



Title: **Reducing Teenage Conceptions Strategy - Refreshed 2010**

Public Agenda Item: **Yes**

Wards Affected: **All wards are affected, however the wards with the highest rates of Teenage Conceptions are Tormohun, Roundham with Hyde and Watcombe**

To: **The Mayor** On: **13 July 2011**

Key Decision: **No**

Change to Budget: **No** Change to Policy Framework: **No**

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## **1. What we are trying to achieve and the impact on our customers**

- 1.1 Reducing the number of young women under 18 who become pregnant in Torbay has been identified as a priority within Torbay Council, Torbay Care Trust and partner organisations. Teenage conceptions/pregnancies include live births, still births and abortions.
- 1.2 Torbay Care Trust and Torbay Council have welcomed the latest figures for teenage conceptions, which show a drop in rates in Torbay. The latest figures for conceptions in those under the age of 18 have seen a 15 percent reduction from 2008 to 2009. The rate fell from 64.9 per 1000 in 2008 to 55.3 per 1000 in 2009. In actual numbers there were 131 conceptions in 2009 compared to 159 conceptions in the previous year.
- 1.3 We know the key factors for reducing teenage conceptions are good quality and consistent sex and relationships education, easy access to effective contraception and sexual health services, early intervention and support for those young people most at risk and helping parents/carers to talk to their children about sexual health and relationships. Our commitment to young people, their families and the wider community is that we will continue to work closely with our partners to focus on and improve all these area so that our younger generation are given the best opportunities for full and healthy teenage years.
- 1.4 Torbay' strives:
  - To empower all young people to have the skills, confidence and motivation to look after their sexual health and delay parenthood until they are in a better position – emotionally, educationally and economically – to face its challenges;

- To have the skills, confidence and motivation to look after their sexual health and avoid unwanted teenage conceptions.

## 2. Recommendation(s) for decision

- 2.1 **That the Mayor be recommended to approve the Reducing Teenage Conceptions Strategy Refreshed December 2010 set out at Appendix 1 to this report.**

## 3. Key points and reasons for recommendations

- 3.1 The Reducing Teenage Conceptions Strategy Refreshed 2010 continues to focus on the National Teenage Pregnancy Strategy Unit “Deep Dive” recommendations for an effective reducing in teenage conception rates. The Deep Dives were a series of in-depth reviews carried out in a number of areas with both good and poor performance in reducing teenage pregnancy, looking at the key features of local strategies in areas where rates had reduced significantly and comparing and contrasting their experience with what was happening in statistically similar areas where rates were static or increasing.

- 3.2 The Reducing Teenage Conceptions Strategy Refresh Meeting held December 2010 agreed to continue with the four priority areas as outlined in the original Reducing Teenage Conceptions Strategy.

1. Young people focused contraceptive / sexual health services: Trusted by teenagers and well known by professionals working with them
2. Strong Delivery of Sex and Relationships Education (SRE)/ Personal Social Health Education (PSHE) by schools
3. Targeted work with ‘at risk’ groups of young people; in particular Looked After Children and Care Leavers.
4. Work with parents and carers

- 3.3 The following issues are also outlined in the Refreshed strategy. Key elements include the following:

- Why teenage pregnancy matters: The majority of teenage pregnancies are unplanned and around a half end in abortion (1). As well as the emotional cost to individuals and families, abortions represent an avoidable cost to the NHS. Where teenage pregnancies result in a birth, evidence shows that having children at a young age can damage young women’s health and well-being and severely limit their education and career prospects. And while young people can be competent parents, longitudinal studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves.
- What works? International evidence, as well as the lessons from areas where teenage pregnancy rates have fallen fastest, show that all young people need effective sex and relationships education – which helps young people to deal with pressure to have sex, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and Sexually Transmitted Infections – alongside easy

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1 Social Exclusion Unit (1999) *Teenage Pregnancy*. London: HMSO), (National Statistics (2010) *England under-18 conception statistics*, 2008)

access to young people-centred contraceptive and sexual health services, when they need them.

But it is also clear that as well as giving all young people the means to avoid early pregnancy, sustained reductions in teenage pregnancy rates will only be possible if action is taken to address the underlying factors that increase the risk of teenage pregnancy, such as poverty, educational underachievement, low aspirations and lack of engagement in learning post-16.

- Child Poverty and Worklessness (2) Teenage pregnancy is both a contributory factor and an outcome of child poverty. Teenage parent families have at least one parent under the age of 18 with responsibility for a dependent child aged under five. These families are at increased risk of the biggest causes of poverty (worklessness and low pay); while under-fives make up 44 per cent of all children in poverty (3).

Poverty, like teenage pregnancy, follows intergenerational cycles with children born into poverty at increased risk of teenage pregnancy, especially for young women living in workless households when aged 11-15 (4). The majority of teenage parents and their children live in deprived areas and often experience multiple risk factors for poverty, experiencing poor health, social and economic outcomes and inter-generational patterns of deprivation. Teenagers who become pregnant are more likely to drop out of school, missing a key phase of their education, leading to low educational attainment and no or low-paying, insecure jobs without training.

- Safeguarding. Many young women experience a high level of violence and abuse in their relationships and many of the young women vulnerable to teenage pregnancy may have much older male partners. International research findings demonstrate connections between sexual abuse, coercion, intimate partner violence and teenage conception rates. Recent research in the UK has shown clear links between teenage pregnancy and non-consensual sex (5)
- Infant Mortality. The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers; children born to teenage mothers have higher mortality rates under 8 years and are more likely to have accidents and behavioural problems. A reduction in teenage pregnancy makes a significant contribution to reducing Infant Mortality.
- Health Inequalities. Teenage pregnancy does not affect young people equally and higher rates are found in areas that experience generally poor health. Teenage pregnancy also increases health inequalities and leads to poor long-term outcomes for young parents and their children.

3.4 The Reducing Teenage Conceptions Strategy Refreshed December 2010 links to all quarters of the Turning the Tide Community Plan, particularly the stronger communities section that identified one of the priorities as promoting the health and social well being of young people to reduce the number of teenage pregnancies. Teenage pregnancy is

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2 DfE Briefing (2010)

3 DWP (2008) 'Ending child poverty: everybody's business.

4 Ermisch, J., Francesconi, M and Pevalin, D. J. 2001) '*The outcomes for poverty of children*' DWP Research Report 15.

5 A MISSING LINK?: AN EXPLORATORY STUDY OF THE CONNECTIONS BETWEEN NON-CONSENSUAL SEX AND TEENAGE PREGNANCY Executive Summary July 2010 Maddy Coy, Kerry Lee, Liz Kelly and Colleen Roach Child and Woman Abuse Studies Unit London Metropolitan University

strongly associated with the most deprived and socially excluded young people and together with other key aspects outlined in the strategy, raising the aspirations of young people and families is an important factor in the reduction of teenage conceptions. This relates strongly to the vision and priorities for Torbay as outlined in The Community Plan.

**For more detailed information on this proposal please refer to the supporting information attached.**

**Carol Tozer,**

**Commissioner of Children Schools and Families and Director of Children's Services.**

## Supporting information

### A1. Introduction and history

- A1.1 Reducing the number of young women under 18 who become pregnant in Torbay has been identified as a priority within Torbay Council, Torbay Care Trust and partner organisations. Teenage conceptions/pregnancies include live births, still births and abortions.
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- A1.3 We know the key factors for reducing teenage conceptions are good quality and consistent sex and relationships education, easy access to effective contraception and sexual health services, early intervention and support for those young people most at risk and helping parents/carers to talk to their children about sexual health and relationships. Our commitment to young people, their families and the wider community is that we will continue to work closely with our partners to focus on and improve all these areas so that our younger generation are given the best opportunities for full and healthy teenage years.
- A1.5 Torbay strives:
- To empower all young people to have the skills, confidence and motivation to look after their sexual health and delay parenthood until they are in a better position – emotionally, educationally and economically – to face its challenges.
  - To have the skills, confidence and motivation to look after their sexual health and avoid unwanted teenage conceptions.
- A1.6 Torbay is committed to:
- Build on evidence informed practice, by implementing what we know has made a difference elsewhere.
  - Provide young people with the knowledge, skills and confidence to prevent pregnancy and manage their sexual health.
  - Improve young people's access to advice and support on contraception and sexual health.
  - Helping facilitate open discussions between parents / carers and their children on sex and relationships.
  - Ensure that advice on contraception is an integral part of the support provided to young women who have had a prior conception (either leading to abortion or birth) to avoid the risk of second and subsequent conceptions.
- A1.7 Research shows that the vast majority of teenage pregnancies are unplanned and most young parents wish they had waited. In 2009, in Torbay 54% of conceptions led to abortion, indicating that many local young people have unwanted pregnancies.
- A1.8 The Mayor's agreement of the Refreshed Strategy would be appreciated in order to help drive the agenda forward.

## **A2. Risk assessment of preferred option**

### **A2.1 Outline of significant key risks**

A2.2 If the Refreshed Reducing Teenage Conceptions Strategy is not implemented teenage conceptions are unlikely to continue to reduce.

A2.3 The Teenage Pregnancy Grant is no longer ring fenced and will be subject to Council budget setting process, year on year.

A2.4 Actions to mitigate risk would be for Torbay Care Trust and Torbay Council to continue to prioritise reducing teenage conceptions.

## **A3. Other Options**

A3.1 Torbay Reducing Teenage Conceptions Strategy, Refreshed Dec 2010 was agreed by the Teenage Pregnancy Strategy Executive (TPSE) June 2011. The TPSE is chaired by Dr Carol Tozer, the People Commissioner for Torbay Council). Its members include: Elizabeth Raikes (Chief Executive, Torbay Council); Anthony Farnsworth (Chief Executive, Torbay Care Trust, Torbay Council); Debbie Stark (Director of Public Health, Torbay Care Trust and Torbay Council) and two elected councillors, Cllr Chris Lewis and the other currently to be agreed

## **A4. Summary of resource implications**

A4.1 None as resources are within existing multi agency budgets.

(Although there are no implications from a procurement perspective, the Corporate Procurement Manager wanted it noted that Procurement best practice must be undertaken and a proper procurement process conducted when any expenditure is envisaged. This is also applicable to any money received from grants, central funding, lottery funding or any other means which is used to fund third party activities for the Council. Financial regulations, Standing Orders and EU Directives (Public Contract Regulations) will have to be applied if any aggregated 'spend' is above the financial threshold applicable to these rules.)

## **A5. What impact will there be on equalities, environmental sustainability and crime and disorder?**

A5.1 There is promotion of equality and reduction of discrimination in the following ways:

- Ongoing reviews of services ensure those most at risk will be identified and services developed appropriately, in particular services for boys and young men.
- Communications strategy ensures that all residents are taken into consideration when targeting messages.
- Issues specific to Lesbian, Gay, Bisexual and Transsexual young people and young people with a disability are addressed within sexual health services.
- Improvement of Sex and Relationships Education within schools improves equality of access to teaching for all young people.
- Monitoring the ethnicity of those young people who have conceived to ensure current service provision meets their needs.

## **A6. Consultation and Customer Focus**

The following consultations were taken into consideration during the Reducing Teenage Conceptions Strategy Refresh Event in December 2010 and will inform subsequent detailed action plans.

### **A6.1 Consultation with young people 'at risk' of teenage conceptions:**

- Concern about confidentiality.
- Alcohol led to risky sexual activities.
- They want access to full sexual health services in youth settings.
- They want staff who are young people friendly, well trained and knowledgeable about sexual health – both male and female workers.
- Homophobia and fear of homophobia prevented LGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) young people from accessing services.

### **A6.2 Young View/Student Focus group on health relationships**

- Successful relationships must be modelled by adults.
- Peer support can aid healthy relationships.

### **A6.3 APAUSE (Added Power and Understanding in Sex Education)**

- Young people are not confident about accessing local services or about their confidentiality.
- There was a lack of experiential teaching.
- Want more on positive aspects of sex and sexual activity.

### **A6.4 TellUs 4**

- 58% reported their Sex and Relationships Education had been helpful.
- 59% reported their alcohol education helpful.

### **A6.5 Consultation on Sex and Relationships Education (SRE) using 'Are we getting it right?' toolkit**

- Young people prefer single sex SRE lessons.
- Young people prefer smaller classes.
- Young people prefer experiential learning.
- Delivery by confident and relaxed professionals.
- Up to date resources.
- Young people want to discuss issues around masculinity and pornography.
- Young people stressed the importance of well trained professionals.

### **A6.6 Thoughts on the Teenage Pregnancy Strategy from Year 10 Peer Listeners Peer Listeners thoughts on SRE;**

- Teachers need more training on Personal Social Health Education (PSHE) because they put on whoever's available like Maths teachers who don't really know what they are talking about. And they get really embarrassed about it and they imply that all of us are having sex when it's not true; they need more training and more teachers.
- We just feel like they're talking to us like we're all having sex, and ought to be. It should be done by professionals rather than our teachers because we know the teachers too well and they don't take the lesson seriously, so we don't.

### **Peer Listeners thoughts on targeted groups;**

- I think it doesn't matter where you come from you should get the same support as everyone else, like building up the confidence to say no, because I think, if you're put under enough pressure, even if you've had a good background, then you could still give in. So, we shouldn't just focus on certain individuals we should focus on everyone in the community.
- I feel that providing a service to build people's self-confidence and self-esteem will help because there will be less pressure on young people because they'll have the confidence to say no.

### **Peer Listeners thoughts on Communications**

- As peer listeners we think we should focus more on communications because everything stems from it. Whether that's bad communication coming from the media or peers about the wrong things or it's the lack of information through education.

### **A6.7 Parents views.**

- Parent's knowledge on accessing help and advice for young people is limited, in terms of directing the young people appropriately. Where are the services and what are they saying to our young people?
- To explore possibility of providing an advice centre for parents so they can access information on how to deal with their young people on all these topics. This would encompass all areas within reason of parental needs.

### **A6.8 Views of Staff and Volunteers who attended Teenage Pregnancy Refresh Meeting. What should be the Reducing Teenage Conceptions priorities for next 2 years?**

- De-Silo and Integrate but make sure teenage pregnancy issues are not lost
- Standardise SRE delivery in schools across Torbay and to include discussions of reality of teenage pregnancy/parenthood. Workforce training and mapping
- Stronger focus on reducing second conceptions
- Sexual Health services sites eg. Schools
- Are we targeting right and do we need to increase universal?
- Raise aspirations in target areas.
- Vulnerability is around life chances – not lifestyle behaviours
- Parenting–'understanding your teenager' or 'living with your teenager'. Take away emphasis on Teenage Pregnancy
- Same priorities as in previous TP Strategy – to be embedded in 12 months time

### **A7. Are there any implications for other Business Units?**

A7.1 Reducing teenage pregnancy in Torbay needs to be viewed (in varying degrees) as 'everyone's business'. Whether this is becoming aware of the issues, knowing how to support young people to access appropriate services or helping the young people of Torbay to become healthy adults. However, no other specific Business Unit will be directly affected by the Reducing Teenage Pregnancy Strategy Refreshed December 2010

### **Appendices**

Appendix 1: Torbay Reducing Teenage Conceptions Strategy Refreshed December 2010

### **Documents available in members' rooms**

None