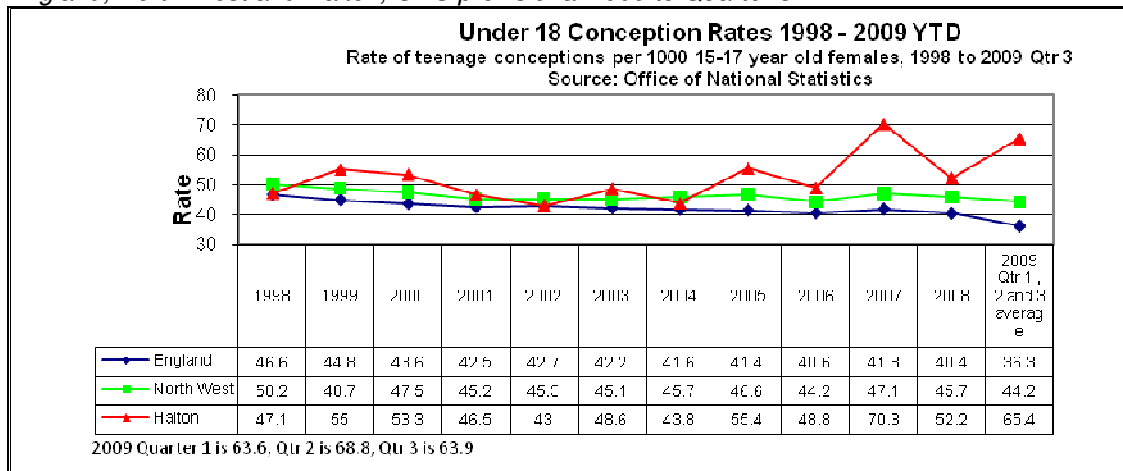
Provisional third quarter 2009 conception data shows:

- The rate of under-18 conceptions was 36.3 per 1000 girls aged 15-17 (6.2% lower than the rate of 38.7 for third quarter 2008).

(Source: *Teenage Pregnancy Unit, Department for Education*)

4.0 HALTON PERFORMANCE – Latest ONS data

England, North West and Halton, ONS provisional 2009 to Quarter 3



ONS provisional data for Halton to quarter 3 2009 shows us that:

- Halton's Quarter 3 actual rate is 63.9 per 1000 girls aged 15-17 (This is 42.9% above the quarter 3 2008 rate of 44.7)
- Halton is 76% above the national rate for quarter 3.
- Halton's average rate for Qtr 1, 2 and 3 2009 is 65.4 (2008 full year rate was 52.2)

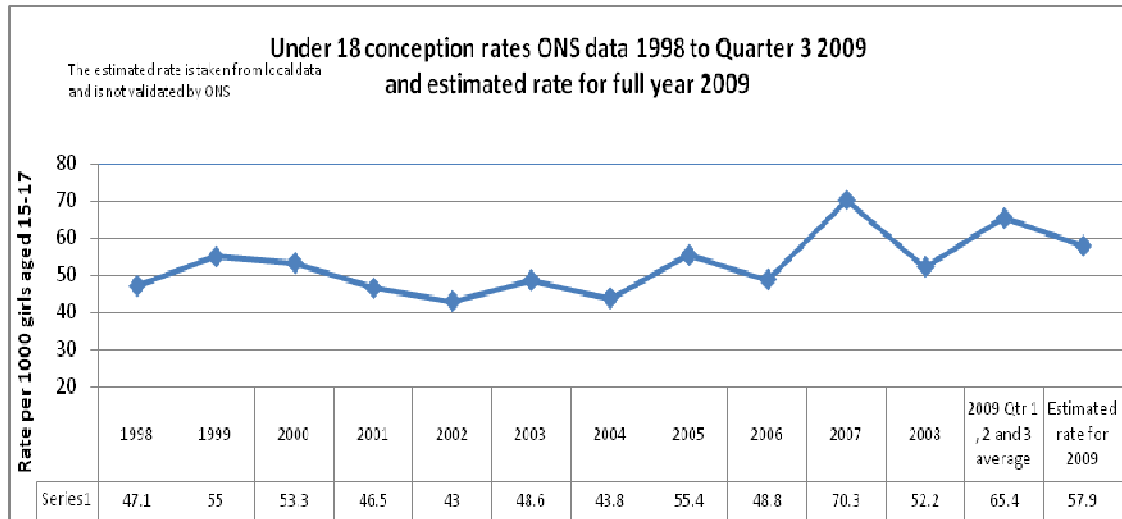
ONS data Qtr 1 to 3 Numbers of conceptions- comparison of 2008 and 2009

	2008	2009	Difference
Qtr 1	32	38	+6
Qtr 2	33	41	+8
Qtr 3	28	38	+10
Total	93	117	+24

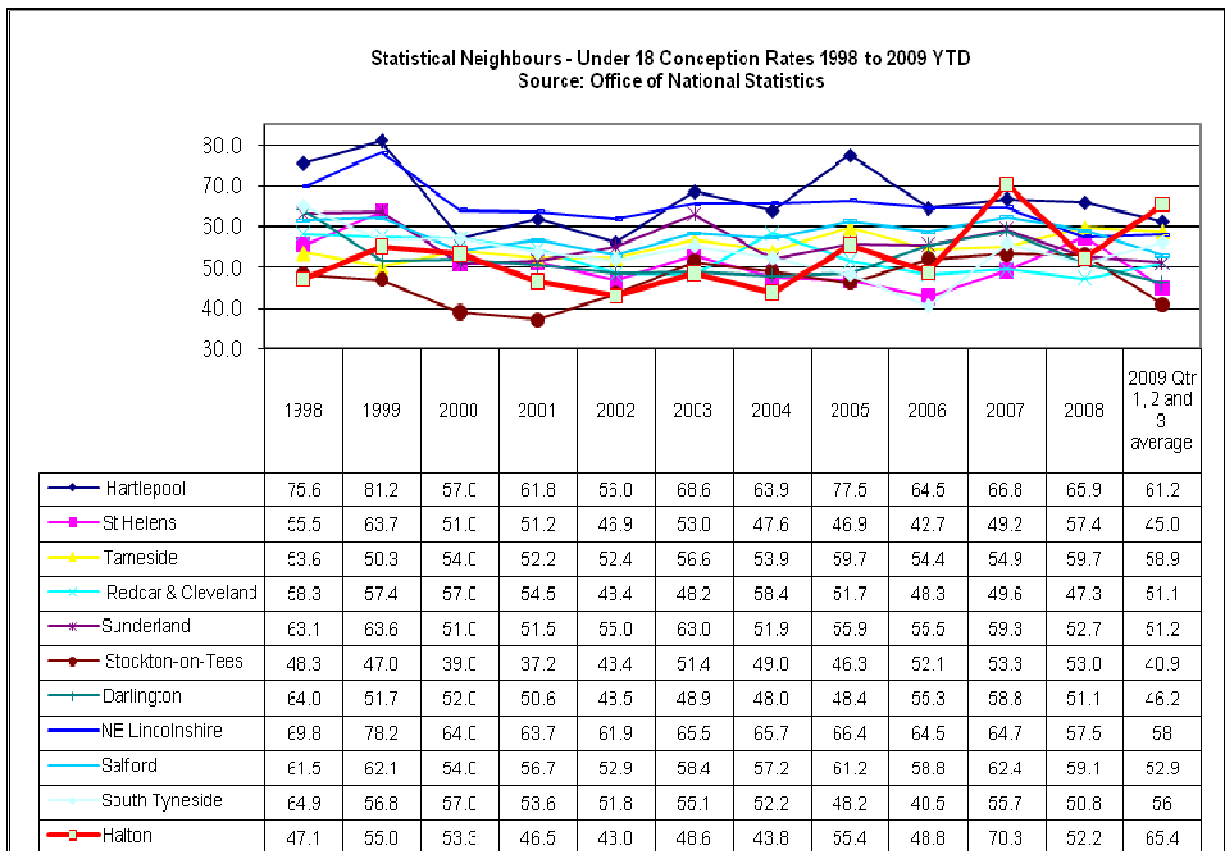
4.1 Estimated population figures for females aged 15 -17 residing in Halton show a reduction in population. Therefore, even if the actual numbers of conceptions were exactly the same as the previous year, the rate will show an increase. This could make a percentage increase in the rate of conception look worse than the reality due to the borough being a relatively small population. We expect the actual number of conceptions in 2009 to increase in comparison to 2008 (but it is estimated that the number will not be as high as 2007), Local data (not validated by ONS) shows that we have 8 more conceptions leading to live birth for the full year 2009 in comparison to 2008. However, ONS data for quarters 1 to 3 shows that we have 24 more conceptions in comparison to 2008. (For the same period in 2007, there were 133 conceptions. So, although there has been a marked increase in conceptions in comparison to 2008, it is not as high as in 2007)

It is estimated that the rate for quarter 4 and the full year 2009 will come down from the high rates in quarters 1 to 3. However, due to lower population figures the rate will be higher than in 2008.

Provisional data from BPAS indicated that the number of under 18 conceptions leading to termination has decreased.



Halton compared to statistical neighbours, ONS provisional 2009 to Quarter 3



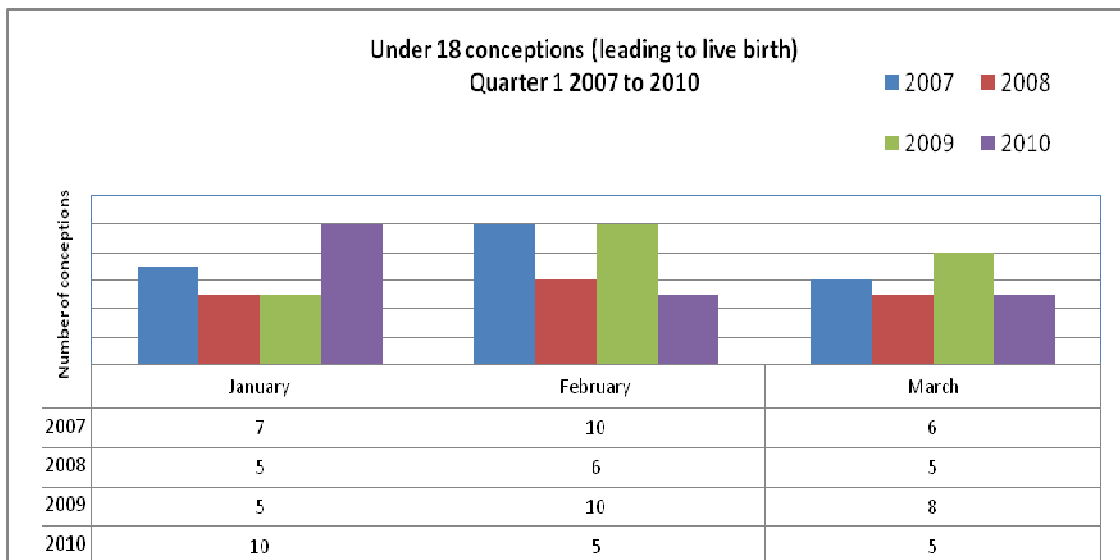
The above graph shows that:

Halton has the highest average rate of 65.4 for Quarter 1, 2 and 3 2009.
 (Although Halton's average rate in quarter 3 has fallen from 66.2 in quarter 1 and 2)
 Out of the 11 authorities 4 of them have seen an increase in the rate of conception.

5.0 HALTON PERFORMANCE - Local data (not validated by ONS) - Quarter 1 2010, Conceptions leading to live birth

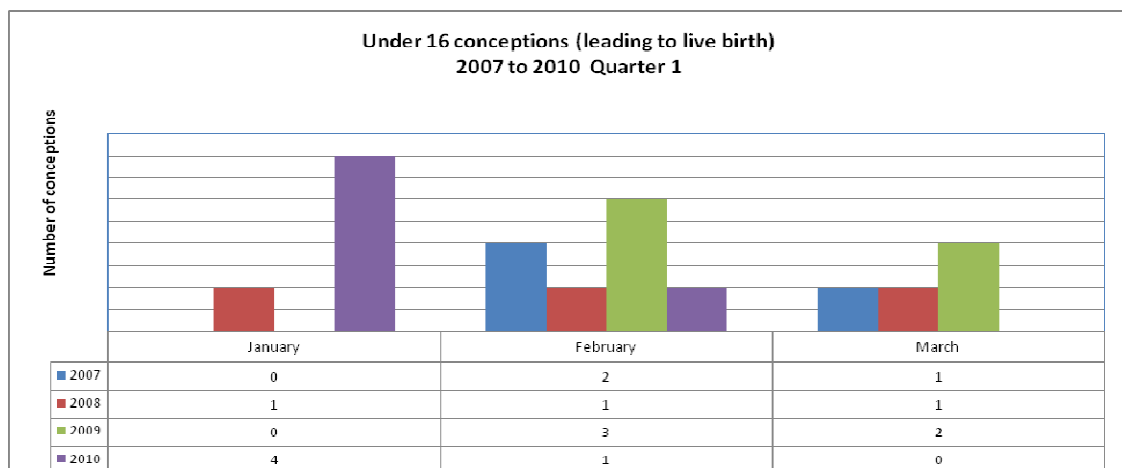
The latest local data that we have is to Quarter 1 2010. All numbers are estimates and have not been validated by ONS. The data is for conceptions that led to live birth only- it does not include any terminations.

Number of conceptions leading to live birth- under 18



- The above graph illustrates that in January 2010 there was an increase in conceptions leading to live birth. However, in February and March we see an improvement, with a reduction in conceptions, in comparison to 2009.
- For the full first quarter of 2010, the number of conceptions reduced in comparison to 2009. In quarter 1 2009, there were 23 conceptions leading to live birth; in quarter 1 2010 this reduced to 20.

Number of conceptions leading to live birth- under 16

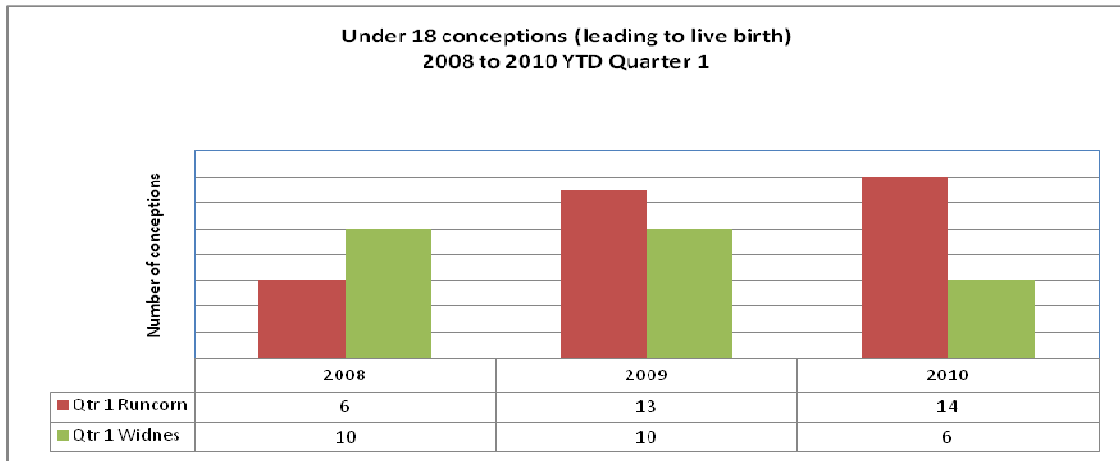


- The number of conceptions leading to live birth in those under 16 has remained the same in comparison to 2009- there were 5 conceptions.
- In quarter 1 2010, the majority of conceptions were by those aged 17

Age 14 2 conceptions
Age 15 3 conceptions

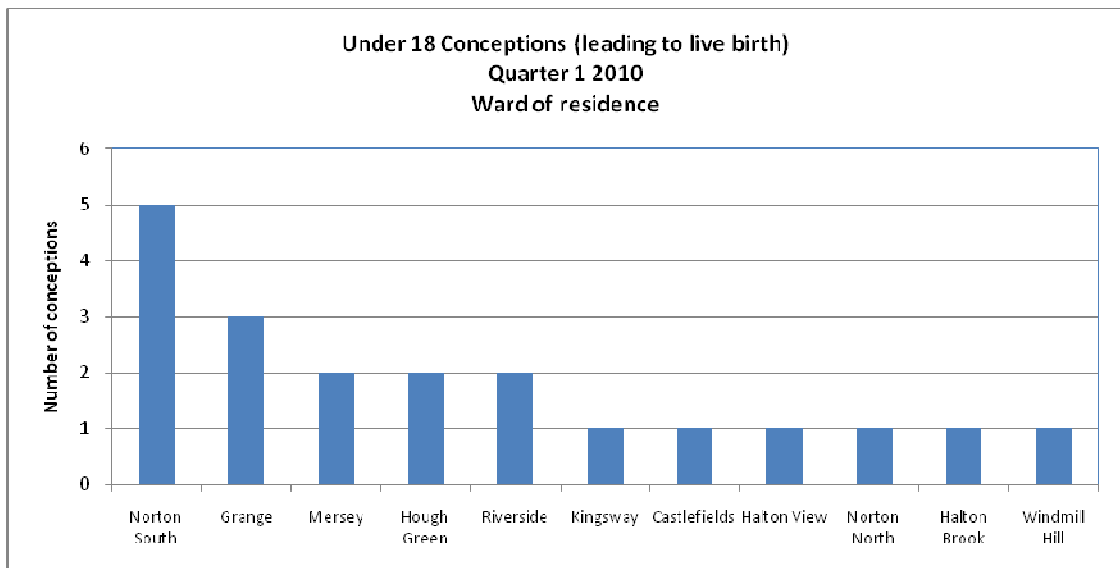
Age 16 1 conception
 Age 17 14 conceptions

Runcorn/Widnes split of conceptions leading to live birth



- The above graph illustrates that in quarter 1 2010, the majority of conceptions were by those who resided in Runcorn. The number of conceptions in Widnes reduced in comparison to 2009.

Ward of residence- conceptions leading to live birth Quarter 1 2010



2010 Quarter 1

2009 Quarter 1

Ward	Number of conceptions	Ward	Number of conceptions
Norton South	5	Halton Brook	4
Grange	3	Kingsway	4
Hough Green	2	Mersey	3
Mersey	2	Riverside	3
Riverside	2	Broadheath	2
Castlefields	1	Grange	2
Halton Brook	1	Castlefields	1
Halton View	1	Halton Lea	1
Kingsway	1	Halton View	1
Norton North	1	Heath	1
Windmill Hill	1	Norton South	1

- The chart above shows that 8 wards had conceptions in both 2009 and 2010. In 2010 there were also conceptions in Hough Green, Norton North, and Windmill Hill; In comparison to 2009, Broadheath, Halton Lea and Heath had no conceptions and there have been reductions in Kingsway and Halton Brook.

There appears to be an increase in conceptions in Norton South.

6.0 WHAT DO WE KNOW ABOUT THE CAUSES OF TEENAGE CONCEPTIONS

- 6.1 Most teenage pregnancies are unplanned and around half end in termination. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is incredibly difficult and often results in poor outcomes for both the teenage parent and the child.
- 6.2 Consultation events carried out to support the development of our Children and Young People's Plan 2009 – 2011, provided anecdotal evidence that the choices and ambitions available are not considered open to all. Some young people report feeling excluded from these opportunities and that therefore it is possible that having a child is a viable and valuable alternative.
- 6.3 The majority of young people do use contraception, most of the time. But some young people do not access advice and support before they have their first sexual experience and /or do not use contraception consistently thereafter.
- 6.4 Peer pressure is a significant factor as it may result in individuals placing themselves in vulnerable situations, to have sex, or to choose not to use contraception. Peer pressure may also result on young people drinking to excess. The TellUs survey told us that at least 50% of young women as opposed to 25% of young men exceed the adult weekly alcohol limit. A third

admits to feeling out of control. Through consultation in Halton, we have also identified links between alcohol use and teenage pregnancy.

- 6.5 Historically families in Halton have children earlier than the national average, and research tells us that this pattern tends to be followed across generations and this certainly appear to be the situation locally as the average age of delivery in England in 2006 was 29.5 years of age (source: ONS), the average aged of delivery in Halton was 28. (Source: Local data).
- 6.6 Condoms remain the only way to protect sexually active young people against STIs. They also remain the most widely accessible form of contraception, as well as the only kind that can be used by men, It is therefore important that we target young men in Halton to access condom provision.
- 6.7 Additionally some of our communities can be quite closed to services from outside, and any efforts made to support changes in these areas takes time to embed. In some respects within certain areas of Halton we are not just talking about behaviours we are also talking about cultural expectations and definitions about the hopes for and of young people, families and communities.

7.0 WHAT HAVE WE DONE TO TACKLE UNDER 18 CONCEPTIONS?

- 7.1 We have promoted sexual health within a wider generic health agenda
 - Made local sexual health service information available through a range of locations including youth clubs, doctors, pharmacies, workplaces, nightclubs and other community settings.
 - We have used a variety of media resources to promote sexual health services to young people such as text messaging, facebook and radio
 - We have reduced the number of conceptions in hotspot areas by increasing the number of targeted outreach sessions provided by the VRMZ outreach bus.
 - Raised awareness through facilitating marketing campaigns in indentified hotspot areas, aimed at the negative effects alcohol and drugs have on positive sexual health
 - We continue to encouraged parents and carers through Speakeasy and radio campaigns to talk with their children about relationships and risk taking behaviour.
 - Facilitated sexual health awareness training to frontline workers across Halton
 - Through the IYSS operational subgroups we have ensured preventing Teenage Pregnancy and STIs is a key priority for all key partners.
- 7.2 Invested significantly to increase accessibility and range of services.

- Increased the number of sexual health clinics and made them young people focused.
- Used the VRMZ outreach bus in schools and colleges to provide young people with information and advice on positive sexual health and abstaining from associated risk taking behaviour
- We have increased the number of SRE sessions in schools through the TP outreach team based in Connexions
- We have further developed and co-ordinated the C-Card condom distribution scheme through Halton Youth Service and increased the uptake of provision by young people.
- Continue to encourage schools to develop teen drop-ins in some schools which include information and advice on relationships and contraception.

7.3 We have pooled resources more efficiently

- Service delivery is based around the agreed priorities and actions that are in both the Teenage Pregnancy Strategy and the PCT's Sexual Health strategy
- Multi-agency working is taking place with on a consistent basis in sexual health clinics and the VRMZ outreach bus.
- Teenage parents are using children's centres so they are able to attend education, employment or training opportunities in the borough.
- We are working closer with Safer Halton Partnership and Health Improvements teams ensuring effective use of resources in various locations across Halton.
- Implemented the strategy and action plans.
- Developed a strategy and comprehensive action plan which is monitored rigorously at the TP partnership board
- Formed robust partnerships and engagement with relevant partners who are able to offer detailed information and guidance about the specific needs in hot spot areas.
- Teenage pregnancy is recognised as a priority within the IYSS and we have effective co-ordinations of actions across both strategic and operational planning arrangements.

7.4 Developed the workforce

- We have developed a competency framework for staff working across the range of sexual health, services for young people in Halton Borough Council.
- Promoted and co-ordinated an IYSS Training programme to the wide workforce to ensure frontline staff are competent in talking to young people about risk taking behaviour.
- All schools are being supported and encouraged to develop their PHSEE/SRE curriculum by Governors.

7.5 Improved our data sharing systems to help us plan better

- Local intelligence is being routinely used to inform service planning and delivery.
- Evidence gathered locally is being used to inform operational and future planning arrangements.

- Information Sharing Protocols in place to support effective information sharing.
- We have agreed clear processes for collating data from identified datasets on a regular basis.

8.0 WHAT DO WE PLAN TO DO NEXT

- Embed and implement young people's services in the community and increase the number of information and advice sessions in schools, community settings and the new CRMZ building in Widnes
- Evaluate the contribution existing teenage pregnancy programmes and initiatives make to a reduction in child poverty.
- Undertake cost benefit analysis of current initiatives
- Ensure robust care pathways are in place for prevention and support
- Fully utilise CRMZ for integrated services developments.
- We will continue to ensure the VRMZ outreach bus provision is accessible to young people across Halton providing universal and targeted interventions.
- Further develop young person focused sexual health services that are more responsive and flexible and take into account the differing needs of young people.
- Further increase the provision of governor training as an additional mechanism in supporting the delivery of PHSE and SRE in schools as part of the curriculum.
- Review the workforce development plan in order to make sure we have the right staff, with the right skills in the right places to support young people in managing their sexual health and reducing risk taking behaviour.
- Further improve the Integrated Youth Support Programmes and deliver the sexual health and SRE agenda through the joint commissioning process.
- Continue developing our intelligence capabilities and make additional efforts to understand the links between the different aspects of the lives of young people locally and how each aspect impacts on another to make sustained reductions in the numbers of under age conceptions.