



## Children and Young People Services Scrutiny Committee

### 6 September 2023

<b>Report Title</b>	<b>Cabinet Response to the Scrutiny Review of Reducing Teenage Pregnancy</b>
<b>Cabinet Portfolio</b>	Children and Young People
<b>Cabinet Member</b>	Councillor Nova Charlton
<b>Exempt Report</b>	No
<b>Reason for Exemption</b>	N/A
<b>Key Decision</b>	No
<b>Public Notice issued</b>	N/A
<b>Wards Affected</b>	All
<b>Report of</b>	Hilary Brooks Director of Children's Services <a href="mailto:Hilarybrooks@sthelens.gov.uk">Hilarybrooks@sthelens.gov.uk</a>
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<b>Borough Priorities</b>	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	

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## **1. Summary**

- 1.1 The Children and Young People's Scrutiny Committee held a two-part spotlight review on Teenage Pregnancy on December 5, 2022, and January 26, 2023. The report of the Task Group was formally agreed by CYPS Scrutiny on the 24 April 2023 and was submitted to Cabinet for responses as per the Council's constitution.

## **2. Recommendation for Decision**

### **Childrens and Young People Services Scrutiny Committee is recommended to:**

- i. Note the Action Plan attached at Appendix 1b that sets out the recommendations from the Task Group into to reducing teenage pregnancy.

## **3. Purpose of this report**

- 3.1 This report provides Members with the Action Plan response to the recommendations of the Reducing Teenage Pregnancy Task Group, which had been agreed by this Committee.

## **4. Background / Reason for the recommendations**

- 4.1 At the Children and Young People's Scrutiny Committee Workshop held on the 6 July 2022, it was agreed to hold a spotlight review in December 2022 to contribute to the wider work and developing strategy and action plan to reduce the high rates of under 18 conceptions and teenage pregnancy in the borough
- 4.2 The focus of the review was in response to the persistent trend of high under 18 conception and teenage pregnancy rates in St Helens reported for the Autumn and Spring Term 2022/23 which were higher than regional and national averages.

## **5. Consideration of Alternatives**

- 5.1 N/A

## **6. Conclusions**

- 6.1 The Action Plan attached at Appendix 1b sets out the Cabinet response to the recommendations from the Children and Young People's Scrutiny Committee Task Group into educing Teenage Pregnancy.

## **7. Legal Implications**

- 7.1 The Social Work Act (2016) made it mandatory for Relationship and Sexual Health Education (RSHE) to be taught in all schools. All Schools are expected to teach the full RSHE curriculum to secondary age pupils and relationships and health education to primary age pupils. Primary schools may also teach sex education where appropriate. The teaching of RSHE is reviewed by Ofsted at inspection.

7.2 Health & Care Act (2012) states that local authorities are responsible for commissioning open access to most sexual health interventions and services as part of their wider public health responsibilities, with costs met from their ring-fenced public health grant.

7.3 The consistent and correct use of effective contraception is the best way for sexually active women and their male partners to avoid an unplanned pregnancy. There is a correlation between good contraception services and lowering rates of teenage conceptions, which is one of the indicators in the Public Health Outcomes Framework. These regulations require local authorities to arrange for the provision of a broad range of contraception and advice on preventing unintended pregnancy, and all contraception supplied must be free to the patient.

## **8. Equality Impact Assessment**

8.1 No Equality Impact Assessment was carried out for the purpose of submitting the report to the Committee for approval and submission to Cabinet.

## **9. Social Value**

9.1 National estimates suggest 12% of 16–17-year-old females recorded as Not In Education, Employment or Training (NEET) were a teenage parent. Young women and men who cite school as their main source of high-quality Relationships and Sex Education (RSE) are less likely to contract a sexually transmitted infection, and young women are less likely to be pregnant by 18, and to experience an unplanned pregnancy in later life

## **10. Net Zero and Environment**

10.1 N/A

## **11. Health and Wellbeing**

11.1 Supporting young people to develop safe, healthy relationships and prevent unplanned pregnancy is key to enabling them to fulfil their aspirations and potential. At a strategic level, getting prevention right: is integral to safeguarding, emotional health and wellbeing and early help; integrates with Chlamydia screening and STI prevention; maximises cost effectiveness of sexual and reproductive health services; is key to giving every child the best start in life; breaks inequalities; helps address young people's alcohol and substance misuse; reduces future demand on health and social services; and contributes to Public Health and NHS Outcomes.

## **12. Equality and Human Rights**

12.1 The Human Rights Act has empowered children to protect their right to privacy in receiving confidential advice and treatment about contraception and sexual health.

## **13. Customer and Resident**

13.1 There are a number of risk factors for young women experiencing their first pregnancy before 18, which include: Free school meals eligibility (poverty); Persistent school absence by year 9 (aged 14); Slower than expected academic progress (11-14); First sex before 16; Looked after children and care leavers are approximately three times rate of motherhood; experienced sexual abuse; consumed alcohol; previous underage pregnancy; and have a number of Adverse Childhood Experiences

13.2 For males, there is increased risk of becoming a teenage father if: they have been subjected to violent forms of punishment at home and are 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 other substances, as 1:6 young men under 25 accessing drug and alcohol services are young fathers

#### **14. Asset and Property**

14.1 N/A

#### **15. Staffing and Human Resources**

15.1 N/A

#### **16. Risks**

16.1 Teenage pregnancy can, in some cases contribute to low aspirations and poor educational outcomes.

#### **17. Finance**

17.1 Addressing teenage pregnancy saves money. Every £1 spent on prevention saves £4. For every £1 spent on contraception, £9 is saved.

17.2 Every teen mum who gets back into Education, Employment or Training saves agencies £4,500 per year. Every child who is 'school ready' who would not otherwise be saves schools £1000 per year.

17.3 Public Health are responsible for commissioning open access prevention and sexual health services, including ensuring access to a range of contraceptives services. In addition, Public Health commission universal 0-19/25 Healthy Child Programme (led by Health Visitors and school nursing services), funded by the ring-fenced Prevention grant.

#### **18. Policy Framework Implications**

18.1 In 2018, Public Health England (now Office for Health Improvement & Disparities) and the Local Government Association published the 'Teenage Pregnancy Prevention Framework – Supporting young people to prevent unplanned pregnancy and develop healthy relationships. The framework translates evidence into a 'whole systems' approach, whereby 10 key factors of effective local strategies are identified for effective place-based strategy.

#### **19. Impact and Opportunities on Localities**

19.1 RSE should form an integral part of Personal Social and Health Education (PSHE) and be embedded as a whole school approach. School is cited by young people as the preferred source of RSE, followed by parents and health professionals.

19.2 Improved use of effective contraception has the biggest impact on reducing teenage pregnancy. All young people should have knowledge, awareness and access to the full range of contraceptive methods, including the most effective long-acting reversible contraception options.

#### **20. Background Documents**

20.1 N/A

**21. Appendices**

21.1 Appendix 1 – Cabinet Report

21.2 Appendix 1a – Scrutiny Review

21.3 Appendix 1b- Action Plan