

Social Care and Health Overview and Scrutiny Committee

Agenda Item No. 7

February 2023

Teenage Pregnancy and Teenage Pregnancy Reduction Strategy

Ward(s) All

Portfolios: Cllr Flint – Public Health

Executive Summary and Aim:

The purpose of this paper is to outline Walsall's current position around teenage pregnancy and describe the actions and progress made by the multiagency teenage pregnancy prevention strategy group in the actions set in place to reduce teenage pregnancy in Walsall.

The current priorities are to:

- Gain strategic partnership support through the Health and Wellbeing Board, Safeguarding Board and Children's Alliance for the refreshed strategy 2023 – 2027.
- Ensure commitment to maintain employment and training support for young parents and vulnerable teens when IMPACT funding ceases.
- Work with our Regeneration and economic development teams and the West Midlands Combined Authority to improve young people's prospects through their planned economic and environmental improvements.
- Challenge private businesses, and key employers in Walsall such as the NHS and Council to provide a wider range of placements and work experience options for young people thereby increasing their aspiration and opportunity.
- Support parents of children at year 6 and year 7 transition in conversations around relationships
- Audit the Relationship and Sexual Health advice and teaching offered in schools and in the Colleges and provide teaching resources to augment these.
- Increase access to sexual health services and advice both through the Walsall Integrated Sexual Health service and other Public Health resource
- Continue to monitor populations and geographical areas where higher numbers of teen parents are seen
- Continue to offer intensive support to hotspot schools and populations
- Increase the number of courses which raise aspiration and reduce risky behaviour in vulnerable teens.

1. Recommendations

That the Social Care and Health Overview and Scrutiny Committee:

- a) Recognise that teenage pregnancy reduction cannot be tackled by one organisation alone and to support the strong partnership of key organisations who are needed to implement a successful integrated strategy.

- b) Provide a collective voice to shape and support linking the Teenage Pregnancy Reduction agenda with other issues concerning children, young people, families, health, and education particularly in vulnerable groups.

2 The Report

The Issue

- 2.1 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 of teenage pregnancy is estimated to be £63m a year. We know that every £1 spent on prevention initiatives saves £4 to the public purse. Teenage mothers are also more likely than older mothers to require costly support from a range of services e.g., social care, benefits or supported housing, and are less likely to engage in education, employment, or training. The children of teenage mothers are also less likely to reach developmental milestones or be school ready.
- 2.2 Evidence clearly shows that having children at a young age can damage a young women's health and well-being and severely limit education and career prospects.
- 2.3 The challenge for Walsall 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. We also need to consider how best to engage foreign nationals who settle in Walsall as this has and will impact on conception rates.
- 2.4 The IMPACT team have been working successfully with the teenage pregnancy team to facilitate young parents into employment and training but funding for this service is at risk after July 2023. This would be a major gap as provision of employment and training is recognised as vital in tackling the wider underlying circumstances which lead a young person to become pregnant.
- 2.5 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.
- 2.6 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. For example:

- 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 which 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 – 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 Mothers and Young Fathers)

- 2.7 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 currently draft Walsall Teenage Pregnancy Reduction Strategy 2023 – 27, a common understanding of the underlying causes and issues related to teenage pregnancy have been identified.
- 2.8 International evidence, as well as the lessons from other 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.
- 2.9 Since the previous Overview and Scrutiny Report in 2019, partnership actions have been set in place, including:
- working with schools to improve the quality of RSE,

- increasing young people's knowledge and access to sexual health services,
- supporting young people in raising their aspirations and engagement with education
- working across agencies to identify and support vulnerable young people
- working with the ICS to ensure we have a robust abortion pathway around termination services.
- ensuring early intervention and coordinated support for young parents - including prevention of 2nd subsequent pregnancies
- working in partnership to ensure teenage pregnancy prevention and support is integrated into locally decided action plans/strategy's (including the Children's Alliance, the Community Safety Partnership, One Walsall, Black Country Women's Aid and in General practice).

3 Progress to date

- 3.1 Walsall has made good progress in reducing teenage pregnancy. The conception rate amongst the under 18s has reduced significantly. The rate in 1998 was 67.2 per 1,000, whereas the latest data for quarter three 2021 shows a rolling rate of 20.3 per 1000 girls. Walsall's total decrease from 1998 is 73.7% which supersedes the England decrease of 71.1 and the West Midlands 70.2.

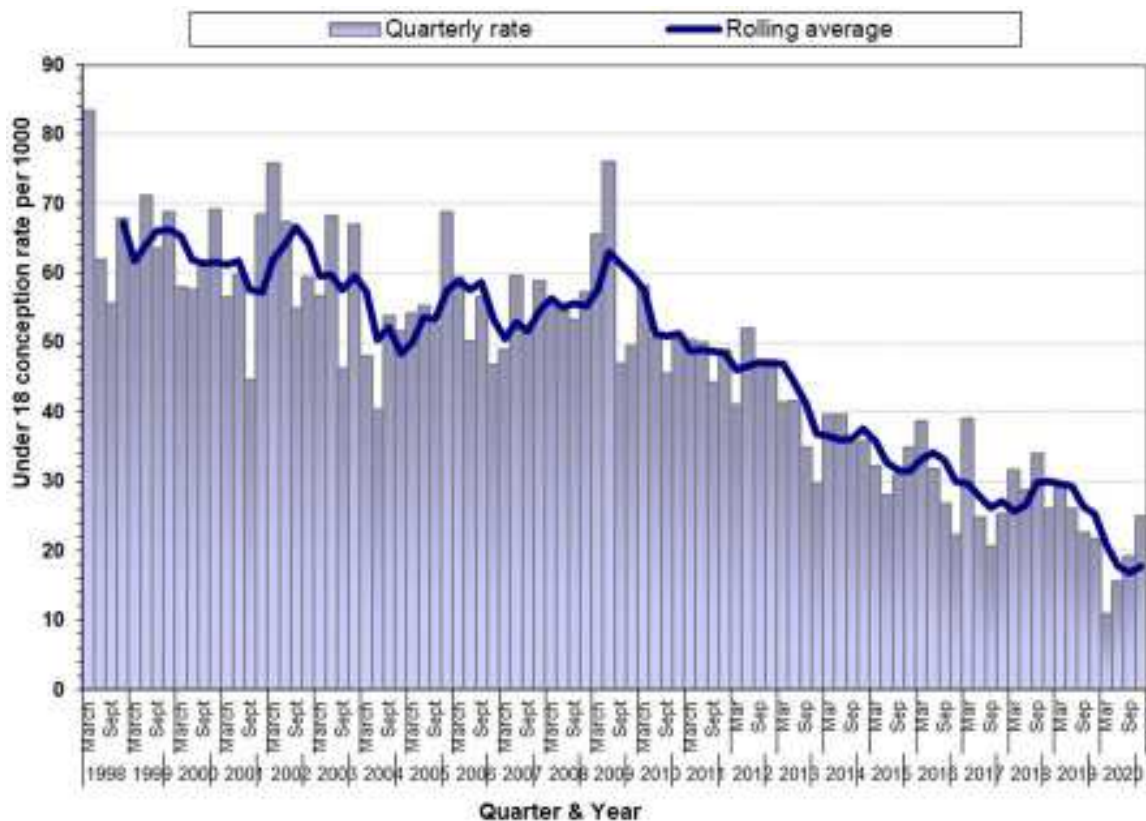


Table 1 - Teenage pregnancy (4-quarter rolling) rate per 1,000 (1998-2021)

Source: Office for National Statistics, Quarterly conceptions to women aged under 18, 1998 – Q1 2021, Website:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarria>

- 3.2 Despite the good progress seen in Walsall, our teenage pregnancy rates remain higher than comparable areas and more work is needed in particular to increase access to termination services, as currently local rates are lower than the percentage in England. Walsall has done a great deal to reduce conception rates, however we 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., offer more access to Teens and Toddlers youth development programmes which are proven to have an impact on vulnerable young people and were highlighted as good practice by Ofsted and CQC.

Indicator	W Midlands	Walsall	Wolverhampton	Sandwell	Dudley
U 18 conception rate	15.1	17.7	20.2	16.3	15.3
Teen mothers	0.8%	1.2%	0.9%	0.8%	0.8%
Number teen mothers		30	25	30	25

Table 2 Conception rates by Black Country area. Source; Walsall TP data base)

- 3.3 Evidence based whole systems approach, alongside investment in contraceptive services have helped to achieve success locally. However, the disinvestment /budget reduction in the provision of integrated sexual services has led to reduced access for young people too good sexual health advice, contraception and STI management. This is evidenced by the reduction in numbers of young people in the Borough accessing opportunistic Chlamydia testing, as well as the increased burden of STIs.

4 Vulnerable Groups

- 4.1 Knowledge of the needs in Walsall has been gained through analysis of national and local data and local needs assessments as well as consultations with Children and young people and parents. We know that some young people are at more risk than others.
- 4.2 Individual risk factors associated with young women experiencing pregnancy before 18:
- Free school meals eligibility: a poverty indicator
 - Persistent school absence by year 9 (aged 14) or reduced timetables
 - Slower than expected academic progress between ages 11-14
 - Experience of sexual abuse and exploitation
 - Looked after children and care leavers.
 - Lesbian or bisexual experience: young lesbian or bisexual women are at increased risk of unplanned pregnancy

- Alcohol: associated with under 18 conception and STIs, independent of deprivation, 1 in 12 young women under 20 accessing drug and alcohol services are either pregnant or a teenage mother.
- Experience of a previous pregnancy: 12% of births to under 20s are to young women who are already mothers; 10% abortions to under 19s are to young women who have had one or more previous abortions.
- Adverse Childhood Experiences (ACEs), young people who have experienced a number of these factors will be at significantly greater risk.
- Certain groups of foreign nationals who settle in Walsall

4.3 Individual risk factors associated with young men experiencing fatherhood

Young fathers are more likely than older fathers to have been:

- Not in Education, Employment, Training (NEET).
- Subjected to violent forms of punishment at home.
- Twice as likely to have been sexually abused.
- Have pre-existing serious anxiety, depression and conduct disorder.
- Have poor health and nutrition.
- Drink, smoke, and misuse substances 1:6 young men accessing drug and alcohol services are young fathers.

5 Walsall under 20s pregnancy referrals data by postcode

- 5.1 From the 2020-21 under 20s Walsall NHS referral data, the highest rate wards for under 20 referrals were Blakenall, Bloxwich, Bentley and Leamore.

High TP rate areas	Referrals Rec'd 2016	Referrals Rec'd 2017	Referrals Rec'd 2018	Referrals Rec'd 2019	Referrals Rec'd 2020	Referrals Rec'd 2021
WS3	76	60	65	52	38	46
WS2	60	31	48	41	21	19
WS1	34	32	24	16	12	10
WV12	28	15	5	11	9	9
WS8	24	7	14	7	11	7
WV13	24	19	20	7	6	9
WS10	23	15	20	10	11	9

Table 3. Postcodes of highest teenage pregnancy referral rates in Walsall 2016-2021

(Walsall TP data base) These are directly linked to areas of deprivation

- 5.2 Schoolgirl pregnancies have reduced year on year from 46 in 2010/11 to 14 pregnancies in 2020/21. We however know that young people becoming pregnant in the last decade are more vulnerable than in the past.

- 5.3 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' significant reductions have been seen. These schools now 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.

6 Teenage Pregnancy Reduction Strategy

- a. Work has been in place to support the reduction of teenage pregnancy in Walsall since 2010. Since 2017 this has been commissioned by Walsall Public Health and delivered through Walsall Healthcare Trust as part of the Healthy Child programme. A multiagency task and finish group review previous actions to reduce teenage pregnancy, support teen parents and build on emerging evidence of effectiveness. This group has now been working to refresh Walsall's multiagency teenage pregnancy reduction strategy which will be relaunched in the spring of 2023 with partners signed up to support new actions.
- b. Within the strategy, the focus is on working with the target groups identified in point 2.2 and hotspot areas (including schools/colleges/training providers) reflecting the nature of need within Walsall and learning from national evidence. Through the local Early Help/Family Hub approach, Walsall partners will work together to identify vulnerable young people to offer early intervention.

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

6.1 Teens and Toddlers

Teens and toddlers' evidence-based Youth development programmes have been running in Walsall for 15 years. Young people are identified using specific vulnerability criteria and gain a qualification upon completion. Participants are monitored until their 18th birthday around their pregnancy outcome. Of the 833 young people completing the programme, the conception rate was 1.3% with the impact of raising teen aspiration seen as the biggest factor in reducing the teenage birth rate. An action is in place to expand the reach and numbers of courses offered from March 2023.

6.2 Sexual Health Services

Pathways are in place from School health and the teenage pregnancy team to Walsall's integrated sexual health services. Sexual health clinics are delivered in Walsall College and in community venues.

Six secondary schools have staff who attended condom distribution training and now offer this in their schools.

Window stickers have been produced by the teenage pregnancy team and delivered to pharmacists publicising that they are signed up to Free Emergency Hormonal Contraception thus raising awareness of their offer. Dedicated under 25 sexual health clinics are offered by WISH in their bases across the Borough. Poster information about access to abortion services are available in all GP surgeries across Walsall.

Information outlining young people's right to access healthcare has been widely distributed across services in Walsall and to those groups who are most vulnerable.

6.3 Employment and Training

A dedicated IMPACT adviser is deployed to the teenage pregnancy team to support young parents in accessing education, employment, and training. This support includes support to access government scheme for free childcare. It must be noted that funding for this service is uncertain.

6.4 Support for school age and vulnerable parents

All school age parents have a designated midwife and teenage pregnancy support worker allocated to them.

There is also a joint teenage pregnancy and Health in Pregnancy 16 -19 years pathway in place to ensure those most vulnerable parents have access to support and help.

6.5 Information resources supporting schools and young people

The EasySRE website hosts a series of up-to-date films, teaching resources and podcasts designed to support schools in delivering a high-quality Relationship and Sexual Education curriculum. Resources have been produced in conjunction with the young people of Walsall. These include a resource for parents or carers to support them in talking about healthy relationships and puberty with their children. These resources are free of charge to people living and working in Walsall.

Support for identified hotspot schools to deliver Personal and Sexual Health Education has been led by the Teenage Pregnancy Lead together with partner agencies. <https://www.easysre.net/>

7 Decide and Next Steps

Following this report, the following actions will be prioritised:

- Gain strategic partnership support through the Health and Wellbeing Board, Safeguarding Board and Children's Alliance for the refreshed strategy 2023 – 2027.

- Ensure commitment to maintain employment and training support for young parents and vulnerable teens when IMPACT funding ceases.
- Work with our Regeneration and economic development teams and the West Midlands Combined Authority to create opportunities for young people in their planned economic and environmental improvements thereby improving young people's prospects.
- Challenge private businesses, and key employers in Walsall such as the NHS and Council to provide a wider range of placements and work experience options for young people thereby increasing their aspiration and opportunity.
- Support parents of children at year 6 and year 7 transition in conversations around relationships.
- Audit the Relationship and Sexual Health advice and teaching offered in schools and in the Colleges and provide teaching resources to augment these.
- Increase access to sexual health services and advice both through the Walsall Integrated Sexual Health service and other Public Health resource.
- Continue to monitor populations and geographical areas where higher numbers of teen parents are seen.
- Continue to offer intensive support to hotspot schools and populations.
- Increase the number of courses which raise aspiration and reduce risky behaviour in vulnerable teens.

8 Key Financial Factors and legal considerations:

- 8.1 The work of the teenage pregnancy prevention coordinator is financed as part of the Healthy Child Programme 5-19 team as part of the Public Health core grant.
- 8.2 Integrated Sexual Health services are mandated, funded via the Public Health core grant.
- 8.3 In addition to the above, joint working and resource is required from many partners to ensure that support can be offered to vulnerable teens in all areas of their lives in order to prevent teenage pregnancy, increase aspiration and support young parents to access employment and training. Strategic support is required to enable workers to deliver this support and ensure that it is seen as a part of core business.

9 Council Corporate Plan Priorities:

9.1 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.

9.2 Maximise people's health, wellbeing, and safety

As identified in Points 2.1, the implications of early parenthood impact on young parents and on their children. Focus on prevention of teen pregnancy will positively impact on these negative consequences.

As highlighted in 2.4, 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.

9.3 Safeguarding

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

10 Citizen impact:

The benefits of reducing teenage pregnancy identify the positive impact on local people of strategy actions.

11 Environmental impact:

No impact identified.

12 Review and Performance management:

12.1 The teenage pregnancy reduction strategy is monitored in the multiagency strategy group on a quarterly basis and achievements against actions noted.

12.2 The performance of the current Walsall Teenage Pregnancy Support lead is monitored on a quarterly basis in commissioner meetings led by Walsall Public Health.

13 Reducing inequalities:

13.1 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.

13.2 Has an Equality Impact Assessment been carried out? **No**

14 Consultation:

Young people and their parents were co-producers of the EasySRE resources described above and young people consulted as to what should be contained within each resource.

15 Appendices and Background papers:

Draft Teenage Pregnancy Reduction Strategy 2023- 2026

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Appendix 1 Background Paper 1

Paper 1. Draft Teenage Pregnancy Reduction Strategy 2023- 2026



Walsall Children and Young People's Partnership Multiagency Teenage Pregnancy Reduction Strategy – *DRAFT*

2023 -2026

	Name	Email	Phone
Partnership Lead	Health & Wellbeing Board		
Lead Officer	Carol Williams	Carol.williams14@nhs.net	01922 602330
	Refresh December 2023		

Strategy Purpose

The focus and purpose of the revised strategy is to;

- confirm what is working well,
- identify service progression
- maximise and strengthen partnership contributions.

The strategy will highlight both preventative and support interventions including support for young parents which contributes to the wider prevention agenda.

The work plan includes interventions directly delivered/coordinated by the Teenage Pregnancy Team and those that contribute to women's, children's and family health including maternity, School Health, Health Visiting, Health in Pregnancy, Sexual Health, local authority Children's services, voluntary sector, and schools/ training providers.

Sharing local data across the partnership will need to be robust to inform timely targeted work.

Great Progress moving forward

Walsall has made great progress the conception rate amongst the under 18s has reduced significantly. The rate in 1998 was 67.2 per 1,000 the latest data for quarter three 2021 shows a rolling rate of 20.3 per 1000. Walsall's total decrease from 1998 is 73.7% this supersedes the England decrease of 71.1 and the West Midlands 70.2.

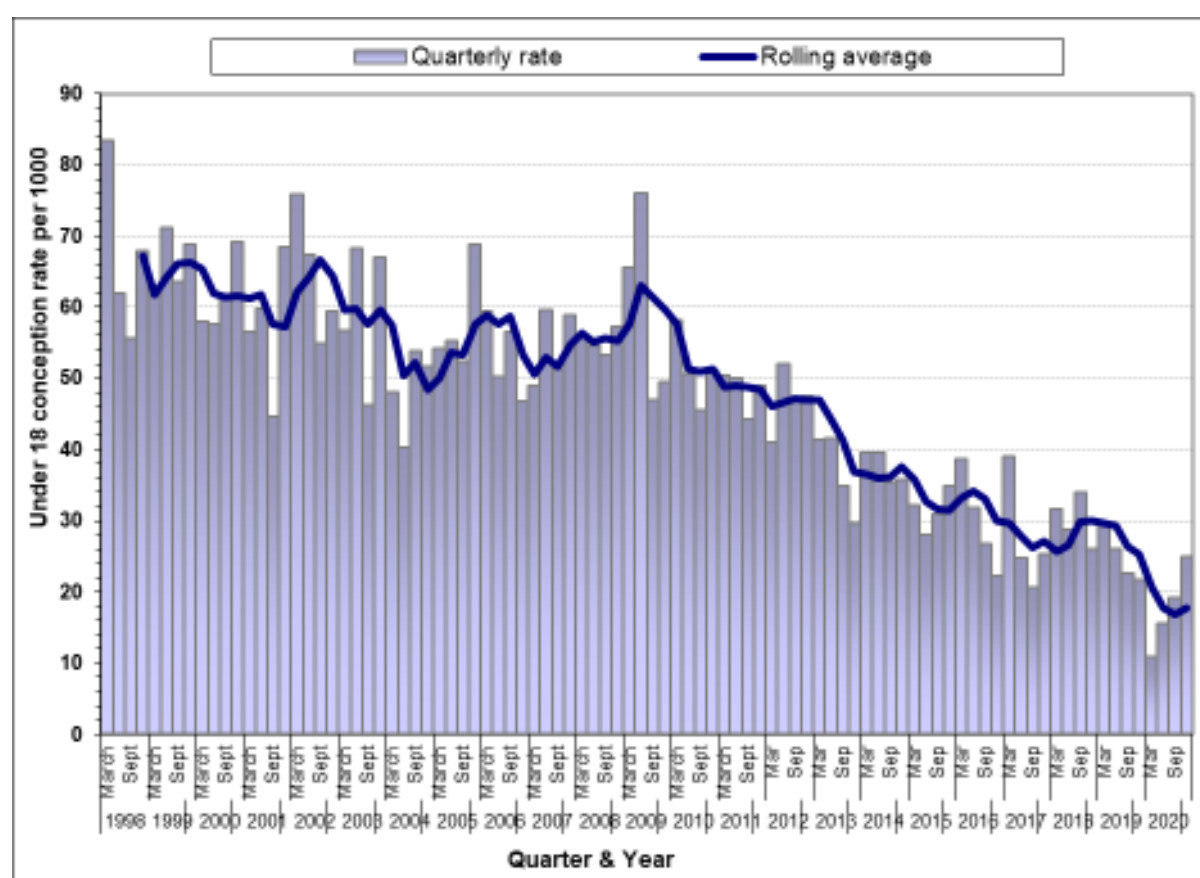
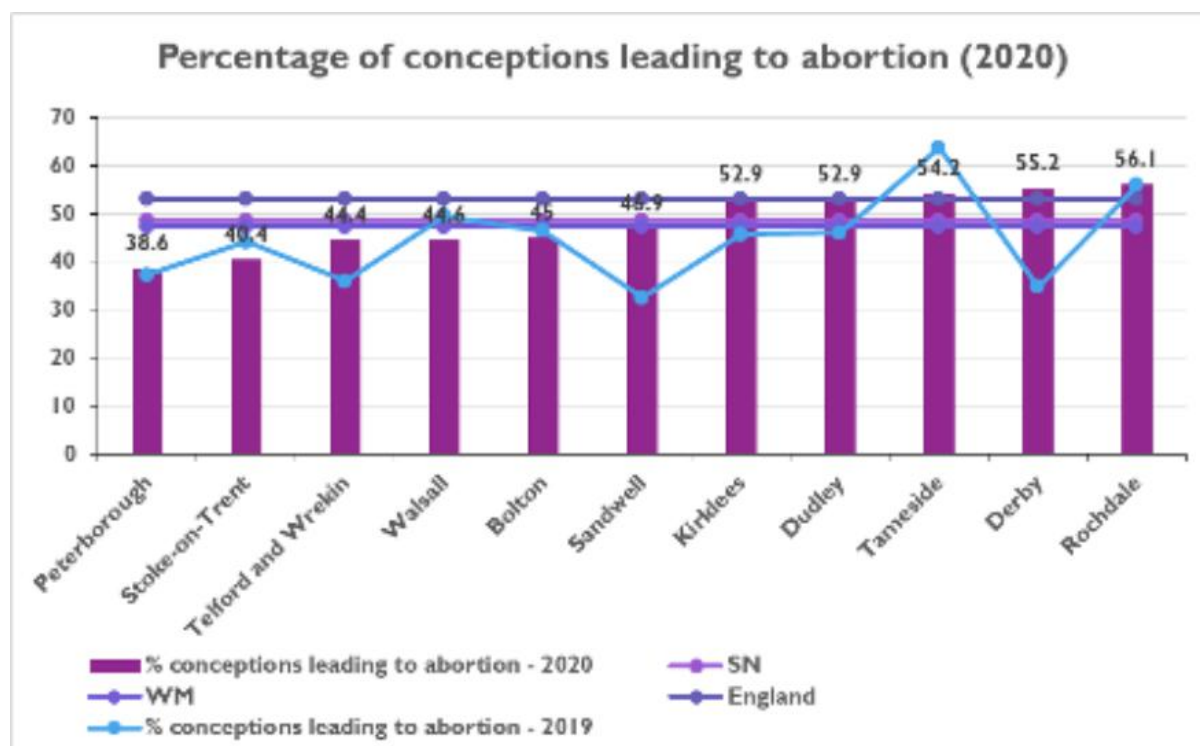


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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/quarterlyconceptionstowomenagedunder18englandandwales> (Accessed on 16.6.22), 2022.

Abortion rates

In 2020 Walsall's under 18s abortion rate was 44.6 per 1000. This shows a 37.3% decrease from 2019. Walsall has an abortion rate lower than England average at 53% and higher than West Midlands at 47.4%.



Percentage of under-18 conceptions leading to abortion 2019 [Source: Conceptions in England and Wales, 2019 (Col. K), Website: 2020 Edition of the dataset:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables> (Accessed on 14.4.22)

We are aware that the legacy of COVID will impact on conception and abortion rates, we need to consider people not mixing, limited access to sexual health and abortion services and impact of none delivery of targeted interventions across health and local authority services.

Forward planning to continue a downward trend

The aspiration - Walsall will follow best evidence and practice to further reduce conception rates. In two previous high-rate schools we have seen significant reductions. Both schools had young people's health drop-ins, a comprehensive PSHE curriculum and identify those most vulnerable for targeted interventions "Teens and Toddlers" youth development programme – validated at standard 3 through rigorous evaluation -of 833 completing the programme the conception rate was 1.3%

"I was struggling in School as I was misbehaving; Teens and Toddlers helped me a lot, because I've become more assertive, learnt many new

things, got a qualification. I am confident and happy, doing well at school and home; I've learnt how to control my emotions" (Skye Grace Academy)
Fantastic initiative that improves self-esteem and aspirations of young people and the children they mentor, improves attendance at school and life chances (Wendi Blews Mirus Academy)
"The drop in led by the CASH/WISH team was vital in considerably reducing our teen pregnancies as part of our strategy with stakeholders including Walsall NHS Teen Pregnancy Team led by Carol Williams. The drop - in helped students develop in confidence in seeking support and asking questions that help support the work we do in our Building Healthy Relationships Programme. The support offered primarily by Sam was received well from students and she was an invaluable help to our pastoral team where we could refer students and seek advice" Phil Miles Grace Academy

Why Teenage Pregnancy continues to be a Public Health Priority and a key objective of the department of health's framework for sexual health improvement?

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, every £1 spent on prevention initiatives saves £4 to the public purse.

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.

The children of teenage mothers are;

- less likely to reach developmental milestones
- more likely to experience a range of negative outcomes in later life
- up to three times more likely to become teenage parents themselves.

The poorer outcomes associated with being a teenage parent also mean the effects of deprivation and social exclusion are passed from one generation to the next.

The challenge for Walsall 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. We also need to consider how best to engage foreign nationals who settle in Walsall as this has and will impact on conception rates

Individual risk factors associated with young women experiencing pregnancy before 18

- Free school meals eligibility: a poverty indicator
- Persistent school absence by year 9 (aged 14) or reduced timetables
- Slower than expected academic progress between ages 11-14

- Experience of sexual abuse and exploitation
- Looked after children and care leavers.
- Lesbian or bisexual experience: young lesbian or bisexual women are at increased risk of unplanned pregnancy
- Alcohol: associated with under 18 conception and STIs, independent of deprivation, 1 in 12 young women under 20 accessing drug and alcohol services are either pregnant or a teenage mother.
- Experience of a previous pregnancy: 12% of births to under 20s are to young women who are already mothers; 10% abortions to under 19s are to young women who have had one or more previous abortions.
- Adverse Childhood Experiences (ACEs) analysis, young people who have experienced a number of these factors will be at significantly greater risk.

“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 a EHCP 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)

Teenage mothers who return to education, employment, or training (EET) saves benefit agencies £4,500 per year.

Individual risk factors associated with young men experiencing fatherhood

Young fathers are more likely than older fathers to: have been

- Not in Education, employment, training (NEET)
- subjected to violent forms of punishment at home
- twice as likely to have been sexually abused,
- have pre-existing serious anxiety, depression and conduct disorder,
- have poor health and nutrition,
- drink, smoke, and misuse substances 1:6 young men accessing drug and alcohol services are young fathers.

I am very pleased with the support from Parveen, I became aware of the Impact Programme when an adviser from the Teenage Pregnancy Team visited my girlfriend. I was told about the SIA course they could fund, Parveen arranged for me to do the training and get my certificate. Parveen sends me regular emails informing me of

vacancies and support to complete job applications. She also restructured and upgraded my CV (Sean Young Father)

Walsall Teenage Pregnancy Strategy

The Teenage Pregnancy Strategy is driven by the Health & Well Being Board and Walsall Safeguarding partnership; The Strategy is interdependent with other local strategies, including the Early Help, Neglect and the Sexual Health Strategies, the Corporate Health and Well Being Plan and the Department of Health framework for sexual health improvement. It is also interdependent with the public health outcomes framework.

Knowledge of 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.

Walsall under 20s pregnancy referrals data by postcodes

From the 2020-21 under 20s Walsall NHS referral data, highest rate wards are Blakenall, Bloxwich, Bentley and Leamore. Schoolgirl pregnancies have reduced year on year from 46 in 2010/11 to 14 pregnancies in 2020/21. We know that young people becoming pregnant in the last decade are more vulnerable than in the past.

High TP rate areas by post	Referrals Rec'd 2016	Referrals Rec'd 2017	Referrals Rec'd 2018	Referrals Rec'd 2019	Referrals Rec'd 2020	Referrals Rec'd 2021
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WV13	24	19	20	7	6	9
WS10	23	15	20	10	11	9

[Postcodes of highest teenage pregnancy referral rates in Walsall 2016-2021 \(Walsall TP data base\)](#)

Work to prevent teenage pregnancies needs to focus on target groups and hotspot areas but also on our universal offer (including schools/colleges/training providers) reflecting the nature of need within Walsall and learning from national research/evidence. Through the Walsall Early Help/ Troubled Families approach, Walsall partners will need to work together to early identify vulnerable young people to enable early preventative intervention.

Shared responsibility is key - it links across a range of other issues

A shared purpose and common understanding of the underlying causes/issues related to teenage pregnancy is paramount if we are going to further reduce the under 18s conception rate. Teenage Pregnancy prevention cannot be tackled by one organisation; a strong partnership of key stakeholders is vital along with acknowledgement of the contribution of teenage pregnancy support and prevention work to the wider outcomes for children and young people.

This includes

- working with schools to improve the quality of RSE
- working with the Integrated Care Board (ICB) to ensure we have a robust abortion pathway to access termination services including counselling and prevention of 2nd subsequent pregnancies.

Our focus and Priorities

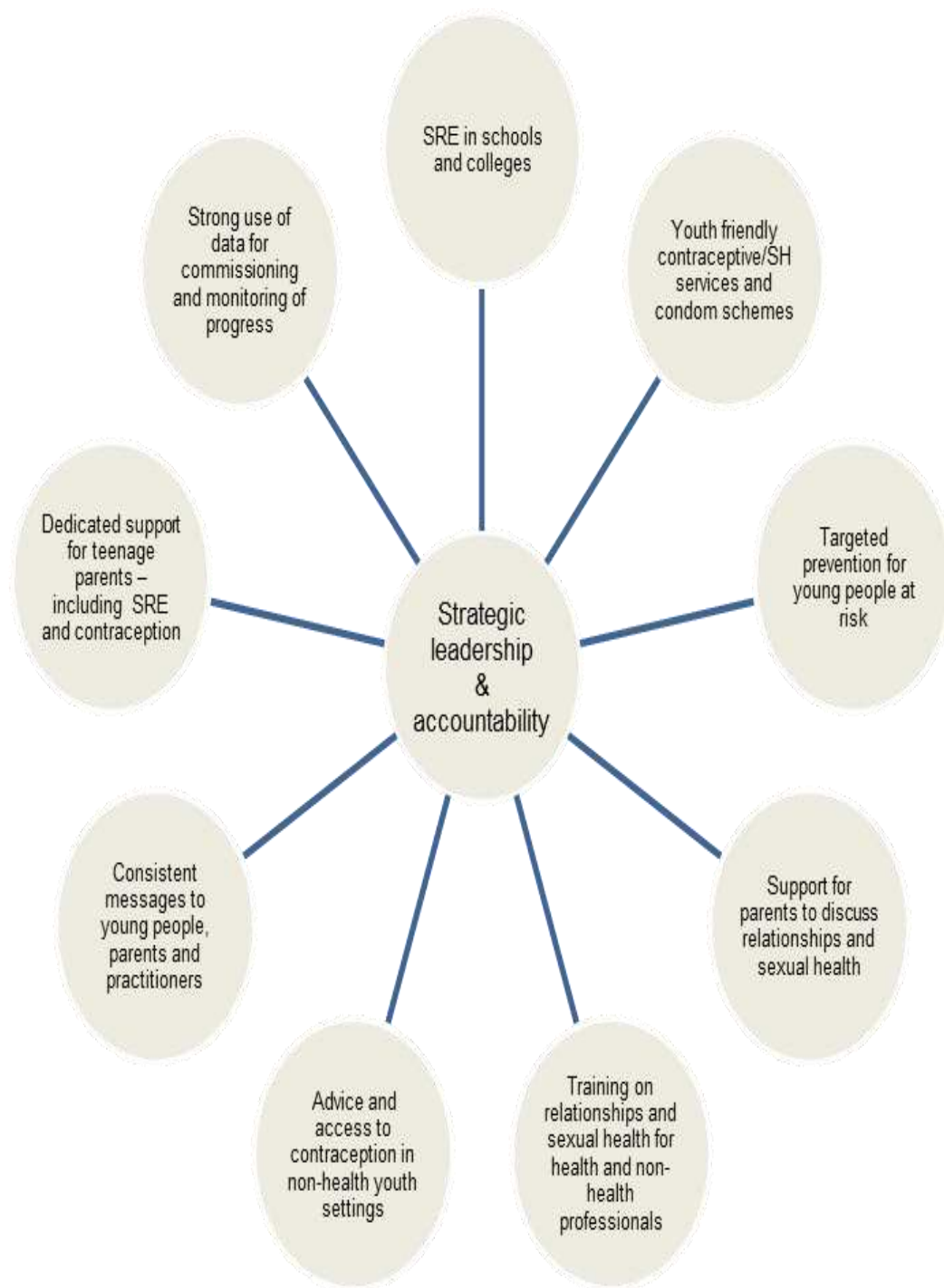
- Supporting and promoting effective delivery of RSE in schools and colleges, including support for parents and carers. Advice and easy access to sexual health and abortion services including counselling **(universal)**
- Work across agencies to Identify and intervene early those at most risk including hotspot wards/schools/ **(targeted)**
- Early intervention and coordinated support for young parents - including prevention of 2nd subsequent pregnancies **(targeted)**
- Work in partnership to ensure teenage pregnancy prevention and support is integrated into locally decided action plans/strategy's (including Walsall Together/Community Safety Partnership teams/WHG/ One Walsall /Women's Aid/General practice **(strategic)**

Evidence based practice – Ten Key Factors for a successful strategy

Evidence and research from across the country has highlighted ten key factors in addressing teenage pregnancy. 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.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/836597/Teenage_Pregnancy_Prevention_Framework.pdf

[Framework for Supporting Teenage Mothers and Young Fathers](#)



Source: Public Health England May 20

Priority One: Universal

Key Factors	Actions	Who responsible	Achievements/success measures	Timescale	performance monitoring/data collection
Relationship and sex education in schools and colleges (primary & secondary)	RSE updates to Schools, offering guidance, support, and training	School Nurses TP Team	Uptake/number of schools accessing training and guidance. Schools signed up to EasySRE website	Yearly	SN TP
	Condom/contraception advice/ available in school	School Nurses SH team Named school Staff members	Up take in schools SH team offer condom distribution training. Invite to schools offered 6 monthly School staff accessing condoms/chlamydia screening resources		SN TP SH
	RSE support offer to 5 hotspot schools	TP team School Nurses SH team	Number of RSE workshops delivered in schools/pupil referral schools		SN SH TP
	EasySRE regular updates quarterly to all schools	TP Team	Number of Schools signing up post intervention	quarterly	TP SH

	Develop resources to continually improve Easy SRE website and workshop delivery based on best practice	School Nurses TP Team SH PSHE Leads	Collate data re meetings and additions to EasySRE website to ensure resources produced Report to strategy group/commissioner provider meetings Produce questionnaire to gain feedback re EasySRE website	On-going	SN SH TP Schools
Support for parents to discuss relationships and sexual health	Chat health promotion (bus campaign)	TP Team School Nurses, Schools/colleges Parenting team Early help and frontline workers School Nurses	Number of parents accessing parenting programmes containing Talk the Talk Incorporated into the Looked After Child Review health assessments (RHA) – discussed during assessment with Child and Care giver – Links to EasySRE	On going Quarterly – six- week KPI	Parenting Lead TP Children in Care Dashboard completed

		Children in Care /TLC Nurses	website promoted to Care giver and Allocated Social workers		Quarterly Report – Shared via SG board committee meeting
	All schools encouraged to link Talk the Talk to Intranet site	SNs Children in Care nurses TP	Increase in Chat health usage related to sexual health advice	Quarterly	SN TP
	link to action campaign – awareness raised amongst all WHG staff, Early Help staff and others who go into people's homes -	TP Team SN	Promote with Schools, number of schools with links to site monitored		TP SH
Advice and access to contraception in health and non-health settings	Condom/chlamydia training for SN staff Access to condoms Referral to WiSH via Chat Health	Leanne Cook /Connie Jennings/ Julie Jones/YJS	Training offer across partnership, Agencies accessing condoms via WISH	6 monthly	TP SH
	Messages embedded in new service	SN SH	SN Staff mandatory attendance at training Number of Young people accessing condoms Number of venues promoting and distributing Number of referrals to WiSH via	On-going	SN SH TP

			Chat Health and other agencies		
	Staff attend condom training		Numbers of YP given support around contraception and SRE	Quarterly	
Work with the young person programme 16-25years	Sexual Health Services promoted, and access monitored	IMPACT	Staff signpost as needs identified, designated TP Impact Adviser deployed to TP Team		IMPACT
Impact service assess YP health and wellbeing needs every 12 weeks	Robust abortion pathways to access termination services including counselling and prevention of 2 nd subsequent pregnancies publicised	Sexual Health School Nurses and clinics School health service, Family Support	Increase seen in young people accessing services Bus campaigns Young people's rights to healthcare widely publicised Accessing abortion Posters sent to all GP Surgeries EHC stickers sent to all Pharmacies in Free scheme Young person's Health experience checklist for healthcare workers/receptionists Abortion pathway for under 18s, named contact within BPAS abortion provider for support CHAT Health/text OK	On -going Yearly	Mystery shopper TP
Youth friendly/contraceptive sexual health services and condom scheme including access to	Gain assurance that You're Welcome standards are adhered to	TP Team BPAS/ICB/GPs	Abortion Pathway in place, data re contraception take-up post abortion Data re 2 nd subsequent pregnancies Mystery shopper reporting		TP ICB

abortion services promoted	<p>GPs awareness raised via Young people's rights to accessing health services</p> <p>Council for kids' group to help design media campaign</p>	PH Strategy group	Identify basic standards for Walsall, publicise across partnership Mystery shopper reporting		PH TP
Services adhere to You're Welcome standards	pharmacy updates bi yearly and yearly campaign run in pharmacies	<p>ICB TP</p> <p>Looked after children's Nurse Walsall children's services TP</p>	<p>Youth rights information / young people's healthcare checklist and chat health information disseminated across health care and other settings Including GPs</p> <p>Design opportunities council for kids Questionnaire/feedback from young people re services</p>	Yearly	TP LAC Nurse PSHE Leads
Youth friendly information accessible across health and social care services	SNs offering SRE information into transition sessions – how to access support	TP, PH, ICB	Pharmacy Training attendance and publicity displayed		TP
Young people's voices in designing information/services	Condom/chlamydia training for staff in schools, WHG and other Housing teams, Early	SNs	Monitor numbers reached	On-going	SN

	Help, Vol Sector, Social Care, As part of training, awareness raising links between TP and aspiration (individual risk factors)				
		Sarah Oakley PHSE leads Connie Jennings Julie Jones SN	Numbers attending training by sector	On-going	
Training on relationships and sexual health for non-health professionals		PH	Council members, Schools, Health services, Children's services, voluntary sector		
Refreshed strategy publicised and launched widely					

Priority Two: Targeted

Key Factors	Actions	Who Responsible	RAG	Success Measures/ By When	Timescale	
Identification of young people at risk of TP via assessments undertaken across the partnership including identifying foreign nationals not attending compulsory education	Ongoing monitoring of rates in schools/wards Identifying young people at risk via working in Partnership with schools, children services and Voluntary sector	TP Team Strategy Group, Education welfare		Timely targeting of schools where YP are at risk Timely targeting of schools in which rates increase Promote offer with schools, Walsall council education lead and portfolio holder for schools and education.	As required	TP
Targeted prevention for young people at risk (evidenced based youth development programmes)	Referrals to Teens and Toddlers /Thrive youth development programme.	TP Team Early Help and Social Care teams, Education Welfare, Schools		Number of Young People able to access youth development programmes Reports/evaluation of programmes Number completing Conception rate amongst those completing the programme	On-going	8 per year
Sexual Health referral for those most at risk	Number of referrals received by WiSH	WiSH		Number accessing WiSH		

	Identify and retain staff to deliver 6-8 youth development programmes per year (Teens and Toddlers/Thrive)	Partners WHT EYS, Early Help, School Health, LAC team, Schools, HIP team		Number of partnership agencies supporting delivery Number of programmes delivered	On-going	
	Social marketing campaign targeting those most vulnerable (young people's voices) 2 produced per year	TP lead via T& T, TLC and LAC, YJS		Young people's council LAC website as platform to share resource. Monthly virtual newsletter Chathealth	On-going	
	Bid to reinstate Drop-ins in 5 hotspot schools.	PH		Drop ins reinstated	March 2023	
	New schools identified as need emerges	TPT		TP data of schoolgirl pregnancies monitored	On-going	
Awareness raising re link to TP and aspiration including risk factors identified during assessments		strategy group		Heads Forum attended and knowledge shared		
Dedicated support for teenage parents- including SRE and contraception to prevent subsequent pregnancies	Teenage pregnancy team 1 to 1 dedicated support to all school age parents/parents to be, Two named midwives identified to support Post-delivery contraception pathway YP supported to access	TP Midwifery SH HIPS		Coordinated support, improved outcomes – Pilot and evaluate designated midwife post for school age parents to be feedback from young people, number supported Decrease in 2 nd subsequent pregnancies	March Quarterly Quarterly	

	<p>Access to contraception on maternity wards</p> <p>Support 17 years + Mellow bumps HIPS</p> <p>Identify how 16-19s teen mothers and vulnerable YP will be supported</p>	TP HIPs		<p>Number accessing contraception on maternity wards</p> <p>Number under 20s supported to access mellow bumps</p> <p>Designated HIPs workers to support vulnerable parents/parents to be, pathway in place</p>	<p>Quarterly</p> <p>February 2023</p>	
	Disseminate refreshed reintegration guidance to Schools for school age parents	Education support team TP Team		Guidance updated	Yearly	
	Impact worker deployed to TPT supporting young parents Inc. fathers to access EET	Jane Kaur Gill		<p>Number of Moms and partners engaged in EET</p> <p>Training offered across Walsall</p> <p>Drop-ins at venues where vulnerable young people access</p> <p>Young parents in work or training</p> <p>Awareness of Care to Learn free childcare (numbers accessing)</p> <p>Funding risk post July 2023</p>	Quarterly	
	Support for young fathers	HIPs		Fathers' workers in HIPs		

Priority Three: Strategic

Key Factors	Actions	Who Responsible	RAG	What delivery plans support this work / Comments	Timescale	
Strategic leadership and accountability	Cllr engagement - attendance at Scrutiny Committees and HWB. Pledges identified	Public Health Strategic Leads		Awareness raised across the Council.		
	Relationships and Sex Education briefing for Councillors	TP Team		Disseminate knowledge exchange briefing to councillors	Yearly	Numbers briefed
	Awareness raising for elected members (champion) yearly			Councillor champion identified		
	TP strategy refresh and wide meeting attendance	CW				
	Other strategic groups taking ownership e.g., Neglect/ EH Strategic group/Children's Strategic partnership/ Family Hubs	TP Strategy Group				
Strong use of data for commissioning and monitoring progress – score card /dashboard	Partnership agencies to agree sharing of data. ONS data Referral data (Walsall) Abortion data (Walsall)	Public Health Strategy Group Helena Kucharczyk and WBC		Sharing data across agencies to inform what's working, gaps of the Walsall picture		

	Sexual health data (Walsall) Refine TP data set and reporting and use to identify vulnerable groups	Info team dashboard Strategy Group PHIT team				
	Review strategy quarterly for horizon scanning – to be reviewed at TP Strategy group and Children's partnership group			agenda item on strategy group	Quarterly	

Supporting Strategies

Walsall TP strategy 2022-2026

Relationships, sex, and health education statutory guidance.

<https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>

LGA, PHE, RSE Hub & Sex Education Forum. 2018

<https://www.sexeducationforum.org.uk/resources/advice-guidance/briefing-local-councillors-supporting-rse>

Sex Education Forum PHSE Association Rise Above for schools <https://pshe-association.org.uk/>

SRE for the 21st century (Brook, Sex Education Forum and PSHE Association)

<https://www.sexeducationforum.org.uk/resources/advice-guidance/sre-21st-century-supplementary-advice>

A public health approach to promoting young people's resilience (AYPH)

<https://pdf4pro.com/amp/fullscreen/a-public-health-approach-to-promoting-young-people-s-5c6722.html>

The Schools and Students Health Education Unit

<https://www.schoolsurveys.co.uk/research.htm>

Walsall Easy SRE website up-take www.easysre.net

Framework for sexual health improvement

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

Walsall Health and well-being plan

<https://go.walsall.gov.uk/Portals/0/Uploads/PublicHealth/60112%20Walsall%20Our%20Health%20and%20Wellbeing%20Strategy%202017-2020.pdf>

Walsall Early Help Strategy

<http://www.mywalsall.org/mywalsall/upload/file/Walsall%20Early%20Help%20Strategy.pdf>

[Mothers in recurrent care proceedings: New evidence for England and Wales - Nuffield Family Justice Observatory \(nuffieldfjo.org.uk\)](https://www.nuffieldfamilyjusticeobservatory.org.uk/research/mothers-in-recurrent-care-proceedings-new-evidence-for-england-and-wales)

[Sex Education Forum website](https://www.sexeducationforum.org.uk/) latest research evidence about the impact of RSE on young people's health and well-being

Governance Arrangement for the Teenage Pregnancy Partnership

This strategy will be governed and overseen by the Teenage Pregnancy Partnership Strategy Group. The Strategy Group will monitor progress performance and review the action plan associated with the Strategy TP Partnership Group. It has representation from key partners including:

Public Health
Teenage Pregnancy Service
School Health
BPAS
WiSH
LAC
Youth Justice
Impact