

Strategy to Reduce Teenage Conceptions in Walsall

Report to the Children's Services Scrutiny Panel

26.05.05

Executive Summary

Teenage pregnancy is a very complex issue and any reduction in rates will only be achieved by all relevant agencies working together within an agreed strategy. Resources need to be targeted at those areas/schools with the highest rates of teenage conceptions.

The links between Education and health are tenuous and need to be strengthened. These agencies must work together to ensure that young people in Walsall receive good quality SRE and health services. Only when these organizations are working in tandem will young people receive the interventions they deserve.

Work undertaken must be evidence based and fully evaluated with the following statistics: -

Post code, date of birth, ethnicity, intervention/service provided and outcome.

The main elements of this strategy will include: -

1. **Young People** – must be at the centre of this work which is specifically designed to meet their needs
2. **Education** – Effective Sex and Relationship Education (SRE) at Primary and Secondary levels
3. **Parents** – consultation with parents to gain their help and support to ensure consistent messages to young people
4. **Sexual health services in schools** – School nurses/key workers to distribute condoms, emergency hormonal contraception, provide pregnancy tests and give help and support to young people

5. **Sexual Health Services in the community** – Confidential, user-friendly Family Planning Services accessible to all young people in Walsall. (The Hatherton Centre, General Practitioners, NHS Walk in, Electric Palace)
6. **Pregnancy testing services** – On the spot testing services with immediate results needs to be extended. This must be accompanied by advice and referral for contraceptive and STI testing services
7. **Termination of Pregnancy Services** – increase the provision of early medical termination services to meet needs
8. **The Youth Service** – Actively providing support to young people informally within the community “Baby think it over programme”
9. **Voluntary Agencies** – Giving the same message

Introduction

Confidentiality is key to the success of this strategy. Young people must be assured that when they access sexual health services or ask for advice that no personal information will be passed on to any authorities. This is essential to build up the trust of young people so that they will ask for help and make informed decisions about their health and future. This does not exclude child protection procedures which take account of the Bichard Enquiry recommendations. This accords with the latest guidance issued by the DFES Teenage Pregnancy Unit.

1. Young people

At the time of writing, detailed information about the findings of the consultation process undertaken with young people is not yet available (as stated at Children’s Services Scrutiny Committee meeting date unknown). Councilor Martin attended the final presentation by Loud Mouth (Have Your Say) on 23 June 2005 at Jubilee House

There needs to be an evaluation of current sexual health services undertaken with young people to inform plans to improve the services offered in line with the needs of young people.

Proposed objective	Organisation responsible	Timescale	Desired outcome
To report on consultation process and results undertaken with professionals	Loud Mouth Theatre Company	ASAP	Quantitative and qualitative information about Walsall's sexual health services available to develop a strategy for improvement
Commission and procure survey amongst young people to assess their comments and experiences when accessing Walsall's sexual health services	Voluntary sector or community partner Focus group and individual interviews from: - a. Deprived area 13 – 16 years (Girls) b. BME area 13 – 16 years (Girls) c. Teenage moms 17 – 23years d. Boys 13 - 19	March 2006	Information to inform future service provision

2. Sex and Relationship Education (SRE)

SRE has been shown to be most effective when delivered across all 4 key stages during a young person's time at school. This intervention needs to be age appropriate and delivered alongside members of staff from local sexual health services. Members of staff from the Hatherton Centre and Walsall GUM Clinic are involved with the delivery of SRE in schools . A comprehensive package for all secondary schools in the Borough is provided in Years 9,10 and 11. SRE must be

relevant to young people's lives and not be restricted to the biological "plumbing and mechanics". This requires the use of interactive techniques, enabling pupils to rehearse situations, which are likely to occur later in their lives. These teaching methods require particular skills and the teacher to be comfortable with the subject and their own sexuality. When delivered well these techniques have been shown to build self-esteem and to improve young people's ability to plan for their futures and improve their life outcomes. Enabling young people to consider the realities of teenage parenthood alongside the positive alternatives to this life choice will provide them with an opportunity to consider where they want to be in 5 years time. Many young people do not choose this life event; it is just something that happens to them. However some young women do choose early motherhood as a way of life and actively try to get pregnant. But for some the reality of teenage parenthood does not live up to their expectations.

High rates of teenage pregnancy follow low rates of educational achievement. Therefore the low achieving primary school pupil could become the pregnant schoolgirl at age 16. It is important that the authority recognizes its responsibility in ensuring that as far as it possibly can that she is given the best opportunity and support possible. This may be achieved by developing practical, vocational skills, which may be incorporated in to SRE programmes. Presently Community Arts deliver transition projects in primary schools to try to address some of these issues.

Proposed objective	Organisation responsible	Timescale	Desired outcome
SRE policies and programmes in place at all primary and secondary schools in Walsall	Healthy Schools Programme. School Health Advisors. School governing bodies	March 2006	SRE at all key stages in all schools Supportive governors. Trained teachers Programmes planned
SRE will include information about all local sexual health services available to young people	Hatherton Centre Electric Palace NHS Walk in, GP's and HC's Doctors surgeries Schools and F.E.	March 2006	All young people in Walsall will know about accessing the sexual health services available to them.

3. Parents

Consultation with parents to gain their comments and secure their support is vital to the success of any school based SRE programme. Consistent messages from both school and home are necessary for children to grow up with a clear understanding of the issues around sexuality. Many parents today did not receive SRE themselves and are at a loss as to how to converse with their children on these frequently personal, sensitive issues. There are written, tested and acknowledged programmes available for working with parents. One is the Family Planning Association's (fpa's) Speakeasy This can provide a platform for dialogue between schools and parents.

Proposed objective	Organisation responsible	Timescale	Desired outcome
Each school to have groups of parents considering the school SRE policies and programmes	Schools Healthy Schools Programme. Fpa support	January 2006	Dialogue between schools and parents proceeding. Parents contributing to and supporting SRE in schools
To provide quantitative and qualitative evaluation of the work undertaken	Teenage Pregnancy Co-ordinator for Walsall	March 2006	Information will be available about the schools in Walsall which have/have not completed third work with parents

4. Sexual Health services in secondary schools

Many young people find accessing sexual health services in the community difficult. School health advisors working in secondary schools are ideally placed to provide pregnancy testing, condom distribution and emergency hormonal contraception (EHC) services to pupils. But more importantly they can be someone to whom pupils can go and ask for advice and confide their problems and concerns. For this service to work effectively School health advisors need to be able to

maintain the right to confidentiality for the pupils coming to see them. Health workers can use the Fraser guidelines and elements of the Governments guidelines to the Sexual Offences Act 2004 to enable them to work in this way. Schools need to set aside space and time to enable these services to be set up. Pupils will need to be able to see the school nurse about any issue so that any visit is not necessarily about a sexual health issue. Visiting the school nurse will become a normal part of school life.

Proposed objective	Organisation responsible	Timescale	Desired outcome
To set up sexual health services either based in or linked to secondary schools. Pregnancy testing Condom distribution EHC Advice and support	Walsall tPCT Secondary Schools School Health Advisors. Youth Service.	To be negotiated with Walsall tPCT.	Young people can access confidential sexual health services at school and get advice and support on a range of other health issues

5. Sexual Health services in the community

We need to find out what the young people of Walsall think about the sexual health services available to them so that they can be improved to meet identified needs. Confidentiality is the key to successful sexual health services for young people and they need to be open when young people are able to attend. If these services are to function at optimum levels then they need to be operational all day Saturday and teatimes during the week from 3.30 – 6.30 pm. Staff at these services must treat their clients with respect, sensitivity and develop a culture of trust and understanding.

Emergency hormonal contraception needs to be available from as many outlets as possible including primary health care settings and pharmacies. Mapping of current provision is planned.

All these services need to be advertised to young people through media awareness raising campaigns, posters and leaflets in schools. Accessing health services requires a certain skill, which may be developed as part of SRE programmes in schools and youth groups

Proposed objective	Organisation responsible	Timescale	Desired outcome
To re-open family planning clinics situated in the outlying areas of Walsall. E.g. Brownhills	Walsall tPCT	To be negotiated with Walsall tPCT	Services available for young people who cannot access town center clinics
To ensure that all GP surgeries and Health Centres provide contraceptive services and are young people friendly	Walsall tPCT	To be negotiated with Walsall tPCT	As above
All young people are aware of the services available to them	Walsall tPCT working in tandem with schools, libraries, youth centers and anywhere young people frequent Media advertising campaigns	March 2006	As above

6. Pregnancy Testing Services (PTS)

Any young woman in Walsall requiring a pregnancy test must be able to access this service within 24 hours at a range of providers. The survey with young people will provide information about past and current PTS. Anecdotal information suggests

that there are considerable delays when young women ask for this service at the Hatherton Centre and the NHS walk-in service. Some GPs in Walsall still send urine samples to the Manor Hospital Pathology Laboratory for pregnancy testing. This may mean a 7 – 12 day delay. Instant pregnancy testing is essential if young women are going to be able to have an early medical termination (between 7 –9 weeks pregnant).

Proposed objective	Organisation responsible	Timescale	Desired outcome
Instant pregnancy testing services to be made available at: - GP surgeries Health Centres	Walsall tPCT	To be negotiated with Walsall tPCT	All young women able to get an instant pregnancy test within 24 hours
All instant pregnancy tests will be accompanied by advice, support and referral for contraception and STI services	Walsall tPCT Teenage Pregnancy	Credit card (information format) will be available in July 2005	All young women accessing pregnancy testing services receive information and support regarding contraception and STIs

7. Termination Services

The percentage of young pregnant women opting for termination of pregnancy (TOP) in Walsall is considerably lower than the National average. This may be due to the informed choice of the young women concerned or because TOP services are difficult to access. Early Medical Terminations are those performed without the need of surgical intervention and are normally available up until 9 weeks gestation. Anecdotal evidence suggests that the demand for this abortion service is in excess of Walsall's service provision. Surgical abortions are reported to be carried out in Gynaecological wards where other women are recovering from miscarriage and

undergoing infertility treatment. This situation may cause distress to all concerned. A specialist abortion service in Walsall would alleviate the problems of access and quality of service presently encountered by some young women.

Proposed objective	Organisation responsible	Timescale	Desired outcome
Increase capacity for early medical termination at Walsall Manor Hospital or other service provider	Walsall tPCT	Gap analysis available in August 2005	All young pregnant women choosing not to continue with their pregnancy are able to access TOP services without any delay
Explore the feasibility of employing a specialist abortion provider for Walsall	Walsall tPCT	To be negotiated with Walsall tPCT	Increase capacity, quality and choice of TOP services for women living in Walsall

8. The Youth Service

The work of the Youth Service must be an integral part of the overall strategy, to enable all parties to work together towards agreed aims and objectives. A report of current and future work of the Youth Service is needed so that it can be incorporated into the overall teenage pregnancy strategy. This report needs to include details of the work of the Connexions organization in Walsall so that those personal advisers working in Walsall schools are a part of the plan.

The work of both these agencies needs to be focused on areas of deprivation, low educational attainment and high teenage conception. The feasibility of both these agencies distributing condoms and providing information about sexual health and services needs to be investigated.

Proposed objective	Organisation responsible	Timescale	Desired outcome
Report outlining the work of The Youth Service and Connexions	Youth Service Connexions	March 2006	Youth Service and Connexions Service working to the teenage pregnancy strategy
Continue development of centres of excellence for young people across the borough, incorporating sexual health services.	Youth Service Connexions	March 2006	Condoms and information distributed to young people

9. Voluntary Organisations

The voluntary organizations working with young people in Walsall need to be a part of the teenage pregnancy strategy. A list of all these organizations needs to be compiled with information about the services they provide, the funding they receive, their constitutions and full details of their mission statements, aims, objectives and outcomes. All these organizations must be accountable to the leading body and be in a position to provide full statistical information about their interventions with young people.

Proposed objective	Organisation responsible	Timescale	Desired outcome
Undertake a mapping exercise of all voluntary organizations working with young people in Walsall	Walsall tPCT Teenage Pregnancy Working Party Walsall Council	March 2006	Teenage pregnancy strategy will incorporate appropriate voluntary organisations

Conclusion

Teenage pregnancy is a complex issue and there are no simple answers or pathways to reducing the figures. The long-term solution lies within education, which needs to start at an early age, be supported by parents and the wider community, be a compulsory part of the National Curriculum and be delivered by trained, supported and fully resourced teachers. Visiting speakers from sexual health services are a valuable part of this education process but must not be seen as an alternative to integrated school based programmes.

In the short term sexual health services need to be improved so that they provide young people friendly services that meet identified needs. These services must incorporate the full range of services from pregnancy tests to contraceptives to abortion advice to parenthood classes and support.

Walsall is an area, which has a history of teenage pregnancy. The National rate for population growth is four generations per one hundred years in Walsall the figure is five generations. This is a cycle that can be broken so that young women in Walsall grow up with a strong conviction that there is more to life than having a baby and that when they do decide to become mothers it is from a perspective of informed choice at a time which is right for them and their children.

To achieve these short and long term aims all agencies need to work together to an agreed strategy, which is evidence based and fully evaluated. Those who need to be at the heart of this plan are young people. Without their input the education and services provided will be ineffective.

Rose Martin

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