TEENAGE PREGNANCIES POLICY

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Contents

General Statement

Britain still has the highest rate of teenage pregnancies in western Europe (Family Planning Association 2016). The rate for the UK in 2014 was 6.8 per 1,000 15-17-year-olds, compared to 1.1 in Denmark and 1.3 in the Netherlands. Certain groups of young people are particularly vulnerable to becoming young parents. They include excluded students, truants and young people under performing at school.

As part of the national teenage pregnancy strategy, the government aimed to halve the rate of teenage conceptions among under 18 year olds and to increase to 60% the participation of teenage parents in education, training and employment to reduce their risk of long term social exclusion by 2010. Since the strategy started the under 18 conception rate has fallen by 13.3 per cent with births to under 18s down by almost 25 per cent (figures May 2010). The strategy is now to continue to reduce the numbers of conceptions and to improve the education and access of young people about sexual health services available to them. Since the coalition government, the teenage pregnancy strategy has been dissolved however the work will be continued by other health related bodies. Local Authorities have a statutory duty to provide suitable education for pupils for whom they are responsible, including pupils of compulsory school age who become parents.

Pregnancy is not a reason for exclusion from school and health and safety should not be used as a reason to prevent a pregnant student attending school. Pregnancy is not an illness and there is no evidence to suggest that having a pregnant student in school will encourage others to become pregnant. It should however be noted that we openly and in a safe environment, discuss and teach students to make sensible decisions regarding sexual activity.

This guidance should be read alongside the **DfE (0629/2001)** which explains the responsibilities of the local authority and the academy in relation to the education of teenage parents.

Aims of Policy

- To encourage all pregnant students and young parents to access the wealth of opportunities available within mainstream schools;
- To provide practical support and flexibility to enable young parents to attain to their highest level;
- To promote a positive attitude towards education and raise aspirations for both young parents and their children.

This policy should be read in conjunction with the child protection policy, confidentiality policy and child sexual exploitation policy.

Disclosure of possible pregnancy

Initial communication of pregnancy

Teachers should always seek consent from a student for any disclosure, but should make it clear that they cannot offer or guarantee students' confidentiality (see confidentiality policy) if there are child protection concerns. School staff are not legally bound to inform parents/carers of any disclosure by students, 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, they must as a matter of urgency inform the designated safeguarding lead. They will then follow the flowchart **'what to do if a pregnancy is reported at the academy'** and seek the necessary support. This at SLT level, should include the consideration of confidentiality, child protection concerns, and expects professionals to consider using the Common Assessment Framework (CAF) and/or risk and resilience framework to assess need. The final decision as to whether parents/carers need to be informed will be that of the designated safeguarding lead.

NOTE 1: If a student is pregnant and has decided to continue with the pregnancy, use of the Common Assessment Framework (CAF) or a multi-agency meeting should be seriously considered as a multi-agency support programme is likely to be required. The Principal or designated member of staff should take steps to encourage and support the student to inform the parent or carer. However, they are not obliged to inform parents/carers of the pregnancy if there are other safeguarding issues (see flow chart appendix 2).

NOTE 2: Students under 13 cannot consent to ANY sexual activity. In all cases involving under 13s there must be a formal recorded consultation with the local children safeguarding board who must make an enquiry to the Child Protection Register. The designated safeguarding lead should also consider informing the police.

In-house care for students who decide to continue with a pregnancy

Students should continue to attend the academy for as long as is practical into their pregnancy and as a general rule would go on maternity absence 6 weeks prior to the due date. Up to a **maximum of 18 weeks of maternity absence** can be authorised. However it should be noted that this is at the discretion of the individual and should be informed by the risk assessment.

When exploring a CAF or other multi-agency meeting and completing a risk assessment, you should consider:

- Promoting positive expectation of attendance and success;
- Negative remarks are damaging and may cause self-exclusion;
- Respecting and acknowledge situation;
- That fathers can feel left out.

Planning and preparation

- Named member of staff for liaison;
- Individual Education Plan / PEP;
- Set realistic yet challenging targets;
- Inform parents/carers and students in plenty of time of deadlines for coursework and examination dates;
- External examinations - plan ahead – notify examination board if necessary.

Flexibility

- Timetable - time and content - reduce later in pregnancy if needed;
- Uniform - comfort and freedom of movement important;
- Consider off site options - college placements, other groups;
- Other internal support areas such as the PLC and/or Bridge;
- Home tuition or e-learning may be available for short periods around confinement.

Practical

- Health & safety - assess and minimise risks;
- Toilets - need to be available at all times without delay;
- Water- dehydration can cause kidney problems;
- Stairs/corridors - allow to avoid busy times.

Care for students once a baby is born

Children's services and health services recommend the earliest a student returns to the academy is six weeks after the birth, following a positive six-week health check. It may be possible for a student to attend before the end of the 6 week period having taken an examination and if a health professional confirms their fitness to do so.

The link person within the academy has a responsibility to:

- Contact, congratulate and encourage return to the academy;
- Support the student as the academy did during pregnancy;
- Let them be proud of their baby;
- Recognise status as parents;
- Appreciate conflicting priorities;
- Be aware of what support there is at home;
- Sympathise with lack of sleep/baby's health;
- To advise about childcare: care to learn provides up to £160 (correct March 2017) per child. See the following the link for further details: https://www.gov.uk/care-to-learn/what-youll-get
- You could also be eligible for the 16-19 bursary fund;
- Help the student to find childcare.

Care for students who are fathers

The academy 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 academy; this may cause difficulties if the relationship has ended and the student has rejected his responsibilities or been excluded from his parenting role. This needs to be monitored via learning managers and VMG mentors.

Other Concerns

Informing parents of teenagers expecting a baby

The academy believes that it is in the best interests of students for the student to inform their parents/carers of a confirmed pregnancy. The exception to this would be if, in the judgement of the designated safeguarding lead, there were issues of child protection which would not make passing on this information in the student's best interests.

The academy will also respect the student's final right to confidentiality if circumstances show Fraser Guidelines can be invoked (see confidentiality policy).

Absence for pregnancy related medical appointments

These should be treated as normal absences for medical reasons, but should be arranged if possible with sensible regard to the academy day (i.e. should be out of normal session time if possible). All appointments should be proved with appointment cards as for pregnant members of staff.

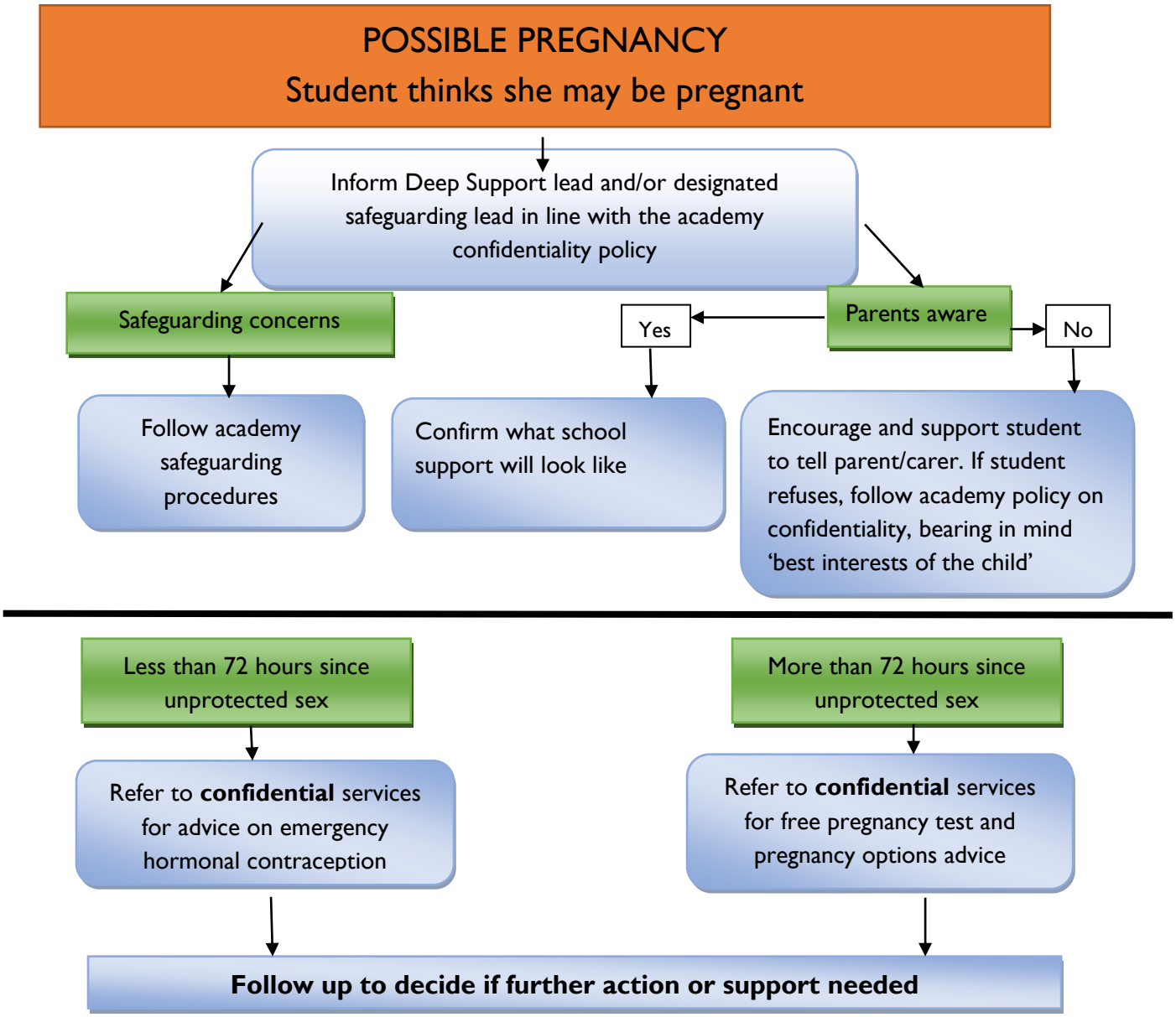
Sharing information with other services

The CAF or during multi agency meetings, it may be necessary to share information with other services.

Disclosure of Pregnancy in school:

See appendix 2 for the academy flow chart. Also refer to appendix 3 and 4 for additional suggestions.

Appendix 2



Emergency Hormonal contraception (as stated on NHS website):

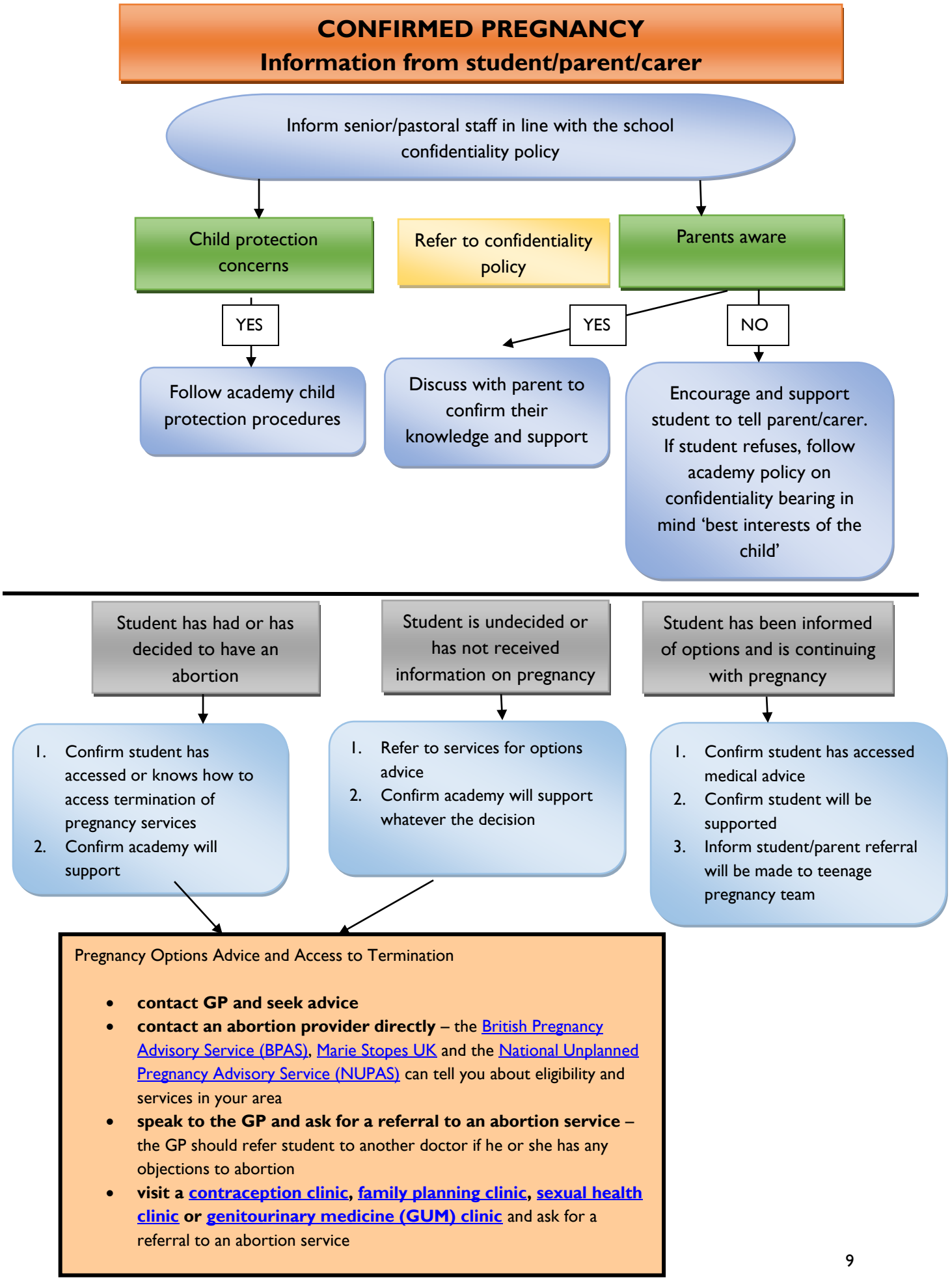
- contraception clinics
- Brook centres
- some pharmacies (e.g. Lloyds)
- most sexual health clinics, also known as genitourinary medicine (GUM) clinics
- most NHS walk-in centres or urgent care centres
- most GP surgeries
- some hospital accident and emergency (A&E) departments

Phone to check availability before sending student

Pregnancy Testing and Advice:

- Worth talking about helpline: 0300 123 2930
- Ask Brook for 24/7 support : https://www.brook.org.uk/our-services/ask-brook-a-question-24-7
- The national sexual health line: 0300 123 7123
- GP surgery

Appendix 3


CONFIRMED PREGNANCY
Information from student/parent/carer
Inform senior/pastoral staff in line with the school confidentiality policy
Child protection concerns
Refer to confidentiality policy
Parents aware
YES
YES
NO
Follow academy child protection procedures
Discuss with parent to confirm their knowledge and support
Encourage and support student to tell parent/carer. If student refuses, follow academy policy on confidentiality bearing in mind 'best interests of the child'
Student has had or has decided to have an abortion
Student is undecided or has not received information on pregnancy
Student has been informed of options and is continuing with pregnancy
1. Confirm student has accessed or knows how to access termination of pregnancy services
2. Confirm academy will support
1. Refer to services for options advice
2. Confirm academy will support whatever the decision
1. Confirm student has accessed medical advice
2. Confirm student will be supported
3. Inform student/parent referral will be made to teenage pregnancy team
Pregnancy Options Advice and Access to Termination
• contact GP and seek advice
• contact an abortion provider directly – the British Pregnancy Advisory Service (BPAS), Marie Stopes UK and the National Unplanned Pregnancy Advisory Service (NUPAS) can tell you about eligibility and services in your area
• speak to the GP and ask for a referral to an abortion service – the GP should refer student to another doctor if he or she has any objections to abortion
• visit a contraception clinic, family planning clinic, sexual health clinic or genitourinary medicine (GUM) clinic and ask for a referral to an abortion service

Appendix 4

A brief introduction to the law regarding sexual activity and under 18s

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 student 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 student aged 13–15 as to whether there should be a discussion with other agencies and whether a referral should be made to children social care. The younger the student and the wider the age gap between participants, the greater the concern (even 3 years' age difference may be worrying if one of the students 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 young person (directly or indirectly). The academy has a responsibility to inform parents/carers of sexual activity where the child is under the age of 16 unless Fraser Guidelines are invoked. The child should be encouraged to inform their parents/carers themselves in the first instance.

Under 13s
A student 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 social care department who must make an enquiry to the child protection register. The academy would also inform parents/carers as a matter of urgency unless there were issues relating to safeguarding.

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/carers
If a young person is under 16, professionals should encourage the young person at all points to share information with their parents/carers 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/ carers will be taken using professional judgement and the child protection procedures. Decisions will be based on the student's age, maturity and ability to appreciate what is involved in terms of the implications and risks to themselves.

Giving advice, contraception and/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. Healthcare professionals working on the academy site are allowed to hand out advice on the use of contraception as well as handing out contraception (such as condoms).

Any intervention must take place within The Fraser Guidelines and 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 consent.
- these criteria specifically refer to contraception, the principles are deemed to apply to other treatments, including abortion.

Further details in this appendix can be found in the confidentiality policy