

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Children and Young People Select Committee
Date:	15 April 2010
Title:	Reducing Teenage Conceptions
Report From:	Director of Children's Services

Contact name: Jayne Shelbourn-Barrow

Tel: 023 8061 4179

Email: jayne.shelbourn.barrow@hants.gov.uk

1. What are the issues?

Teenage parents tend to do less well academically, are more likely to become NEET and face a future of low paid jobs or unemployment. The children of teenage parents are more likely to live in poverty and become teenage parents themselves.

Reducing teenage conceptions is included in the Local Area Agreement; Hampshire's Children and Young People's Plan 2009-12 (Priority 2: Securing children and young people's physical, spiritual, social, emotional and mental health, promoting healthy lifestyles and reducing inequalities); and is a Primary Care Trust 'vital sign' target.

2. National Indicator performance

NI 112: The percentage change in the rate of conceptions from the 1998 baseline (per 1,000 girls aged 15-17).

	Performance (good performance is typified by a high negative percentage)			Targets		
	2007	2008 (provisional)	Direction	2008	2009	2010
Hampshire	-11.8%	-5.4%	▼	-28%	-36%	-45%
South East	-13%	-13%	◀▶			
England average	-10.7%	-13.3%	▲			

3. Additional information: The rate of conceptions per 1,000 girls aged 15-17.

	Performance			Targets		
	2007	2008 (provisional)	Direction	2008	2009	2010
Hampshire	31.7	34	▼	26	22.9	19.8
South East	32.9	32.9	◀▶			
England average	41.7	40.4	▲			

Related indicators include:

- NI 50: emotional health of children
- NI 51: effectiveness of Child and Adolescent Mental Health Services
- NI 75: achievement of five or more A*-C grades at GCSE or equivalent, including English and maths
- NI 91: participation of 17 year olds in education or training
- NI 102: achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stage 2 and GCSE
- NI 113: prevalence of Chlamydia in under 25 year olds
- NI 117: the percentage of 16-18 year olds not in education, employment or training (NEET)
- NI 116: the proportion of children who live in families in receipt of workless benefits (child poverty indicator)

4. District level data

The provisional rolling three year rate for 2006-08 shows a mixed picture for the 11 districts – with eight experiencing an increase in conception rates from 2005-07. In addition, seven districts now have higher rates than their 1998-00 baseline data.

District	2006-08 rate	2005-07 rate	Direction	2006-08 number (2007-07 shown in brackets)	2006-08 % leading to abortion	2005-07 % leading to abortion	% change in rate 1998-00 to 2006-08 (NI 112)
Gosport	56.7	52.3	▼	245 (229)	48%	48%	+12.2%
Havant	42.3	41.7	▼	292 (291)	49%	46%	-24.3%
Rushmoor	41.8	39.0	▼	208 (191)	51%	47%	+5.4%
Basingstoke	36.4	35.3	▼	312 (303)	50%	50%	+0.4%
Test Valley	31.5	32.5	▼	211 (219)	55%	53%	+6.0%

New Forest	30.1	30.5	▲	276 (280)	53%	49%	-7.3%
Eastleigh	31.3	28.4	▼	223 (204)	54%	54%	+12.2%
Fareham	29.9	28.2	▼	185 (176)	64%	63%	0%
East Hampshire	25.9	24.3	▼	178 (169)	52%	57%	+13.3%
Winchester	21.2	22.5	▲	136 (142)	60%	61%	+1.9%
Hart	19.8	17.7	▼	101 (89)	60%	62%	-5.6%
Hampshire	32.7	31.6	▼	2367 (2293)	53%	52%	-1.9%

Of the districts with increasing rates, there is particular concern about Gosport, an increase of 12.2% since 1998. In contrast, the rate in Havant whilst still high has seen a 24.3% reduction from the 1998 baseline.

The 2005-07 ward data shows:

- 55 of Hampshire's wards have a higher rate than the national figure of 41.2.
- 37 of Hampshire's wards have a rate which is lower than the national figure, but higher than the overall Hampshire rate of 31.6.
- Seven districts have a ward in the top ten highest rate wards, with rates ranging from 140.4 to 74.2.
- All districts have at least one ward with a rate higher than the national figure.

Nationally, there has been an increase in the percentage of conceptions going to abortion and this is mirrored in Hampshire (increase from 52% to 53%). There are variations at district level from 48% in Gosport to 64% in Fareham.

5. Key issues to consider

International evidence shows that the two measures which have the greatest impact on conception rates are:

- comprehensive information advice and support – from parents, school and other professionals;
- combined with accessible, young people-friendly sexual and reproductive health services.

Research also shows that there are particular groups of young people who are more likely to become teenage parents and engage in more risky sexual behaviours. These include children in care and care leavers; young offenders; those excluded from school; and those misusing substances.

Teenage pregnancy is a complex agenda and the wider determinants must be addressed in order to achieve success in reducing conceptions. In Hampshire,

the districts vary not only in conception rates but also in attitudes towards continuing a pregnancy and accessing services. Some progress has been made in improving the advice and support and ensuring sexual health services are young people friendly, but changing attitudes, behaviour and raising aspirations in young people and their families is much more challenging.

6. Key priorities (from the 2010/11 Teenage Pregnancy Action Plan)

- To seek and respond to the information and advice we receive from children and young people and their families.
- To support the development of young people's aspirations and life skills, their well-being and achievement.
- To offer focused support for those who are most vulnerable and at risk.
- To offer timely prevention, early intervention and support when and where young people need them.
- To develop the children's workforce so that they are competent and confident to offer appropriate advice and support to children and young people.

7. Local Children's Partnerships

The development of Local Children's Partnerships provides the opportunity to focus on smaller geographical areas and the needs that they have in relation to teenage pregnancy. The partnerships have been given teenage pregnancy as a priority action to report on. The Hampshire Teenage Pregnancy Partnership will continue to work closely with the Local Children's Partnerships to ensure local data and intelligence is shared along with evidence based good practice.

The following table provides an outline of key responsibilities and areas for development:

Lead	Area for development
Children's Trust	<ul style="list-style-type: none"> • Core messages need to be developed for Elected Members; strategic leads; professionals working with young people; young men and women; parents and carers; and the wider community that teenage pregnancy is everybody's business and responsibility.
Local Children's Partnerships	<ul style="list-style-type: none"> • Develop a strong local understanding and intelligence, take responsibility for the work being undertaken in the locality and link with the local teenage pregnancy implementation team that currently drives the work.
Schools	<ul style="list-style-type: none"> • Improve access to sex and relationships advice and provision through multi-agency health and well being 'drop ins' on site. • A need to ensure that all schools are in a position to deliver improved Sex and Relationship Education (SRE) within their Personal, Social, Health and Economic Education (PSHE) programme.

Lead	Area for development
	<ul style="list-style-type: none"> • Engage with young people to plan the PSHE programme. • Secondary schools to consider skill mix in the teaching and leadership teams. • Secondary schools and college to consider how best develop support to primary settings. • All schools to achieve Healthy Schools status and move towards the New Enhancement Model – to be engaged by March 2011. • To ensure that all secondary schools have a PSHE certificated teacher available to lead within the school and to work in conjunction with other local partners (e.g. youth services). • To fully embed the new 'Reintegration Guidance for pregnant school girls and young parents'.
Colleges	<ul style="list-style-type: none"> • Improve access to contraception through on site clinics/drop-ins providing students with access to condoms, Chlamydia screening, pregnancy testing, contraception & relationships support.
Locality teams	<ul style="list-style-type: none"> • Collect data on continuing school-age pregnancies and submit monthly via the agreed system to the Hampshire Teenage Pregnancy Partnership. • Ensure that early identification of those most at risk of teenage pregnancy through the Common Assessment Framework are appropriately supported.
Youth teams	<ul style="list-style-type: none"> • Have a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health and be prepared to offer SRE advice, condom distribution, pregnancy testing and Chlamydia screening • Develop targeted work with young people most at risk of teenage pregnancy and parenthood.
Connexions PAs	<ul style="list-style-type: none"> • Ensure continuing pregnancies and information on young parents is recorded on the Connexions database. • Work with young people within school and community settings to address SRE within the wider information, advice and guidance work, including SRE advice, information, condom distribution, pregnancy testing and Chlamydia screening.
Children's centres	<ul style="list-style-type: none"> • Target young parents to offer support, including SRE advice, information and provision of sexual health services. • Continue to develop links with 'named/specialist' maternity and health visiting services for young parents. • Continue to support the development of the 'Speakeasy' parenting course.
Extended services	<ul style="list-style-type: none"> • Continue to support the development of health and well being drop ins on school sites. • Continue to support the development of the 'Speakeasy'

Lead	Area for development
	parenting course.
Parenting	<ul style="list-style-type: none"> • To roll out the 'Speakeasy' parent course which has been piloted in two districts in Hampshire. • Ensure SRE courses are available to all parents/carers.
Behaviour support	<ul style="list-style-type: none"> • Ensure a focus on teenage conception issues when working with both young women and young men.
Health	<ul style="list-style-type: none"> • All commissioned contraception services in Hampshire will continue to work towards achieving 'You're Welcome' Quality Criteria. • Continue to use the allocated funding for improving access to contraception services, particularly focussing on areas with higher conception rates. • Continue to develop outreach contraception and sexual services in the highest rate districts and also in wards where access to services has been highlighted as an issue • Continue to support young parents to access high quality maternity services and support following birth to reduce repeat conceptions
District councils	<ul style="list-style-type: none"> • Develop awareness training for youth and community centre staff and others likely to be in touch with at risk families and young people – to ensure signposting and respond with information

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

1.1.

2. Impact on Crime and Disorder:

2.1.

3. Climate Change:

3.1. How does what is being proposed impact on our carbon footprint / energy consumption?

a) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?