

Teenage Pregnancy Policy

Member of SLT Responsible for Policy:

M.Lovatt

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SHREWSBURY ACADEMY

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Mrs H Cornish/Mrs W.Tolhurst-Jones

Following disclosure, the academy's Designated lead/Safeguarding Manager (Mrs H Cornish/ Mrs W Tolhurst-Jones) should be informed as soon as possible.

Confidentiality

When considering whether or not to inform a pupil's parents about a pregnancy and the best way to do this, it is helpful to consider the following factors.

There is no legal requirement for the school to inform parents about a pupil's pregnancy unless the school have safeguarding concerns. Government guidance around Sex and Relationships Education (2000) states that each school should have a confidentiality policy

Best practice would be to **seek the young person's consent** before sharing information with others. If the young person is reluctant initially the staff member should seek to encourage them to tell their parents, and support them in doing so if necessary

Some pupils will need support in disclosing news of their pregnancy to their parents/carers. School age parents suggested the following could be helpful advice:

- Pick an appropriate time and place to tell your parents when they are not stressed about other things
- Tell the parent that you are closest to first - they can then help you break the news
- If you are concerned about how they will react, have someone else with you. Having someone present who is not emotionally involved can be helpful – the school may be able to assist with this.
- Practise telling someone else first - the school may be able to assist with this.

If a pupil is considering an abortion, it is essential that she is speedily supported to access professional services for appropriate counselling, advice and support. It is important that confidentiality is strictly maintained within the framework of the school confidentiality policy. It may be helpful (if the pupil agrees) for key staff in the school to be informed in order that some allowances may be made if she suffers emotional distress. Policies, practices and staff attitudes should be non-judgmental and supportive of the pupil's choice.

Engaging health services

The young woman must be referred to a health professional of her choice, such as the Young People's Public Health (YPPH) Nurse (also known as the school nurse SCN), General Practitioner (GP) or local sexual health services as soon as possible. (See note on confidentiality below.) If unprotected sex took place within 72 hours emergency contraception is available (as long as the young woman is not already pregnant from a previous encounter.)The health professional will provide information and advice about pregnancy choices, including termination or adoption, and refer her to maternity services if she chooses to continue with the pregnancy.

The School Nurse would be well placed to provide this information and advice, as they can maintain a relationship with the young person and provide on-going support. School nurses will respond immediately to a request to support a pregnant student. They may also refer the young woman on to counselling services if necessary depending on the choice made.

Once registered with a midwife the young woman will be referred to the Family Nurse Partnership (FNP). These services provide support and advice for families from pregnancy until the child starts full time education.

The Family Nurse Partnership is an evidence-based programme of more intensive support that is shown to have improved outcomes for teenage mothers and their children. Prompt referral to health services is particularly important because

- FNP only work with young woman who are referred early enough to access the programme.
- The midwifery service has a key role in establishing early help assessment for the unborn child of all school aged mothers.
- Early access to maternity services can lead to improved health outcomes to mothers and babies, including saving mothers' lives.

School nurses and GPs in your area will be able to provide information about the pathways to maternity and health visiting services. Most maternity services have specialist teenage pregnancy midwives who are able to provide advice to schools.

Fathers-to-be will also benefit from sexual health and relationships advice, and perhaps counselling regarding their potential new role. It is therefore appropriate to refer them also to the school nurse, with their consent.

In cases where a pupil has decided to continue with her pregnancy, the pupil should be advised that the Headteacher will need to be informed so that arrangements can be made for continuing her education. A member of designated lead trained school staff should assist the pupil and take responsibility for her continuing education.

The young person should be consulted about who else should be told at this point, on a need to know basis. This could include

- School nurse and /or other health professional
- Education Welfare Officer/Attendance Officer
- The form tutor
- The PE department
- First Aiders
- Curriculum leaders for PSHE , Humanities and Science (regarding specific curriculum content which may be relevant or sensitive)

Schools should make it clear however to the pupil that they cannot guarantee confidentiality if there is risk of harm to the young woman or the unborn child, or anyone else connected.

Safeguarding

Underage pregnancy is not necessarily a safeguarding concern or evidence of a 'child protection' issue. Although the age of consent is 16 the Sexual Offences Act 2003 does not intend to criminalise young people of a similar age who are involved in consenting sexual relationships. However if the

Designated Safeguarding Lead has reason to believe that the sexual activity took place in an exploitative or abusive relationship, e.g. with an older person or someone in a position of trust, they should follow procedures and refer to First Point of Contact 03456789021

Any sexual activity under the age of 13 is considered statutory rape, and must **ALWAYS** be referred to Children's Social Care Services.

It is important that relevant staff members are familiar with Local guidance. If there are concerns around domestic abuse the school can refer the victim (or the perpetrator if also a pupil) to their local domestic abuse service.

Following decision to continue with pregnancy: Good practice

- Allocate a single member of staff that the student knows, trusts and feels comfortable with; who she can go to if she has any concerns, and who will work with her to actively resolve any issues- not just a listening ear.
- Make sure school goes through the health and safety risk management plan with the individual student so that she feels safe and secure whilst in school.
- Respond to or put in measures to prevent any physical or verbal harassment from other pupil's e.g. repeated unwanted requests to 'let me feel your bump'.
- Liaise with the family and any external agencies regularly to ensure that the student is set the appropriate work for their exams.
- Make sure school actively seeks and responds to the feelings, needs and wishes of the student, using a person centred approach, and keep these at the forefront of the support.
- 'Be more understanding' about the time off needed for appointments related to the pregnancy, or any complications.
- When offering support, staff should endeavour to talk to students in a sensible manner about the pregnancy, without embarrassment or euphemisms.

The nominated member of staff overseeing the support for the pregnant pupil should undertake an early help pre assessment checklist which will include a risk assessment for the young woman and the unborn child. Any safeguarding concerns in relation to the pregnant pupil or to the unborn child should be reported following child protection procedures.

DCSF guidance 2001 makes it clear that pregnancy is not a reason for exclusion from school. Health and safety should not be used as a reason to prevent a pregnant pupil attending school. This may result in the pupil changing classes at a slightly different time if the corridors are narrow, having an indoor area at break times, permission to leave classes without explanation to visit the toilets, some restrictions in lessons involving practical activities, etc. The Equality Act 2010 lists pregnancy and maternity as one of the 'protected characteristics'. This bestows a responsibility on the school to ensure it carries out its equality duties appropriately for these young people by ensuring that they are free from discrimination and harassment, have equal access and opportunity and that the school fosters good relations within the school community.

<https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>

The school should ensure that the pupil continues learning as long as possible until the birth by exploring all opportunities for curriculum support available within the LA's arrangements for education out of school.

The pupil, her parents/carers, partner and other agreed staff should be aware of the nominated member of staff in the school providing support to the pupil so that they may discuss any issues which may arise. This person will need to maintain contact with the key staff outside the school e.g. midwife,

Some pregnant young women are very anxious about weight gain and may diet or eat less healthily than is appropriate. Staff should try to ensure that during the school day, the pupil is encouraged to eat a well-balanced lunch. Girls may also pride themselves on not showing visible signs of pregnancy and may need support and encouragement to feel more positive and accepting of their changing body-shape. Schools may need to provide some flexibility in school uniform rules as the pregnancy progresses.

The Headteacher should make sure that the pregnancy is dealt with sensitively by teachers and pupils within the school. There could be an opportunity in tutor-time or PSHE to discuss issues openly to avoid any instances of bullying and misunderstanding.

The school should try to maintain continuity of learning when the pupil is on maternity leave – Where the pupil has become pregnant in Year 11, consideration should be given to her examination entries and requirements. Time may not allow for reintegration into mainstream education in which case the aim should be to encourage the pupil to consider further education or other suitable post-16 provision.

The Headteacher may adjust the curriculum to meet the needs of the student.

There will need to be some discussion with appropriate staff as to how best this can be managed and it might involve a reintegration plan that phases in attendance on a reduced timetable following the birth.

If a pregnant pupil is medically advised to take some days off to rest during her pregnancy, she should be supported and given work to take home as far as is possible – it might be necessary to arrange home tuition if there are difficulties during the pregnancy. In order to negotiate home tuition, schools should contact their Attendance/Education Welfare officer/DSL (Gail Rogers/Nikki Morrison/Catherine Triance) once a decision to continue the pregnancy has been made in order to make contingency plans.

The pupil will need to attend several antenatal and hospital appointments which may have to take place during the school day. Young mothers often delay seeking advice if they think they may be pregnant as they fear the consequences and should be supported to access antenatal services. The DCSF states that absence for antenatal classes or illness of the baby should be classified as “authorised.” In some areas of the county there are specialised young mum to be groups which offer much valued peer support during this time. Local Children Centre’s will offer support outside of these groups also. It is helpful if attendance at these groups is built into the pupil’s educational programme / reintegration plan / early help assessment.

The DCSF suggests that authorities provide assistance with transport in circumstances where, for example, a General Practitioner certifies that the pupil’s stage of pregnancy is such she is no longer able to walk to school.

Pregnant pupils are encouraged to stay in school as close as possible to the birth unless there are medical reasons not to. School will liaise with the midwife to establish this.

Maternity leave, covering the period immediately before the birth and appropriate time afterwards, will be negotiated between school, medical professionals, the pupil's parents/carers and the pupil. Experience indicates that a negotiated period of 6 weeks maternity leave maximises the likelihood of a pupil returning successfully to their education. This will be reviewed on a regular basis after the birth of the baby by the nominated member of staff in conjunction with medical professionals, the pupil and her parents/carers. The maximum period of maternity leave which can be authorised, if there are medical or welfare issues to consider, is 18 calendar weeks. Advice on this will be sought, by school staff or the EWO, from medical professionals.

The type and amount of work to be given to the pupil during maternity leave will partly depend on the age of the pupil and the timing within the academic year. Whilst the pupil is absent, the nominated member of staff at the school should keep in contact with the pupil once a week or fortnight, to provide support and so that all parties concerned are prepared for the date of the pupil's return to school.

For pregnant pupils or those who are mothers, the pupil's school would be expected to oversee her education, including setting and marking work and examination requirements while she is away.

As with any other pupil who has spent time out of school, a school age mother returning to school after the birth of her baby should have an individual reintegration plan, this should be discussed well in advance of the expected date of delivery as it is not possible to predict how much time a pregnant pupil will need to have off in the last month of pregnancy. Inevitably there are unpredictable events which will mean a regular review of the plan.

It is important that someone acts as an independent advocate for the pupil during the discussions and revisions of the reintegration plan. She will often be facing stressful emotional and health challenges, perhaps involving difficult relationships, both inside and outside the school. Some pupils will feel ready to return to school after two weeks of the birth whilst others may not return for four to six weeks. Experience indicates that a good reintegration plan will ensure a successful return to education. It is important to ensure that the pupil is fit and well before returning. There may be complications with the birth or the baby that require the pupil to have a longer time off school than envisaged and contingency plans agreed within the plan should cover this eventuality.

The nominated member of staff in the school should also prepare the tutor/teaching groups for the pupil's return to minimise the risk of bullying and to allay possible anxiety on both sides. It is important for all staff and pupils to recognise that a new parent may be missing her baby during the day.

Following extensive research, the government is very keen to encourage breast-feeding by mothers. Teenage parents often need a lot of support and encouragement to undertake this method of feeding their babies. Whilst midwives and health visitors will advise the pupil, schools should be supportive of arrangements that facilitate breast-feeding. This may include helping to arrange nearby childcare, adjusting the pupil's timetable or making facilities available on-site.

It is important to allow the pupil time off school to attend baby clinics, immunisation appointments, six week check-ups, etc, as these are important in developing good parenting skills and ensuring the good health of the baby. Family Nurse Partnership – Shropshire Community Health can provide support and signpost specialised young parent support and groups that provide peer support alongside input on parenting and health issues. Attendance at these groups should be considered as part of the reintegration plan. Information on this support can be accessed via <http://www.shropscommunityhealth.nhs.uk>

Health and Safety

As already stated Health and Safety is not a reason for a pregnant young woman to be missing from education. A risk assessment needs to be carried out and measures taken to allow the young woman to engage in lessons and school life. This may mean, for example, being allowed to stay in at break if tired. Although many PE activities may be safe, it is advised that the pregnant young woman does not take part in contact sports.

Schools can liaise with the midwife for advice where there are concerns.

Fathers and Fathers-to-be

Fathers-to-be will also need support if they are to take an active role in their child's life. The father's positive involvement in a child's early life is associated with a range of good outcomes for babies and children. A positive relationship between the mother and father is also a protective factor for post-natal depression (DSCF 2008)

Where a young man wishes to be involved in caring and supporting the pregnant young woman, whether or not she is a pupil at the school, he should also have a Support plan in place.

He may need some form of counselling or advice and information to help him come to an informed decision about this, as well as advice on contraception. He should be supported in accessing this, either from the school pastoral team, the school nurse or a practitioner from a young person's' sexual health service.

Father's-to-be and school age fathers should be allowed time off to attend ante-natal and post-natal appointments and the birth, as well as paternity leave

The nominated member of staff should continue to be responsible for the pupil throughout her remaining time on roll at the school. This will need to be identified and named on the risk management plan.