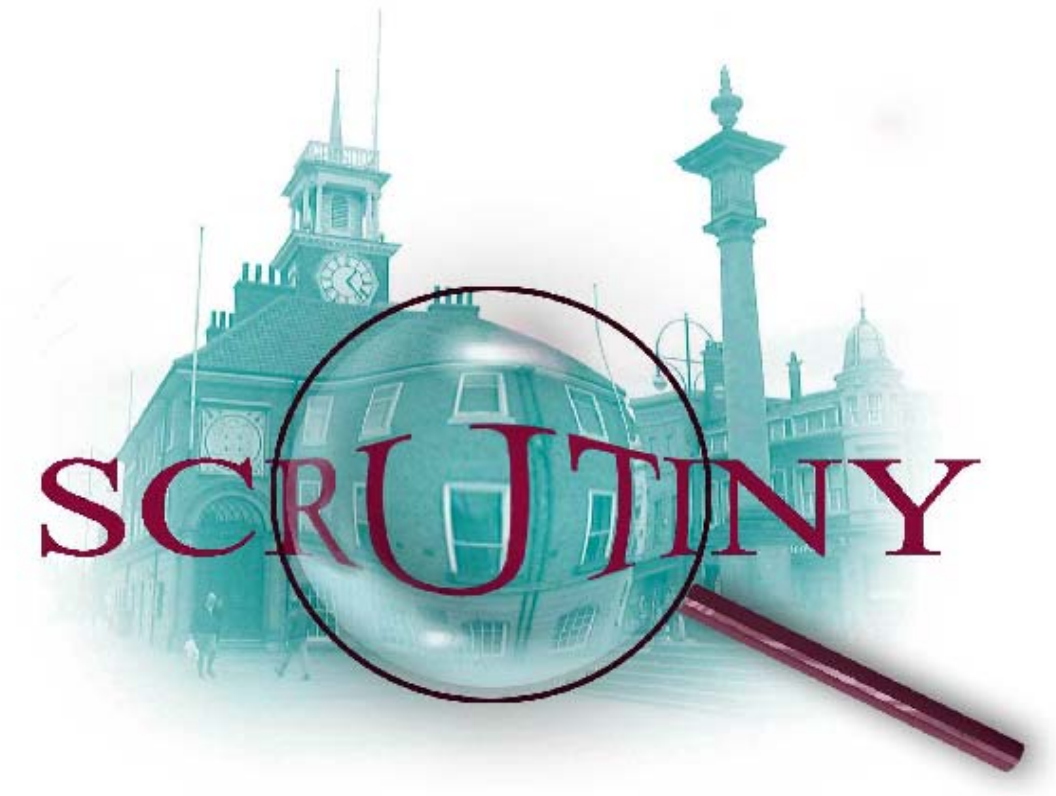
Children and Young People Select Committee

Teenage Pregnancy



January 2007

Children and Young People Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
Church Road
Stockton-on-Tees
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CHILDREN AND YOUNG PEOPLE SELECT COMMITTEE – MEMBERSHIP

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ACKNOWLEDGEMENTS

The Committee thank the following contributors to this review.

- Jill Anderson, Sure Start Stockton-on-Tees Manager
- Diane Brown, Sexual Health Relationships Manager, CESC
- Carolyn Dailey, SBC National Healthy Schools Award Team Co-ordinator
- Angela Darnell, Head Teacher, Egglescliffe School
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Foreword

This review of Teenage Pregnancy rates in Stockton has necessitated a great deal of reading and study by committee members in order to understand the issues surrounding the fact that Stockton has significant problems in this area.

We would like to thank

i. The committee members who have taken part in the review
ii. Our scrutiny officer, Graham Birtle, who diligently researched and produced digests of huge amounts of data for the committee, as well as being an enormous support throughout the process.
iii. All those officers of Stockton Borough Council and members of other organisations who gave evidence.

Very early in the course of the review it became obvious to the committee that the role of the Teenage Pregnancy Co-ordinator is so vital that a long-term appointment needed to be made as soon as possible. Before this recommendation could be made to Cabinet the committee was informed that this step was being taken, initially with the help of NRF money but that it was intended eventually to be funded on a shared PCT/SBC basis. We are delighted that what would have been the number one recommendation of the committee has been implemented in the course of the review.

The committee recognised the difficulties caused by the slow production of verified data, but sincerely hopes that new measures in place and the implementation of the recommendations in this report will help to reduce the number of personal tragedies represented by the statistics.

Councillor Maureen Rigg
Chair – CYP Select Committee

Teenage Pregnancy

Original Brief

Which of our strategic corporate objectives does this topic address? Children and Young People – Objective 2 Be Healthy: Improve the health of children in the Borough
What are the main issues? Reduce the under 18 conception rate by 50% by 2010 (1998 baseline year, 52 per 1000 population)
The Thematic Select Committee's overall AIM in doing this work is: To address the rise in the teenage conception rate in Stockton.
The main OBJECTIVES are: Exploration of mainstreaming funding arrangements. Improving the co-ordinated approach. More timely performance information.
The possible OUTPUTS (changes in service delivery) are: Adopt a strengthened partnership approach. Improved and consistent approach by schools. Youth outreach. Community working. Developing new services.
The desirable OUTCOMES (benefits to the community) are: Schooling of young parents not disrupted. Reduced involvement of health providers.
What specific value can scrutiny add to this topic? Has the opportunity of involving all partners to formulate innovative approaches to address this issue.
Who will the panel be trying to influence as part of their work? Schools, Primary Care and Hospital Trusts, Housing Department, Youth Offending Team, Connexions.
What secondary/existing information do we need? (include here background information, existing reports, updated reports, legislation, central government documents, etc.) Teenage Pregnancy Unit reports. Teenage Pregnancy Forward Action Plan 2006-7, Children and Young People's Plan 2006-9, Council Plan 2006-9, Health Improvement Partnership - Sexual Digest.
Who can provide us with further relevant evidence? (Cabinet Member/portfolio holder, officer, service user, general public, expert witness, etc.) Health improvement partners, Schools (Head Teachers and School Governors), Youth Assembly, Sure Start, Connexions, and others to be identified (possibly young parents).
What specific areas do we want them to cover when they give evidence? (for exact questioning framework, see form ?) Approach of sex education in schools. Effectiveness of Teenage Pregnancy Strategy.
How will we monitor progress and measure the success of the review? Project plan to monitor progress of review. Success of review to be determined by monitoring report 9-12 months after completing the review.

1.0 Executive Summary

1.1 The UK has consistently had one of the highest rates of teenage pregnancy in Western Europe which is now being tackled as part of the Social Exclusion agenda because of the impact pregnancy has on young people.

1.2 The likelihood is that the target set to reduce the under 18 conception rate by 50 per cent by 2010 will be missed unless drastic actions are taken.

1.3 The rate of change of conceptions in Stockton Borough published by the Department for Education and Skills in 2006 has shown an increase of 1.5 percent between 1998 and 2004.

1.4 In 2002, 13 of Stockton Borough wards had a conception rate higher than the national average, and 11 wards with a rate higher than the North East average. Teenage pregnancies are over represented in the more deprived wards in Stockton.

1.5 There needs to be engagement from the 4 key mainstream agencies involved in delivering a Teenage Pregnancy strategy – PCT, Education, Social Services and Youth Services/Connexions – and the voluntary sector. The Committee was therefore keen to hear from all contributors.

1.6 Sex education within the UK is reported to be patchy and given that currently legislation often places the responsibility for providing sex education with each individual school's governing body and head teacher, this may continue. Furthermore, when sex education is provided it is considered to be delivered too late, as a one-off lesson and not as part of a continuous programme of sex education.

1.7 Within the Tees Valley the introduction of 'Lucinda and Godfrey', a teaching aid developed in-house is being delivered to primary school children in the borough which it is expected will in time begin to address the relatively high numbers of teenage conceptions and pregnancy.

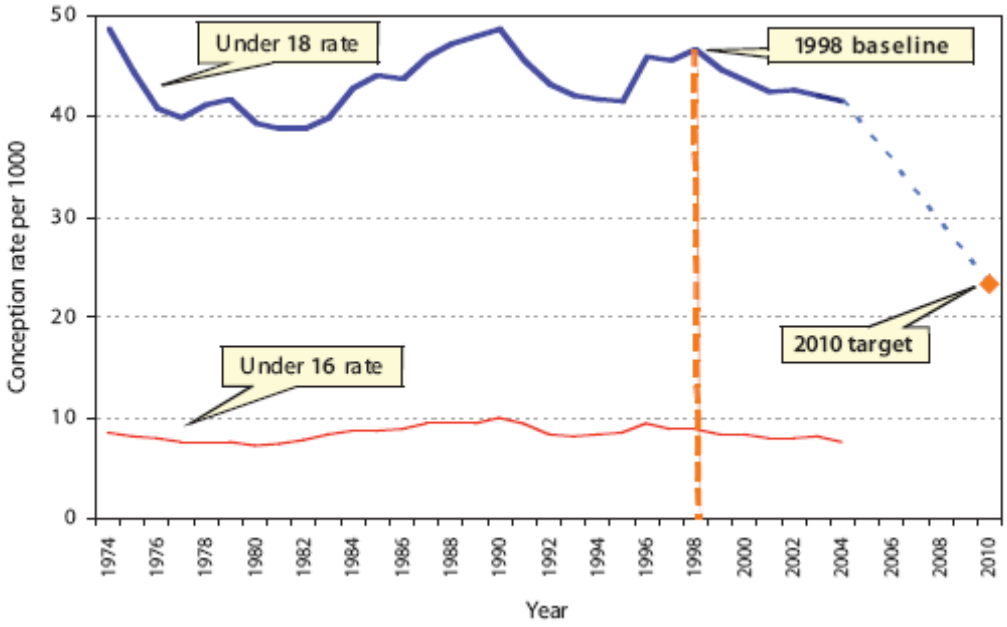
1.8 The Committee was impressed with the dedication and ideas shown by the organisations involved in the partnership delivery of services and hopes that adequate and appropriate funding will continue to be available not necessarily reliant on short-term funding arrangements.

1.9 A major problem is the timeliness of relevant information as figures of conceptions and pregnancies are not released until two years after the event. This has significant implications for the planning arrangements of available monies to be spent attempting to find solutions or provide services specifically for young people.

1.10 Whilst Stockton's figures for conceptions rose when comparing 1998 with 2004 in actual numbers Stockton is similar to neighbouring authorities which have seen large percentage falls in incidences.

2.0 Introduction

2.1 Since the launch of the Government's Teenage Pregnancy Strategy in 1999, steady progress has been made overall on reducing under-18 and under-16 conception rates, to the point where both are now at their lowest level for 20 years. But UK rates are still much higher than comparable EU countries. The target is to halve the under-18 conception rate by 2010.



2.2 The progress achieved nationally, however, masks significant variation in local area performance. Those areas which effectively implemented their strategies with a prompt start are seeing significant reductions. But in other areas, Teenage Pregnancy has not been given sufficient priority either within the area as a whole or among key parts of the delivery chain. If all areas were performing as well as the top quartile, the national reduction would be 23% – more than double the 11.1% reduction that has actually been achieved.

2.3 Successful local areas were characterised as having the following factors:

- Active engagement of all of the key mainstream delivery partners who have a role in reducing teenage pregnancies – Health, Education, Social Services and Youth Support Services – and the voluntary sector;
- A strong senior champion who was accountable for and took the lead in driving the local strategy;
- The availability of a well publicised young people-centred contraceptive and sexual health advice service, with a strong remit to undertake health promotion work, as well as delivering reactive services;
- A high priority given to PSHE in schools, with support from the local authority to develop comprehensive programmes of sex and relationships education (SRE) in all schools;
- A strong focus on targeted interventions with young people at greatest risk of teenage pregnancy, in particular with Looked After Children;
- The availability (and consistent take-up) of SRE training for professionals in partner organisations (such as Connexions Personal Advisers, Youth

Workers and Social Workers) working with the most vulnerable young people; and

- A well resourced Youth Service, providing things to do and places to go for young people, with a clear focus on addressing key social issues affecting young people, such as sexual health and substance misuse.

2.4 The Committee was therefore keen to examine the effectiveness of the above characteristics to determine how effectively they were being met in Stockton Borough.

3.0 Background

3.1 Stockton Teenage Pregnancy Partnership exists to deliver the national targets within the borough. The partnership provides

- Sex and relationship education in schools; and
- Contraceptive and sexual health advice and services in ways that make it easier for young people to access.

3.2 Conception rates have fallen across the Tees Valley from the 1998 baseline figures (Darlington 64.0/1,000; Hartlepool 75.6/1,000; Middlesbrough 66.5/1,000; Redcar & Cleveland 58.3/1,000; Stockton 48.3/1,000) except in Stockton where there has been an increase of 6.2% (51.3/1,000). Darlington, and Redcar and Cleveland now have a lower rate/thousand than Stockton and it is estimated by the Stockton Teenage Pregnancy Partnership that the rate will remain high.

3.3 In 2003, 13 of Stockton Borough wards had a conception rate higher than the national average (42.1/1,000), and 11 wards with a rate higher than the North East average (51.9/1,000).

Ward	Rate
Charltons	111.1
Hardwick	102.2
Victoria	99.1
Parkfield	76.3
Grange	71.4
Blue Hall	64.8
Mandale	60.8
Stainsby	58.1
Newtown	57.1
Roseworth	53.8
Portrack & Tilery	53.2

Teenage Pregnancy Rates per 1000 females aged 15-17 years (2003)

3.4 Teenage pregnancies are over represented in the more deprived wards in Stockton.

3.5 The Committee determined that it wished to ensure the following outcomes.

- Co-ordinated services and approach.
- Deployment of adequate resources.
- Sustainability (mainstream funding).
- Achieve reduction in teenage conceptions (50% against 1998 baseline) by 2010.

3.6 The priority given to this review was high as there was a need to ensure value for money of NRF targeted funding available for 2 years from 2006.

4.0 Evidence/Findings

Teenage Pregnancy Strategy

4.1 In-depth reviews carried out by the national Teenage Pregnancy Unit in 2005 (in 3 high performing local authorities and 3 'statistical neighbours' with static or increasing rates), sought to identify factors that were evident in successful areas, but absent in those where pregnancy rates were increasing. A key factor identified in the 'Deep Dive' review was senior local sponsorship and engagement of all key partners.

4.2 In high-performing areas the seniority and personal commitment of key post-holders such as the chair of the Teenage Pregnancy Partnership Board, local Teenage Pregnancy Co-ordinator and senior personnel within key partner agencies, were seen as of critical importance. Conversely, in comparison areas, a lack of commitment by key players was seen as one of the main factors that explained the area's lack of success. In particular, there needed to be engagement of the 4 key mainstream agencies involved in delivering the strategy – PCT, Education, Social Services and Youth Services/Connexions – and the voluntary sector.

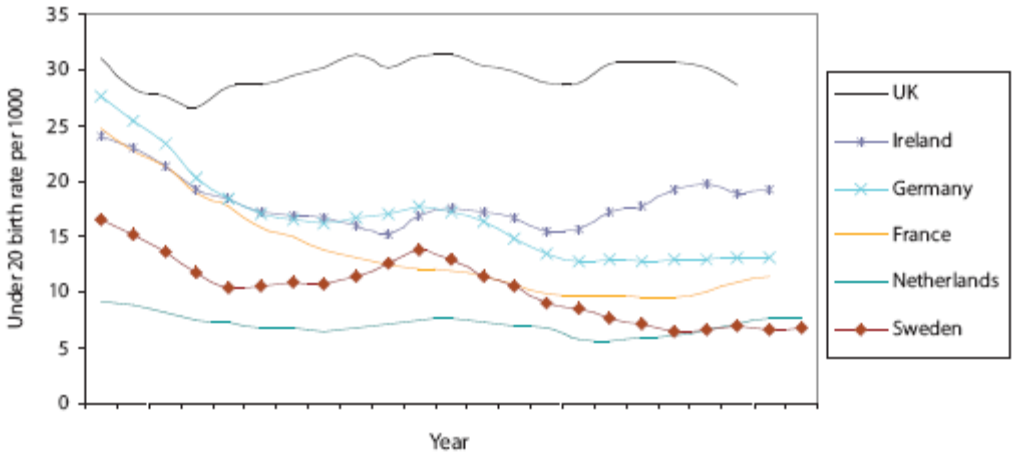
4.3 The Stockton Teenage Pregnancy and Parenthood Strategy Partnership Board is a multi-agency strategic group accountable for achieving the local and national goals of the Teenage Pregnancy Strategy, including:

- Determining strategic direction
- Identifying and agreeing the priorities for the implementation of the local Action Plan
- Identifying appropriate resources and responses based on targets identified within the Action Plan
- Ensuring appropriate mainstreaming of the project to achieve the 50% reduction in teenage conceptions by 2010

4.4 A key role in helping deliver the Teenage Pregnancy Strategy is that of the Teenage Pregnancy Co-ordinator. The Co-ordinator has responsibility for: driving the Teenage Pregnancy Strategy forward with key professionals in the borough including the development of a borough wide media campaign, overseeing the NRF bid which includes the recruitment of 2 trainers, support with the implementation of the SRE Pack in secondary schools, develop links and establish services with vulnerable groups including look after children and oversee the work of the Implementation Group. The Co-ordinator is also responsible for reviewing action plans, budget management, line management of sessional support workers, teenage pregnancy trainers and boys and young men's worker.

4.5 Very early in this review the Committee was concerned when it learned that Stockton's Co-ordinator was only employed on a temporary contract which threatened the continuity of co-ordinating the delivery of Stockton's action plan designed to reduce teenage pregnancy rates in the borough. **The Committee support the creation of a permanent Teenage Pregnancy Co-ordinator (a decision which the Committee would have strongly recommended as part of its review) and urge the Council and the PCT board to support the continued funding of this post in order to provide essential staff continuity to help tackle the issue of teenage pregnancy.**

Education



4.6 In countries such as the Netherlands where sex education is part of a life-long learning process with sex education being taught from a very early age, great progress has been made. Over the past twenty years through a consistent and focussed approach to sex education and the provision of good sexual health services, the Netherlands has successfully reduced its teenage pregnancy rates to amongst the lowest in Europe.

4.7 By comparison sex education within the UK is reported to be patchy and given that currently legislation often places the responsibility for providing sex education with each individual school's governing body and head teacher, this may continue. Furthermore, when sex education is provided it is considered to be delivered too late, as a one-off lesson and not as part of a continuous programme of sex education. It also tends to focus on the biology of reproduction and disease and not the broader issues of sex and relationships.

4.8 However, the DfES believes that effective SRE delivery is critical – the national evaluation of the first 4 years of the teenage pregnancy strategy affirmed the importance of school SRE as a source of learning about sex for young people. This was especially the case for young men, whose primary source of information was through school. The evaluation found that, taking account of other factors, areas where a higher proportion of young people said the SRE they received had met their needs, had lower under-18 conception rates. It was also clear from the indepth reviews carried out by TPU that the provision of SRE, within PSHE, was demonstrably better in the high-performing areas.

4.9 When examining what works in reducing teenage pregnancy the DfES identified a strong delivery of SRE/PSHE by schools. Key features include: systematic delivery of SRE/PSHE in secondary and primary schools, driven by the LEA; a strong focus on achieving 'healthy schools' status; use of the DfES SRE guidance as a driver for training and support for schools, including planned programmes of training for Governors; LEA support to improve schools' PSHE delivery, including the development of exemplar lesson plans, investment in SRE resources and consultancy support for targeted schools.

4.10 All schools must have an up-to-date policy which is made available for inspection and to parents. The policy must:

- define sex and relationship education;
- describe how sex and relationship education is provided and who is responsible for providing it;
- say how sex and relationship education is monitored and evaluated;
- include information about parents' right to withdrawal; and
- be reviewed regularly.

4.11 The DfES recommends that sex and relationship education is delivered through the PSHE and Citizenship framework. Schools therefore will want to have an overall policy on PSHE and Citizenship including sex and relationship education. It is also essential that governing bodies involve parents in developing and reviewing their policy. This will ensure that they reflect parents' wishes and the culture of the community the school serves.

4.12 The teaching of some aspects of sex and relationship education might be of concern to teachers and parents. Sensitive issues should be covered by the school's policy and in consultation with parents. Schools of a particular religious ethos may choose to reflect that in their sex and relationship education policy.

4.13 Research demonstrates that good, comprehensive sex and relationship education does not make young people more likely to enter into sexual activity. Indeed it can help them learn the reasons for, and the benefits to be gained from, delaying such activity.

4.14 The National Healthy School Standard (NHSS) was introduced in October 1999 to support and complement the new PSHE framework. Sex and relationship education is one of a number of specific themes which make up the Standard.

4.15 The NHSS has specific criteria which ensure that schools can confidently set the context and ethos for the effective delivery of sex and relationship education.

4.16 The principle underlying the Standard is that effective sex and relationship education is best achieved through a whole-school approach, which ensures that the school's policy is appropriately set for the age and maturity of the pupils. This includes:

- involving parents and carers;
- giving staff appropriate training and support; and
- ensuring that pupils' views are listened to.

Primary schools in Stockton Borough

4.17 The DfES recommends that all primary schools should have a sex and relationship education programme tailored to the age and the physical and emotional maturity of the children. It should ensure that both boys and girls know about puberty and how a baby is born – as set out in Key Stages 1 and 2 of the National Science Curriculum.

4.18 The Committee learned that Stockton Borough primary schools are using a resource developed on Teesside that introduces SRE to pupils in years 5 and 6. "Lucinda and Godfrey" was developed as a response to requests from primary school teachers with its aim to improve their confidence when teaching SRE. It follows Lucinda and Godfrey from nursery school through their primary school years to the beginning of secondary school.

4.19 Carolyn Dailey of the Healthy Schools Programme and author of Lucinda and Godfrey informed the Committee that an information pack, lesson plans and interactive CD had been issued to schools in September 2006 with basic and intensive training given to the majority of schools in Stockton Borough.

4.20 The Committee was pleased with the positive approach being taken to address SRE in primary schools but was concerned about the level of officer support available. Mrs Dailey had previously worked an additional 1-day per week for the Teenage Pregnancy Unit assisting the delivery of SRE but this was removed in the current financial year.

Secondary schools in Stockton Borough

4.21 Secondary schools should include in their policy details how they provide a programme as part of the PSHE framework in addition to the National Science Curriculum topics. Schools should set sex education within a broader base of self-esteem and responsibility for the consequences of one's actions.

4.22 The Committee, keen to learn what provision of SRE is available in Stockton's secondary schools invited representation from the Secondary Head Teacher group. Angela Darnell, Head Teacher at Egglescliffe School gave evidence on behalf of the Association informing the Committee that schools complied with the legislation whereby sex education was a feature within biology lessons but this was supported by Personal, Social and Health Education (PSHE) which dealt with relationships.

4.23 As has been stated previously DfES only provide guidance as SRE is to be determined by individual schools and their governors. Mrs Darnell informed the Committee that Stockton's Health Promotion Team provided schools in the borough a 2 hour session each year for a year group, usually Year 7.

4.24 Mrs Darnell also had begun to involve the 'Evaluate' programme at Egglescliffe School as an additional resource to provide SRE to pupils. Mike Horner provided the Committee with a presentation and information about Evaluate. Mr Horner informed Members that at a cost of £1 per pupil trained youth workers provided an interactive session for young people dealing with sex and relationship issues. The main emphasis was to show young people that they should value themselves and that it there is no stigma for delaying or abstaining from sexual intercourse.

4.25 Vicky Watson and Mark Telford from North Tees PCT provided evidence regarding work that is delivered into secondary schools. They were receiving positive feedback for the way in which SRE was packaged and delivered into schools for Years 7-11. Year 9 pupils are also provided with a co-ordinated sex education roadshow. As the Committee has previously highlighted the age of young people receiving a safe sex message is crucial to the likelihood

of conception, pregnancy and contracting a sexually transmitted infection. Knowing that starting with a much younger age group the chance of success in reducing the teenage pregnancy rate is increased and the Committee hopes that the current teenage cohort are not disadvantaged in receiving information that would have been beneficial at primary school albeit delivered appropriate to the age group. The Committee is hopeful that the improvements underway in both primary and secondary schools and the links that have been developed across the two school types will begin to show a reduction in the pregnancy rates of teenage girls in the borough.

4.26 The Committee recommend that all schools are encouraged to ensure that all young people have equality of access to the wide range of SRE information and services available.

4.27 The Committee also recommend that Head Teachers, Governing Bodies and the Teenage Pregnancy Partnership be encouraged to consider ways of integrating SRE into the curriculum of all primary schools in the borough.

Primary Care Trust

4.28 Provision of young people focused contraception/sexual health services, trusted by teenagers and well known by professionals working with them was the factor stated by the DfES as having the biggest impact on conception rate reductions in the high performing areas. Features of successful services include: easy accessibility in the right location with opening hours convenient to young people; provision of the full range of contraceptive methods, including long acting methods; a strong focus on sexual health promotion (as well as reactive services) through, for example, outreach work in schools, work with professionals to improve their ability to engage with young people on sexual health issues; and through highly visible publicity. Effective services also had a strong focus on meeting the specific needs of young men. All high-performing areas also had condom distribution schemes involving a wide range of local agencies and/or access to emergency contraception in non-clinical settings.

4.29 In the North Tees PCT area a member of the PCT is represented both on the Partnership board and the implementation group. Other members of the PCT are also represented on the implementation group. To ensure that the features of a successful service outlined above are met a working agreement has been set up between teenage pregnancy and public health to ensure all parts of the strategy are included in public health's key priorities.

4.30 Dr Lynda Turner provided information on the North Tees Contraception and Sexual Health Service. The service is confidential and non judgemental and provides contraceptive advice and treatment together with sexual health care including screening for Sexually Transmitted Infections (STI's), cervical screening, emergency contraceptives, pregnancy testing and referral for termination of pregnancy. The Service also provided training for doctors and nurses, recognised by the Faculty of Family Planning/NMC.

4.31 Dr Turner stated that more 12 to 13 year olds were being seen in the clinics and that staff were trained to counsel under 16's in a specific way. A checklist was used during counselling to ensure that there were no child

protection issues, that they weren't at risk, did they require the contraception, pro's and con's of the impact of sex/relationships/contraception, encouraged them to discuss issues with parents.

4.32 In the year April 2005 – March 2006 4,677 young people accessed the family planning service. As well as 10 regular clinics a young persons clinic is provided at Lawson Street on a Friday (early evening).

4.33 Three other clinics are run by staff funded from the teenage pregnancy budget. The clinics essentially provide emergency contraception; one is run on a Sunday afternoon and provided a service over the Christmas and New Year holidays as it was felt there was a need for the service. Another is run by a nurse who works as a school nurse which is well attended and provides emergency contraception and advice. Each of these clinics allow for referral to a regular clinic.

4.34 Regular clinics run each evening 6:30 – 8pm (Monday – Friday). There are also 3 clinics which are open during school hours but which can be used in an emergency during holiday periods. They are open access and all age groups are welcome to attend. The clinics have a clear and visible confidentiality statement; ensuring young people understand what level of confidentiality they can expect.

Youth Service

4.35 The DfES has identified the support that a well resourced Youth Service, with a clear remit to tackle big social issues, can assist in reducing teenage pregnancy rates and improve young people's sexual health. Where Youth Services were well resourced, provision of positive activities for young people was strong. In addition, in high performing areas, Youth Workers had been equipped with the skills and knowledge to support young people on sex and relationship issues.

4.36 The Committee was unable to determine how Stockton Council's Youth Service supports the Teenage Pregnancy Strategy and action plan due to structural issues within the service. **The Committee recommend that the role of the Youth Service be examined as part of the monitoring of this review.**

Comparative Information

4.37 The DfES argue in Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies that the wide variation in local performance – even when comparing areas with similar characteristics – provides strong evidence that the *delivery* of local strategies is critically important. In addition, the evaluation of the first four years of the strategy shows that the rate of decline has been steeper in areas that have received more funding. This positive link between funding and results indicates that effective delivery of local strategies – rather than unrelated factors – are driving under-18 conception rate reductions.

4.38 Next Steps included information that showed teenage conception rates in Stockton Borough increased between 1998 and 2004

Under 16

	1998	1999	2000	2001	2002	2003	2004
England	7885	7408	7620	7,407	7,395	7,558	7,179
Darlington UA	17	13	17	12	14	16	19
Hartlepool UA	29	30	20	29	16	23	21
Middlesbrough UA	56	49	39	25	36	47	36
Redcar and Cleveland UA	41	38	37	32	28	28	54
Stockton-on-Tees UA	**35**	**29**	**37**	**26**	**42**	**51**	**39**

Under 18

	1998	1999	2000	2001	2002	2003	2004	98-04 % change in rate
England	41,089	39,247	38,699	38,461	39,350	39,553	39,545	-11.1
Darlington UA	116	92	94	94	94	94	93	-25.3
Hartlepool UA	134	146	108	120	110	134	126	-15.2
Middlesbrough UA	197	211	169	180	198	190	191	-7.5
Redcar and Cleveland UA	162	161	162	162	143	143	173	0.1
Stockton-on-Tees UA	**181**	**176**	**151**	**150**	**172**	**197**	**185**	**1.5**

4.39 The table above suggested that the approach taken in neighbouring local authority areas was proving more successful than that taken in Stockton Borough. The Committee therefore discussed the teenage pregnancy strategies with co-ordinators in Darlington and Middlesbrough.

4.40 The key messages that came from their evidence showed a need for continuity, knowledge and strong leadership. In Middlesbrough the relationships with schools had improved and continuous assistance was provided to those that required it. Hot Spots were targeted but it was too soon to know how effective this was. Future priorities included training, network building, raising profiles particularly focusing on fatherhood, and ongoing work with the 'young mums programme' and the drugs action team.

4.41 Darlington PCT fund the teenage pregnancy strategy which is audited by Darlington Borough Council. Darlington's success was said to be the result of the School Nurse Team delivering programmes in secondary schools, the C Card scheme, youth workers assisting the service, and after care support following terminations which reduce the likelihood of second pregnancies.

4.42 It should be recognised that percentage change can be overemphasised when dealing with small numbers. As such, percentage differentials enjoyed elsewhere appear to over emphasise successes and failures. Numbers also

appear to fluctuate year-on-year as can be evidenced in the above table. Darlington in particular enjoyed a large reduction following the first year of recorded figures after which numbers have remained static.

4.43 The Committee believe a major concern to be the fact that information is released two years after collection as anonymity of young people is to be protected. This can mean that performance of initiatives will not be known until significant time and investment has been made.

5.0 Conclusion

5.1 The Committee became aware of the lack of anything more than guidance given to schools as to how sex and relationship education should be provided. This allows for a variety of methods to be used by various schools in order to tackle what is perceived a problem for society and especially young people who find themselves caring for babies or possibly contracting a sexually transmitted infection.

5.2 With a specific target having been set by national government it could appear perverse that no national teaching method has been introduced unlike that found in continental European countries which has resulted in their very low comparative figures for teenage conception and pregnancies.

5.3 Instead the Stockton Council and the partner agencies that form the Teenage Pregnancy Board are having to develop methods that is hoped will bring about changes in the borough and for which they should be commended.

5.4 The Committee was pleased that as discussions took place with different parties as part of this review it appeared that funding issues were being addressed and that increased mainstreaming of funds was being considered.

5.5 The Committee looks forward to holding discussions in the future with relevant persons to determine what, if any improvements have been made.

5.6 It is recommended that **the revised Teenage Pregnancy Strategy be presented to the Committee for consideration together with details of the funding arrangements and that the Committee receive reports and updates presented to the Teenage Pregnancy Strategy Board and Teenage Pregnancy Regional Co-ordinator as part of the monitoring of the review.**

6.0 Recommendations

6.1 The Committee support the creation of the new permanent role of Teenage Pregnancy Co-ordinator (a decision which the Committee would have strongly recommended as part of its review) and urge the Council and the PCT board to support the continued funding of this post in order to provide essential staff continuity to help tackle the issue of teenage pregnancy.

6.2 All schools are encouraged to ensure that all young people have equality of access to the wide range of SRE information and services available.

6.3 Head Teachers, Governing Bodies and the Teenage Pregnancy Partnership be encouraged to consider ways of integrating SRE into the curriculum of all primary schools in the borough.

6.4 The role of the youth service be examined as part of the monitoring of the review.

6.5 The revised Teenage Pregnancy Strategy be presented to the Committee for consideration together with details of the funding arrangements and that the Committee receive reports and updates presented to the Teenage Pregnancy Strategy Board and Teenage Pregnancy Regional Co-ordinator as part of the monitoring of the review.