



Children and Young People Services Committee

24 April 2023

Report Title	Reducing Teenage Pregnancy in St Helens Spotlight Review	
Cabinet Portfolio	Children and Young People	
Cabinet Member	Councillor Nova Charlton	
Exempt Report	No	
Reason for Exemption	N/A	
Key Decision	No	
Public Notice issued	N/A	
Wards Affected	All	
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Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities.	
	Create safe and strong communities and neighborhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	

1. Summary

- 1.1 This report is a summary of the evidence that was submitted to the Children and Young People Services' Spotlight Review: "Reducing Teenage Pregnancy in St Helens".
- 1.2 It concludes with twelve recommendations which link to and support the first of the six borough priorities "Ensure children and young people have a positive start in life."

2. Recommendation for Decision

The Children and Young People's Services Committee is recommended to:

- (i) **Approve the Task Group Report & Recommendations as set out in Appendix 1**
- (ii) **Submit the Recommendations to Cabinet for Response**

3. Purpose of this report

- 3.1 This report presents the evidence submitted to and findings of the Children and Young People's Services Scrutiny Committee Spotlight Review 'Reducing Teenage Pregnancy Rates in St Helens', held on December 5, 2022, and January 26, 2023.
- 3.2 Based on the committee's findings, the main purpose of this report is to contribute to strategies to reduce teenage pregnancy rates in St Helens, thereby reducing inequalities; improving the well-being, life chances, and aspirations of children and young people; and reducing their potential of vulnerability to harm.

4. Background to the recommendations

- 4.1 At the Children and Young People's Scrutiny Committee Work Programme Workshop on 6 July 2022, members noted that the Under 18 conception rate in St Helens was the 4th Highest in England at 27 per 1000.
- 4.2 Members also noted that the under 18 teenage (15–17-year-olds) live births' rate in the borough of St Helens was the second highest out of twenty-three north west local authorities, and the sixth highest in England out of 152 local authorities, at 8.2 per 1000.
- 4.3 Although all young mothers want to do their best for their children, and some do very well, teenage pregnancy overall continues to have a significant impact on inequalities including on education, well-being, and life chances, and is a factor in the cyclical prevalence of disadvantaged families.
- 4.4 Members therefore felt that a spotlight review of strategies to reduce teenage pregnancy in the borough would be useful.
- 4.5 Members of the Children's and Young People Scrutiny Committee were invited to participate in the spotlight review. Participating members were as follows:
 - Councillor Trisha Long (Chair)
 - Councillor Donna Greaves

- Councillor Terry Maguire
- Councillor Anne McCormack
- Councillor Bisi Osundeko
- Councillor Michelle Sweeney

4.6 The following officers attended the Spotlight review meeting held on 5 December 2022.

- Shirley Goodhew – Public Health Consultant
- Hayley Hamlett – Health Improvement and TAZ Outreach Manager (St Helens Sexual Health Service, St Helens & Knowsley Teaching Hospitals Trust)
- Jeanette Reddin, Lead Nurse/Service Manager, St Helens Sexual Health Services, St Helens & Knowsley Teaching Hospitals Trust
- Karl Allender – Scrutiny Support Officer

4.7 The following officers and staff from Education attended the meeting held on 26 January 2023

- Shirley Goodhew – Public Health Consultant
- Heather Addison (Interim Head Teacher of Virtual Schools)
- Jason Pickett (Head of Access and Sufficiency)
- Olubunmi Sokale (Public Health Student on placement)
- Karl Allender – Scrutiny Support Officer

Overview of reports presented to Members and discussion.

4.8 Members were provided with an overview of teenage pregnancy in the borough; data in relation to regional and national figures; and the local impact on high rates of teenage births in St Helens.

4.9 It was highlighted that teenage pregnancy had previously been high on the public agenda. The ten-year strategy to reduce teenage pregnancy, implemented by the Labour Government between 1999 and 2010 and the work of councils and their partners, had resulted nationally in the reduction of teenage pregnancy by 60 percent and the doubling of the proportion of teenage mothers in education and training.

4.10 However, the teenage birth rate in England is still higher than many other western European countries and, as the 2018 LGA and Public Health Report, “Good progress but more to do” Report indicates: “The teenage birth rate still remains higher than a number of western European countries and progress has been uneven across England.” There is an eight-fold difference in the rate between local authorities and 60% of councils have at least one high-rate ward.

4.11 Inequalities in England include:

- Children born to women under twenty are 63% at higher risk of living in poverty
- Women by the age of 30 and who were teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over
- Young fathers are twice as likely to be unemployed compared to older fathers.
- Infant mortality rate is 75% higher for babies born to women under 20.

4.12 St Helens is in the lowest quartile of our statistical neighbour borough group. This matters because teenage pregnancy is a cause and a consequence of health, education and life chances inequalities for children, young people and their families in

St Helens. Unfortunately, localities' data was not available for the Review Group, but work in is progress to obtain this for service planning purposes.

- 4.13 The ten point 'Teenage Prevention Pregnancy Framework', published in January 2018 by Public Health England, was highlighted as best practise to inform the development of a local strategy and action plan.
- 4.14 Groups of young people at risk of teenage pregnancy were highlighted. As detailed in the Teenage Pregnancy Prevention Framework 2018, these are:
- Free school meals eligibility: a poverty indicator
 - Persistent school absence by year 9 (aged 14)
 - Slower than expected academic progress: between ages 11-14
 - First sex before 16: associated with higher levels of regret and no contraceptive use.
 - Looked after children and care leavers: approximately 3 times rate of motherhood.
- 4.15 Young fathers are more likely than older fathers and other young men:
- To have been subjected to violent forms of punishment at home.
 - To have been sexually abused (twice more likely)
 - To have pre-existing serious anxiety, depression and conduct disorder, have poor health and nutrition.
 - To drink, smoke and misuse other substances
 - And young men under 25 accessing drug and alcohol services are more likely to be young fathers.

At a strategic level, getting prevention right:

- is key to giving every child the best start in life, ensuring better life chances and breaking inequalities.
 - is integral to safeguarding, emotional health and wellbeing and early help.
 - helps address young people's alcohol and substance misuse.
 - reduces future demand on health and social services.
 - contributes to Public Health and NHS Outcomes.
 - maximises cost effectiveness of sexual and reproductive health services.
 - integrates with Chlamydia screening and STI prevention.
- 4.16 It was noted that over recent years, the focus on teenage pregnancy has lost a degree of emphasis, in large part due to the reductions in funding provided by central Government which impacted on specialist staff. It was agreed, however, that in St Helens, a focus was needed to reduce teenage pregnancy and its impact.
- 4.17 The Review Group was informed, that the international evidence for reducing teenage pregnancy is clear. Building the knowledge, skills, resilience, and aspirations of young people, and providing easy access to welcoming services, helps young people to delay sexual relationships until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy. An open culture and ease of

parental communication around sexual issues are also associated with lower teenage pregnancy rates.

- 4.18 It was also discussed that learning from the last eighteen years has shown that a whole system approach, involving effective partnership working, is vital to the success of reducing teenage pregnancy. This means that Health, Education, Social Care, and Safeguarding agencies are clear about the relevance of healthy relationships and teenage pregnancy to their own priorities, understand how they can contribute to the solution in partnership with each other, and take appropriate and joined up action.
- 4.19 The Review Group felt that it was clear that building young people's resilience needs a family, community, and service response, so that there is no 'wrong door' for a young person seeking advice.
- 4.20 Members commented that supporting young people to develop safe, healthy relationships and prevent unplanned pregnancy is key to enabling them to fulfil their aspirations and potential, and laying the foundations of prevention at an early age was important.
- 4.21 The Review Group commented that fewer young people progressed to tertiary education in St Helens compared to other boroughs. Raising aspirations was felt to be critically important in ensuring all children and young people were clear about realistic and achievable pathways for their adult lives. This entails ensuring good careers education from an early age and the promotion of successful local people as role models.
- 4.22 The Review Group also felt that some young people may feel that early pregnancy and having a baby would fill an emotional gap in their lives. Members agreed on the importance of young people understanding the impact of teenage pregnancy so that they could make informed choices.
- 4.23 The Health Improvement and Teenage Advice Zone (TAZ) Outreach Manager gave the Review Group an overview of the TAZ service in St Helens. The sexual health service has two features: genito-urinary medicine (GUM) clinics and sexual health improvement.
- 4.24 The TAZ GUM clinic is a young people's clinic, specifically aimed at those under 19 years of age. Services on offer include.
- Advice and provision on all aspects of contraception
 - Pregnancy testing
 - Counselling
 - Referral for termination of pregnancy
 - Chlamydia testing
 - General advice on sexual health.
- 4.25 The TAZ health improvement provision focuses on:
- Health Improvement – via its website, non-clinical support, LGBTQ+ support, and the provision of contraceptives
 - Outreach activity - school drop in and hubs, referrals, training, education, and social media

- 4.26 TAZ informed members of the work they did in schools which includes with at risk individual young people; group sessions on healthy relationships; and increasing awareness and choice of different forms of contraception.
- 4.27 Increasing awareness and use of more reliable forms of contraception such as LARC (Long-Acting Reversible Contraception) in comparison to oral contraceptives and reliance on Emergency Contraception from community pharmacies.
- 4.28 It was agreed that healthy relationships advice and guidance was key to the topic of teenage pregnancy so that young people could make informed choices. It was noted that TAZ are commissioned to work with children from 13 years old. It was considered that this was too late, and that engagement work on healthy relationships should start from Primary school.
- 4.29 The Review Group asked what school uptake of the TAZ offer was. It was fed-back that uptake has reduced. It was also noted that there may well be inconsistencies in the delivery of Healthy Relationship education. Members expressed concern especially because teenage pregnancy and healthy sexual relationships are an essential component of safeguarding education.
- 4.30 Members agreed that closer links with all schools would be helpful and that the issue of teenage pregnancy and the contribution of TAZ in reducing teenage pregnancy should be promoted to all schools and uptake monitored.
- 4.31 In extension of this, the TAZ Outreach manager highlighted the importance of multi-agency work and a collaborative approach with other partners and that multi-agency and joined up working underpins the team's holistic approach, and that relationships forged with key agencies allows the team to target those hard-to-reach groups, explore engagement techniques, and signpost to appropriate agencies allowing young people to receive the most appropriate care based on individual need.
- 4.32 Members suggested that awareness raising of the issue via presentations to Head Teachers, School Governors and Children's Services staff would be helpful to sharpen the focus on teenage pregnancy.
- 4.33 The TAZ online training focusing on conversations about sex with young people was discussed and it was agreed that this would be beneficial for all staff who work with children and young people, and count towards their CPD.
- 4.34 It was discussed that an open culture of communication between parents and carers and their children was critical, and the importance of all parents and carers engaging in conversations with children and young people about healthy relationships.
- 4.35 Members agreed that some parents and carers may not find it easy to talk to their children about sexual relationships. It was agreed that TAZ resources may be helpful and to that end, members felt that it would be useful if all school websites contained a TAZ area that parents and carers could access for advice.
- 4.36 Members felt that parent/carer leaflets explaining and promoting TAZ information and its website should be available e.g. at Parent and Carer Evenings.

- 4.37 Members felt that TAZ should also be widely promoted to young people throughout the borough via a media campaign.
- 4.38 Access to contraceptives by young people was discussed including condom schemes and LARC. It was agreed that these were important. However, condom schemes needed to be reviewed and refreshed and LARC needed to be promoted to ensure understanding.
- 4.39 A recommendation was made that a second meeting should be held, focusing on Children and Young People Services' contributions to reducing teenage pregnancy in the borough, given the fact that 'Looked after children'(LAC) and care leavers two key at risk groups for this issue. Input from schools and colleges was also requested.
- 4.40 At its second meeting on 26 January the following officers attended:
- Shirley Goodhew (Public Health Consultant)
 - Jason Pickett (Head of Access and Sufficiency)
 - Heather Addison (Interim Head Teacher of Virtual Schools)
 - Olubunmi Sokale (Public Health Student on placement)
- 4.41 It was noted that teenage pregnancy is a cross cutting agenda requiring Public Health leadership, a whole system approach is required, whereby the Children and Young People Services, Education, schools, and colleges have a key role in contributing to tackling this complex issue in partnership. Children & Young Peoples Services are they a key partner in best practice of multi-agency working, but also children who are looked after and care leavers, along with other vulnerable children, are at increased risk of Under 18 conceptions and becoming teenage parents.
- 4.42 From this, it was realised that cross cutting work was required across various forums and was essential, including the Corporate Parenting Forum.
- 4.43 It was also recommended that a key aspect to reducing under 18 conceptions and teenage pregnancy rates, and as suggested by Public Health guidance, was that a Local Authority strategic lead was identified to "own" this issue, and that a strategy was developed, so that work to was progressed and monitored, and data was robust, to ensure best outcomes.
- 4.44 There was a consensus with members and officers that training for social workers on teenage pregnancy would be beneficial as part of their annual continuous professional development (CPD) training requirements. Furthermore, training for foster carers, along with social workers should also be considered to ensure that those who engage with our most vulnerable children and young people are able to make an enhanced contribution to this issue.

5. Conclusions

- 5.1 Teenage pregnancy in most cases has a negative impact on the life chances of young people across our borough with the potential for serious health, social and economic inequalities. In most cases, but not all, teenage pregnancy often affects vulnerable children and young people whereby health and economic social inequalities are already a factor.

- 5.2 It is important that children and young people have all the necessary age-appropriate information to make informed decisions and choices about healthy relationships and have a full understanding of what pregnancy and parenting entails.
- 5.3 The impact of high teenage pregnancy rates on council and local NHS services can be extensive and expensive (both emotionally for the young people involved and financially), particularly when support and intervention is needed.
- 5.4 Having a whole system approach is key to ensure a downward trend in teenage pregnancy rates in the borough. This approach should be concentrated around key themes such as:
- The appointment of a strategic teenage pregnancy reduction lead, the development of a multi-agency teenage pregnancy reduction strategy, and a bi-annual multi-agency meeting to monitor progress.
 - Collaboration with commissioned and non-commissioned services to ensure effective data recording, monitoring, and reporting to inform planning and quality assurance.
 - Stronger use of data for commissioning and progress monitoring.
 - The inclusion of teenage pregnancy prevention on agendas of all relevant forums and working groups e.g., Corporate Parents and the Children's Improvement Board.
 - Information sessions for those with influence, such as Head Teachers, Governors, and Children's Services managers, to ensure action is taken forward appropriately in their settings.
 - The delivery of enhanced training on relationships and sexual education (RSE), advice and guidance for all frontline professionals, including Social Workers and Foster Carers, who work directly with children and young people and, where relevant, to develop the knowledge, skills and confidence to speak about this issue.
 - The delivery of consistent high-quality relationship and sex education and support in schools' and colleges with high quality PSHE sessions and targeted prevention support for young people at risk.
 - Advice, signposting, and access to contraceptive services in non-health, education, and youth settings e.g. schools, colleges, libraries, leisure centres and sports clubs.
 - Support for parents and carers to help them to discuss relationships and sexual health with their children e.g. the inclusion of TAZ information and links in school and College websites that can be accessed by parents and carers, and the development of parent and carer leaflets about TAZ displayed at Parent and Carer Event.
 - Ensure borough wide, youth friendly, contraceptive and sexual health services. This would include a review of the condom scheme and the promotion of LARC.

- Consistent messages and service publicity to young people, parents and carers, and practitioners about sexual health advice and support.
- Enhanced support for pregnant teenagers and their parents and carers, including to prevent subsequent pregnancies.
- Enhanced focus on raising aspiration work in meetings with head teachers, governors and social workers, including the promotion of local female role models and quality careers education.

6 Legal Implications

6.1 None

7. Community Impact Assessment (CIA) Implications

7.1 None

8. Social Value

8.1 Preventing teenage pregnancy can improve the social and economic well-being of those at risk.

9. Sustainability and Environment

10 None

11. Health and Wellbeing

11.1 Prevention of Teenage pregnancy contributes to Public Health and NHS Outcomes.

12. Equality and Human Rights

12.1 None

13. Customer and Resident

13.1. Teenage pregnancy can pose a health risk to mother and child and result in consequences such as poverty and deprivation, early school dropout, lower levels of school achievement and potentially limited opportunities.

13.2 This report is a focus on Reducing Teenage Pregnancy Rates in St Helens and, in turn, improving aspiration and reducing deprivation and health inequalities in the Borough.

14. Asset and Property

14.1 None

15. Staffing and Human Resources

15.1 None

16. Risks

16.1 None

17. Finance

17.1 None

18. Policy Framework Implications

18.1 None

19. Impact and Opportunities on Localities

19.1 The impact on a reduction in teenage pregnancy rates in St Helens, may contribute to reducing inequalities and improving the well-being, life chances, and aspirations of children and young people.

20. Background Documents

20.1 Teenage Pregnancy Prevention Framework (Supporting young people to prevent unplanned pregnancy and develop healthy relationships)

21 Appendices

1. Appendix: Reducing Teenage Pregnancy Rates Spotlight Review Recommendations

Appendix 1- Reducing Teenage Pregnancy Rates Spotlight Review Recommendations

Rec No	Recommendations	Responsible Officer	Agreed Action and Date of Implication
1	Appoint a Teenage Pregnancy Reduction Lead Officer to lead on the creation of a whole system approach and to ensure a biannual multi-agency meeting to monitor progress.	Shirley Goodhew	
2	Commissioned and non-commissioned service collaborate to ensure stronger and more effective data recording, monitoring and reporting to inform planning and quality assurance.	Shirley Goodhew	
3	Strengthen the use of data for commissioning and progress monitoring.	Rachel Brown	
4	The inclusion of teenage pregnancy prevention on agendas of all relevant forums and working groups e.g. Corporate Parents and the Governors Forum	Cllr Charlton Lisa Bundock	
5	Deliver information sessions for those with influence, such as Head Teachers, Governors and Children's Services managers to ensure that appropriate action is taken forward.	As above and Sarah Platt / Rachel Brown	
6	Explore the potential for enhanced training on relationships and sexual health, advice and guidance for all professionals who work directly with children and young people.		
7	Encourage advice, signposting and access to contraception in non-health, education, and youth settings e.g. pharmacies.	Sexual Health	
8	Request TAZ information and links to be included in school and college websites so that information can be accessed by parents and carers. Also, develop a generic parent and carer leaflet about TAZ which schools and colleges can display at Parent and Carer Events.	Shirley Goodhew / Jo Davies	
9	Support a review of the condom scheme and the promotion of LARC to enhance borough wide, youth friendly, contraceptive and sexual health services.	Shirley Goodhew	
10	Support consistent messages and service publicity to young people, parents, carers and practitioners about sexual health, advice and support through the Family Hubs	Shirley Goodhew / Vicky Velesco	

11	Enhance the support for pregnant teenagers and their parents and carers, including to prevent subsequent pregnancies.	0-19s service	
12	Strengthen the focus on raising aspiration work via the Health Inequalities Commission and engaging with young people to help inform future service provision and approach	Ruth du Plessis/ Jo Davies	