

1.0 Background

A review of work to reduce teenage pregnancy on Wirral has been undertaken to identify the most sustainable and effective way of moving forward with this agenda. This paper details the position to date and makes recommendations for the development of a risk and resilience strategy to progress this work.

1.1 National strategy

The National Teenage Pregnancy Strategy came to an end in 2010 and areas were advised to establish their own targets and agree funding priorities. By 2010, Wirral had achieved a 7% overall reduction in rate (against the 1999 baseline) and the Children's Trust Board agreed to continue to prioritise prevention and support for teenage parents locally. A new, local target was established that aimed to achieve a 5% reduction in teenage pregnancies year on year, which has so far been successful (see Appendix 1).

1.2 Data

The most recently published annual statistics for under-18 conceptions are from 2012. These figures show that Wirral recorded an under-18 conception rate of 33.5 per 1000, 15 to 17 year olds for the calendar year 2012, (195 conceptions overall), this was a reduction from the 2011 rate (34.6 per 1000, 15 to 17 year olds - 206 conceptions overall).

1.3 Local action plan and groups

Wirral's current plan around teenage pregnancy addresses the prevention of under-18 conceptions and also looks at the support available for those young people who do become pregnant under the age of 18. Whilst future work will primarily focus on early intervention and prevention, priority should also be given to ensuring adequate pathways and services are in place locally to support teenage parents and improve the life outcomes for those young people and their children.

Since the end of the national strategy, difficulties have been experienced locally sustaining momentum around teenage pregnancy work and this has been further confounded by commissioning restrictions. In recent years, Wirral's Teenage Pregnancy Steering Group (TPSG) has provided the strategic lead and commissioning direction around teenage pregnancy, supported by two sub groups – Better Prevention and Better Support. Recent changes to services and staffing, and a reduction in the national focus on teenage pregnancy, has impacted on the membership of the groups and progress made. Recent local progress and activity has been sustained primarily by the two sub-groups led by Public Health staff.

1.4 Budget

Teenage pregnancy interventions and support for Wirral were historically funded through the Early Intervention Grant and the budget for 2013/14 was £150,000, although due to financial restrictions, much of this remained unspent. The funding for teenage pregnancy work is now met from the Public Health grant. The Public Health

team continue to take responsibility for the strategic direction and co-ordination of work to prevent teenage pregnancy. Ongoing commitments from the budget for 2014/15 include the Connexions Teenage Pregnancy Advisor post and delivery of a workforce development programme until the end of January 2015. The outcomes these initiatives deliver have been incorporated into the Healthy Child Programme 0-19 years (which is currently part of a procurement process).

2.0 Other Local Authority area approaches to reducing teenage pregnancy

Through attendance at regional teenage pregnancy meetings, it is evident that an increasing number of local authority areas have had budgets around teenage pregnancy either removed entirely or significantly reduced. Whilst continuing to address teenage pregnancy as a priority, many areas are now taking the opportunity to review how teenage pregnancy services are delivered.

A collaborative, regional approach is currently being developed by a number of Merseyside authorities. This group are in the process of producing an action plan for teenage pregnancy work based on lessons learned from the national strategy, which can be adapted and used within each authority. The plan continues to view teenage pregnancy as a stand alone priority area, with a focus on prevention, healthy relationships and supporting pregnant teenagers and teenage parents. Wirral has been given the opportunity to take part in this collaborative approach.

In another approach, Halton have opted to develop a risk taking behaviour strategy, of which teenage pregnancy forms a key element. Similarly, but further afield, York have implemented a successful strategy around risk and resilience which incorporates both prevention and support agendas for teenage pregnancy and promotes resilience around risk taking behaviours to young people. Both these approaches have been successful in reducing local under-18 conception rates and integrating teenage pregnancy into wider agendas.

Research shows that in order for a prevention strategy to be effective, it should start early, continue through childhood and adolescence, include both universal and targeted approaches, use cognitive, developmental and behavioural approaches and be delivered within a range of settings (e.g. school, home, community). This evidence needs to inform the most appropriate way to take forward this work plan in 2014/15.

3.0 Overview

Risk taking behaviour is a normal part of growing up and experimental behaviour is common amongst young people. However, some behaviour may escalate to potentially harmful levels, resulting in negative impacts on individual's health and wellbeing. This may include such behaviours as alcohol use, smoking, drug and substance misuse, risky sexual activity, anti-social behaviour, self harm etc. Participation in risk taking behaviour can have a significant impact on individuals, families and communities, with those young people who are exposed to risky behaviour from an early age often continuing to exhibit these behaviours themselves through adulthood.

Given the vast majority of pregnancies to teenagers are unplanned and around 50% lead to a termination, teenage pregnancy could be viewed as a consequence of risk taking behaviour. This proposal therefore focuses on the development of a risk and resilience strategy which would address a range of potentially harmful behaviours,

developing strategies to ensure we build resilience amongst Wirral's young people with the aim of minimising potential harm and improving health and wellbeing.

The need to build resilience amongst Wirral's young people was demonstrated in recent consultation work undertaken by Public Health with young people around the Healthy Child Programme and the strategy will aim to address these issues. New and emerging behaviours around healthy relationships, body image, sexting, self harm etc. would also be addressed to ensure the new strategy is relevant to local need.

To ensure effective links with other local programmes, the strategy could be broken down into universal and targeted service delivery as outlined in Wirral's Healthy Child Programme (HCP) commissioning model which will come into effect from February 2015. Delivery of this work plan would also aim to meet the key components of the HCP through providing prevention and early intervention with regard to risk taking behaviours amongst Wirral's young people.

3.1 Proposal to develop a risk and resilience strategy - rationale

It is proposed that in order to respond to changes to local services and emerging evidence base on risk taking behaviour, teenage pregnancy work within Wirral should be integrated into a wider risk taking behaviour agenda. This option was discussed and supported at the last Being Healthy Steering Group meeting in April. Not only would this acknowledge the increasing financial pressures on services, but it would also address the wide ranging causes and consequences of teenage pregnancy, thus in turn, minimising the potential negative consequences for young people in Wirral. By taking this approach, there is the potential to avoid duplication of work amongst services.

4.0 Next steps

Prior to the development of a strategy, consultation will be undertaken with young people via Wirral's pupil panels to identify what they believe the priority areas should be within a new risk and resilience strategy. Please see work programme timetable in Appendix 2.

Partnership working will be required between the Council, NHS organisations, schools and the voluntary sector, with clear accountability for actions established. It is proposed that the existing Teenage Pregnancy Steering Group is disbanded and a new Risk and Resilience group established with reviewed membership from all relevant services, with appropriate terms of reference.

As with the current TPSG, the newly established group would report into the Being Healthy Strategy Group and subsequently into the Children's Trust Board and deliver actions included in Wirral's Children and Young People Plan.

This proposal would require senior, multi-agency, commitment in order to ensure successful implementation. Coordination and strategic oversight of the plan would be provided through the Public Health team.

5.0 Recommendations

Feedback on the proposed work plan is sought and approval from The Board members to proceed with the following actions:

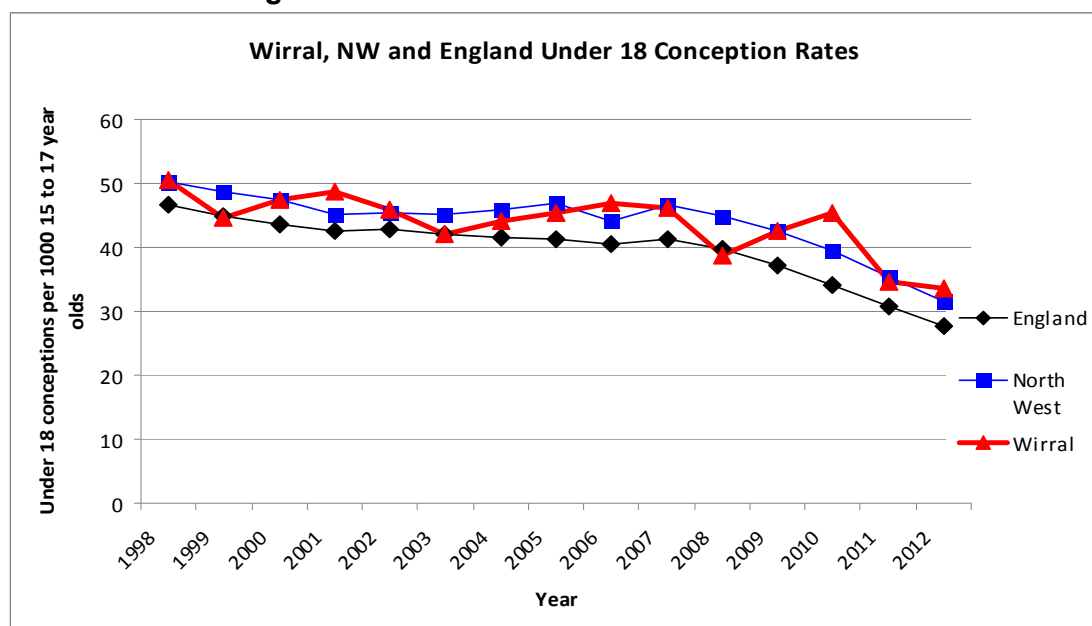
1. Development of a Risk and Resilience Strategy to include action to reduce teenage pregnancy
2. Establish a new Risk and Resilience Steering Group to develop the strategy and implementation plan
3. Merge the Better Prevention and Better Support teenage pregnancy sub-groups to maintain the local agenda in the interim and disband once new strategy comes into place
4. Disband the current Teenage Pregnancy Steering Group.

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Appendix 1:

Wirral under 18 conception rate (per 1000, 15 to 17 year olds), compared to North West and England



England, North West and Wirral under 18 conception rates per 1000, 15 to 17 year olds, 1998-2012

* Numbers in brackets equate to actual number of conceptions

| | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| England | 46.6 | 44.8 | 43.6 | 42.5 | 42.8 | 42.1 | 41.6 | 41.4 | 40.6 | 41.4 | 39.7 | 37.1 | 34.2 | 30.7 | 27.7 |
| North West | 50.3 | 48.8 | 47.5 | 45.1 | 45.4 | 45.2 | 46.0 | 46.9 | 44.2 | 46.6 | 44.8 | 42.6 | 39.6 | 35.3 | 31.6 |
| Wirral | 50.6 (314) | 44.5 (284) | 47.5 (309) | 48.6 (323) | 45.8 (303) | 42.0 (280) | 44.2 (297) | 45.3 (302) | 46.8 (312) | 46.1 (304) | 38.6 (249) | 42.5 (264) | 45.5 (276) | 34.6 (206) | 33.5 (195) |

Appendix 2

Proposed activity timeline:

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|-------------------------|--|
| May 2014 | <ul style="list-style-type: none"> • Set out clear aims and objectives for a Risk and Resilience approach to prevention • Establish Working group to plan the consultation and engagement required to inform strategy development • Disband Teenage Pregnancy Steering Group and inform group of future intentions |
| June 2014 | <ul style="list-style-type: none"> • Data collation and analysis of need to establish priorities |
| September 2014 | <ul style="list-style-type: none"> • Key stakeholder event |
| October 2014 | <ul style="list-style-type: none"> • First meeting of Risk and Resilience group |
| December 2014 | <ul style="list-style-type: none"> • Strategy drafted |
| January 2015 | <ul style="list-style-type: none"> • Strategy presented to Children's Trust Board for sign off |
| Consultation | |
| June – October 2014 | <ul style="list-style-type: none"> • Consultation with representatives from partner agencies and sub-groups to begin discussions around new strategy and identify membership of Risk and Resilience group • Consultation with young people around priorities for strategy (Youth Hubs, Youth Zone, One Voice Conference and Pupil Panels). Will need to take into account summer holiday period. |
| Ongoing work | |
| May 2014 – January 2015 | <ul style="list-style-type: none"> • Continue to implement existing teenage pregnancy plan with sub-groups |