

# Teenage Pregnancy Prevention and Reduction Strategy 2024-2029



Walsall Council



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# Foreword

## Portfolio holder for Wellbeing, Leisure and Public Spaces:

The reduction and prevention of teenage pregnancy remains an important issue for Walsall in that we need to support young people to increase their aspirations, develop healthy relationships and prevent unplanned pregnancy. Over the past 20 years Walsall has worked hard to successfully reduce the rate of under 18 conceptions across the borough.

There is, however, more work that we need to do reduce these levels, especially post-pandemic, where locally and nationally risks are increasing. We know that nationally the rate for under 18 conceptions is 13.1 per 1000 whereas our rate in Walsall is 18.9 per 1000 young women. As a local authority we will continue to work hard with our partners to keep building on the momentum we have gained.

The We Are Walsall 2040 Borough Plan<sup>16</sup> has set out a number of key ambitions, two of which relate to our communities being Thriving and Happy, and Healthy and Well. To support these ambitions Walsall Council is publishing this Teenage Pregnancy Prevention and Reduction Strategy.

Councillor Gary Flint



## Portfolio Holder for Children’s services:

The life chances for children born to teenage parents are often limited and parents themselves also experience reduced opportunities. Our ambition is to see teenage pregnancy rates reduce to below the West Midlands’ and national average over the course of the next 5 years. This work is also aligned with one of the key priorities in the Walsall Health and Wellbeing Strategy:

*“Children are safe from harm, happy and learning well with self-belief, aspiration and support to be their best: Walsall children are provided with the best start in life so they can fulfil their potential and make positive contributions to their communities.”*

We know there are interventions that work to prevent teenage pregnancy: for example, interventions that build young people’s emotional resilience, increase their sexual health knowledge, increase access to contraception, raise aspirations and employability, and those which ensure good education and reduce school absence. Across the country systematic implementation of these has shown great results. However, we cannot rest on our laurels, as we know Walsall is still experiencing higher rates of conception in people aged less than 18 years-old than many parts of the country.

I commend the actions and ambitions of this strategy and encourage all who read this to consider their contribution to further reducing teenage pregnancy in Walsall and improving the life chances for our children.

Councillor Stacie Elson

# Glossary

**Care To Learn** – A government initiative to provide funded childcare for parents under 20 years old.

**Conception Rates** – Conception occurs when sperm fertilises an egg found in the fallopian tube. Conception statistics are estimates. Conceptions include maternities (that is, the number of pregnant women who give birth) and miscarriages and abortions.

**EasySRE** – A Walsall website featuring films, podcasts, and resources to support delivery of personal, social, health education to 4- 18-year-olds [www.easysre.net](http://www.easysre.net)

**Emergency Hormonal Contraception (EHC)**– Emergency contraception that can prevent pregnancy after unprotected sex.

**Health and Wellbeing Board** – The Walsall Health and Wellbeing Board is responsible for producing and monitoring the Joint Local Health and Wellbeing Strategy which sets out the key partnership priorities for the Borough.

**Walsall Works** – Previously known as Black Country Impact, Walsall Works is an initiative funded by Walsall Council to support local people to find jobs and apprenticeships and access training, while also supporting local businesses that are looking to expand and invest in their future workforce.

**Walsall Children and Young People Strategic Alliance: Putting Children First** – A key workstream of Walsall Together that is committed to creating and maintaining a strategic alliance which regularly considers how the lived experience of children and young people in Walsall can be improved.

**Teenage Pregnancy Prevention strategic partnership** – Made up of representatives from Public Health, Walsall Healthy Child Programme, Sexual Health team, Education and Walsall Works. They monitor teenage pregnancy and take forward strategic actions.

**Teenage Pregnancy** – Refers to conceptions in people under the age of 18 years-old, including those leading to live births and terminations.

**Teenage pregnancy Team** – Commissioned by Public Health Walsall to offer both support for teenage parents aged 13-19 (up to age 25 for those with special educational needs or a disability), and also prevention of teenage pregnancy for children and young people under 18-years old.

**Teens and Toddlers and Thrive** – 15-18-week evidence-based youth development programmes aimed at vulnerable children and young people, aiming to build self-esteem and aspiration and avoid risk taking behaviour. Delivered by teenage pregnancy team and other partners. Works with approximately 80 or more **young men and women per year**.

**Termination** – The ending of a pregnancy by taking medicines or a surgical procedure.

**Walsall Together** – A partnership of health, social, housing, voluntary and community organisations that are working together to improve physical and mental health outcomes, promote wellbeing and reduce inequalities across the borough.

**WISH** – Walsall Integrated Sexual and reproductive Health Service is commissioned by the Walsall Council Public Health Team and delivered by Walsall Healthcare NHS Trust.

**You're Welcome Standards** – Standards, published by the Office for Health Improvement and Disparities (OHID), to help improve the quality of, and access to, health and wellbeing services for children and young people.

# Introduction

In Walsall we want all children and young people to thrive, to be resilient, have high aspirations and to lead fulfilled lives, thus contributing positively to their communities now and into the future.

It is important for our children and young people to have access to information, services and help at the right time to enable them to make informed and positive choices for themselves in the sexual relationships that they have, as they transition into adulthood and build their own families.

We want families, organisations and communities to recognise and action the important role that they have in contributing to the wellbeing of children and young people, with services which are welcoming and tailored to their needs. This is especially important in promoting self-esteem and high aspiration. To achieve these, parents, schools and colleges, businesses and health and care professionals should be working together.

In addition, at the point of teen conception, we want children and young people to have the right and timely support in place to ensure they and their families can have the best outcomes for them, based on informed decisions.



# National context

Teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, more likely to bring up their child alone and in poverty and have a higher risk of mental health problems than older mothers. Infant mortality rates are 60% higher for babies born to teenage mothers. As children, they have an increased risk of living in poverty and are more likely to have accidents and behavioural problems<sup>1</sup>.

Access to safe and free abortion and contraception are key issues when it comes to preventing teenage pregnancy with education and employment services being vital services to ensure aspiration is built.

The national (England and Wales) under 18 year-old conception rate has decreased considerably since 2007, from 42 per 1,000 women in 2007 to 13 per 1,000 women in 2021. This is a 68% reduction and is equivalent to 13,131 under 18 year-old conceptions nationally in 2021. The number of abortions also saw a rapid reduction, from 21,494 in 2007 to 6,999 in 2021 (a 67% decrease). In 2021 however, there was a small increase in both the rate of under 18 year-old conceptions and number of abortions.

## Risk factors for teenage parenthood (males and females) include<sup>2</sup>:



**free school meal eligibility:** an indicator of poverty



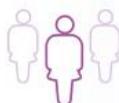
**persistent school absence** by year 9 (aged 14) or reduced timetables.



**slower than expected academic progress** between ages 11-14 years-old



**alcohol** - 1 in 12 young women under 20 years-old 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).**

## Other risk factors:

There are also several risk factors associated with young men experiencing fatherhood.

These are:

- not being in education, training or employment
- experience of being subjected to violent forms of punishment in the home
- family history of teenage pregnancy
- sexual abuse
- poor health and nutrition
- tobacco, drug and alcohol use
- experiencing serious anxiety, depression and conduct disorder.

1. Teenage pregnancy | Nuffield Trust

2. Teenage Pregnancy Prevention Framework ([publishing.service.gov.uk](https://publishing.service.gov.uk))

## Vulnerable young people

Many adolescents experience significant life events and sometimes undertake risky behaviours. Most will bounce back or find robust support mechanisms (family, friends and services). Vulnerable children and young people (particularly young carers, children in care or leaving care, children with learning difficulties and disabilities, young offenders, or those not engaged in education, employment, or training) do not have these resources to increase resilience and so have an increased likelihood of acquiring a sexually transmitted infection, becoming pregnant and having unhealthy relationships and low self-esteem or confidence. It is critical that practitioners working with vulnerable children and young people, both boys and girls, are aware of these issues, when promoting sexual health. This applies particularly to those supporting children in care and care leavers.

## Sexual activity amongst young people

The Association for Young People's Health (AYPH) note that there is little data on young people's sexual behaviour in the UK. Every two years AYPH produces a compendium of UK data sources that report on children and young people's physiological and psychological health needs. The latest reported data (November 2021) for those aged 16-25 years-old found that the average age of first heterosexual intercourse is 16 years-old, with one third of people reporting that they first had heterosexual intercourse before they turned 16. There is also limited data for those under 16 years-old. The 2018 survey of health behaviour in school aged children in England and Scotland reported that 20% of 15-year-olds had experienced sexual intercourse. The England element of the report noted that the number of young people who said that they have had sexual intercourse had decreased since 2002 among both boys and girls. Similarly, the proportion of young people who report early onset of sexual intercourse (age 12 years-old or younger) had decreased across the same period.

Reducing the rate of under-18 conceptions was an ambition set in 2013 in the Department of Health's **A Framework for Sexual Health Improvement in England.**

While this ambition was realised, there remain stark inequalities in the conception rate with a seven-fold difference in rates across different local authorities. The national teenage pregnancy prevention framework provides guidance for local authorities to address this disparity and invest further resources in educational and contraceptive support for women at higher risk of early pregnancy.



3. [No child left behind: understanding and quantifying vulnerability \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

4. [Sexual activity - AYPH - Youth Health Data](https://www.gov.uk)

[Teenage pregnancy prevention framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

## National Policy and Guidance Documents

**A framework for sexual health Improvement in England 2013**<sup>5</sup> emphasises the importance of continuing to reduce the rate of under 16 year-old and under 18 year-old conceptions. It recommends that all young people receive appropriate information and education to enable them to make informed decisions, and that all young people have access to the full range of contraceptive methods and know where to access them.

**Teenage Pregnancy Prevention Framework 2018**<sup>6</sup> is designed to help local areas assess their local programmes to see what's working well, identify any gaps, and maximise the assets of all services to strengthen the prevention pathway for all young people.

**Framework for supporting teenage mothers and young fathers 2019**<sup>7</sup> is a multi-agency self-assessment tool to review local services, identify gaps in provision and look at the likely impact and effectiveness of each aspect of local support for young parents.

**You're Welcome standards 2023**<sup>8</sup> is the Department for Health and Social Services' 'Quality criteria for young people friendly health services'. You're Welcome sets out principles to help commissioners and service providers to improve the suitability of NHS and non-NHS health services for young people.

**Young People's RSE Poll 2021**<sup>9</sup> published by the Sex Education Forum, reports on the findings of a poll carried of 1,000 young people aged 16-17 years-old in England.

**A public health approach to promoting young people's resilience**<sup>10</sup> is a guide to resources for policy makers, commissioners, service planners and providers to promote better understanding of young people's health.

**Relationship and sex education (RSE) and health education 2021**<sup>11</sup> provides statutory guidance on relationships education, relationships and sex education (RSE) and health education.

**Contraceptive Services for Under 25s 2014**<sup>12</sup> - this guidance aims to improve access to high quality contraceptive services, especially for young people up to the age of 25 years-old.

**Relationship Education, Relationships and Sex Education (RSE) and Health Education) 2019**<sup>13</sup> - Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers.

5. [A Framework for Sexual Health Improvement in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

6. [Teenage pregnancy prevention framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

7. [Teenage mothers and young fathers: support framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

8. [Establishing youth-friendly health and care services - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

9. [Young Peoples RSE Poll 2021 - SEF 1 Feb 2022.pdf \(sexeducationforum.org.uk\)](https://sexeducationforum.org.uk)

10. [basw\\_55323-1\\_0.pdf](https://www.basw.org.uk)

11. [Relationships and sex education \(RSE\) and health education - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

12. [Overview | Contraceptive services for under 25s | Guidance | NICE](https://www.nice.org.uk)

13. [Relationships Education, Relationships and Sex Education and Health Education guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

## Ten Key Factors for a successful strategy

Diagram 1. Ten key factors in addressing teenage pregnancy<sup>14</sup>



Evidence and research from across the country has highlighted ten key factors in addressing teenage pregnancy (diagram 1). All Walsall interventions and resources are aligned to the Teenage Pregnancy Prevention Framework (May 2020), and the Framework for supporting teenage mothers and young fathers.

14. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/836597/Teenage\\_Pregnancy\\_Prevention\\_Framework.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/836597/Teenage_Pregnancy_Prevention_Framework.pdf)

# Local context

Teenage Pregnancy prevention and reduction in Walsall cannot be tackled by one organisation; a strong partnership of key stakeholders working with families is vital, including the contribution of specific support for teenage parents.

Teenage pregnancy rates in Walsall have historically been higher than national rates and remain so. This is due to higher prevalence of the contributing factors e.g. school absence and poverty. There are high and increasing levels of child poverty in Walsall, with over a quarter of all children in the borough living in low-income families<sup>15</sup>. The partnerships overseeing elements relevant to reducing Teenage Pregnancy are:

The **Walsall Health and Wellbeing Board**. The joint Health and Wellbeing Strategy has identified the needs of children and young people as one of its 3 strategic aims, the priority being that “Children are safe from harm, happy and learning well with self-belief, aspiration and supported to be their best. Walsall children are provided with the best start in life so they can fulfil their potential and make positive contributions to their communities<sup>16</sup>”.

The **Walsall Sexual and Reproductive Health Alliance**, which reports to the Walsall Health and Wellbeing Board through Walsall Together partnership arrangements, brings together local stakeholders, commissioners, and providers, who have a common purpose in developing a whole systems approach which promotes positive sexual and reproductive health and wellbeing for Walsall's young people and adult populations.

**Walsall Together**<sup>17</sup> is a partnership of NHS, social care, housing, voluntary and community organisations collaborating to improve wellbeing and life chances across the borough.

In addition, a **Children and Young People Strategic Alliance** has been created in Walsall with the purpose of ‘Putting Children First’ by considering how the lived experience of children and young people can be improved. The aim is to work more closely together and alongside other key strategies and plans such as: the We Are Walsall 2040 Borough Plan, Walsall Joint Health and Wellbeing Strategy, Walsall Council Plan, Walsall Working With Fathers Strategy, Walsall Sexual and Reproductive Health Alliance work, the Walsall Early Help Strategy, Alcohol and Drugs Strategy and Walsall Right for Inclusion. All of these aim to tackle the widening gaps in health inequalities by focusing on the wider determinants of health such as housing, drugs and alcohol, sexual and reproductive health, mental health, education and employment and recognise the vital role that people and communities play in health and wellbeing. These collaborative partnerships coordinate the delivery of local services utilising best evidence and practice and contribute to a local partnership approach for preventing and reducing teenage pregnancy.

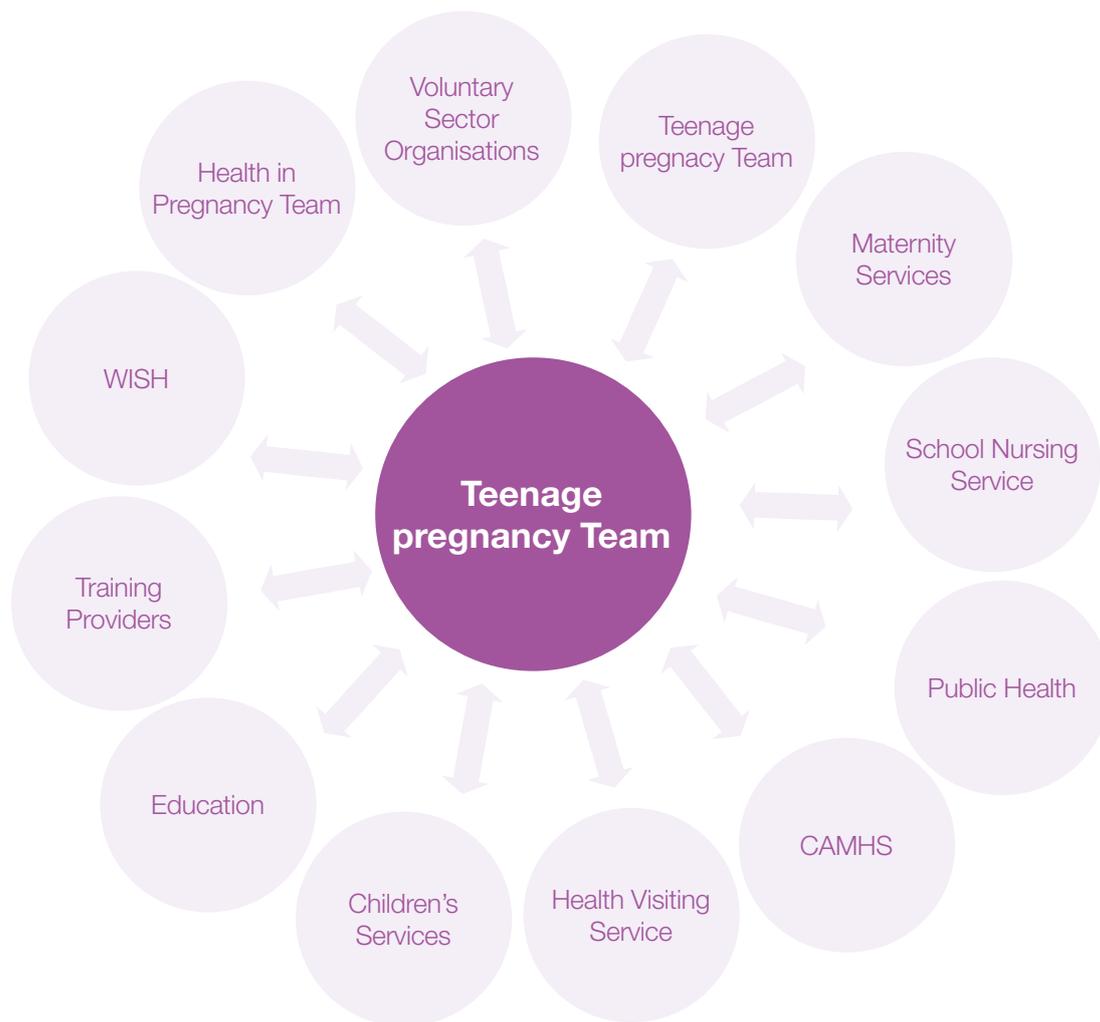
<sup>15</sup>. [Office for Health Improvement and Disparities. Children in Low Income Families.](#)

<sup>16</sup>. [Walsall Joint Local Health and Wellbeing Strategy 2022-25](#)

<sup>17</sup>. [Home: Walsall Together](#)

## Stakeholder teams and services supporting young people to reduce teenage pregnancy

Diagram 2. Key Walsall stakeholders working together to prevent teenage pregnancy and support teenage parents.

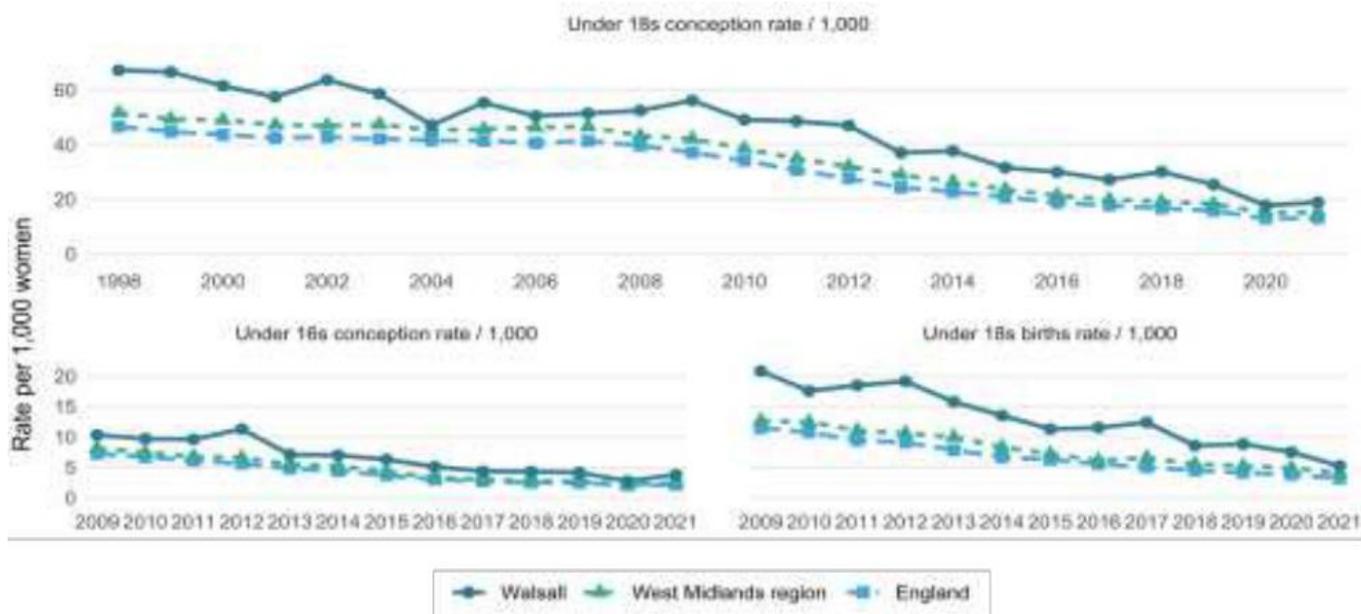


<b>Teenage Pregnancy Team</b>	Support teenage pregnancy prevention actions in below teams. Leading on coordination of teens and toddlers and thrive youth development programmes
<b>Schools</b>	Delivery of Personal Health and Social Education in school including publicising EasySRE resources produced in Walsall
<b>Employment Service and Training Providers</b>	Support for young people leaving school to enter into employment or access training opportunities
<b>WISH</b>	Sexual Health service providing access to contraception and advice
<b>Childrens Services</b>	Support for vulnerable young people including those in care
<b>Health Visiting Service including the Health in Pregnancy Service</b>	Targeted offer to all young parents and support in pregnancy for expectant parents including fathers
<b>Maternity</b>	Specialist midwife supporting young pregnant women
<b>School Nursing</b>	Provision of workshops around relationships and one-to-one advice and support where required Support for PHSE teachers

## Walsall Insights

- Since 1998, the rate of teenage pregnancy has decreased in Walsall and nationally.
- However, the conception rates in under 16's years-old and under 18's years-old in Walsall are significantly higher than the national rate.
- Similarly, the under-18's birth rate (number of births to women aged under-18 per 1000) is decreasing in trend but is significantly higher than national rate.

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

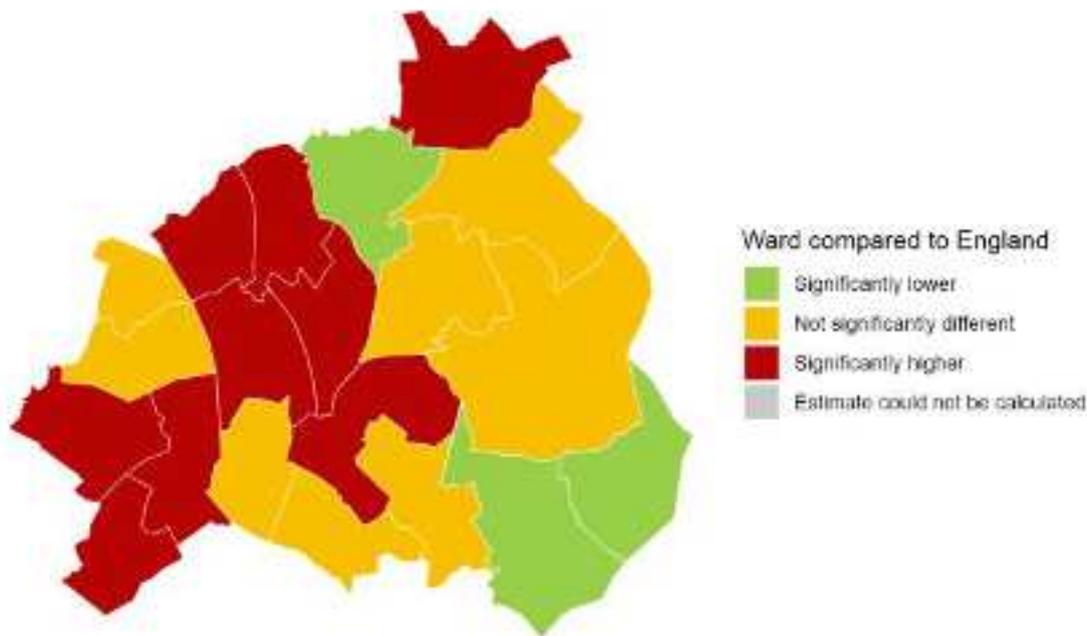


### Teenage Conception Rate - 2021

- In 2021, the **under-16 year-old** conception rate in Walsall was **3.8** per **1000** (compared to England at 2.1). This equated to **21** under-16 year-old conceptions in Walsall in 2021.
- In 2021, the **under 18 year- old** birth rate in Walsall was **5.2** per **1000** (England rate is **3.2**)
- In 2021, **44.6%** - The proportion of **under 18 conceptions** leading to **abortion** in Walsall was **44.6%**, England **53%**
- **Nine** out of Walsall's **20** wards have a significantly higher **under 18 conception rate** than England. These wards are generally concentrated in the centre and West of the borough.



Figure 2. Under-18s conceptions in Walsall by ward, compared to England: 3-year period 2018-20.

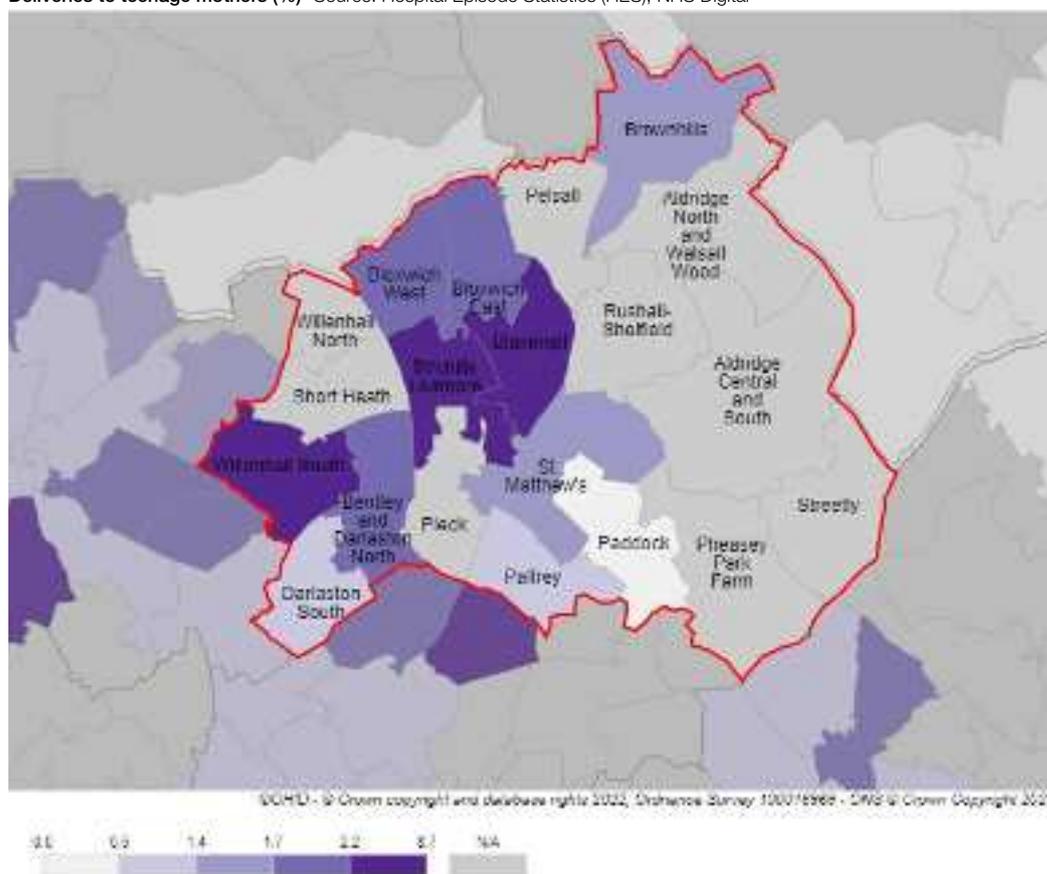


Contains Ordnance Survey data © Crown copyright and database right 2021  
 Contains National Statistics data © Crown copyright and database right 2021

This pattern is also reflected in the proportion of deliveries that are to teenage mothers in Walsall. Around **2.5%** of all babies born in **2021/22** were to teenage mothers (range between wards was **0 - 8.7%**).

Figure 3. The proportion of deliveries that are to teenage mothers, by ward, in Walsall in 2021/22.

Deliveries to teenage mothers (%) - Source: Hospital Episode Statistics (HES), NHS Digital



## Wider relevant Walsall risk factors relevant to teenage pregnancy

- 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.
- 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.
- 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.
- 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 equated to around 650 looked-after children in Walsall in 2023. 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.
- 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.



# Progress against previous Teenage Pregnancy Prevention Strategy

All work and interventions have been aligned to the 10 key factors and evidence base of what works (Teenage pregnancy prevention framework and Framework for supporting teenage mothers and young fathers).

Since the publication of the previous Walsall teenage strategy:

- We have continued to reduce under 18s year-olds conception Rates by 71.9% since the first teenage pregnancy strategy
- The teenage pregnancy team at Walsall Healthcare Trust has significantly championed this agenda.
- All schools now deliver Personal Health and Social Education to students.
- The EasySRE website has been developed, adding new resources as required to support education settings with the delivery of relationships and sex education.
- We have supported the current Department for Education's Relationships and Sex Education<sup>18</sup> approach in identified schools where teen pregnancy is higher. This provides guidance on relevant topics of families, respectful relationships, online and media, being safe, intimate and sexual relationships including sexual health, and the law.
- Delivery of evidence-based Teens and Toddler and Thrive youth development programmes for at risk children and young people.
- We have worked across agencies to identify and intervene early with those most at risk including target schools (Youth development programmes, Teens and toddlers/Thrive) as well broadening opportunities with employment and training agencies.
- We have trained multi agency partners including school staff in partnership with sexual health service.
- We have set robust referral pathways in place to intervene early including identifying target areas, and populations and prioritising resources.
- We have identified designated support worker for school age parents including named midwife and education welfare officer for continuity of care.
- We have developed pathways between teenage pregnancy and Health in Pregnancy teams to support 16–19-year-old vulnerable parents to be.
- We have developed a contraception pathway from teenage pregnancy to Walsall integrated sexual health teams to reduce subsequent pregnancies including championing conception on maternity wards post-delivery.
- We have developed a set of pathways from a range of partners for access to abortion services to ensure timely local access.
- We have worked in partnership with Walsall IMPACT team to support teenage parents back into education, employment, training, and to access care to learn.
- We have supported the development of the Walsall Father's Strategy
- We have seen a reduction in teenage pregnancy rates in identified schools.

<sup>18</sup>. [Relationships and Sex Education \(RSE\) \(Secondary\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/641222/Relationships_and_Sex_Education_(RSE)_Secondary.pdf)



## Barriers and Challenges

Whilst there has been great progress in reducing teenage pregnancy rates in Walsall, the rates are much higher than the national average. There are too many of our children and young people having limited life chances.

A review of local actions and services highlighted that:

- There can be conflicting policy and processes across agencies when supporting children and young people to access sexual health services.
- We need to make teenage pregnancy everyone's business, ensuring partnership understanding of the relevance and relationship to other agendas and strategies and knowing how they can contribute, particularly in prevention of teenage pregnancy.
- Walsall fares particularly badly in terms of income, education, skills and training, deprivation and employment. Many of the issues that challenge the borough match the geography of deprivation<sup>19</sup>.
- We should maintain pathways into Walsall Works to ensure that young parents are supported in raising their career aspirations through employment, training, apprenticeships or education.
- Funding is needed to refresh and further develop sexual health resources for Walsall including EasySRE.
- Easy access to contraception and information via sexual health services is required.
- Identifying and supporting children and young people educated at home and other groups such as newly arrived foreign nationals is important.
- Walsall's percentage of pupil absences is higher than the national average and higher than statistical neighbours.
- The most recent data indicates that the use of Long-Acting Reversible Contraception (LARCs), such as IUDs and the hormonal implant, excluding injections, in Walsall amongst under 25-year-olds remains significantly lower than regional and national averages. This is also seen in the uptake of short acting hormonal contraception and other indicators relating to sexual and reproductive health seeking behaviours such as the screening and detection of chlamydia.

# Opportunities for Development

Young people and our partners have stated below their positive experiences of using teenage pregnancy reduction support services.

*“Lucy, my support worker, communicated well. She made things clear; she helped me go through weaning my daughter and think about finances, I felt relieved and less stressed”.*  
(Mya - teenage parent)

*“The teenage pregnancy Impact Adviser contacted the SEND Team to get me an EHCP (Education, Health and Care plan) she worked with the training provider to allow me to continue my education she chased up the EHCP, contacted the Education Psychologist and SEND Team regularly to get it through quickly, she also talked to me about free childcare”.* (Safiyah - teenage mom)

*“Teen and Toddlers has clearly helped our children and young people to mature and develop a sense of purpose. They have thrived from the opportunity to go and mentor toddlers in the nursery setting. This has given them the best chance to achieve their full potential going into year 10”.*  
(School Inclusion Manager)

Notwithstanding these experiences as well as the progress Walsall has made in the approach to teenage pregnancy reduction and prevention, the partnership holds a shared vision for ongoing teenage pregnancy reduction and prevention across agencies that provides a timely opportunity to implement effective actions.



# Ambitions

Our ambition is to see teenage pregnancy rates reduce to below the West Midlands and national average of the course of the next 5 years, in line with our ambition to be the most improved borough in the West Midlands<sup>20</sup>.

Our 2022-2025 Health and Wellbeing Strategy<sup>21</sup> has identified Walsall's children and young people as a priority group with the aim that services work together to ensure that Walsall's children are provided with the best start in life so they can fulfil their potential and make positive contributions to their communities.

## **Ambition 1: Strong leadership and collaboration**

The Walsall Together Partnership will provide day to day leadership for the strategy, with the Teenage Pregnancy Prevention and Reduction Strategy Delivery Group formally accountable to the Walsall Health and Wellbeing Board.

The Teenage Pregnancy Prevention and Reduction Strategy Delivery Group will further develop the teenage pregnancy delivery action plan ensuring it is measurable with reporting, monitoring and evaluation for regular oversight from the Walsall Together Partnership.

The Teenage Pregnancy Prevention and Reduction Strategy Delivery Group will continually review the existing teenage pregnancy performance framework and escalate concerns when appropriate.

## **Ambition 2: Putting Children and Young People first**

We will consult and listen to young people - the voices of children and young people will drive our strategic thinking and doing.

We want to support young people so that they can make informed choices about the decisions that impact on their lives and those around them including them knowing and understanding their rights to access support services.

## **Ambition 3: Building emotional health and resilience.**

We want to create the conditions for young people that eradicate inequalities by supporting young people to build ambitions, increase aspirations and develop hope for the future.

We will support young people to build their emotional health and personal resilience through the promotion of excellence in the design and delivery of personal, social and health education (PSHE).

We will actively involve young people in the design, implementation, and review of a Walsall framework for relationship and sex education.

## **Ambition 4: Actively involve children and young people in designing and reviewing services, especially those with identified risk factors.**

We will implement 'You're Welcome Standards' in all services for young people.

We will work with children and young people to design and develop local peer to peer communications through campaign messaging across a range of accessible platforms.

## **Ambition 5: Improve sexual health outcomes for young people.**

We will align teenage pregnancy and sexual health priorities to ensure equitable provision for Walsall children and young people in relation to need and geography.

We will regularly promote access to support services to young people, parents, carers and professionals

20. We are Walsall 2040 | Walsall Council

21. Walsall Joint Local Health and Wellbeing Strategy 2022-25

# The way forward – what the strategy will deliver and how we will deliver it.

There is clearly a need to continue our work across the borough, with more targeted work in those areas where rates of teenage pregnancy have not improved in line with ambition. This identifies a significant element of partnership activity to address inequalities for young people in Walsall.

As well as improving the information, advice and support provided to all young people and introducing measures so that sexually active young people can access contraception easily and use it effectively, Walsall's success in reducing teenage pregnancy rates will also depend on how effectively we tackle the underlying factors and challenges that increase the risk of teenage pregnancy – such as poverty, low educational attainment, poor attendance at school, non-participation in post-16 learning and low aspirations.

In Walsall our work to tackle teenage pregnancy has three priorities or strands: 'universal', 'targeted' and 'strategic'. Table 1 below shows our high-level approach to addressing these priority strands. These are underpinned by a comprehensive partnership action plan (draft below) which will be monitored and reported through our partnership governance structures. These actions are based on national good practice documents (10 priority areas for action), our local review of progress against our last strategy and intelligence about teenage conception rates.

**Table 1**

Universal	Targeted	Strategic
Support and promote effective delivery of the Relationship and Sexual Education curriculum in schools and colleges, including support for parents and carers	Work across agencies to Identify and intervene early those at most risk including priority wards and schools	Work in partnership to ensure teenage pregnancy prevention and support is integrated into locally decided action plans and strategies relating to: Children's 2040, Walsall Together strategy, Community Safety, Housing/ Homelessness, Community and Voluntary Sector, Domestic Abuse and into General practice. Young people's voices are heard to help shape development of strategies, action plans and services.
Ensure advice and easy access to sexual health and abortion services including counselling	Provide early intervention and co-ordinated support for young parents - including prevention of subsequent pregnancies	

# Appendix 1

## High level Teenage Pregnancy Prevention and Reduction Action Plan

Priority Strand	Action	Lead	Measures	RAG Rating
<b>Universal</b>	Support for all young people and parents to discuss relationships and sexual health			
	Youth friendly contraceptive and sexual health services and condom schemes are easy to access and well publicised (to young people, parents, carers, and professionals) including access to abortion services.  Referral pathways and policies from all partners are refreshed and young people's rights widely promoted			
	Partnership development of policy and guidance in support of children and young people's rights to confidentiality when accessing services including sexual health and GPs			
	Training delivered on relationships and sexual health for health and non-health professionals, including young people's rights			
	Involve young people in development of a Walsall Framework for Relationship and sex education in schools and colleges (both primary and secondary), including consent and confidentiality. Actively include children and young people's voices in re-shaping and designing services			
	Develop a peer-to-peer communication campaign			

Priority Strand	Action	Lead	Measures	RAG Rating
<b>Targeted</b>	Ongoing support for children and young people, e.g. through Family Hubs and other partner services, including identification of young people at risk of teenage pregnancy via assessments undertaken across the partnership.			
	Targeted prevention for young people at risk, including supporting them through education, into employment, as well as through early intervention services and young people's support programmes (e.g. North Family Hub pilot)			
	Specific consideration of particular groups at risk including children and young people who are excluded, home schooled or from newly arrived communities.			
	Dedicated support for teenage parents including sex and relationships education and contraception to prevent subsequent pregnancies.			
	Expand early intervention programmes to reach the most vulnerable children and young people.			

Priority Strand	Action	Lead	Measures	RAG Rating
<b>Strategic</b>	Review membership and terms of reference for the teenage pregnancy strategy delivery group.  Robust monitoring of action plan and impact on outcomes to occur through delivery group.			
	Walsall Together Clinical Professional Leadership Group (CPLG) to receive quarterly governance updates from delivery group.			
	Walsall Health and Wellbeing Board to receive annual updates from delivery group.			
	Horizon scan and ensure teenage pregnancy reduction priorities are embedded within wider strategic partnership work, e.g. Walsall Together, Children's Strategic Alliance, Community Safety, Domestic Abuse, Community and Voluntary sector, Housing.			
	Develop children and young people as strategic partners to help to shape service provision and deliver on strategic actions.			

**Public Health**

Zone 2F, 2nd Floor, Civic Centre

Darwall Street

Walsall

West Midlands - West Midlands

WS1 1DG