

TEENAGE PREGNANCY AND EARLY MOTHERHOOD

GOOD PRACTICE GUIDANCE FOR SCHOOLS

Background

The Children's Legal Centre has useful information at

<http://ealinghelp.org.uk/Information/Detail/ArticleId/330/The-Childrens-Legal-Centre-CLC>

- The Law:** while legislation does not make it unlawful for a teenager to become pregnant, the fact that a young woman of statutory school age becomes pregnant could be an indicator that she has suffered significant harm and therefore practitioners should be familiar with the relevant guidance in place to address teenage pregnancy, as well as the legislation in place regarding sexual offences towards minors.

The Sexual Offences Act 2003 makes it illegal for children under 16 to have sex. This does not apply if the teenage sexual activity is freely agreed between two young people of similar age. However it is always illegal for a child under 13 to have sex. Below this age, the law considers this to be rape and that a girl of this age is not able to give informed consent to sex.
- Provision of high quality Sex and Relationships Education (SRE) (Kirby 2007) and improved use of contraception (Santelli 2008) are areas where strongest empirical evidence exists on impact on teenage pregnancy rates.

Under the Education Act 2002, all schools must teach SRE at an age appropriate level and non-statutory government guidance (2000) is available at <https://www.gov.uk/government/publications/sex-and-relationship-education> this includes clarification regarding some issues such as confidentiality and consent which can be particularly complex.
- Teenage Pregnancy is not explicitly covered by the Children Act 1989. However being pregnant may mean the girl has suffered or is at risk of suffering physical sexual or emotional harm and practitioners must consider such safeguarding issues and whether any criminal offence may have been committed. At a minimum, teenage pregnancy and early motherhood will affect the young woman's emotional and physical well-being and support will be required though not always via Children and Families Social Care.
- The Teenage Pregnancy Strategy was monitored by the Teenage Pregnancy Independent Advisory Group (TPIAG) between 2000–2010, and led to a reduction of under 18 conception rates and promoted good practice. However, the UK still has one of the highest rates in Western Europe. TPIAG (now no longer in operation) stated that all practitioners have a role to play in preventing teenage pregnancies as well as in supporting young parents. Multi-agency working and dedicated support should be provided and ensure the complex socio-economic needs of these young women are met and minimize the long term poor outcomes for them and their babies which have historically been significant but are not inevitable. Key ingredients of effective support are: early identification in the antenatal period, and dedicated support from a lead professional –coordinating and drawing in specialist services as necessary.
- One aim of the strategy was to increase the participation of young mothers in education, employment and training to reduce longer term social exclusion.
- Factors increasing risk of teenage pregnancy:

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- Coming from socially disadvantaged background
- Being excluded from or truanting from school
- Under achievement in education
- Living in care or being a care leaver
- Being vulnerable, including having special educational needs or a disability
- Coming from some minority groups
- Being the daughter of a teenage parent
- Have not received or had only insufficient SRE
- Have experienced peer, partner or media pressure or organized sexual exploitation to have sex at a young age

7. In 2012 The Teenage Pregnancy Unit (Alison Hadley) stressed the importance of partnership working and reported that historic poor outcomes have related to:

- Child health including more accidents and more behavioural problems - conduct, emotional and hyperactivity problems.
- Mother's emotional health and well-being, with increased rates of post-natal depression and other mental health measures, partnership breakdown and poor housing.
- Economic well-being –11% of all NEETs are teenage mothers or pregnant teenagers; by age 30, they are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, much less likely to be employed or living with a partner; young fathers twice as likely to be unemployed at age 30 – even after taking account of deprivation. Children have 63% higher risk of living in poverty, lower academic attainment and a higher risk of unemployment and low income in later life

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Guidance Note for Schools and Local Authority In-Year Admissions Staff

1. There is a presumption of continued education and training for all up to the age of 18 years. Y11 students remain of statutory school age until the last Friday in June of the year in which they reach the age of 16. The Connexions team should be involved to assist the student in planning to continue their education at or other than at school from the following September.
2. Pregnant girls/young women remain on the roll of their school and schools must not exclude students on grounds of pregnancy or health and safety issues connected with pregnancy. The school, having responsibility for the student's education, will consider with the student and as appropriate, her partner and parents, the options available; these can include continuing full time education (25 hours per week, or less up to the number of hours for which she is medically fit) in school up to 4 weeks before the expected date of delivery and resuming this within 3 - 6 months, subject to any medical requirements.
Generally 18 weeks out of education is a guideline. Flexible part time arrangements and alternatives may be made, for such periods as considered appropriate, such as virtual learning at home or other Alternative Provision (AP). The Commissioned Alternative Provision Lead at the LA can be consulted. If the mother has high levels of anxiety, social needs or ill health then it might exceptionally be appropriate (as for those who are not pregnant) for the school to make a medical referral to Ealing Alternative Provision. Dual registration then applies.
3. The Care to Learn Scheme supports young mothers (under 20 years of age) with child care costs.
For more information about **Care to Learn**, Tel: 0800 121 8989.
<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/teenager-pregnant.aspx#close>
(Updated 02.04.2015 and due for review 02.04.2017.)
Information on child-minders and nurseries is available from Family Information Service. The Family Services Directory is available online at www.ealing.gov.uk/fsd Tel: 020 8825 5588 or email children@ealing.gov.uk
4. The health and welfare of the mother and unborn child/baby are paramount.
5. If a school becomes aware of or suspects a girl/ young woman is pregnant, safeguarding practice must be followed. There may be complex issues relating to vulnerability, consent and confidentiality and legal advice may be necessary.
6. In some cases a girl/young woman may refuse to admit she is pregnant; she may also be concealing it from her family, have been made pregnant by a family member or acquaintance of the family, or have been sexually exploited.
7. In all cases, early involvement by health professionals is essential and the school should seek advice from and involve their School Health Adviser. If a girl/young woman fears she may be pregnant then counselling including that relating to emergency (morning-after) contraception may be appropriate; also of course in any decision to maintain or terminate the pregnancy, and health concerns such as sexually transmitted diseases (STD).
8. A flow chart on Ealing's Young People's Sexual Health and Pregnancy Referral Pathway is available at <https://www.egfl.org.uk/services-children/teenage-pregnancy> updating in progress

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The NHS also has a link for **Teenage Pregnancy Support**

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/teenager-pregnant.aspx#close>

9. In some cases, a member of the school staff may be best placed with the girl's/ young woman's consent, to inform the family, or be present to support the girl/ young woman in telling them of the pregnancy.
10. An Early Help and Assessment Plan (EHAP) will generally be appropriate when multi-agency working applies.
11. In Ealing, the Family Nurse Partnership (FNP), a specially designed free and voluntary programme for girls and young women under the age of 19, having their first baby, can be involved. FNP involves regular visits by a family nurse, and if the girl or young woman chooses to, can include the father, partner or friend. They offer structured home visits, delivered by specially trained family nurses, from early pregnancy until the child is two. The service will support the young person in every aspect of their life and the baby's life and has a strong focus on the young woman's education and aspirations for the future.
Contact Details: **The Ealing Family Nurse Partnership** is based at Hanwell Early Years Centre, 25a Laurel Gardens Hanwell, W7 3JG Tel: 020 8825 8244 Fax: 020 8825 9417 Email: LNWH-tr.ealingfnp@nhs.net Website: <http://www.lnwh.nhs.uk/services/ealing-community-services/family-nurse-partnership-fnp/>
12. The impact on the girl/young woman will vary depending on her age, and family and cultural norms – it is not necessarily a negative or traumatic and undesirable experience and situation. Some girls/young women come from stable and supportive families, including the extended family and the father's family, and they can manage very well without the intervention of external agencies (other than health professionals).
13. Therefore, referral to Ealing Children's Integrated Response Service (ECIRS) will be appropriate for some though not all cases. This must be considered for all those under 16 at time of conception, is always required if under 13 at time of conception, and may be appropriate for some over 16. Issues relating to the absolute and relative ages and relationship of the couple and whether any criminal offences have been committed are also relevant, as are family support and the girl's young woman's own views and feelings. The lead person for discussion and referral is
 - For those on a school roll: the school's Designated Safeguarding Lead.
 - For unplaced students: Team Manager In-Year School Admissions.
14. For any pregnant girl/young woman without a school place, a place should be allocated as for any other student; for year 11 students, alternative provision will be considered. In-year applicants are often less likely to be offered a preference school, and advice on the appeal process is provided. The Admissions Team will work with the family and with other professionals as necessary e.g. social worker, family nurses. There may be advantages in being placed in education close to the family home to facilitate return to school after the birth and continued feeding of the baby by the mother.
15. Breast feeding should be positively but sensitively promoted and facilitated, taking into account the mother's wishes; arrangements such as facilities for expressing milk, feeding in school with appropriate privacy, or taking extended lunch breaks may be appropriate.