

**London Borough of Merton
Children, Schools and Families**

**Supporting Pregnant Teenagers and Young Parents in
Education**

Guidance for Education Settings

June 2014



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1 Introduction

The publication of the new national Framework for Sexual Health Improvement in England¹ outlines government commitment to continue to reduce the rate of under-16 and under 18 conceptions. The commitment is also included as an indicator within the new Public Health Outcomes Framework. This is because²:

- of all young people not in education, training or employment (NEET), 15% are teenage mothers or pregnant teenagers;
- teenage parents are 20% more likely to have no qualifications at age 30;
- teenage mothers are 22% more likely to be living in poverty at 30, and much less likely to be employed or living with a partner; and
- teenage mothers have three times the rate of postnatal depression and a higher risk of poor mental health for three years after the birth.

Teenage conceptions are now at the lowest levels since records began³. Merton has seen a decline in rates of over 50% since the 1998 baseline and is the second fastest declining borough in outer London. However, rates are not evenly spread across the borough. Teenage conception is highly correlated with deprivation and poor educational attainment. Higher rates are seen within areas with greater levels of deprivation. Where teenagers become pregnant it remains of paramount importance to ensure they are supported to continue in education and are enabled to access both support for their families and on-going contraceptive and sexual health advice and supplies.

This policy takes into consideration the Equality Act 2010 which ensures protection from discrimination for pregnant teenagers. This means, that for the first time it will be unlawful for schools to treat a pupil less favourably because of pregnancy or have recently had a baby, or because of breastfeeding. The Act continues to underpin previous government guidance DfES (2001)⁴ which makes it clear that pregnancy is not a reason for exclusion from school, but should allow her no more than 18 calendar weeks authorised absence (Code "C" other authorised circumstances) to cover the time immediately before and after the birth of her child. The guidance also emphasises the importance of support from re-integration and education welfare officers to enable pregnant pupils and school age mothers to complete their education.

Schools already have a duty of care to their pupils and It is not expected that they alter their policies because of the new legal provision of the Equalities Act 2010, 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.

¹ Department for Health (2013) *A Framework for Sexual Health Improvement in England*

² *Teenage Pregnancy Strategy: Beyond 2010*, Department for Children, Schools and Families and the Department of Health, 2010

³ <http://www.ons.gov.uk/ons/rel/vsobl/conception-statistics--england-and-wales/2011/sty-conception-estimates-2011.html>

⁴ *Guidance on the education of school age parents*, DfES (2001) Ref: DfES/0629/2001

2 Aims and Objectives

2.1 Aims

The primary aim of this policy is to provide guidance for school staff about how to support young women who become pregnant and those who are parents.

2.2 Objectives

The objectives of the policy are to:

- Outline the roles and responsibilities of the Local Authority and the School (including Academy Schools) in ensuring a package of support is provided for those involved.
- Setting out the position when a young person does not wish to remain in their current school even after all necessary support has been put in place.
- Provide a framework for assessing risks for young women who are pregnant and identify a process for making reasonable adjustments and managing those risks.
- Provide information on the level of support that can be offered to school aged young fathers.
- Inform practitioners on the legal framework regarding sexual activity.
- Providing information on local sources of support for those involved.

3 The Law in Relation to the Education of Pregnant Young Women

3.1 The Equality Act

The Equality Act 2010 ensures protection from discrimination for pupils who are pregnant. The Department for Education (DfE) has produced guidance for schools on the Equality Act. This means that it is **unlawful for schools to treat a pupil less favourably because she becomes pregnant or has recently had a baby, or because she is breastfeeding**. Schools will also have to factor in pregnancy and maternity when considering their obligations under the new Equality Duty.

Although the specific provision in the Act is new, schools should already be aware of their specific responsibilities to any student in their care who become pregnant or are parents. Previous government guidance makes it clear that schools must not exclude simply on the grounds of her becoming pregnant but should allow her 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. **Pregnancy is not an illness and therefore DfE guidance for pupils who cannot attend school because of health needs does not apply.**

3.2 Statutory Guidance on Participation

The new Statutory Guidance on the Participation of Young People in Education, Employment or Training (DfE, March 2013)⁵ also sets out that parents caring for children would be expected to participate in education and may qualify for Care to

⁵ Department for Education (2013), Statutory Guidance on the Participation of Young People in Education, Employment or Training For local authorities, March 2013

Learn to enable them to do so. A reasonable period of maternity leave (up to 18 calendar weeks) is, however, justified.

3.3 Education Act 1996

Local Authorities have a duty under the Education Act 1996 to provide suitable education for all students for whom they are responsible including students of compulsory school age who become parents. 'Suitable education' must meet the needs of the student and should take account of their age, ability, aptitude and individual needs including any special educational needs they may have. The 2001 guidance emphasises the importance of support from re-integration and education welfare officers to enable pregnant students and school age mothers to complete their education.

Schools already have a duty of care to their pupils and are not expected to alter existing 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.

Parents of pupils who believe they are being discriminated against have the right to make a discrimination claim in the county court, but may wish to seek independent legal advice before doing so.

3.4 Guidance for Pupils Who Cannot Attend School Because of Health Needs

Whilst pregnancy is not an illness, there may be cases where young people present with health problems in pregnancy. Medical confirmation may be required that a school age parent is unable to attend school because of their pregnancy before the Local Authority would consider providing education on health grounds. In this instance, DfE guidance⁶ provides a basis for the level of education such pupils can expect. Children with health needs should have provision, which is equivalent to the education they would receive in school. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, Local Authorities should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

"Full-time education" is not defined in law but it should equate to what the pupil would normally have in school, for example, guidance elsewhere suggests the following:

- KS1: 21 Hours
- KS2: 23.5 Hours
- KS3/4: 24 Hours
- KS4 (Year11): 25 Hours

⁶ Department for Education (2013) Ensuring a good education for children who cannot attend school because of health needs, Statutory guidance for local authorities, January 2013

4 Entitlements of School Aged Pregnant Women and Young Parents

4.1 Right to Remain in Education

The young woman has the right to remain in education and cannot be excluded from, encouraged to be home educated by the parent or removed from the roll of a school because she is pregnant.

4.2 Pastoral and Educational Support

The young woman will have access to a named teacher with whom she will meet regularly and who will oversee her pastoral and educational support. This will include completing a full pregnancy risk assessment (see appendix) and development of corresponding action plan.

4.3 Attendance

The young woman is expected to attend school as regularly and punctually as her pregnancy allows as she is still a child of compulsory school age. The parent/guardian of the pregnant young woman is legally responsible for ensuring attendance. All Merton Schools are advised to offer support to their students. Being pregnant does not prevent a young woman from attending school.

The young woman will be entitled to take time out of the classroom to rest during the day during her pregnancy if required. The young woman is also entitled to attend antenatal classes, and should be encouraged to do so. Expectant Young Fathers should also be encouraged to attend ante natal sessions where appropriate. Attendance should be recorded as an authorised absence (Code "C" for registration purposes).

Pregnant young people will be encouraged to take full part in all curricular activities, arrangements for school trips, outings and sporting activities will be made in consultation with the pupil. Schools need to be flexible in their considerations and endeavour to include the young woman in all aspects of the curriculum.

The young woman is entitled to up to 18 weeks "authorised absence" (Code "C" for registration purposes) to cover the time immediately before and after the birth of the child⁷. Up to two weeks paternity leave for a young father to help to care for his child would be considered reasonable and should be in line with statutory paternity leave provision⁸.

The young woman will be entitled to time out of lessons in the case where she is breastfeeding a child. The school would need to provide a room where she can express milk and a fridge in which she can store breast milk and have access to it at the end of the day. Safe and correct storage of breast milk should be in line with safe and storage of medicines and be included within the risk assessment.

Young parents may be entitled to time off to care for their baby in the case of illness.

⁷ "Advice and guidance to Schools and Local Authorities on Managing Behaviour and Attendance: groups of particular pupils at particular risk" DCSF

⁸ Paternity leave cannot start before the birth, but the start date must be, the actual date of birth, an agreed number of days after the birth or an agreed number of days after the expected week of childbirth. Leave must finish within 56 days of the birth (or due date if the baby is early).

4.4 Care to Learn Funding

Young women aged under 20 at the start of a course are entitled to apply for Care-to-Learn funding which can help pay for childcare costs whilst in learning. Funding covers courses that are publicly funded in schools, 6th forms, 6th form colleges or children centre courses. Funding can go toward the cost of childcare, including deposit and registration fees, childcare 'taster' session (up to 5 days), maintaining childcare places over the summer holidays and taking children to the childcare provider. The provider must be registered with OFSTED and can be a childminder, pre-school playgroup, day nursery or out of school club. For further details and an application form contact the **Learner Support helpline 0800 121 8989** or www.gov.uk/care-to-learn.

5 Local Authority Education Responsibilities for Teenage Parents

The LA has a statutory duty to ensure that there are sufficient school places for all children living in its area, and to provide suitable education for pupils for whom they are responsible who are not able to attend school, including pupils of compulsory school age who are pregnant and new mothers.

Where a pregnant young woman moves into the borough and is not on the roll of a school within a reasonable travelling distance, the parent/carer may express a preference for schools through the in-year admissions process. If they are unsuccessful in securing a school place, the young woman should be referred to the Fair Access Panel for a decision to be made about her appropriate placement.

If the young woman is without a school and does not express a preference, and is not in receipt of education other than at school, she should be referred to the Children Missing Education panel to determine the appropriate route for education.

In Merton the Education Welfare Service, have been involved in the development of this policy and are able to provide advice and guidance to schools on the education of this group.

6 Roles and Responsibilities of Education Providers (Including Academies)

6.1 Aim

The school's aim will be to keep the student in learning. The young person cannot legally be removed from the school roll. The aim is to keep the young woman in school as long as possible and to make arrangements to accommodate her needs.

6.2 Funding

Schools are responsible for the educational funding of pregnant pupils and new mothers.

6.3 Pregnancy and safeguarding⁹

Where the young person discloses they are pregnant, but are unsure of what to do the Designated Professional or Named Teacher should refer the young person to the local Contraceptive and Sexual Health service or School Nursing Service.

Disclosure of pregnancy is not in itself a reason to inform parents, but the school should encourage the young person to inform parents. Schools should also work within the London Safeguarding Procedures for children and young people involved in sexual activity: www.londonscb.gov.uk/procedures.

Professionals have a responsibility to consider the welfare of both the prospective mother and her baby, or unborn child. However, the paramount concern must be for the welfare of the baby, and there should be no circumstances in which concerns about the baby are not shared and investigated for fear of damaging a relationship with a young parent. Where a parent is herself a child, in the absence of support for her needs and responsibilities, her baby could be at risk of significant harm, primarily through neglect or emotional abuse.

Mother under 16 years: Where a mother is under 16, then a referral should be made to MASH at the earliest opportunity as per London Safeguarding Procedures.

Mother over 16 years: If a mother is aged over 16, the named professional should make an assessment of the risk of harm to the baby, consulting the education's safeguarding lead as appropriate and assess the risk of harm to the mother through her relationship with the father / current partner.

If, on the basis of these assessments, a professional has concerns about the ability of a mother over the age of 16 to care for her baby without additional support, then a referral should be made to MASH.

Where the young person has decided to continue with the pregnancy, the named teacher should encourage the young person to tell her parents or carers if they have not already done so.

First time pregnancies under 28 weeks pregnant: The Family Nurse Partnership is a voluntary home visiting programme for first time young mums, aged 19 or under (and dads). A specially trained family nurse visits the young mum regularly, from early in pregnancy until the child is two. A mum must be under 28 weeks pregnant to join the programme. Please contact the Health Visiting Service for further details.

A referral to the Health Visiting or Midwifery service should also be made to parents over 28 weeks pregnant to ensure the young person has immediate access to antenatal and postnatal support.

All parents and pregnant teenagers can also access support from their local Children Centre and should be encouraged to do so. Referral is made through completing or updating a CASA and emailing to Locality Allocation Network (LAN) ChildrensCentreServices@Merton.gov.uk. Consent to refer should be signed.

⁹ Adapted from London Safeguarding Children Board, Child Protection Procedures (2010), Please see <http://www.londonscb.gov.uk/procedures/> for further updates

6.4 Risk Assessment

When a young person confirms intention to continue with a pregnancy the school will be responsible for completing the attached risk assessment, preferably in partnership with the parents / carers of the young person and preferably within two weeks of the confirmation. A Common and Shared Assessment (CASA) should also be completed which will identify the support required for the young person. A referral to a local children's centre should be made to ensure ongoing parenting support for the young family. The Risk Assessment should be reviewed each trimester and the CASA updated where appropriate.

6.5 Access to Funding

Pregnant school girls and school age parents should attend their school unless there are medical reasons (with appropriate medical evidence) in which they are unable to attend. Making any other arrangements for non-medical reasons would be for the schools to arrange and fund. School would need to be mindful of the protections within the Equality Act 2010 when making such alternative arrangements.

Pregnancy is not an illness and therefore DFE guidance for pupils who cannot attend school because of health needs does not apply.

7 Returning to Education Following Birth

7.1 Returning to Education

On returning to school following the 18 week period of absence the school will be responsible for reviewing the risk assessment and CASA as part of the full reintegration plan in relation to parenthood. This should include making plans for childcare and reasonable adaptations for breastfeeding. Consideration may be given to admission to school to repeat a year if needed to enable the completion of examination courses. Young people should be fully supported with any additional resources, as needed or identified.

If it is found that the young woman is unfit to return, or is ill, then medical evidence will need to be submitted as part of the CASA and part-time attendance or additional needs may be made.

7.2 Complaints

Parents should in the first instance seek to resolve any complaints or disagreements with the schools, using the formal schools complaints policy if necessary. This applies for both maintained schools and academies. If, having followed the school's complaints policy it has not lead to a satisfactory conclusion parents may then escalate the matter to the Department for Education. This also applies in respect of both maintained schools and academies. The LA no longer has a formal role in hearing complaints against schools though the LA may seek to resolve situations brought to their attention outside of formal complaints processes. Link to DfE page on complaints about schools:

<http://www.education.gov.uk/schools/leadership/schoolperformance/b00212240/making-complaint-school/how-to-complain>

8 Responsibilities of the Designated Professional

It is good practice for schools to identify a designated professional to have responsibility for school age parents, who will oversee the implementation and monitoring of this policy. This may be an appropriate member of pastoral staff, the designated teacher for child protection, the designated teacher of young people in public care, the designated lead for Inclusion or other. The named individual should be aware of relevant policies and procedures and reporting responsibilities.

The designated professional will be responsible for monitoring educational outcomes for pregnant young women and ensure the seamless progress of education welfare provision for the young person.

The designated professional will ensure a named teacher has been identified to oversee the young person's educational and pastoral support needs, as needs be. This should be a teacher whom has a good working relationship with the young person and should be agreed in consultation with the young person.

The Head teacher is legally responsible for ensuring that the young person remains on the school roll including during the period of authorised absence and during the time the baby is born.

9 Responsibilities of the Named Teacher

9.1 Responsibilities

The named teacher will be responsible for overseeing an education and pastoral support plan. This will involve meeting with the young woman and her parents or carers and supporting the young woman to stay in learning or the father.

The named teacher will be responsible for setting and assessing work and monitoring progress including while she is away at the time around the birth. If the young person is out of school for health reasons the named teacher will be responsible for sending work home.

9.2 Risk Assessments

The named teacher will be responsible for carrying out and reviewing risk assessments for the pregnancy and ensuring reasonable adjustments to her school day are put in place (see pregnancy risk assessment sheet attached to this document).

9.3 Re-integration

The named teacher will be responsible for developing a personalised reintegration plan in consultation with the young woman and her parents or carer and other core professionals known to the young person. The named teacher may wish to take advice from the Education Welfare Service to do this.

If the pupil has been attending Melbury College during her pregnancy, the school and the college will work together to encourage re-integration back into mainstream schooling when appropriate. This should be outlined in writing and copied to all as a matter of good practice.

9.4 Bullying

The named teacher will ensure that the anti-bullying policy is adhered to when a young woman discovers she is pregnant or is returning to school after a termination, or birth.

9.5 Care to Learn

The named teacher will ensure the young person has access to Care-to-Learn funding to help with childcare fees whilst she remains in education. The named teacher, or other relevant professional, may be required to help her complete the application process (details in the appendix).

9.6 Support Services

The named teacher is responsible for ensuring the young people receive full information about services in the local area.

10 School Aged Fathers-to-be and Fathers

Schools must acknowledge the additional needs that school age fathers and fathers to be may have. If a member of staff finds that a pupil is a father or father-to-be a pastoral member of staff should be identified to take responsibility for addressing their needs. The named teacher should encourage the young man to speak to his parents or carers and a referral should be made to the Children's Centre for on going family support. The educational setting may wish to allow young fathers or fathers-to-be authorised absence to accompany partners to antenatal and post natal health checks and permit a father to take two weeks paternity leave if he so wishes. Paternity leave may be taken in accordance with ordinary parental leave. Leave cannot start before the birth and must end within 56 days of the birth.

11 Looked After Children (LAC)

Looked After Children whom are pregnant are often the most vulnerable, they should be encouraged to tell their allocated social worker and/or foster carer so that they can be involved in the young woman's care plan to ensure that her educational needs can be met. If they have not disclosed this information to their social worker or foster carer there is a duty of care to disclose to the social worker responsible for their care planning. Refer to LB Merton guidance on LAC.

12 Sexually Active Young People

The legal age for young people to consent to have sex is 16. The aim of the law is to protect the safety and rights of young people and make it easier to prosecute people who pressure or force others into having sex they do not want. It is not intended that the law should be used to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation.

A child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act, penetrative sex with a child under 13 is classed as rape. Where an under 13 year old is involved referral should be made to MASH.

Where a young person discloses they are sexually active or pregnant this is not, on its own, a reason to inform parents or other members of staff. A young person aged under 16 is permitted to give consent for their own treatment including accessing

contraceptive supplies and information without parental consent. While Gillick Competency and Frazer guidelines are used to assess a child's competency levels to consent to treatment by medical professionals, the guidelines have also been used more broadly outside of the medical profession, but have not yet been contested in court.

Schools should work within their confidentiality and sex and relationships policies. School staff cannot offer or guarantee unconditional confidentiality, but should encourage pupils where possible to inform their parents or carers. A referral may be made, with the young person's consent, to the school nurse or contraceptive and sexual health service for further support.

If there is suspicion and a likelihood that the pregnancy is the result of abuse or criminal activity then a referral to the MASH team should be made. Where confidentiality has to be broken the named teacher should inform the pupil first. If it is felt that the young woman is vulnerable and likely to put herself and therefore the health of the unborn baby at risk a referral should be made to MASH. Refer to www.londonscb.gov.uk for the latest LSCB guidance.

13 Local Contacts

MASH

Merton Civic Centre
London Road Morden
SM4 5DX
Tel: 020 8545 4227/4232
Out of Hours: 020 8770 5000

Education Welfare Service

Children, Schools and Families
Merton Civic Centre
London Road
Morden
Surrey SM4 5DX
Tel: 020 8545 4021

Vulnerable Children's Team Manager

Children, Schools and Families
Merton Civic Centre
London Road
Morden
Surrey SM4 5DX
Tel: 0208 545 3343

School Nursing and Health Visiting Service / Family Nurse Partnership

The Wilson
Cranmer Road
Mitcham
CR4 4TP
Tel: 020 8687 4611 (Admin)
Tel: 020 8288 5649

Children's Centres

ChildrensCentreServices@merton.gov.uk
020 8545 3744

CheckitOut Sexual Health Service

For service location and opening times:
Tel 020 8407 3636
www.gettingiton.org.uk

Looked After Children's Nurse

Merton Civic Centre
London Road Morden
SM4 5DX
Tel: 020 8545 4278

Care to Learn

Studying and aged under 20 at the start of the course, Care to Learn can help pay for childcare costs while learning.

Learner Support Helpline: 0800 121 8989
www.gov.uk/care-to-learn

Melbury College

Canterbury Road
Morden
Surrey SM4 6PX
Tel: 020 8241 2005

Teenagers and Young People

Young people looking for advice on sexual health or pregnancy issues, or a parent seeking information on talking to your teenagers about sex can access many quality websites designed to meet their needs.

www.gettingiton.org.uk (young people's sexual health website for South West London)

www.mariestopes.org.uk or Marie Stopes
0845 300 8090

www.familylives.org.uk
Parentline 0808 800 2222

Links to Guidance:

Statutory Guidance on the Participation of Young People in Education, Employment or Training:

www.education.gov.uk/aboutdfe/statutory?page=3

Ensuring a good education for children who cannot attend school because of health needs. Statutory guidance for local authorities:

www.education.gov.uk/aboutdfe/statutory/g00219676/health-needs-education

Equality Act 2010 (DfE Guidance)

<http://www.education.gov.uk/aboutdfe/advice/f00215460/equality-act-2010-departmental-advice>

14 Pregnancy and New Mother's Risk Assessment Form

Name of New/Expectant Mother	Name of Assessor	School	Date of Assessment
Is there any advice provided by the woman's health professional? (Remember the need for confidentiality)			

Identified Hazards	Applies Yes/No	Information about controls	Action to be taken/by whom/date	Reviewed Actions required
Manual handling		<ul style="list-style-type: none"> Reduce the amount of physical work or provide aids to reduce the risk. List the manual handling operations which should be avoided. Alter the nature of the task to reduce risks from manual handling. Breastfeeding mothers may experience discomfort. Follow guidance as per manual handling policy. 		
Movement and postures		<ul style="list-style-type: none"> Review the workstation provision and learning environment, provide appropriate seating in classroom. Avoid spending long periods handling loads, or standing/sitting without regular exercise/movement to maintain circulation. Provide the opportunity to alternate between standing and sitting. 		
Working with display screen equipment		<ul style="list-style-type: none"> Display Screen Equipment Risk Assessment. Pregnant women do not need to stop working with VDUs. However, the opportunity to discuss concerns should be given to avoid potential problems caused by stress and anxiety over this issue. 		

Working alone		<p>While it is unlikely the young woman would be working alone, but in the instance please consider the following:</p> <ul style="list-style-type: none"> • Review and revise access to communications with others. • Levels of supervision involved. • Review and revise with pastoral support to ensure mother has support and assistance where required. 		
Stress – reduction of unnecessary stress.		<ul style="list-style-type: none"> • Adjust working conditions and hours • Ensure that necessary understanding, support and recognition is available (consider return to school). • Take account of known stress factors (exam periods, workloads etc) and the particular medical and personal factors affecting the individual. 		
Travelling to or from school		<ul style="list-style-type: none"> • Consider length of journey to school and method of travel to school, does she have to stand for long periods on public transport. • Consider stress, posture, discomfort and look at alternative arrangements. 		
School and personal protective equipment during some school lessons.		<ul style="list-style-type: none"> • Wherever possible, the risk should be avoided by adaptations or substitution, eg providing suitable alternative equipment to allow the work to be conducted safely and without risk to health. 		

Mental and physical fatigue and schooling hours		<ul style="list-style-type: none"> • Adjust schooling hours temporarily, including the timing and frequency of rest breaks (breaks may need to be more frequent and longer). • The need for physical rest may increase as the pregnancy progresses. As appropriate, allow access to somewhere to sit or lie down comfortably in private and without disturbance. • Consider location of classrooms – are they up many flights of stairs without access to a lift? • Consider school sports, gentle sports may be offered but contact sports avoided. 		
Health and safety		<ul style="list-style-type: none"> • Consider the impact of lesson changes e.g. allow young woman to leave lesson early or arrive late to avoid crowds of other young people. • Provide adequate training and information to staff. • Consider anti-bullying policy and follow up concerns raised in relation to violence or bullying. • Fire procedures. • Frequent visits to toilet during first and third trimester of pregnancy. 		
Hazardous substances with hazardous properties indicated by the following risk phrases: R40, R45, R46, R49, R61, R63, R64, R68		<ul style="list-style-type: none"> • Consider type of chemicals to be used in school experiments. Are they appropriate for use by women who are pregnant, have recently given birth or who are breastfeeding. • Exclude all pregnant women from chemical agents such as mercury, lead substances absorbed through the skin and carbonmonoxide. • Follow guidance as per COSHH policy 		

Exposure to contagious disease.		<ul style="list-style-type: none"> • Pregnant women who have been in contact with chickenpox / shingles, measles & mumps and have no history of chickenpox must contact their GP promptly for advice. • All pregnant women should be fully informed of the reproductive hazards. Refer and sign post to antenatal care, school nurse, midwife or GP. 		
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Other aspects of pregnancy and postnatal which may be affected by school	Yes / No	Action	Review Date
e.g. exposure to smells affecting nausea, breast discomfort due to increased size and sensitivity, uniform policy.			
e.g. storage of breastmilk, access to antenatal / postnatal and parenting classes where required.			

New/Expectant Mother's name (please print):	New/Expectant Mother's signature:	Date:
Parent/carer name (please print):	Parent / Carer's signature:	Date:
Line Manager's name (please print):	Line Managers signature:	Date:

This risk assessment should be held on the personal file of the young person. The young person should keep a copy for their own use and reference.

Adapted from Norfolk Council, Schools Risk Assessment Form.