Agenda item

Health and Wellbeing Board

5 March 2019

Teenage Pregnancy Reduction Strategy

1. Purpose

The purpose of this paper is to gain Health and Wellbeing Board commitment to supporting the actions contained within the Teenage Pregnancy Reduction Strategy and to notify the Board about the progress made by the multiagency teenage pregnancy strategy group to set actions in place to reduce teenage pregnancy in Walsall.

2. Recommendations

That the Health and Wellbeing Board

- Endorse the Teenage Pregnancy Strategy and provide a collective voice to shape and influence the links the Teenage Pregnancy Reduction agenda has with other issues concerning children, young people, families, health and education.
- Receive an update about the progress made in the delivery of the teenage pregnancy strategy.
- Support the strong partnership of key organisations who are needed to implement a successful integrated strategy, recognising that teenage pregnancy reduction cannot be tackled by one organisation alone

3. Background

3.1 Why is Teenage Pregnancy a Public Health Priority?

Teenage pregnancy is a cause and consequence of education and health inequality for young parents and their children. Despite significant progress over the last 15 years, with a reduction of almost 60% in the under-18 conception rate, a continued focus is needed. Teenagers have the highest rate of unplanned pregnancy with disproportionately poor outcomes. Over 50% of under-18 conceptions end in abortion and inequalities remain between and within local authorities.

Having children at a young age can damage young women's health and well-being and severely limit their education and career prospects.

Children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become teenage parents themselves. Rates of teenage pregnancy are far higher among deprived communities. The poorer outcomes associated with teenage parents also mean the effects of deprivation and social exclusion are passed from one generation to the next.

- At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner.
- Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over.
- Mothers under 20 have a 30% higher risk of mental illness two years after giving birth this affects their ability to form a secure attachment with their baby.
- The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers.
- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50%, less likely to breastfeed, than older mothers – both of which have negative health consequences for the child.
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems.
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three.
- Men who were young fathers are twice as likely to be unemployed at 30.

Source: Public Health England (A Framework for Supporting Teenage Mother and Young Fathers)

There is a strong economic argument for investing in measures to reduce teenage pregnancy as it places significant burdens on public services. The cost to the NHS alone is estimated to be £63m a year. Teenage mothers are also more likely than older mothers to require costly support from a range of services e.g. social care, benefits, supported housing, and not engage in education, employment or training. The children of teenage mothers are also less likely to reach developmental milestones or be school ready.

The challenge for Walsall, therefore, is to provide young people with the *means* to avoid early pregnancy, but also to tackle the underlying circumstances that *motivate* young people to want to, or lead them passively to become pregnant or young parents.

Teenage Pregnancy prevention cannot be tackled by one organisation alone; a strong partnership of key organisations is needed to implement a successful integrated strategy.

Through the Teenage Pregnancy Reduction Strategy (**Appendix A**) a common understanding of the underlying causes/issues related to teenage pregnancy has been set out and actions to support work signed up to.

This includes;

- work with schools to improve the quality of Relationship and Sexual Education in Schools,
- increasing young people's knowledge and access to sexual health services,
- gaining support from Children's Services to identify and support vulnerable young people
- Working with the CCG to ensure we have a robust abortion pathway and access to termination services.

International evidence, as well as the lessons from areas where teenage pregnancy rates have fallen fastest, shows that young people need the provision of high quality consistent comprehensive relationships and sex education. This gives young people the tools to help them deal with the pressures and influences within society today, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and sexually transmitted infections.

This needs to be offered alongside easy access to young people centred contraceptive and sexual health services when needed.

In addition, our most vulnerable young people need to be identified early and offered evidence based effective interventions. It is clear that as well as giving young people the means to avoid early pregnancy, sustained reductions in rates will only be possible if action is taken to address the underlying factors that increase the risk. **3.2 Vulnerable Groups**

Knowledge of the needs in Walsall has been gained through analysis of national and local data, local needs assessments as well as consultations with Children, young people and parents. We know that some young people are at more risk than others they include young people who are:

- victims of CSE
- young people who use substances
- CME/home educated, on reduced timetables or alternative education programmes
- victims of bullying
- Young people who are looked after or care leavers and those known to Childrens services
- Certain groups of foreign nationals who settle in Walsall

3.3 Where are we now?

There is always a delay in birth and conception data, as it is analysed based on year of conception using birth registrations and abortion notifications. This means provisional data will not be released until 14 months after the period ends ie. data for 2016 was published in February 2018.

Revised ONS data will be issued April 2019 but our current understanding is as follows:

- Walsall's under-18s conception rate per 1,000 females aged 15 to 17 years was 30.0, while in England the rate was 18.8 per 1,000.
- The rank (out of 323 Local Authorities) within England for the under-18s conception rate was 18 (1has the highest rate)
- Between 1998 and 2016, Walsall achieved a 55.3% reduction in the under-18s conception rate, compared to a 59.7% reduction in England.
- Among the under-18s conceptions, the percentage of those leading to abortion was 37.1%, while in England the percentage was 51.8%. The percentage leading to abortion in Walsall was 10.1% in 2017 while in England it was 8.3%
- The rank (out of 321) within England for the under-18s conceptions leading to abortion was 297 (1st has the highest percentage abortion). Due to small numbers and the risk of service user identification, data for some of the 326 LAs is withheld.

Source: Public Health England (Walsall local authority HIV, sexual and reproductive health epidemiology report (LASER): 2017)

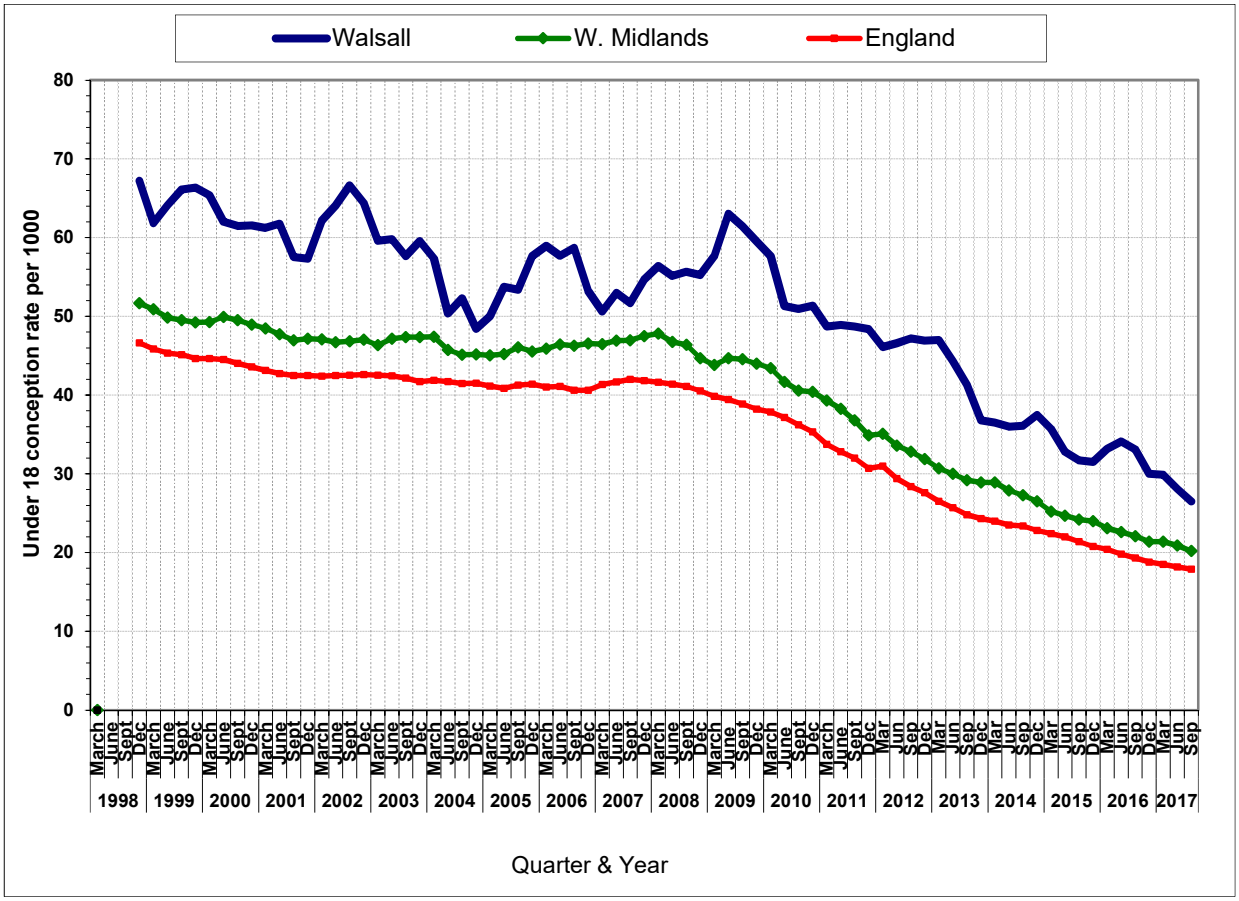


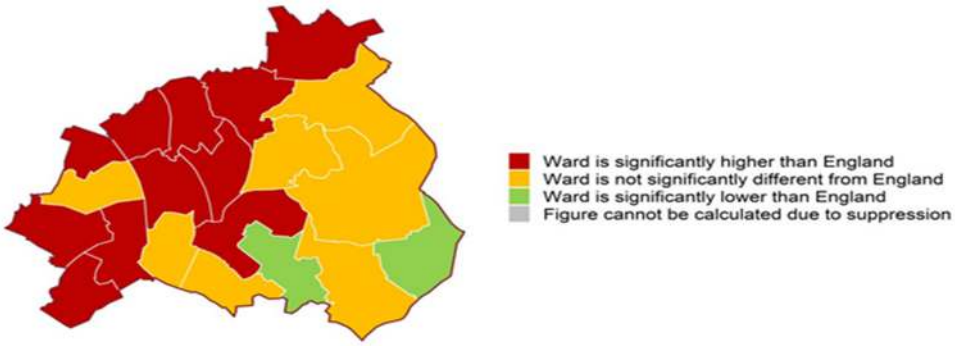
Table 1 - Teenage pregnancy (4-quarter rolling) rate per 1,000 (1998-2017) Source: Office for National Statistics, Quarterly conceptions to women aged under 18, 1998 – Q3 2017, Website: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/quarterlyconceptionstowomenagedunder18englandandwales (Accessed on 20.11.18), 2017.

Schoolgirl pregnancies have reduced year on year from 46 conceptions in 2010/11 to 19 pregnancies in 2016/17. Of the 19 school girl pregnancies, 84% were CP, CIN or EH. We know that partnership working, early intervention, commitment to delivering good Relationship and Sex Education and raising aspiration are key to reducing conception rates in Walsall. Local evidence supports this, as in two previous high rate schools we have seen significant reductions. Both schools have young people's health drop-ins, comprehensive PSHE curriculum across key stages 3, 4 and 5 and identify those most vulnerable for targeted interventions.

The maps below show estimated teenage conceptions at ward level, benchmarked against both their local authority value and the England value:

Figure 1; Teenage conceptions by ward, benchmarked against Walsall

Figure 2; Teenage conceptions by ward, benchmarked against England



Ward estimates and benchmarking (comparison to the median for the local authority or England) were produced by Public Health England in August 2017, and were based on conceptions to women aged under 18 in England and Wales by middle layer super output area (MSOA), 2015 to 2017 (aggregated) made available by ONS.

3.4 Commissioning Arrangements for teenage pregnancy

Work has been in place to support the reduction of teenage pregnancy in Walsall. Since 2012 it was commissioned by Walsall Childrens Services but delivered through Walsall Healthcare Trust. Public health has funded teenage pregnancy reduction through the Public Health Transformation fund since 2014. With the departure of the Childrens Services commissioner for teenage pregnancy in 2017, this responsibility for the strategy was taken on by the Walsall Public Health team.

4. Teenage Pregnancy Reduction Strategy

A multiagency task and finish group was convened in 2017 to review previous actions to reduce teenage pregnancy and to support teen parents and build on emerging evidence of effectiveness. This led to the Walsall teenage pregnancy reduction strategy being refreshed and relaunched in April 2018 with partners signed up to support new actions

The teenage pregnancy strategy and action plan are taken forward by a working group that meets quarterly with membership from Public Health, the CCG, Walsall Healthcare Trust, IMPACT and wider children's services. Attendance from other partners essential to achieving objectives is however irregular and it has been noted that staff trained to deliver interventions are at times not able to prioritise delivery

Walsall has done a great deal to reduce conception rates, We however need to do more to continue the downward trend and match our statistical neighbours who have done better and improved faster than ourselves. The aspiration is that Walsall will follow best practice and evidence of what works e.g. the Teens and Toddlers youth development programme has proven to have an impact on vulnerable young people and was highlighted as good practice by Ofsted and CQC.

Within the strategy, the focus is on working with the target groups identified in point 3.2 and in hotspot areas (including schools/colleges/training providers) reflecting the nature of need within Walsall and learning from national research/evidence. Through Walsall's Early Help/ Troubled Families approach, Walsall partners work together to identify vulnerable young people to enable early intervention.

The strategy group meets quarterly to review partnership activity and progress against milestones.

Activity and resources within the strategy and across the Borough are focussed on the following:

Prevention

- Increasing engagement of children and young people in decision making and evaluation of services with an aspiration that all young people that engage provide feedback and influence the delivery and shaping of services.

- Working with parents, carers and guardians to support them to talk effectively and confidently with their children about relationships, sex and other sensitive issues.

- Working with hotspot schools, Early Help/Localities and Social Care to promote and deliver evidenced based youth development programmes such as Teens and Toddlers /Outside the Box, to those most at risk.

- Working with School Improvement Advisors and Senior Leadership Teams within schools, colleges and training providers to improve the quality and

quantity of RSE including raising awareness of the support/resources that are available and offering a range of PSHE training across the workforce.

Support for teen parents

- Improving the outcomes for young parents and their children through holistic support when they need it (including young Fathers)

- Increasing the proportion of teenage parents in education, employment or training (EET) to reduce the risk of long term social exclusion and promote economic self-sufficiency.

- Increasing the number of Teen Parents accessing Care to learn, aiming at least for the statistical neighbour average.

- Reducing the number of conceptions among looked after young people and care leavers and reducing subsequent pregnancies amongst teen parents.

5. Strategy Achievements

As an example of the activities undertaken by members of the teenage pregnancy reduction strategy group, the following has been achieved;

Teens and Toddlers
Twenty 16 week Teens and Toddler programmes have been run in Walsall in 2018/19. 20 Local Authority and 10 Walsall Healthcare Trust staff are trained to deliver these courses in early years settings

Teen Parent support
The midwifery service have established a team specifically focussed on supporting vulnerable women which works closely with the Public Health commissioned Health in pregnancy service. This includes targeted support for teen parents.

Sexual Health Services
7 drop in sexual health clinics are based in hotspot secondary schools with 3 clinics running in Walsall College
Condom distribution is available in hotspot secondary schools, pharmacies and Childrens Centres
Dedicated under 25 sexual health clinics are run from the Integrated Sexual Health premises on a Saturday and Thursday afternoons

Resources
A core part of the teenage pregnancy reduction work is provision of teacher and parent resources. This has been hosted by EasySRE which has developed and hosted a series of films and teaching resources designed to support schools and parents in talking about healthy relationships and puberty. These resources are free of charge to people living and working in Walsall
2 additional resources have been recently developed with young people and added to the Easy SRE resource site; one aimed at all secondary aged pupils

around exploitation and the second around exploitation and healthy relationships for young people with special educational needs

Employment and Training
A dedicated person has been identified within the Walsall IMPACT team to support young parents in accessing education and employment.

6. Implications for Joint Working arrangements:

As partners signed up to the multiagency teenage pregnancy reduction strategy, joint working is required from many partners to ensure that support can be offered to vulnerable teens in all areas of their lives to prevent teenage pregnancies and to support young parents to access employment or training.

This requires strategic leadership in different services to ensure that staff can be released to deliver training courses and that the promotion of healthy relationships is promoted in all interactions with young people.

7. Health and Wellbeing Priorities:

Increase economic prosperity

- By delaying pregnancies in young people, young people in Walsall will be able to maximise their time in education and training.
- Support for young parents to access training and employment through the IMPACT team means also that young parents are given additional support to become economically independent

Maximise people's health, wellbeing and safety
As identified in Point 3, the implications of early parenthood impact on young parents but also on their children. Focus on prevention of teen pregnancy will positively impact on all these negative consequences

As highlighted above, teen pregnancy is most prevalent in areas of deprivation and in those groups who are most vulnerable. The teenage pregnancy reduction strategy follows Marmot priority 1 "giving every child the best start in life" and his aim that activity is focussed on those groups and in those areas of greatest need using a universally proportional approach.

Safeguarding:

- Through its focus on increasing healthy relationships and so, increasing awareness of exploitation, the teenage pregnancy prevention strategy actively contributes to safeguarding children and young people in Walsall.

8. Background papers

Appendix A Teenage Pregnancy Reduction Strategy 2018-2021

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Appendix A Teenage Pregnancy Reduction Strategy 2018-2021

Walsall Children and Young People's Partnership

Multiagency Teenage Pregnancy Reduction Strategy
2018 -2020

	Name	Email	Phone
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	Refresh April 2018		

Why is Teenage Pregnancy a Public Health Priority?

Evidence clearly shows that having children at a young age can damage young women's health and well-being and severely limit their education and career prospects[1]. Children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become teenage parents themselves. Rates of teenage pregnancy are far higher among deprived communities. The poorer outcomes associated with teenage parents also mean the effects of deprivation and social exclusion are passed from one generation to the next.

- At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner.
- Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over.
- Mothers under 20 have a 30% higher risk of mental illness two years after giving birth this affects their ability to form a secure attachment with their baby.
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- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, than older mothers – both of which have negative health consequences for the child.
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems.
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three.
- Men who were young fathers are twice as likely to be unemployed at 30.

  Source: Public Health England (A Framework for Supporting Teenage Mother and Young Fathers)

There is a strong economic argument for investing in measures to reduce teenage pregnancy as it places significant burdens on public services. The cost to the NHS alone is estimated to be £63m a year. Teenage mothers are also more likely than older mothers to require costly support from a range of services e.g. social care, benefits, supported housing, and not engage in education, employment or training. The children of teenage mothers are also less likely to reach developmental milestones an be school ready.

The challenge for Walsall, therefore, is to provide young people with the *means* to avoid early pregnancy, but also to tackle the underlying circumstances that *motivate* young people to want to, or lead them passively to become pregnant or young parents.

Teenage Pregnancy prevention cannot be tackled by one organisation alone; a strong partnership of key organisations is needed to implement a successful integrated strategy. We need a common understanding of the underlying causes/issues related to teenage pregnancy if we are going to see further reductions. This includes working with schools to improve the quality of RSE, increasing young people's knowledge and access to sexual health services, gaining support from Children's Services to identify and support vulnerable young people as well as working with the CCG to ensure we have a robust abortion pathway re termination services.

Walsall Teenage Pregnancy Strategy

The Teenage Pregnancy Strategy is driven by the Health & Well Being and Walsall Safeguarding Children Boards; this supports the engagement of all key partners in working together to reduce teenage pregnancy. The Strategy is closely interdependent with other local strategies, including Early Help, Child Poverty, and Neglect Strategy's, the Corporate and Health and Well Being Plan as well as the Department of Health framework for sexual health improvement and the public health outcomes framework. The strategy supports the Walsall Children & Young People's Partnership Vision and Priorities to promote the welfare and safety of children /young people in improving outcomes, all of which underpin the work reflected in this strategy.

Knowledge of the needs in Walsall has been gained through analysis of national /local data, local needs assessments as well as consultations with Children/ young people and parents. We know that some young people are at more risk than others they include young people who are:

- victims of CSE
- young people who use substances
- CME/home educated, on reduced timetables or alternative education programmes
- victims of bullying
- Young people who are looked after or care leavers

We also need to consider the needs of and how we engage foreign nationals who settle in Walsall as this has and will impact on conception rates.

Strategy Purpose

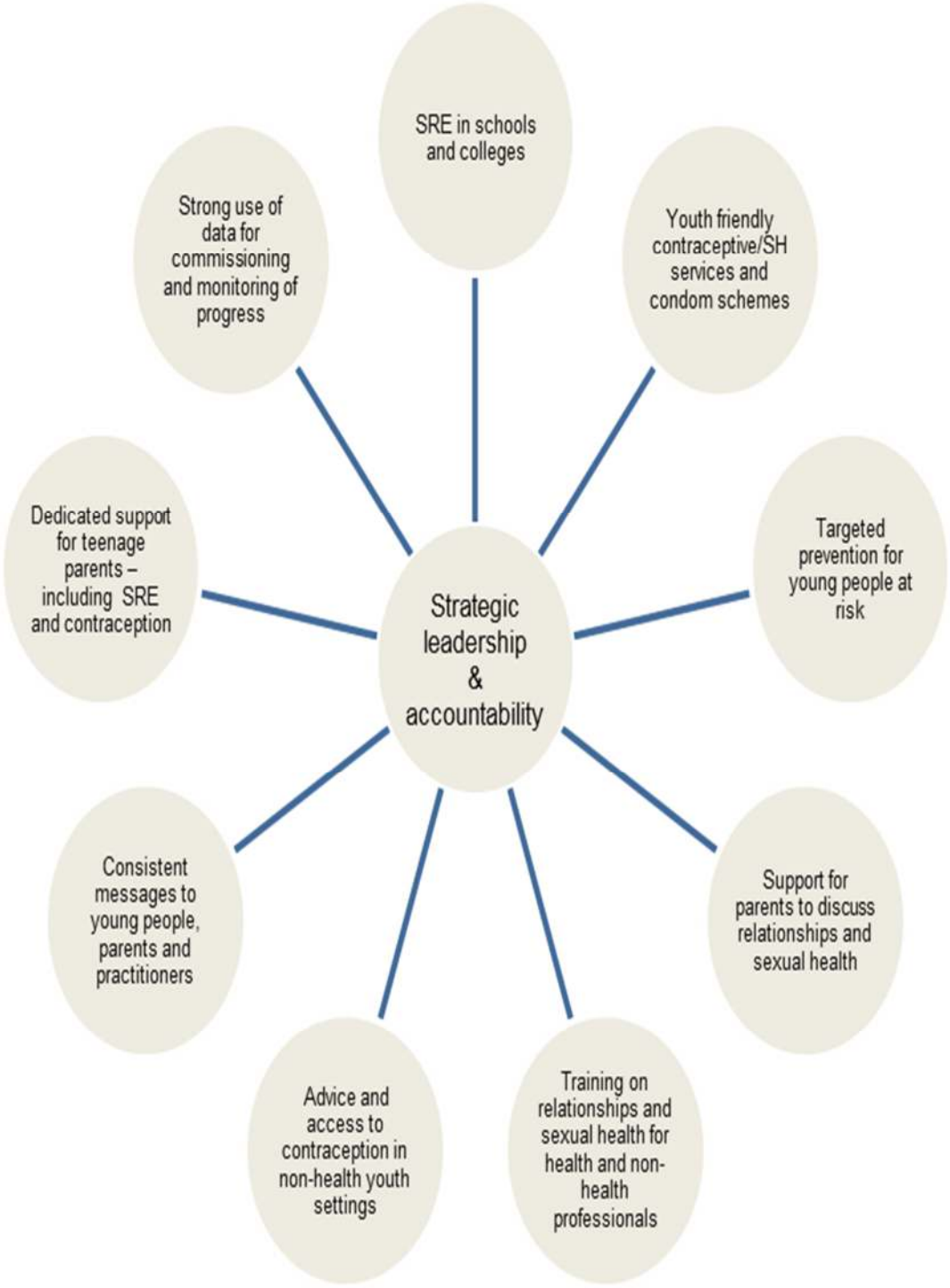
The focus and purpose of this strategy is to provide both preventative and support interventions including support for young parents as this will contribute to the wider prevention agenda. The work plan includes services directly delivered by the Teenage Pregnancy Team, commissioned and procured services, and those services that directly contribute to women's, children's and family health including Training providers, Maternity Services, School Health, Health Visiting, Health in Pregnancy service, Sexual Health Services and the wider local authority Children's services.

Elements of reporting on the wider work from other agencies will need to be fed into the work plan e.g. Chlamydia, c-card uptake, CME.

International evidence, as well as the lessons from areas where teenage pregnancy rates have fallen fastest, shows that young people need the provision of high quality consistent comprehensive relationships and sex education. This gives young people the tools to help them deal with the pressures and influences within society today, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and sexually transmitted infections. This needs to be offered alongside easy access to young people centred contraceptive and sexual health services when needed. In addition our most vulnerable young people need to be identified early and offered evidence based effective interventions. It is clear that as well as giving young people the means to avoid early pregnancy, sustained reductions in rates will only be possible if action is taken to address the underlying factors that increase the risk.

What Outcomes are we trying to achieve?

Evidence and research from across the country have highlighted ten key factors in addressing teenage pregnancy. All our interventions and resources are aligned to the ten factors to ensure we are working to SMART objectives.Walsall has seven priorities that are linked to the ten key factors.



Source: Public Health England
Our Priorities are linked to the evidence based 10 key factors for an effective strategy

1. **Supporting and promoting effective delivery of PHSE and sexual health in schools and colleges**

2. **Targeted Interventions for young people at risk**

3. **Offer support to parents, guardians and carers of young people to enable them to discuss relationships and sexual health**

4. **Making advice and access to effective sexual health services including contraception and abortion easily accessible.**

5. **Ensuring early intervention and co-ordinated support for young parents – including prevention of further unplanned pregnancies.**

6. **Providing strong leadership to support cultural change in addressing teenage pregnancy and talking about sexual health matters with young people**

7. **Working in partnership to ensure teenage pregnancy prevention and support is integrated into locally decided action plans and implemented effectively.**

Where are we now?
Walsall's teenage pregnancy rate is 30.0 per 1000 young women aged 15-17 (2016), the conception rate change from 1998 shows a reduction of -55.4% compared with West Midlands-58.6% - England -59.7%.

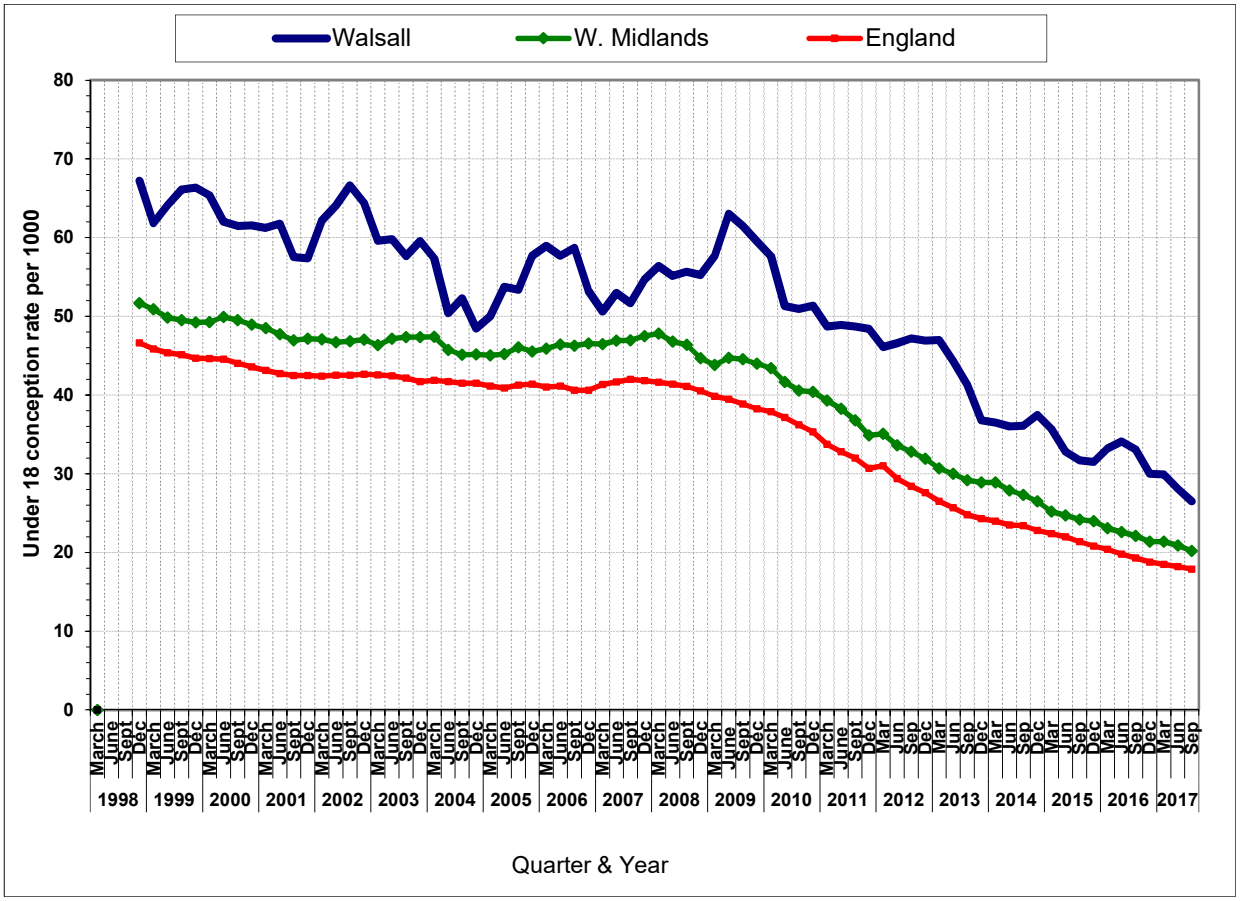


Table 3 - Teenage pregnancy (4-quarter rolling) rate per 1,000 (1998-2017) Source: Office for National Statistics, Quarterly conceptions to women aged under 18, 1998 – Q3 2017, Website: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/quarterlyconceptionstowomenagedunder18englandandwales (Accessed on 20.11.18), 2017.

Data by postcodes(table 4)

High TP rate areas by post code	Referrals Rec'd in 2016	Referrals Rec'd in 2017
WS3	76	60
WS2	60	31
WS1	34	32
WV12	28	15
WS8	24	7
WV13	24	19
WS10	23	15

From the 2015-17 ONS data of the 20 wards across Walsall; Bloxwich East, Blakenall and Birchills/Leamore have had consistently high rates of teenage pregnancy however based on referrals(see table 4 above)we can see that numbers are declining in all areas. Schoolgirl pregnancies have reduced year on year from 46 conceptions in 2010/11 to 19 pregnancies in 2016/17, of the 19 school girl pregnancies, 84% were CP, CIN or EH

evidence that prior to pregnancy vulnerabilities were present. We know that partnership working, early intervention, commitment to delivering good Relationship and Sex Education and raising aspiration are key to reducing conception rates in Walsall. Local evidence supports this, as in two previous high rate schools we have seen significant reductions. Both schools have young people's health drop-ins, comprehensive PSHE curriculum across key stages 3, 4 and 5 and identify those most vulnerable for targeted interventions.

How will we get there?

Walsall has done a great deal to reduce conception rates, however we need to do more to continue a downward trend and match our statistical neighbours who have done better and improved faster than ourselves. The aspiration is that Walsall will follow best practice and evidence of what works e.g. the Teens and Toddlers youth development programme has proven to have an impact on vulnerable young people and was highlighted as good practice by Ofsted and CQC.

We will focus on target groups and hotspot areas (including schools/colleges/training providers) reflecting the nature of need within Walsall and learning from national research/evidence. Through our Early Help/ Troubled Families approach, Walsall partners will work together to early identify vulnerable young people to enable us to intervene early.

We will focus resources on:
Prevention

- Increase engagement of children and young people in decision making and evaluation of services with an aspiration that all young people that engage provide feedback and influence the delivery and shaping of services.

- Work with parents, carers and guardians to support them to talk effectively and confidently with their children about relationships, sex and other sensitive issues.

- Work with hotspot schools, Early Help/Localities and Social Care to promote and deliver evidenced based youth development programmes such as Teens and Toddlers /Outside the Box, to those most at risk.

- Work with School Improvement Advisors and Senior Leadership Teams within schools, colleges and training providers to improve the quality and quantity of RSE. We will raise awareness of the support/resources that are available and offer a range of PSHE training across the workforce.

Support

- Improve the outcomes for young parents and their children through holistic support when they need it (including young Fathers)

- Increase the proportion of teenage parents in education, employment or training (EET) to reduce the risk of long term social exclusion and promote economic self-sufficiency.

- Increase the number of Teen Parents accessing Care to learn, aiming at least for the statistical neighbour average.

- Reduce the number of conceptions among looked after young people and carer leavers and reduce subsequent pregnancies amongst teen parents.

Appendix 1

Our Strategic Direction and Action Plan – incorporating our priorities and the ten key factors in addressing teenage pregnancy

Outcome 1 – PHSE and SRE in Schools & Colleges - Priority 1
Outcome 2 – Advice and access to contraception in non-health youth settings – Priority 4
Outcome 3 –Targeted prevention for young people at risk – Priority 2
Outcome 4 – Youth friendly contraception/Sexual Health Services and condom schemes – Priority 4
Outcome 5 – Training on relationships on Sexual Health for Health & Non Health professionals – Priority 1, 3 & 7
Outcome 6 – Dedicated support for teenage parents – including SRE and contraception – Priority 5

Outcome 7 – Consistent messages to young people, Parents and practitioners – Priority 3

Outcome 8 – Support for parents to discuss relationships & Sexual Behaviour – Priority 1 & 3
Outcome 9 – Strong use of data for commissioning and monitoring progress – Priority 2 & 7
Outcome 10 – Strategic leadership and accountability – Priority 7

What we will improve	How much will we improve by and when	Our Strategic approach	RAG rating	RAG update	Who is responsible	What delivery plans support this work
Priority One: Support and promote effective delivery of SRE and sexual health in schools and colleges						
Target resources to hotspot areas and vulnerable groups in schools/colleges and training providers	Increase the uptake of SRE delivery and support across Walsall schools with a focus on hotspot schools By July 2019 all target schools will be signed up to EasySRE and have attended training to prepare for mandatory SRE in school	Designated School Nurse for each Primary/Secondary school offering support/advice to schools. School Improvement and School Nurses to promote the use of Walsall easy SRE tool-kit across schools and the four localities. The partnership to monitor and evaluate sessions delivered to schools with a particular focus on hot spot schools/areas. Offer guidance updates re: preparing for mandatory SRE in schools including annual training for teachers and training providers.			**TP Operational Lead**, Schools PHSE Lead**,** Community Sexual Health Lead, School Health Lead, , Children Services, Colleges,	Health & Well Being Strategy Teenage Pregnancy Strategy Children and young people's plan Framework for sexual Health improvement Prevention Framework Compulsory SRE

Early Identification of school based need	Provide SRE toolkit training (Secondary & Primary) – Annual report To continue to monitor those schools where school girls are at risk of pregnancy	Monitor take up of schools attending the training. Work with School Improvement Advisors and the Senior Leadership within schools/colleges to raise awareness of the resources and support available to deliver SRE in schools and colleges, and provide training on relationship and sexual health services. Monitor Teenage Pregnancy rates within schools for early intervention			**School Health** School Improvement **TP Lead**	
	To ensure that by March 2019, 3 members of staff from each of the hotspot schools feel able to cascade information to other members of staff					
Delivery of bespoke Health /Well Being/SRE Training	Support delivery of SRE in Schools including 4 Schools identified as	Provide leadership in coordinating and delivering sexual health and positive sexual health messages, Multi-agency team currently delivering as capacity allows.			**TP Lead, School Health,** Sexual Health, Early Help Teams/Locality teams	TP Strategy

	having the greatest need (‘Hot’ spot areas) Team training offered and taken up in the 4 hotspot schools during academic year 2018/19					
Access to good SRE resources for those supporting young people with Learning Difficulties and Disabilities	Offer bespoke training to special and mainstream schools At least 1 member of staff in mainstream schools and special schools have been trained in the toolkit for special schools as part of mandatory RSE training by July 2019	Tool kit for Special Schools Training re SRE for SEND to all schools. Designated SEND Nurse to support YP with SEND			T.P Operational Lead**, PSHE Leads (special Schools) School Improvement Lead**, WISH Sexual Health team , School Health SEND	T.P Strategy SEND legislation

Access to advice and contraception in non-health youth settings	Increase access in hot spot schools/vulnerable groups, social care, TLC and with training providers inc Walsall College Year on year increase to be seen on baseline. (Baseline to be gathered Apr – July 2018 and % target set)	TP – CASH nurses work closely to identifying needs (local data) for timely interventions CASH Nurse to offer drop-in's at Walsall College, in training establishments and in venues accessible and attractive to vulnerable groups			**Impact**, YJS, Early Help Hubs, **TLC,** voluntary sector	
Support the increased delivery of the c-card condom scheme across the partnership	Increase number of access venues and those registered with the scheme Year on year % increase to be seen on baseline. (Baseline to be gathered Apr – July 2018 and % target set)	Service leads from WiSH to offer and promote training			**WiSH**	

Share good practice in schools	School Improvement and “Walsall Healthy Schools” to develop a database of good practice for schools to access. To be available by March 2019	Template of letters to be added to easySRE Site for reference in order to send to parents. QMH SRE policy to be shared for adoption across schools and colleges			PHSE leads in schools **School Improvement Walsall “healthy schools”**	
Annual Liaison meetings with schools to promote SRE	100% of schools offered a meeting termly 80% of schools to receive a meeting annually	School visits conducted termly by SNS - promote easySRE website - promote Annual Toolkit teacher training - identify • PSHE Leads • Safeguarding Leads School Nursing service to promote voluntary sector NSPCC programme (in primary schools) School Nursing service to ensure that Governor, Heads and SNS meeting look at SNS SRE core offer			SNS Lead School Improvement	HCP 5-19yrs TP Strategy
Training for key stakeholders Training C-Card / IMPACT	Increase in staff confidence and knowledge Year on year increase to be	TLC Hub trained to deliver C-Card and Early Help Support Youth Justice Officers, IMPACT and Virtual Schools to promote RSE			Service Leads Children's Service Leads **SNS** **WISH** Virtual Schools	

/ voluntary (Julie Hill)	seen on baseline. (Baseline to be gathered Apr – July 2018 and target set)					
Ensure all schools have up-to-date SRE policy in place in preparation for mandatory RSE	100% of schools to have a RSE policy in place based on evidence based RSE policies	Disseminate sample policies to support schools Support to schools to update policies where required			School Governors **School Improvement** Heads PSHE Leads	Compulsory 2019 SRE Ofsted
Targeted work with primary schools around age appropriate CSE risk	All primary schools offered NSPCC Pants workshop	Liaison between SNS/NSPCC to coordinate. Promote Pants programme with Governor link and through school visits from SNS NSPCC to evaluate outcomes			School Health NSPCC School Governor link Duncan Whitehouse	Early Help Strategy TP Strategy HCP 5-19

What we will improve	How much will we improve by and when	Our Strategic approach	RAG rating	RAG update	Who is responsible	What delivery plans support this work
Priority Two: Targeted prevention for young people at risk						
Deliver bespoke SRE services for Looked After Children/Care Leavers	Increase the delivery and bespoke support for Care Leavers around SRE/Health & Wellbeing. Ensure this group have access to at least two sessions of age appropriate SRE Offer bespoke training to TLC workers and foster carers Year on year increase to be seen on baseline. (Baseline to be gathered Apr – July 2018 and target set)	Work with colleagues from LAC/TLC and other colleagues from within this sector to look at support and prevention/decision making with young people. Working group established to look at prevention and support available			**Bev Ferne/ Jivan Sembi** T.P Operational Lead, School Health Lead, LAC/TLC Lead (Health)	TP Strategy Children and young people's plan?
Delivery of SRE Services to young people with risk factors and vulnerable groups,	Training staff in a multi-disciplinary approach to ensure that vulnerable	Target resources and use performance data to ensure that vulnerable young people are identified to take up prevention services working through			T.P Operational Lead/ Early Help Leads Locality Leads. YJS, PRU Jivan Sembi	

e.g. Looked After Children, young people in the Youth Justice system/those attending alternative education on reduced timetables, Children Missing Education, young people at risk of CSE and foreign nationals	young people get SRE support. Early Help designated champion Year on year increase to be seen on baseline. (Baseline to be gathered Apr – July 2018 and target set)	Lorraine Thompson (Virtual Schools) – also to work with Missing education Ensure recognition of ACE Support delivery of evidence based youth programmes eg. Teens and Toddlers / Outside the Box			Virtual School Equality & Cohesion Team	
Publicity of teenage pregnancy reduction strategies	National good practice to be shared in training and using newsletters/updates All relevant staff to be sent newsletter bi yearly and invited to attend annual training	Bus Campaigns to take place prior to and during Summer and Christmas Holidays periods as evidence suggests that rates of TP rise at these times – reducing risk taking behaviour. On buses going into hotspot areas			**TP Operational Lead**	
Increase in the number of evidenced based Youth	Increase the 6 T&T programmes delivered during 2016-17 to 8 for 18/19	Work with 'hotspot schools', Early Help teams and Localities to promote and deliver Teens and Toddlers youth development programme to those deemed to be at most risk			**T.P Operational Lead** supported by key partners/stakeholders.	T.P Strategy, Health & Wellbeing Strategy

Development Programmes eg. Teens & Toddlers / Outside the Box	2 Outside the Box training sessions offered during 18/19					
Interagency working/partnership working to increase the reach/understanding of TP Agenda and associated risk factors	Best practice identified from neighbouring authorities and statistical neighbours Extend mailing list and check that innovative ideas are set in place and shared	Actively seek new evidence based initiatives to support the prevention agenda in Walsall, through the partnership. TP Lead champions agenda across multi-agency meetings. Launch revised strategy.			**TP Strategy Action Group**	Early Help Strategy Children and young people's plan
Work with key agencies to improve early identification of young people who are vulnerable and at risk of teenage pregnancy including LAC, those attending PRUS/alternative education, those at risk of CSE, ACE.	Increased referrals from partners from baseline (Baseline to be gathered Apr – July 2018 and target set)	Work with key agencies to improve early identification of young people who are vulnerable and at risk of teenage pregnancy including LAC, those attending PRUS/alternative education, those at risk of CSE or experiencing ACE To actively target these groups through a range of early intervention approaches including PACE and Teen Friends			Safeguarding Lead for CYP, Early Help, Locality Leads, CSE Lead, School Nurse, Beacon, Street Teams, Youth Justice Service	

Increase awareness and referrals with service providers of Teens & Toddlers and Outside the Box	Increased referrals from partners from baseline Baseline to be gathered Apr – July 2018 and awareness target set	TP lead to engage across agencies			**TP Operational lead**	
Widen delivery of C Card to vulnerable young people in non-health settings eg. Beacon	Increased delivery from baseline (Baseline to be gathered Apr – July 2018 and target set)	Investigate developing C-Card scheme in Youth Justice Service, Beacon and Street Teams			WiSH,	
Ensure foster carers and TLC can access preventative information and support	All foster carers and TLC staff offered access to information and support each year	Regular updates provided to foster carers and TLC team			TLC Foster Carer support manager	

What we will improve	How much will we improve and by when	Our Strategic approach	RAG rating	RAG update	Who is responsible	What delivery plans support this work
Priority Three: Support for Parents/Guardians/Carers of young people to enable them to discuss relationships and Sexual Health						
Support increased for parents and carers	Year on year increase in parents and carers registering with EasySRE Increased access from baseline (Baseline to be gathered Apr – July 2018 and target set)	Parents registering with EasySRE to use Talk the Talk Designated worker from Children's centres to provide holistic support to families. Schools to signpost to the Teens and Toddlers programme.			FSW Schools	
Incorporate Talk the Talk into parenting programmes and evaluation	Evaluation to measure parental and carer confidence in having the conversation Increase in confidence to be seen from baseline (Baseline to be gathered Apr – July 2018 and target set)	Work with agencies to identify pathways and resources to support this area of work. We will seek to provide information through a range of media to support this area of work (e.g. SRE incorporated into parenting programmes, and training for Foster Carers "What should we tell the Children") Support schools to provide parents link to Talk the Talk easySRE			**Georgina Atkins**	
Offer foster and adoptive parents	Training Foster Carers (in SRE)	Provide training and support to enable foster carers/residential staff			**Georgina Atkins, foster carer lead**	

access to “What do we tell the Children”	“What do we tell the Children” - At least two sessions per year publicised and offered. Evaluation undertaken and course developed based on evaluation during 2018/19	to respond to sex and relationship issues			Named Nurse LAC/TLC/TP Lead Child services	

What we will improve	How much will we improve by and when	Our Strategic approach	RAG rating	RAG update	Who is responsible	What delivery plans support this work
Priority Four: Advice and access to effective sexual health services including contraception and abortion						
Provide well publicised, local young people friendly sexual and reproductive health services providing the full range of contraception, including long acting (LARC) and robust pathway to reduce the incidence of second/subsequent pregnancies in health and non-health settings	Increase number of clinics in area according to need. Ensure that every young person can access support by walking for no longer than 15 minutes by 2020 Publicity widened during 2018/19 and ongoing to highlight increased number of clinics access points	Ensure that the following communication means are used to make services accessible; Bus campaigns / YP contact cards / Text OKAY / Chat Health / Bus campaigns			WiSH TP Lead SH Lead Schools Children's Services	
Timely access to abortion services locally	Increase number of YP seen in local clinics from baseline	Advocating and identifying issues/barriers to accessing health, including abortion services and after care. Monitor young people accessing local clinics			TP Lead CCG	

	(Baseline to be gathered Apr – July 2018)	With Marie Stopes supporting high quality care				

What we will improve	How much will we improve by and when	Our Strategic approach	RAG rating	RAG update	Who is responsible	What delivery plans support this work
Priority Five: Early Intervention and co-ordinated support for young parents (inc fathers) including prevention of further unplanned pregnancies						
Support and engage HIP to offer support for TP young people/parents. HV's, Early Help, EWO to support young parents	Provide holistic support to teen parents/parents – on an ongoing basis around health & wellbeing. All teen parents offered HiP support on a minimum of universal partnership level by April 2018	Identification of pathways for teen pregnancy to ensure young parents are on the appropriate care pathway Partnership with Midwifery to enable a timely response to supporting teen parents. All teen parents to receive a comprehensive information pack. Work with partners to support those needing extra support. Emphasise particular support for young fathers			T.P Operational Lead, HiP Lead, **Health Visitors Lead,** Early Help, Midwifery	T.P Strategy, Healthy Child Programme, Health & wellbeing Strategy

Reduce the number of NEETS	Improve EET/care to learn figures from baseline (Baseline to be gathered Apr – July 2018 and target set)	Work with training providers/Impact service and Voluntary sector to improve opportunities for teen parents to reengage in EET (Risk re IMPACT)			Training providers **IMPACT Kerry Wootton**, TP Lead, Impact Lead VCS	
Reduce 2nd pregnancies	Using ONS data to provide baseline to reduce 2nd pregnancies by 10% year on year	Strengthen prevention pathway in place via WiSH			TP Lead, HIP's, WiSH, HV Lead, Maternity	Framework for sexual health improvement
Raise awareness of the issues relating to teen parents/housing with partners	Establish support routes and assistance available to teen parents for education/employment and training and publicise through partnerships. Based on requirements of partners to increase appropriate support	Designated TP Champion Work with Housing Team to assess security and quality of housing offered to teen parents			**T.P Operational Lead** Housing	T.P Strategy, Health & Wellbeing Strategy
Improve EET/ holistic support offered to schoolgirl parents	Increase No. EET and no. accessing Care to Learn by 10% year on year	Work to identify numbers of young parents in education from IMPACT and			IMPACT Kerry Wootton TP Lead EWO, Voluntary sector	

	Build on Care to Learn information to get a better picture	across the Black Country. Impact Adviser co-located with Teen Pregnancy team all eligible Impact participants encouraged to enrol for C2L				
Support school girl parents to access education	Increase on baseline Baseline to be gathered 2018/19 and target set	Work with EWO with responsibility to support schoolgirls to remain in Education and reduce number that are not engaged in education			IMPACT EWO with responsibility to support schoolgirls	
Identify those young men at risk of becoming teen fathers and offer appropriate support.	Increase on baseline of schools referring young men for support eg Teens and Toddlers	Raise profile of teen fathers with schools and other agencies inc DWMHT and substance misuse services, YJS and TLC to support identification and ensure preventative support is offered.			LEAD – Schools, Early help, TPT	

What we will improve	How much will we improve by and when	Our Strategic approach	RAG rating	RAG update	Who is responsible	What delivery plans support this work
Priority Six: Working in partnership to ensure teenage pregnancy prevention and support is integrated into locally decided plans and implemented effectively						
To work within Children's Services and within the Economy and Environment Directorate to ensure that careers and IAG support and engagement with young people is maintained.	Support for pregnant teens maintained with no reduction seen	Highlight NEET and care to learn as a risk if we have no service to provide support for teen parents Support offered to bid for additional funding to maintain service			**Kerry Wootton** DPH	IAG plan/Inclusion Strategy
Wide representation on teenage pregnancy strategy group and partner sign	Multiagency engagement from WBC, WHT, DWMHT and work undertaken towards refreshed aims	Multiagency ownership gained Reporting system set up and partners accountable			**Councillor champion lead**	

up to achieve aims	Strategy implementation group meeting regularly during strategy lifetime Achievement against outcomes seen					
Senior leads in the Transition Leaving Care team, Childrens Services, Walsall Healthcare trust and Public Health to ensure that refreshed teenage pregnancy aims are included in departmental priorities	Refreshed Teenage Pregnancy aims included in core departmental priorities	Work undertaken to gain senior commitment and confirmation that aims and regular reporting are included in departmental priorities			**Councillor Champion/Public Health** DCS, DPH, CCG lead, WHT Childrens Directorate	

Conference around mandatory RSE and launch of refreshed strategy (April 2018)	Views gained and consultation undertaken at strategy launch Views incorporated into refreshed strategy	Key partners engaged and attending			**Carol Williams/Public Health / Diane Evans**	

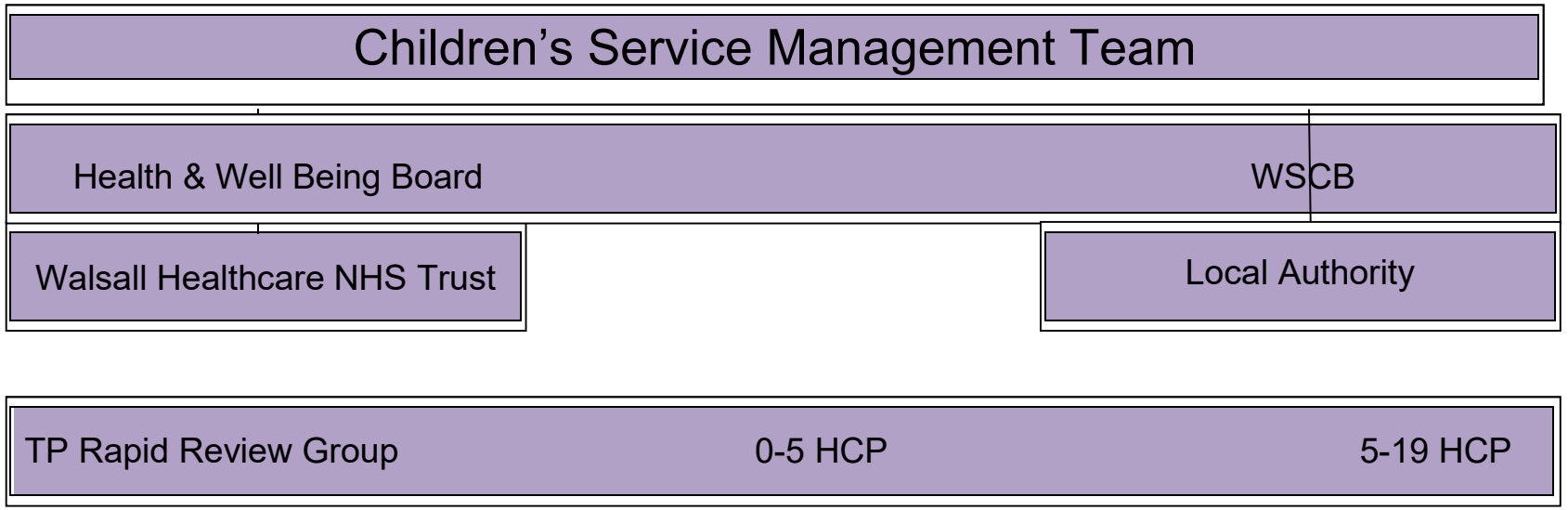
What we will improve	How much will we improve and by when	Our Strategic approach	RAG rating	RAG update	Who is responsible	What delivery plans support this work
Priority Seven: Provide strong leadership to support cultural change in addressing teenage pregnancy and talking about sexual health matters with young people						
To ensure that achievement against strategic aims is reported bi yearly to the • HWB • CYPPB • Corporate parenting board • Boards engaged to support TP work streams	Scrutiny, support and challenge given Bi yearly reports given against achievement towards strategy priorities during strategy lifetime	To continue to ensure that teenage pregnancy is on strategic agendas Reporting structure on regular agendas			**Public Health via Esther Higdon** Chairs of Boards	Walsall Plan CYP Plan Public Health programme board
To maintain a Councillor Champion for teenage pregnancy	Councillor champion role maintained during strategy lifetime	Portfolio holder for Children's Services has this champion role as part of responsibility			**Leader of Council/DCS**	CYPP Plan

Engagement gained from all Head teachers, school senior teams and governors in primary schools to ensure that RSE is embedded in the primary curriculum	Bi yearly reporting in place Headteacher views incorporated into action planning	Regular 6 monthly reporting to Primary Heads forum			**Lynda Poole/** Chair of Primary Heads forum	National mandatory RSE guidance
Engagement gained from all Head teachers, school senior teams and governors in secondary schools and other training establishments to ensure that RSE is embedded in the secondary curriculum	Bi yearly reporting in place Headteacher views incorporated into action planning	Regular 6 monthly reporting to WASH (Secondary Heads forum)			**Lynda Poole/** Chair of WASH	National mandatory RSE guidance

Ensure robust data sharing to ensure targeted and effective commissioning of services.	A minimum of 50% of Social Care and Early Help staff understand TP pathways	Working with Social Care and Early Help to ensure that information about vulnerabilities is communicated. Social Care and Early Help to ensure that all staff understand TP pathways.			TP Operational Lead Social Care Early Help	

Appendix 4

Governance Arrangement for the Teenage Pregnancy Partnership



WHT Board
Senior Management

PH Programme Board
Children's Services Management

Uma Viswanathan (Public Health) – overall strategic responsibility for work strand