



Education & Support for Pregnant Students & School-age Parents

Guidance for Schools

Developed by the Teenage Pregnancy Partnership
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Introduction

Britain has the highest rate of teenage pregnancy in Western Europe. Conception rates for under 18s in South Gloucestershire are still just below the national average, but rose steadily between 2002 and 2005 to 36 per 1000 15-17 year old girls, a 6.5% rise on the 1998 baseline. 2006 rates (published in 2008) showed a downturn in this 3-year rising trend, from 35.6 to 30.8, but there is still a great of work to be done in order to reduce the rate to 20.3 for 2010. South Gloucestershire currently (at Aug 2008) has amber-red status with the Government Office of the South West who monitor the local target to reduce conceptions by 40% by 2010.

Findings from the British Household Panel Survey indicate that teenage parents and their children have a greater risk of lifetime poverty because of poor education, childcare and support (Teenage Pregnancy Unit research briefing, March 2004). Young mothers who finish their education prematurely are more likely to become single parents, have poorer employment prospects in the future and become dependant on welfare subsidies. Their children are also more likely to be disadvantaged and to become teenage parents themselves.

The government's ten-year national teenage pregnancy strategy was introduced in the Social Exclusion Unit report of June, 1999. The main goals are to reduce the rate of teenage conceptions by half in under-18s, by 2010, and to reduce the social exclusion experienced by teenage parents through ensuring that at least 60% of young mothers under 19 are in education, employment or training.

This model of good practice has been published to help educational establishments within South Gloucestershire to support pregnant young women and teenage parents in continuing their education, allowing them to reach their full potential. It provides information on the support that is available from outside agencies and reflects government guidance on the education of school-aged parents. It is essential that all agencies work together to provide a co-ordinated approach to assessment and support. This will maximise the student's life chances through appropriate education provision, health support, childcare and other necessary services.

Responsibilities of Schools

The Department for Children, Schools and Families (DCSF) have issued Guidelines on Sex and Relationships, stating that schools should have **a clear and explicit confidentiality policy**. South Gloucestershire Council has published guidance on what should be included in this policy (available from Children & Young People's Services Directorate). Head Teachers should ensure that all school staff and parents are made aware of this policy and that school staff act consistently with it.

There is no evidence to suggest that keeping a pregnant girl or school aged mother in school will encourage others to become pregnant.

(Guidance on the Education of School Age Parents – DfES/0629/2001)

Disclosure of Possible Pregnancy

1. Initial Communication of Pregnancy – see flowchart within Appendices

Teachers should always seek consent from a student for any disclosure, but should make it clear that they cannot offer or guarantee students' confidentiality if there are child protection concerns.

School staff are not legally bound to inform parents or the Head Teacher of any disclosure by pupils unless the school's confidentiality policy requires them to do so. They are of course bound to share information if there are child protection concerns.

As soon as a member of staff has been informed by a student that she is or might be pregnant, whether or not she intends to continue with the pregnancy, the flowchart “**I think I might be pregnant**” (p12) should be followed. This includes the consideration of confidentiality, child protection concerns, and asks for professionals **to consider using the Common Assessment Framework (CAF) to assess need.**

If a student is pregnant and has decided to continue with the pregnancy, use of the Common Assessment Framework (CAF) should be seriously considered, as a multi-agency support programme is likely to be required.

With the student's consent, the Lead for Under 16 Pregnancies should be informed of all under 16 pregnancies, whatever the outcome, by completing the **Notification of Pregnancy Form** (see p6). The Lead for Under 16 Pregnancies will coordinate support for pupils who are considered **not** to need a CAF. It is important that those pupils considering abortion receive coordinated support, (in particular to access suitable contraceptive methods to avoid a repeat pregnancy), in order to ensure their emotional and physical well-being. In 2007, 13.4% of South Gloucestershire under 19 abortions were repeat abortions.

The effectiveness of the support offered by the school will depend on excellent communication with key partners and a serious commitment to working with the student to develop and implement a tailored **Education Action Plan** (see p7).

The link between teenage pregnancy and social exclusion is well-established. A CAF pre-assessment checklist, led by a staff member who has undertaken CAF training, will explore whether there are likely to be **additional unidentified/ unmet needs**, and will help to establish which professional is most appropriate to lead and co-ordinate the plan for this student within the Common Assessment Framework. The Lead for Under 16 Pregnancies will coordinate support for pupils who are considered **not** to need a CAF.

The Lead for Under 16 Pregnancies will liaise with school and other agencies so that appropriate arrangements can be made for continuing her education. A designated member of school staff should be an advocate, assist the student and take responsibility for their continuing education. The Head Teacher should continue to respect the

student's right to confidentiality and ensure the pregnancy is dealt with sensitively by teachers and pupils in the school.

N.B The Head Teacher or the designated member of staff is not obliged to inform parents of the pregnancy, but should take steps to encourage the student to do so.

2. Child Protection

In the case of students under 16, if the member of staff judges that there may be a child protection issue to be addressed, they should liaise with the school's designated person (as set out at www.swcpp.org.uk)

The Sexual Offences Act 2003 is not intended to criminalise people under 16 of a similar age who have consensual sex. A child protection issue arises when there has been non-consensual sex or an exploitative relationship, particularly with an older person or someone in a position of trust.

Children under 13 cannot consent to ANY sexual activity. In all cases involving under 13s there must be a formal recorded consultation with the Children & Young People (Social Care) Dept, who must make an enquiry to the Child Protection Register

3. Continuing the Pregnancy

The school's aim should be to keep the pregnant student or school aged mother in learning; this means keeping the student on the school roll, even if she may not be able to attend for a period of time. During any absence the Education Other Than At School Service will coordinate an individualised learning programme.

The Under 16 Pregnancy Lead will convene a planning meeting with **ALL** key people involved, if it is not judged necessary to take the case to the CAF locality prevention panel. Any meeting should include school representatives, midwife, school nursing and medical services, health visitor, student and partner, parents/carers, Connexions PA, Year Head, children in care representative (if appropriate), and any other relevant professionals, to identify the full picture of the student's needs and to plan support and re-integration within the Common Assessment Framework, if necessary. The needs and confidentiality of the **father** of the unborn child must be taken into account if the pregnant student has revealed his identity. It is important that all young people are given opportunities to meet the 'Every Child Matters' five outcomes.

However it is important to remember pregnancy is **NOT** an illness and changes need only be made if problems are occurring.

A student who becomes pregnant is entitled to up to 18 calendar weeks of authorised absence to cover the time immediately before and after the birth.

4. Childcare

Evidence suggests that reintegration into education is more successful if the return is phased and the childcare is as close as possible to where the education is provided or with trusted relatives. Childcare arrangements should form part of multi-agency planning considerations.

Funding for childcare is available through the “Care to Learn” scheme but applications will need the support of the school. The scheme requires the childcare to be provided by registered child carers for reasons of safety and quality. This could include a friend or relative of the student provided they become registered as a childminder or approved carer.

Learners under 20 years can access the Care to Learn grant. This provides a sum which is currently (2008/9) up to £160 per week to meet childcare costs, and transport costs to and from a childcare provider.

5. Supporting Young Mothers and Fathers

The designated student’s advocate in school and other professionals identified through the Education Action Plan should support the young parents who may be facing difficult, emotional and health challenges, perhaps involving stressful relationships both in and out of school.

Schools should be supportive of **both** parents, acknowledging the additional needs that school age fathers and fathers-to-be may have. Becoming a father is not a reason for exclusion. In some cases both partners may be attending the same school; this may cause difficulties if the relationship has ended and the pupil has rejected his responsibilities or been excluded from his parenting role. The designated student advocate should monitor this.

Some students will have had challenging behaviour before the pregnancy. If so, it may be important to prepare for any known trigger points. However, because parenthood often motivates young people to achieve more educationally for the sake of the future of their child, previous problems may be reduced.

It is important to allow flexibility for the young parent/s, where appropriate, to attend appointments, and to support attendance at young parents support groups, as these are important in developing good parenting skills and ensuring the good health of the baby. Attendance at these groups will be built into the Education Action Plan and/or CAF Action Plan.

Guidance ends

Please see Appendices

CONFIDENTIAL

Notification of Pregnancy Form (Obtain Consent of Student First)

Name of school:	
Name of student:	Student's date of birth:
Date of expected birth (if relevant):	Date of expected termination (if relevant):
School Student Advocate contact details:	Telephone: Email:
Name of Lead Professional (if CAF): Contact details:	

Please send this form to:

Private & Confidential

Assistant Head, The Learning Centre
Education Other Than At School (EOTAS) Service
Cotswold Education Centre
Richmond Road
Mangotsfield
BS16 9EZ

Education Action Plan

N.B This Action Plan should be drawn up in consultation with the student

Name of Student:

Name of Lead Professional (CAF) if any:

Lead Professional (if any) contact details:

Name of School Student Advocate:

School Student Advocate contact details:

1. Curriculum:	By Whom	By (date)
2. Timetable (attach):		
3. In-School Support:		
4. Out of School Support:		

5. Childcare Arrangements:	By Whom	By (date)
6. Medical Appointments:		
7. Other Needs/Concerns:		
Date of next review:		
Name and Signature of school staff member responsible for co-ordinating this plan:		
Signature of student:		

This working document should be retained by the school and copied to the Lead Professional (if CAF) or Lead for Under 16 Pregnancies.

Updated and agreed actions should be recorded and communicated to the Lead Professional (if CAF) or Lead for Under 16 Pregnancies.

Useful Contacts – see also list of services with flowchart

Lead for Under 16 Pregnancies – Jo Noott, Assistant Head, The Learning Centre

T: 01454 863371

E: jonoott@7side.org.uk

Education Other Than At School (EOTAS) Service

Assistant Head, The Learning Centre

Cotswold Education Centre

Richmond Road

Mangotsfield

BS16 9EZ

Tel: 01454 863371

Teenage Pregnancy Partnership Officer, South Gloucestershire Council

T 01454 866195

E: lottie.lawson@southglos.gov.uk

Contraception & Sexual Health Services

No Worries! leaflets/ cards list local young people-friendly services.

T: 0117 342 6900 for information about all C&SH clinics in the area,
or phone R U Thinking T: 0800 28 29 30

School Nursing Service

Contact via the school or from the School Health Nurse Team Leader

T: 01179 805711

Midwifery / Maternity Services

TP midwife mobile T: 07747 455128. Midwives' central office T: 0117 959 5301

Connexions

Connexions Kingswood Office T: 0117 961 2760

Connexions Filton Office T: 0117 969 8101

www.connexionswest.org.uk

Care to Learn

Funding for childcare and transport for young parents going back into education, employment or training. Connexions Personal Advisers can support young people to apply for this funding.

T: 0845 600 2809

Children & Young People's Information Service

T: 01454 868008

A brief introduction to the Law regarding Sexual Activity and U18s

The age of consent for all sex is 16, whether straight, gay or bi-sexual. The Sexual Offences Act 2003 makes it easier to prosecute people who pressure or force others into sexual activity.

Under 16s

Where activity is consensual it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the welfare of the young person. Consideration should be given in every case involving a child aged 13–15 as to whether there should be a discussion with other agencies and whether a referral should be made to children's social care. The younger the child, and the wider the age gap between participants, the greater the concern (even 3 years' age difference may be worrying if one of the children is young and/or vulnerable). Where confidentiality needs to be preserved, a discussion can still take place as long as it does not identify the child (directly or indirectly).

Under 13s

A child under 13 does not, under any circumstances, have the legal capacity to consent to any form of sexual activity. In all cases where the sexually active young person is under the age of 13, there must be a formal recorded consultation with the Children & Young People (Social Care) Dept, who must make an enquiry to the Child Protection Register.

16 & 17 Year Olds

Although sexual activity in itself is no longer an offence over the age of 16, young people under the age of 18 are still offered the protection of Child Protection Procedures under the Children Act 1989. Consideration still needs to be given to issues of sexual exploitation through prostitution, and abuse of power. Although they may be over 16, young people under the age of **18** are not deemed able to give consent if the sexual activity is with an adult in a position of **trust/ authority**, or a **family** member as defined by the Sexual Offences Act 2003.

Sharing Information with Parents

If a young person is under 16, professionals should encourage the young person, at all points, to share information with their parents wherever safe to do so. However, parental advice is **not** needed if a young person under 16 can understand the issues and appreciate the consequences. This also applies to those living in care. Decisions to share information with parents will be taken using professional judgement, and the Child Protection Procedures. Decisions will be based on the child's age, maturity and ability to appreciate what is involved in terms of the implications and risks to themselves.

Giving Advice, Contraception &/or Access to Services to Under 16s

Under the Sexual Offences Act 2003, youth support workers **can** help young people under 16 (including under 13s, but see section above) to seek contraception and sexual health advice/services (including giving out condoms), without being seen to facilitate an illegal act.

Any intervention must take place within the Fraser Guidelines and Child in Need/ Child Protection Procedures

The Fraser Guidelines require the professional to be satisfied that

- the young person will understand the professional's advice;
- the young person cannot be persuaded to inform their parents;
- the young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment;
- unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer;
- the young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

The following details provide contact points for the services listed in the flowchart. Numbers match those listed within the flowchart.

- 1** Schools
Schools may not keep pupil information confidential, so please discuss this with the young person before contacting a school.
Lead for U16 Pregnancies (coordination of support for under 16s), Asst Head of PRU ☎ **01454 863371**
- 2** School Health Nurses
Contact via the school or from the School Health Nurse Team Leader ☎ **01179 805711**
- 3** Education Welfare Service
Support with attendance at school ☎ **01454 863377**
- 4** FE Colleges
No Worries! Outreach Nurse ☎ **07967 801931**
Soundwell (City of Bristol) drop-in nurse ☎ **07967 801931**
- 5** Youth Services
Call Youth Service central office ☎ **01454 868591**
- 6** No Worries Drop-in services
Young people's sexual health drop-ins are free and confidential, run by a specialist nurse. See the No Worries! foldout card or contact nurse ☎ **07967 801931**
- 7** Contraception & Sexual Health Services
Phone **0117 342 6900** for information about all CaSH Health Clinics in the area, or phone R U Thinking ☎ **0800 28 29 30**
- 8** Pregnancy Advisory Service (PAS)
PAS offers appointments to give advice about abortion and for assessment and booking for those who choose this option. A referral from the GP is NOT required ☎ **0117 927 6362**
- 9** Practice Nurse/family doctor
No Worries! GPs are coded GP on No Worries! foldout card or phone RU Thinking ☎ **0800 28 29 30**.
- 10** Teenage Pregnancy (TP) /Midwife
TP midwife mobile ☎ **07747 455128**.
Midwives' central office ☎ **0117 959 5301**
- 11** Non-statutory/ Non-NHS services
Brook Bristol offer free pregnancy testing ☎ **01179 290090**
Marie Stopes offer testing and abortion services for a fee ☎ **0845 300 8090**
- 12** Connexions Personal Advisers (PAs)
Connexions Kingswood Office ☎ **0117 961 2760**
Connexions Filton Office ☎ **0117 969 8101**
www.connexionswest.org.uk
- 13** Health Visitors
Details of health visitors are available from GPs or ring Kingswood, Severnvale or Yate locality coordinators ☎ **0117 330 2532**
- 14** Sure Start Children's Centres
Support for young parents ☎ **01454 868008**
- 15** Young Mum's Groups
Some areas have local groups ☎ **01454 868008**
- 16** Housing
Homelessness Team. ☎ **01454 865496**
Priority Youth Housing (floating support) ☎ **01454 865732**
- 17** Social Care Services
Local teams details available at ☎ **01454 868008**
- 18** Child Care Information
Funding is available for those going back into EET - contact Care to Learn on **0845 600 2809** or Connexions (see 12).
Childcare provider information ☎ **01454 868008**
- 19** Benefits Office
South Gloucestershire Benefits section ☎ **01454 868002**
- 20** Citizens Advice Bureau
Kennedy Way, Yate. ☎ **0870 121 2019**

“I think I might be pregnant”

A flowchart for professionals working with teenagers in South Gloucestershire

All professionals who work with young people will be able to provide some information and support to a young woman who thinks she may be pregnant. However, support to access specialist advice may be necessary and is usually helpful. Contact any appropriate organisations for advice on behalf of the young person (if you are able to and if they agree).

*The flowchart and service listings should enable you to support any young person who thinks they or their partner may be pregnant to access appropriate help and services. **Please note that in South Gloucestershire the Teenage Pregnancy Partnership Board are asking that every teenage pregnancy that is disclosed should be considered for the Common Assessment Framework (CAF).***

Confidentiality

Young people are entitled (under the Sexual Offences Act) to expect that anything they discuss with you will be confidential. You should not discuss any of the details disclosed to you unless you consider the young person to be at risk of being harmed, harming themselves or harming someone else, or the young person gives permission for her situation to be discussed with a specialist/other for further advice/guidance. Encourage them to talk to their parent/s or carers. If you need to break confidentiality you should discuss it with the young person - unless doing so would be dangerous for them or others. If you have any concerns about possible abuse, you must report it. Follow Child Protection guidelines for your organisation.

Emergency Contraception

If a young person has had sex without contraception or their contraception failed they may be able to reduce the risk of conceiving, even as late as five days (and sometimes even later) after the event.

1. The Emergency Hormonal Contraception (EHC) pill can be obtained **up to 3 days** after sex, however the sooner it is taken the more effective it is. Specialist services (CaSH clinics - and some GPs) will use it up to 5 days later. It can be obtained from the following:

- Most GPs (please advise the young person to ring in advance)
- Young People's Drop-ins (see No Worries! foldout card and list opposite)
- Contraception & Sexual Health (CaSH) Clinics (see No Worries! foldout card and list opposite)
- Pharmacies (ring in advance to check - many offer it free for under 20s)

2. IUD (Intra-Uterine Device also known as the coil) - can be fitted by a qualified practitioner up to **5 days** (and sometimes even later) after unprotected sex.

Finding local sexual health services

See opposite for full details.

A summary of specifically sexual health-related services can be found on the **No Worries! foldout card** or phone **Bristol Sexual Health Services on T 0117 342 6900** (includes **South Gloucestershire listings**).



“I think I might be pregnant”

Please support the young person to find out if she is pregnant or not **AS SOON AS POSSIBLE**

Pregnancy testing is available from:

- No Worries! Drop-in Clinics 6
- Contraception & Sexual Health clinics 7
- Family doctor/No Worries! GP 9
- Selected specially trained youth workers 5
- Young people’s advice, support and counselling is available 2 6 7 12



Assessment of Need – undertake alongside (not before) health pathway shown here

1. Consider Child Protection issues. Cases involving under 13s must always be discussed with a nominated child protection lead. Please refer to guidelines within the procedures at www.swcpp.org.uk
2. Where the consent of the young person can be obtained, under 16 pregnancies should be reported to Lead for U16 Pregnancies. 1
3. Check if a CAF has already been started. Contact Integrated Working Team on 01454 865734
4. Every teenage pregnancy (whatever the outcome) should trigger **consideration** of a **CAF**, one for the girl **and** one for the partner. You will need consent from the young person even if under 16.



Result of test

Not pregnant

A repeat test may be necessary – seek advice from sexual health specialists/clinics 9 6 7
 Discussion/counselling on results and sexual activity 2 6 7 9
 Future contraception needs/STI screening 6 7 9
 Wants to be pregnant?
 Discuss aspirations 12 1 2 5 17

Pregnant Counselling re options:

1. Abortion
2. Birth
3. Adoption/fostering

1. If the young woman is considering an abortion she should have an appt made at PAS 8. A referral from the GP is NOT required. She can also speak to someone in another setting for more information in the meantime
 NW Drop-ins 6
 CaSH clinics 7
Post-abortion advice/support is available from No Worries Outreach Service 6 and Brook (Bristol) 11
2. If the young woman is continuing the pregnancy she should be put in contact with a midwife ASAP to start ante-natal care and to arrange a dating scan.
 TP midwife 10
 Family Doctor/No Worries! GP 9
3. If the young woman is considering adoption, it is recommended that she have an initial discussion with the TP midwife 10

Advice on future contraception needs

- NW Drop-in clinics 6
- CaSH clinics 7
- Practice nurse/GP 9
- TP Midwife 10
- School Health Nurse 2

Support to Continue Education, Employment & Training

Key Worker, who may involve:
 Midwife 10
 School 1
 Education Welfare Service 3
 Connexions PA 12
 FE College 4
 Sure Start Children’s Centres 14
 Child Care Information 18

Support Network (outside education)

Key Worker, who may involve:
 Midwife 10
 Health Visitor 13
 Sure Start Children’s Centres 14
 Young Mums’ Groups 15
 Connexions PA 12
 Youth Services 5
 Housing 16
 Social Care 17

New Teenage Mother/Parents Multi-agency support coordinated by one Key Worker:

If CAF: Lead Professional
 If under 16 please contact Lead for U16 Pregnancies 1. If no CAF & 16+: Discuss with teenage parent/s who they would like to be their Key Worker, and for consent to share this with Connexions. If no preference refer to Connexions 12. Arrange a meeting between teenage parent/s and Key Worker.

Support to Access Benefits & Rights

Key Worker, who may involve:
 Midwife 10
 Connexions PA 12
 Citizens Advice Bureau 20
 Members of Support Network

No Worries!