

Walsall Council – Health and Wellbeing Board

19 March 2024

Walsall Teenage Pregnancy Prevention and Reduction Strategy

For Approval

1. Purpose

- 1.1 This report seeks Board approval of the draft Walsall Teenage Pregnancy Prevention and Reduction Strategy 2024-2029 and the proposed governance arrangements.

2. Recommendations

- 2.1 That members approve the draft Teenage Pregnancy Prevention and Reduction Strategy and support the work undertaken by the multi-agency strategy delivery group, to secure better outcomes for young people in Walsall.
- 2.2. That the Walsall Health and Wellbeing Board (HWBB) provides overall governance for the Teenage Pregnancy Prevention and Reduction Strategy, with Walsall Together's Clinical Professional Leadership Group overseeing the new partnership Strategy on a quarterly basis. Reports on activity will also be submitted to the Childrens Alliance.
- 2.3 That the HWBB oversight role will include the expectation that the Chair of the multi-agency strategy delivery group feeds back the progress, impact and achievements of the Teenage Pregnancy Prevention and Reduction Strategy to HWBB annually.

3. Report detail

- 3.1 Evidence clearly shows that having children at a young age can damage a young parent's health and well-being and severely limit their education and career prospects. Infant mortality rates are 60% higher for babies born to teenage mothers.
- 3.2 The prevention and reduction of teenage pregnancy is an issue for all across the health and care system, as well as wider partners.
- 3.3 Since 2007, the rate of teenage pregnancy has decreased in Walsall and nationally. Under 18 conception rates have reduced by 71.9% in Walsall since 1998 but more work is required to reduce teen pregnancy to national rates and below the regional average. There were 101 under-18s conceptions in Walsall in 2021.

3.4 Conception rates in Walsall for under 16s is 3.8 per 1000 young people and the under 18 birth rates is 5.2 per 1000. These are significantly higher than the national 2021 rates in England at 2.1 and 3.2 per 1000 respectively. This equates to 21 under-16s conceptions in Walsall in 2021.



Figure 1. Trends in teenage conceptions and birth rates in Walsall.

3.5 There are a number of risk factors for teenage pregnancy, as set out below:

- free school meals eligibility: a poverty indicator.
- persistent school absence by year 9 (aged 14) or reduced timetables.
- slower than expected academic progress between ages 11-14.
- alcohol - 1 in 12 young women under 20 accessing drug and alcohol services are either pregnant or a teenage mother.
- family history of teenage pregnancy
- previous pregnancy.
- experience of sexual abuse and exploitation.
- children in care and care leavers.
- lesbian or bisexual experience.
- Adverse Childhood Experiences (ACEs).

3.6 In both primary and secondary settings in Walsall, more than 1 in 3 children are eligible for free school meals – which is significantly higher than the national rate.

3.7 In the autumn and spring terms of the 2022/23 academic year, there were 10,666 persistently absent pupils and 856 severely absent pupils in Walsall. The rate of severely absent pupils is higher than statistical neighbours and national rates.

- 3.8 In 2023, the Average Progress 8 Score among pupils in Walsall had declined since the previous year, and was lower than statistical and regional neighbours, and national rates.
- 3.9 In 2022, there were 97 looked after children per 100,000 children aged under 18 in Walsall. This is lower than statistical neighbours, but higher than regional and national rates. This equates to around 650 looked after children in Walsall in 2023.
- 3.10 In 2022/23, 3.4% of 16–17-year-olds were not in education, employment or training, equating to 252 young people. This is significantly better than regional and national rates but still a group we need to support in Walsall.
- 3.11 In 2023, around 3% of all social care initial contacts had sexual abuse identified as a need. Over 4% of girls presenting to children’s social care had sexual abuse identified as a need.

4. The Refreshed Strategy

- 4.1 A multi-agency Teenage Pregnancy and Reduction Strategy Delivery Group consisting of representatives from education, employment and sexual health services, as well as children’s services and Public Health, have revised and are further developing the Teenage Pregnancy Prevention and Reduction Strategy Action Plan.
- 4.2 The aim of the strategy is to:
- Reduce teenage pregnancy rates to below the regional and national average
 - Recognise that preventing teenage conceptions is not the responsibility of one single agency. The strategy aims to bring together a collaboration of partners that each contribute to preventing teenage conception to focus on the risk factors as well as the wider determinants of health such as housing, education, health, employment and recognising the vital role people and communities play in health and wellbeing; Working collaboratively to increase aspiration; and the provision of appropriate sexual health and wider health services.
 - Ensure young people in Walsall have access to information, services and help at the right time that enables them to make informed and positive decisions in the choices they face about sex and relationships as they transition into adulthood and build their own families.
- 4.3 A key ambition of the strategy is strong leadership and collaboration through Walsall Together and the Health and Wellbeing Board. The operational leadership for the strategy’s delivery will be provided by members of the multi-agency strategy delivery group, and Walsall Together will provide day to day oversight of strategy implementation, with the delivery group being ultimately accountable to the Health and Wellbeing Board.
- 4.4 Walsall Together have agreed that the multi-agency strategy delivery group chair will report on a quarterly basis to the Walsall Together Clinical Professional Leadership Group and also report any issues of escalation or risk by exception.

5. Implications for Joint Working arrangements:

5.1 Financial implications:

The strategy brings no additional funding implications for consideration by the Health and Wellbeing Board at this time.

5.2 Legal implications:

There are no legal implications linked with this strategy work.

5.3 Other Resource implications

Staff time to support strategy objectives is already factored in within the partnership.

6. Health and Wellbeing Board Priorities - impact:

6.1 The work programme for teenage pregnancy and reduction supports the following Council priority: "people are supported to maintain and improve their health, wellbeing and quality of life".

6.2 The work programme supports the priorities of the Health and Wellbeing Strategy, specifically in relation to children and young people and contributes to the reduction of health inequalities. It also links to the We are Walsall 2040 ambition that we will become a Child-Friendly borough, and a borough of opportunity for young people, ensuring excellent support for all children including those who are vulnerable and those with special educational needs and disabilities.

6.3 Safeguarding: There are no adverse implications for safeguarding. Conversely, the strategy will improve the safeguarding of vulnerable young people in Walsall.

Background papers

Draft Teenage Pregnancy Prevention Strategy

Appendices:

None

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