PREGNANCY DISCLOSURE

Model Of Good Practice:
Who can help and how to support

Updated November 2010

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1. Introduction

The government’s ten-year national teenage pregnancy strategy was introduced in the Social Exclusion Unit report of June, 1999. The ongoing focus for teenage pregnancy in Dorset is based on three themes; prevention, support for teenage parents and re-engagement.

Conception rates for under 18s in Dorset are below both the national average and the average for the South West of England. However this rate masks local variations within the County. The three year average for Dorset across 2004-2006 was 26.9 per 1000, whereas the corresponding rate for Weymouth & Portland was 45.9 per 1000. Dorset has seen a reduction in its rate but a significant increase has been seen in Christchurch of 5.6% and East Dorset of 17.4%.

This model of good practice has been published to help educational establishments within Dorset 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. With this in mind, this document has been updated to use the Common Assessment Framework (CAF) as a basis for assessing, planning and implementing care and support. The CAF promotes more effective, earlier identification of additional needs, and improves integrated working by promoting coordinated service provisions.

2. Responsibilities of Schools

Well-being is defined in law in terms of the 5 Every Child Matters Outcomes

- Be Healthy
- Stay Safe
- Enjoy & Achieve
- Make a positive contribution
- Achieve Economic Well-being

Schools have a statutory duty, under the Education and Inspection Act 2006 to promote the well-being of their pupils. It is important to remember pregnancy is not an illness and is therefore not a reason for exclusion.

_DfEE Circular 11/99 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. A girl should stay in education during pregnancy unless personal or medical circumstances make other arrangements necessary._
The Department for Education and Skills have issued Guidelines on Sex and Relationships, stating that schools should have a clear and explicit confidentiality policy. Dorset County Council has published guidance on what should be included in this policy (available from Children’s Services Directorate, Dorset County Council). Head Teachers should ensure that all school staff and parents are made aware of this policy and 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)*

3. Safeguarding

In the case of students under 16, if the member of staff judges that there may be a safeguarding issue to be addressed, they should liaise with the school’s designated person (as set out in DfES circular 10/95). This also applies to those over 16, if that young person is seen to be vulnerable. Sexual activity with any child under the age of 13 is always illegal, as a child of this age cannot legally give their consent. In the case of an under 13 year old the disclosure must be taken and discussed with the designated safeguarding person.

The Sexual Offences Act 2003 is not intended to criminalise people under 16 of a similar age who have consensual sex. A safeguarding 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.

4. The Common Assessment Framework

The CAF process provides a standardised approach to supporting young people that is familiar to all practitioners. A pregnant young person will have additional needs prior to and after the birth of their baby. If they do not continue with the pregnancy they will require support to prevent a repeat unplanned pregnancy. By using the CAF, all relevant services can work in a coordinated approach to provide the necessary care.

- The PRE CAF Checklist should be completed at the point of disclosure by the person they have disclosed to (teacher/youth worker/nurse etc). Then an immediate referral made to a health professional (See appendix 1)

- Practitioners commencing a Common Assessment will need to register the form by contacting Lee Bentley or Wendy Spencer on 01305 228657. You will also be able to find out if there is already a CAF in place.

- Ideally the young person will want to involve their parents, but if they refuse the CAF process can still continue with the young person’s consent. (A health professional will use the Fraser Guidelines to assess the understanding and competency of the young person involved)
Training dates on using the Common Assessment Framework are running across Dorset in each locality. Further Information is available at:- http://www.dorsetforyou.com/caf

4. If the School Becomes Aware That a Pupil Is/Might Be Pregnant

(See appendix 1)

As soon as a member of staff has been informed by a student that she is pregnant, whether or not she intends to continue with the pregnancy, immediate contact must be made with the School’s designated Public Health Practitioner or Young People’s Health Professional. * It is vital that a referral is made immediately to ensure all pregnancy options are viable. A member of staff should never keep information to themselves.

To aide this process, the member of staff whom the young person has disclosed to should complete a Pre-Caf Checklist. This will provide the school nurse with necessary background information and identify the need for any additional support.

Internet link: - http://www.dorsetforyou.com/caf

It is likely that a young person aged 17 or under will have additional needs and therefore a Team Around The Child Meeting will be necessary in order to carry out the CAF process and provide the young person with the support they require.

If they are aged 17 or above and no additional needs are identified, the Pre-Caf checklist should be kept in the young persons file and the audit form completed and returned (Appendix 2). This data is collated to allow the Sexual health Coordinators to follow up with the professional involved to ensure all appropriate support has been provided for the young person. This will happen 2 to 3 months after the data has been received.

Teachers are not legally bound to inform parents or the Headteacher of any disclosure by students unless the school’s confidentiality policy requires them to do so.

Teachers should always seek consent from a student for any disclosure and should make clear that they cannot offer or guarantee students’ confidentiality if there are safeguarding concerns. It is important that the young person understands the value of sharing information with other necessary professionals, who this is likely to be and how the information is shared.

* The official title for the role previously known as School Nurse is Public Health Practitioner (schools) and the title for the role previously known as School Health Staff Nurse is Young Peoples Health Professional (schools)
5. Does not want to continue with pregnancy or unsure of decision
(See appendix 1)

**Staff should ensure their attitudes are non-judgemental and non-biased to enable students to make their own decisions.**

If a young person tells a member of staff that they want to have an abortion or they are pregnant and unsure of what to do it is important a Pre-Caf Checklist is completed and an **appropriate** team around the child meeting arranged. It may only be necessary to involve a few key professionals in this meeting, for example, this may include the schools public health practitioner a sexual health/contraceptive nurse and the parents if appropriate (this must be guided by the young persons need). This meeting will ensure the young person is getting the right immediate support and if they do not continue the pregnancy, that they are getting ongoing support to avoid a repeat pregnancy. The Schools named Public Health Practitioner/Young People’s Health Professional will provide this support or make a prompt referral for the young person to an external service that will be able to provide expert guidance in order for the young person to make an informed decision. (see appendix 3)

In this situation, confidentiality can be maintained as long as there are no safeguarding concerns, but ideally permission should be sought from the young person to inform a key person in the school to enable the school to provide ongoing support if necessary. The school’s named Public Health Practitioner/ Young People’s Health Professional will be able to provide support and encouragement for the young person if they have decided to tell their parents or carers.

If the student does not continue with the pregnancy or chooses adoption, it can be agreed within the TAC meeting who is the most appropriate person to provide ongoing support. They will provide advice and guidance if appropriate, on future contraception (liaising with contraceptive and sexual health services), have regular contact with the young person to look at sexual behaviour and aspirations and will encourage the young person to attend self-esteem groups and if available within the school, an RU Ready? OR Not Quite Yet? group (see appendix 3)

6. If a student is pregnant and has decided to continue with the pregnancy
(See appendix 1)

A team around the child meeting will ensure the young person is receiving all the support required for her to access all of the necessary pre and post natal care and is given the opportunity and support to continue in education enabling her to reach her full potential. With consent from the young person the staff member that completed the Pre-Caf Checklist or the schools Public Health Practitioner/ Young People’s Health Professional will inform the Education Social Worker (ESWAS) and the Headteacher so that appropriate arrangements can be made for continuing her education. The Headteacher 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. The Public Health Practitioner/ Young People’s Health Professional, ESWAS or the Headteacher are not obliged to inform parents of the pregnancy, but should take steps to encourage the student to do so. They should ensure the student has access to all appropriate services
and is put in contact with the local Children’s Centre (see appendix 4 for contact). The TAC will provide the opportunity to coordinate this.

A risk assessment should be carried out in the same way an assessment would be carried out for a member of staff who is pregnant.

This may result in: -

- The student being able to move between lessons at a slightly different time if the corridors are narrow
- Making use of an indoor area at break times
- Being able to leave class without explanation to visit the toilet
- Acknowledging physical limitations in lessons where there is a practical element

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

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.

Agencies involved will include school representatives, midwife, school nursing and medical services, health visitor, student and partner, parents/carers, Connexions personal advisor (if relevant), year head, Children’s Centre representative, Looked After Children representative (if appropriate) and any other relevant professionals.

If any health issues occur such as miscarriage, it is the lead professionals responsibility to notify all staff involved. If necessary an additional TAC meeting could be arranged to ensure ongoing support for the young person (and partner) is provided. Ongoing support should now proceed as detailed in the previous section 5.

**7. Children In Care**

It is now recognised that the health and educational needs of children in care are different from and greater than many other groups of children and young people. Young people who are looked after by the local authority are at greater risk of teenage pregnancy and are 2.5 times more likely to become pregnant than other teenagers. Children in care are more likely to become sexually active earlier than other groups of children. A quarter of young women leaving care are either pregnant or already mothers, and almost half of female care-leavers become mothers between the ages of 18 and 24. Pregnant young women in care are less likely than other groups to choose abortions or adoption because of personal experiences.

Agencies working with young people share in the corporate parenting responsibilities which are owed to children in care. Where a young person who is in care becomes pregnant, the following people should be notified with the young person’s consent, and they should be invited to the TAC meeting:
• The social worker, and/or leaving care social worker, who has case responsibility for the young person.

• The Looked After Children Education Manager – who can help co-ordinate resources and support to that young person

• The designated teacher for looked after children in the young person’s school.

Children in care have a named social worker to coordinate their care, for this reason a CAF assessment does not need to be undertaken. It is still necessary for a TAC meeting to take place with the social worker taking the lead professionals role. This is to ensure all of the young’s persons needs are identified in relation to their pregnancy.

8. The team around the child

The TAC will assess the needs of the student on an individual basis in accordance with the Every Child Matters Outcomes. The outcomes will be reviewed within 3 months, and repeated on a regular basis.

A student who becomes pregnant is entitled to up to 18 calendar weeks of authorised absence in accordance with the DfES Guidance (2001) to cover the time immediately before and after the birth. Consideration should be given to a possible phased return following maternity leave.

It is important a representative from The Children’s Centre is included in the TAC in order to consider alternative learning opportunities available for the young person. Whether the student is engaging with school or not it is important that their educational programme incorporates the opportunity to learn about parenting and life skills.

9. Supporting Fathers and Fathers to be

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.

If the young parents are not in a relationship with each other, it may be appropriate to have a separate TAC meeting to assess and support the young father.

The father is entitled to up to 2 weeks paternity leave; he should also be able to adapt his school timetable so he can attend parenting and life skill sessions.

The schools Public Health Practitioner/ Young People’s Health Professional will meet regularly with the father to offer support and provide guidance on future contraception, sexual behaviour and aspirations. They will also be encouraged to attend support
groups such as self-esteem and RU Ready? Or Not Quite Yet?, that are appropriate to
the young persons needs.

10. Childcare and finance

Childcare and financial matters will be an issue covered and reviewed by the TAC.

Funding is available through the “Care to Learn” scheme and 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 (in 2010) up to £160 per child per week to meet childcare and transport
costs to and from a childcare provider.

If a young parent is 16 or over and has left compulsory education and choosing to
continue in post 16 learning, they are also entitled to an Education Maintenance
allowance. This provides up to £30 a week.

11. Supporting Young Parents

The Public Health Practitioner/ Young People’s Health Professional and ESWAS will
support the young parents who may be facing difficult, emotional and health
challenges, perhaps involving stressful relationships both in and out of school. The
School staff should prepare the tutor group for the students return to allay possible
anxiety on both sides.

It is important to allow flexibility for the young parent/s. They must be able to
attend appointments and 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 CAF plan.
Appendix 1
What to do if a student tells you they think they might be pregnant

Disclosure of Pregnancy

Complete Pre-CAF Checklist immediately (please see section 3)

Refer to Public Health Practitioner/Young People’s Health Professional (who will confirm pregnancy through testing or referral).

Assess safeguarding issues Are there any?

No

Yes – Follow Dorset Safeguarding Children’s Board – BUT continue process

Continuing with pregnancy?

Not continuing with pregnancy?

Pregnancy test negative?

Unsure of decision?

* Refer to midwifery team

* Arrange appropriate Team Around the Child meeting if 17 or under or if additional needs identified.

* Public Health Practitioner/Young People’s Health Professional to provide or make prompt referral to external agency for pregnancy/sexual health advisory (Bpas or local Sexual health/Contraceptive Service)

*It is vitally important that these referrals are made immediately. Do not wait for the TAC meeting date
Appendix 2

CONFIDENTIAL

Notification of Pregnancy Form

D.O.B:

School/College:

Pre-CAF Checklist Completed Yes☐ No☐

Date of team around the child meeting: Not required☐

The young person has chosen to (please tick appropriate box)

Continue with pregnancy ☐

Discontinue pregnancy ☐

Undecided ☐

Name and title of lead professional

Telephone Contact

E-mail contact

Please send or e-mail this form to:

Emma Peaple
Joint Commissioning: Children's Services
County Hall
Colliton Park
Dorchester
Dorset DT11XJ
e.peaple@dorsetcc.gov.uk
Appendix 3
Contacts

Sexual Health Coordinators
Emma Peaple e.peaple@dorsetcc.gov.uk Tel: - 07795302171
Janice Provan j.provan@dorsetcc.gov.uk Tel: - 07500785174

Administrator
01305 221816

Central contact to identify availability of RU Ready? Groups

Locality Managers
Weymouth & Portland - Chris Wilson – 01305 225750
Christchurch – Karen Pigott – 07990746659
North Dorset – Karen Stratford – 01258480147
Purbeck – Colin Briden – 01305 225728
West Dorset – Mick Hogben – 01305 851066
East Dorset – Vacant – 01305 225716

ESWAS
North and East Team/Ferndown                   West Team/Winfrith
01202 870130                                    01305 851302/851306

Social Work local offices (contacts for Children In Care)

Weymouth & Portland – 01305 760139
Dorchester – 01305 251450
North Dorset – 01258 472652
Bridport – 01308 422234
Purbeck – 01929 553456
Christchurch – 01202 474106
Purbeck – 01929 553456

Public Health Practitioner (Schools)/ Young People’s Health Professional (schools)

Weymouth / Portland - 01305 752395
Dorchester - 01305 255215
Bridport / Beaminster - 01308 426807
Blandford and North Dorset - 01258 452949
Purbeck (Wareham & Swanage) - 01929 556422
Lytchett Minster and Upton - 01202 624747
Christchurch - 01202 443035
Wimborne - 01202 893000
Ferndown - 01202 893000
**Midwifery / Maternity Service**

Central number 01305 254267

**Health Visitors**

Contact young person’s GP Practice

**Dorset Surestart/Children’s Centres central contact**

01305 228444

**Connexions**

Central contact - 01305 260600

**Care to Learn**

0845 600 2809  
www.caretolearn.lsc.gov.uk

**FIS (Family Information Service)**

Grove House,  
Millers Close,  
Dorchester,  
DT1 1SS  
0845 355 2099  
Email: cis@dorsetcc.gov.uk

**Sexual Health and Contraceptive Services**

Park Centre for Sexual Health  
01305 762682 (main contact for all outreach services)  
Contraceptive & Sexual Health Services (CASH)  
01305 267141 (main contact for all outreach services)

**BPAS**

Options In pregnancy guidance

08457 304030  
Website www.bpas.org/