Education and Support for Pregnant Students and School Age Parents
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Introduction

Like all parents, teenage parents want the best for their children and some manage very well. The demands of caring for a baby at a time when young people themselves are going through the transition from adolescence to adulthood are significant. As a consequence, teenage parents need additional support if they and their children are to avoid the poor outcomes many of them currently experience (Department for Children Schools and Families (DCSF) and Department of Health (DH), 2007).

Not only do their children have higher rates of infant mortality and higher rates of admission to the Emergency Department; in the longer term, children of teenage parents experience lower educational attainment and are at a higher risk of economic inactivity and social disadvantage as adults.

The pressures of early parenthood result in teenage parents experiencing high rates of poor emotional health and well-being and they do not often achieve the qualifications they need to progress into further education. It also means that in some cases, they have difficulties finding childcare and the support they need to participate in Education, Employment and Training (EET).

This document has been produced to help educational establishments support pregnant students and school age parents to continue their education and, in doing so, enabling them to reach their full potential. It provides information on the support available from partner agencies in the City of York and reflects current Government guidance on the education of school age parents.

The Responsibility of Schools

Most cases of teenage pregnancy occur in Year 11, which is a crucial time for taking GCSEs, therefore it is important to ensure the young parents and parents-to-be are able to complete their compulsory education and are supported to go on to further education and training when they are ready. (DfES 2001)
Under section 7 of the Education Act 1996, parents of the teenage parents are responsible for making sure their children of compulsory school age receive a full-time education that is suitable to the child’s age, ability and aptitude and to any special educational needs the child may have. This can be by regular attendance at school, alternative provision, or by education otherwise (DCSF, 2008). Section 436A of the Education Act 1996 (inserted by section 4 of the Education and Inspections Act, 2006) requires all local authorities to make arrangements to enable them to establish (so far as it is possible to do so) the identities of children residing in their area who are not receiving a suitable education. Monitoring and maintaining the attendance of individual pregnant pupils and school age parents remains at all times the responsibility of the educational establishment at which the pupil is on roll.

The Equalities Act 2010

The Equality Act 2010 removed the exemption that previously applied to schools about bringing discrimination cases on the grounds of pregnancy and maternity. This means that for the first time it will be unlawful for schools to treat a student less favourably because she becomes pregnant or has recently had a baby. Schools will also have to factor in pregnancy and maternity when considering their obligations under the new Equality Duty.

The following paragraphs have been extracted from Equality Act 2010: Advice for School Leaders, School Staff, Governing Bodies and Local Authorities. This advice is reviewed annually.

Protection for pupils from discrimination because of pregnancy and maternity in schools is new in the Equality Act. Although the specific provision in the Act is new, schools should already be aware of their specific responsibilities to any pupils in their care who become pregnant or parents. Previous government guidance issued in 2001, (DfES/0629/2001 on the ‘Education of School Age
Parents’) inserted below, and in the Absence and Attendance Codes Guidance for Schools and Local Authorities (January 2009, page 8), available at www.education.gov.uk makes it clear that schools must not exclude a pupil simply on the grounds of her becoming pregnant, but should allow no more than 18 calendar weeks authorised absence to cover the time immediately before and after the birth of her child. This is in order to ensure that she is reintegrated into education as quickly as possible.

Schools already have a duty of care to their pupils and we do not expect them to have to alter their policies because of this new legal provision, providing they are not excluding pregnant pupils or requiring them to study at home or in alternative provision when they wish to remain in school, and are letting them return to education when they have had their babies. The DfE Equalities Legislation Team is hoping to extend their guidance on the law relating to school age mothers.

**Accessing Support**

The aim of the school should be to keep the pregnant student or school aged parent in education; this means keeping the student on the school roll, even if she/he may not be able to attend for a period of time. A designated member of school staff should act as an advocate and assist the student to take responsibility for her/his continuing education.

The Department for Education and Skills (DfES and DH, 2000) issued Sex and Relationships Education Guidance for Schools, stating that schools should have a clear confidentiality policy. Head Teachers should ensure all school staff and parents are aware of the policy and that school staff adhere to it. School staff are not duty-bound to inform parents of any disclosure by pupils unless the school’s safeguarding and subsequent confidentiality policy requires them to do so.
As soon as a member of staff has been informed by a student that she is pregnant, the flowchart ‘Do you know a young woman who thinks she may be pregnant’ should be consulted (Annex 1, page 12) in order to identify any support service that may be able to offer advice about pregnancy options.

If the student has not already done so, she should be encouraged to inform her parents/carers of the pregnancy. She may need some support to do this. School staff should always seek consent from a student before disclosing any information but should make it clear that they cannot guarantee confidentiality if there is a possibility that the young person or someone else could be harmed, for example, risk of harm to the young woman and/or the unborn child.

The fact that a young woman under 16 is pregnant or has a baby does not automatically mean that she or her baby is a ‘child in need’. However it is recommended that consent is gained and the Children’s Advice and Assessment Team (Children’s Front Door) is informed. This is to ensure the young woman has the appropriate level of support. Common Assessment Framework (CAF) procedures should be followed if appropriate. Further information with regard to this process is included later in the document. (Annex 2, Page 13).

If the name of the father of the child has been disclosed, or he has revealed his identity, his needs and rights should also be taken into account. Schools should be supportive of both parents, acknowledging the additional needs that school age fathers and fathers-to-be may have. In some cases both the mother and father-to-be may be attending the same school; this may cause difficulties if the relationship has ended, the pupil has rejected his responsibilities, or been excluded from his parenting role. If the school has concerns about the relationship between the young parents/parents-to-be advice and support is available through the Independent Domestic Abuse Services (IDAS) www.idas.org.uk.

Although the age of consent to sexual activity is 16, the Sexual Offences Act 2003 does not intend to criminalise young people 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.

Under the Sexual Offences Act 2003, children under the age of 13 are considered of insufficient age to consent to sexual activity. If the student is under the age of 13 and pregnant, there must always be a referral to Children’s Social Care (CSC) or Children’s Front Door) on telephone number 01904 551900.

For further information and guidance with regard to sexually active young people, please refer to the City of York Safeguarding Children Board website.

www.yor-ok.org.uk/Safer%20Children%20York/SaferChildrenYork

An enquiry to CSC is recommended in all cases where the student is under the age of 16 in order see if any other agencies are involved with and working with her and if CSC involvement is required. CSC can pass to the Children’s Advice team for advice and support on CAF/Family Early Help Assessment (FEHA) processes if CSC involvement is not appropriate. If a CAF/FEHA has already been undertaken, the Advice Team will advise, and the school should liaise with the named Lead Practitioner, share the information, join the ‘Team Around the Child and Family’ (TACF), and the Lead Practitioner will amend the CAF/FEHA action plan appropriately.

If a CAF/FEHA process is not in place, and other services are known to be working with the young woman or man, these services/named workers should be contacted and the most appropriate service/named worker should start the CAF/FEHA process if appropriate. Further guidance on undertaking a CAF or Family Early Help Assessment can be obtained from the Children’s Advice Team Tel 551900 and/or on the YorOk website. A CAF/FEHA should be undertaken to identify need, this will then determine the most appropriate professional to produce, coordinate and monitor a CAF/FEHA Action Plan. The CAF/FEHA Action Plan will include a Personal Education Support Plan to ensure the continuation of education and enable reintegration.
Lead Practitioners will be able to access information about services in their school catchment by contacting the Family Information Service 01904 554444 fis@york.gov.uk or: http://www.yor-ok.org.uk/Parents/services-in-york.

Pregnancy

Ante-natal appointments

Pregnant teenagers are less likely to access maternity services and ante-natal care in early pregnancy. This can result in raised levels of medical complications and premature births. Pupils should be encouraged to attend ante-natal appointments and would be expected to evidence these as they would any other medical appointment during school time. 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 (DCSF 2008). Time off during school time for young fathers-to-be to attend ante-natal appointments should be negotiated with the school. Alternatively, the school may recommend that young people ask for ante-natal appointments to be made after school wherever possible.

Maternity

Maternity leave

A pregnant student is entitled to up to 18 calendar weeks of authorised absence to cover the time immediately before and after the birth of the baby. It would be inappropriate to authorise a year 11 student to take 18 calendar weeks authorised absence before the official school leaving date. The link between the low educational attainment of teenage mothers and child poverty is well documented. Children born to teenage mothers have a 63% increased risk of being born into poverty compared to babies born to older mothers. Teenage mothers are 20% more likely to have no qualifications at the age of 30 than mothers giving birth aged 24 or over. (Sewell. A, 2011).
Many young girls choose to take less than 18 weeks leave and remain in school until the baby is due, returning soon after the birth. The dates of the maternity leave should be agreed between the school, the student and her parents/carers. The school should consider how they can best support her education during the period of maternity leave, for example by sending work home. If health allows, schools should encourage the student to return to education with the minimum disruption. Schools should avoid pressuring the student to return before she feels ready.

After the period of maternity leave, the young mother should return to school at which she is on roll. There may be instances when it is agreed, in consultation with the student and her parents/carers, that a return to mainstream education would not be in her best interests. In this situation the school are advised to seek guidance from the Behaviour and Attendance Partnership.

**Paternity leave**

Employed fathers are entitled to take Ordinary Paternity Leave of two weeks. There is no obligation for schools to allow paternity leave for school age fathers. If the school, in consultation with the young father, feels it is appropriate, and where the father has already been involved in supporting the mother during pregnancy, the school should consider what flexibility they can offer to the timetable and curriculum. In this case it is recommended that a teenage father should be allowed no more than ten days authorised absence. The school also needs to consider the stage in the young father’s education, his overall attendance and whether allowing him to take 10 days will cause him to become a ‘persistent absentee’.

Note: The school needs to ensure they are not discriminating against the teenage father under any of the protected characteristic stated in the Equalities Act 2010.
Reintegration into Education

School age mothers are expected to return to full time education once their period of maternity ends. Evidence suggests that reintegration into education is more successful if the return is phased. The CAF Action Plan will include the agreed process for reintegrating the young parent back into education. This should be, in all cases in consultation with the student, their family if appropriate, Lead Practitioner and the school. This may include work sent home, home tuition, a part-time timetable or attendance at an Alternative Learning Provider however, wherever possible, the young mother should be encouraged to return to her own school.

It is important to allow flexibility for the young parent to attend appointments, and to support attendance at young parents’ support groups. These are important in developing good parenting skills and ensuring good health of the baby. Attendance at these groups should be built into the Personal Education Support Plan.

Childcare

Young parents under the age of 20 are entitled to funding to pay for childcare places and associated travel through ‘Care to Learn’. Where a young parent is experiencing difficulties in accessing childcare, the Family Information Service (FIS) can offer support and assist in finding a suitable childcare provider.

Breastfeeding

Breastfeeding has a strong protective effect on the health of the mother and baby. Research suggests teenagers are a third less likely to breastfeed and teenagers who do initiate breastfeeding are much less likely than older women to continue. (DCSF and DOH 2008). It is important that schools support the student’s choice to breastfeed. If the childcare is close to the school, the pupil should be allowed to leave at agreed times. The school should identify a private area to enable the
student to express milk and provide suitable facilities to store milk during the school day.
Annex 1: Do you know a young woman who thinks she may be pregnant?

Is emergency contraception an option?
Emergency Hormonal Contraception pills (EHC) aka 'the morning after pill' can be taken up to 72 hours (3 days) after having unprotected sex. The IUD (coil) can be used up to 5 days after unprotected sex. EHC is available free of charge and is available at many pharmacies, Yorclinic, GPs, the Urgent Care Service at York Hospital and School Health and College Drop-Ins.

Pregnancy Testing
Free from Yorclinic, GP’s, School Health and College Drop-Ins, Castlegate, EHC is available for a fee from chemists and supermarkets.

Are there concerns about Sexually Transmitted Infections?
Contact Yorclinic, Young People’s Sexual Health Outreach Team (YPSHOT), Chlamydia screening kits are available from GP’s, Pharmacies, Castlegate and School Health and College Drop-Ins (Contact School Health for info re school Drop-Ins (01904 725331)

Information / advice
contraceptive services and sexually transmitted infections
For opening times and services visit http://www.yorsexualhealth.org.uk/

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Continue with the pregnancy
• Refer to midwife at GP surgery.
• Yorbabe (young parents to be antenatal group 01904 725436

Termination of Pregnancy
• GP
• YPSHOT
• Yorclinic
• BPAS
• Marie Stopes

Unsure

The young woman needs further advice or support.

Yorclinic
Contraceptive and Sexual Health Services
Monkgate Health Centre
01904 721111
Yorscreen
01904 725440

YPSHOT
01904 725436
Castlegate
01904 555400
GPs

Benefits and rights
• Castlegate (16-25’s)
• Job Centre Plus
• Welfare Benefits Unit 01904 642512
• CYC Benefits Advisors 01904 552233 or 01904 552252

Support for young parent and baby
• Health Visitor through GP
• YorOk Website (parenting homepage)
• Children’s Centres
• Family information Service (FIS) 01904 554444

Continuing Education
• Castlegate
• Personal Support and Inclusion Worker linked to the school/college- Integrated Youth Support Services 01904 552350
• Care to learn
• www.direct.gov.uk

Confidentiality
All young people have the right to receive confidential advice, and all professionals have a duty of confidentiality to young people including under 16’s. Only in exceptional circumstances may confidentiality be broken, this would be where the health, safety or welfare of the young person or others would be at risk. Whenever possible the young person should be informed if this is the case, unless to do so would be dangerous to the young person or others.

If you have concerns about a child or young person, telephone Children’s Social Care - Children’s Front Door’ 01904 551900.
ANNEX 2

Care Pathway for School Age Parents

The reintegration of school age parents into education

School is informed of pregnancy

Pastoral Lead offers support to the young woman and discusses with parents/carers if appropriate

Pastoral Lead/authorised user will make an enquiry to Children’s Social Care - Children’s Advice Team to establish whether any other agencies are currently involved with the young woman
Tel: 01904 551900

If a CAF process is in place and ongoing, the school should liaise with the named Lead Practitioner, share the information, join the Team Around the Child & Family (TACF) and contribute to the CAF action plan

If a CAF process is not in place and other services are known to be working with the young woman, these services/named workers should be contacted and the most appropriate service/named worker should start the CAF process

If there is no CAF process and no other services are working with the young woman, the CAF process should be started by the school to explore whether there are any additional needs. This will help to establish which practitioner is most appropriate to lead and co-ordinate a CAF Action Plan, including a Personal Education and Support Plan to enable re-integration.

Once the CAF process is in place:

1. Contact the Children’s Advice Team to register the CAF and to receive the contact details of the Lead Practitioner and details for the TACF meeting, attendees and potential review dates
2. Arrange a TACF (Team Around the Child and Family) meeting (if appropriate)
3. Identify whether the Lead Practitioner is to remain the same or to change the Lead Practitioner as determined by need and/or young person’s wishes
4. Determine CAF action plan
5. Make any relevant referrals for support
6. Implement the CAF action plan and review within the agreed time scale

Further information and advice can be provided by:

The CAF champion within your education establishment or the Children’s Advice Team
ANNEX 3

Examples of Attendance Codes:

I. Pregnancy is not an illness, therefore absence due to illness during pregnancy should be recorded - I

II. Ante-natal appointments - M

III. Maternity Leave - C if within 18 weeks. Any absence beyond this is unauthorised- O unless there is a legitimate reason for the absence.

IV. Paternity Leave - C

V. Illness of baby - C

VI. Baby medical appointments - C

VII. Lack of childcare due to unforeseen circumstances-C

VIII. Failure to organise childcare, or refusal to access childcare place offered - O

IX. Part time timetable - C

X. Work sent home – B if the school can satisfy themselves that the study is being supervised by an appropriate person. If work is sent home during the maternity leave and not supervised, then it should be coded - C

XI. Attending alternative learning programme - B or D depending on the provision
References


- Department for Education (2011) Available at: http://www.education.gov.uk/schools/pupilsupport/inclusionandlearnersupport/inclusion/equalityanddiversity/a0064570/the-equality-act-2010


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