



Eskdale School

Access to Education for Secondary Age Pupils with Medical Needs

Eskdale School aims:

To develop as a vibrant, dynamic community committed to the principles of "Every Child Matters" so that all of our students

- are safe and healthy
- enjoy and achieve
- make a positive contribution
- experience success so that they are equipped to make their way in the world of work.

Document Status	
Date of Policy Adoption by Governing Body: January 2013	
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<i>C.Watkinson</i> Signed (Chair of Governors)	



North

Yorkshire County Council

Children and Young People's Service

**North Yorkshire Policy Statement
Access to Education for SECONDARY AGE PUPILS with Medical Needs**

1.0 Introduction

- 1.1 This policy statement applies to North Yorkshire children and pupils with medical needs, both of compulsory school age and those over compulsory age, where there is a duty to provide post 16 educational provision (ie SEND until the age of 25).
- 1.2 It applies to those who are unable to attend school because they are physically ill, injured, have a condition or have a mental health problem.
- 1.3 Provision for young girls who are pregnant and consequently will have an interrupted education pre- and post- delivery is considered as part of the Authority's Teenage Pregnancy and Support to Young Parents Strategy. See attached protocol
- 1.4 Section 19 of the Education Act 1996 provides that:

Each Local Authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for a period receive suitable education unless such arrangements are made for them.

- 1.5 The Local Authority has been given the power to provide suitable education otherwise than at school for pupils over compulsory school age but under the age of nineteen.
- 1.6 Suitable education is defined as efficient education suitable to the age, ability and aptitude and to any special educational needs a pupil may have. In determining what arrangements to make, the Local Authority must have regard to guidance given from time to time by the Secretary of State.
- 1.7 This policy statement is in accordance with the statutory guidance published by the DfES November 2001.
- 1.8 The arrangements for the suitable education will be made through local Behaviour and Attendance Collaboratives or, in Scarborough, schools with delegated budgets and responsibilities for this group of pupils. Each Collaborative has a behaviour and attendance panel to manage referrals from their local schools apart from Scarborough Collaborative, where, due to this delegation of collaborative funding into mainstream schools, schools manage their own medical provision up the end of Key Stage 4. The Special Schools in the Scarborough area refer into the Scarborough Collaborative in the usual way.
- 1.9 The Local Authority will publish information on how the service can be accessed by parents, schools and health professionals, including named contact points.
- 1.10 This policy statement and the information published will be reviewed annually.

2.0 Aims

2.1 The Local Authority aims to ensure that:

- all parties are aware of their roles and responsibilities, are clear about the services that are expected of them and the statutory duties of the Local Authority to provide education for pupils where they are unable to attend school because of medical needs.
- pupils with diagnosed medical needs have access to as much high quality education as is appropriate in view of their condition.
- the provision will be flexible and responsive to the educational needs of pupils with medical conditions and mental health needs that prevent them from attending school.
- these pupils will have supported re-integration back into full time, mainstream or special education at the earliest opportunity.
- there will be continuity of education including access to public examinations.
- good working partnerships with pupils, parents, carers, schools, Health Service and other professionals are in place to ensure individual pupils can make educational progress.

3.0 The role of the Local Authority

3.1 For pupils of statutory school age the Local Authority, through the local partnership of schools, will seek to ensure that:

- pupils with medical needs are not at home without access to education for more than fifteen working days including any period that the pupil has spent in hospital where tuition may already have taken place. Educational provision may be delayed if the pupil is unable to access provision.
- a minimum of five hours teaching per week will be provided and where appropriate, the Local Authority will aim to provide ten or more hours, depending upon the medical needs and the educational context. For absences of less than 15 days, refer to 4.3.
- where appropriate, pupils with recurring conditions will be provided with education from day one.
- planning and review meetings will be integral to the intervention and support arrangements (see appendix 1).
- depending upon the medical condition, for example when a pupil is approaching public examinations in Year 11, access hours will be increased to enable the pupil to keep up with their studies.
- pupils will have access to a broad and balanced curriculum but there will be a particular focus on the core subjects of English, Mathematics and Science. Wherever possible, external examinations and tests at all key stages will be completed.
- there is effective transition planning for a pupil's post 16, Key Stage 5 level 3 pathways through liaison with the Connexions Service, further education colleges, maintained schools, 6th forms, parents, carers and pupils. Reference should be made to form Section 139a to ensure continuing home tuition for post 16 courses.

3.2 The Local Authority will ensure that there is access to continuing education for a minimum of 5 hours for any pupil over compulsory school age, where, because of

illness, he or she is a year behind and therefore still needs to study for a further year to complete Key Stage 4 externally accredited courses.

- 3.3 For other pupils past compulsory school age, where there is a duty to receive support they must be on the roll of a school. All referrals will be considered individually and medical advice will be sought about the timescales for absence and re-integration to school.
- 3.4 The cost of tuition will be met by the local Behaviour and Attendance Collaborative through the local PRS/PRU/REOTAS/Whitby Outreach/ROOSE unless funding has been delegated to schools, as is the case in the Scarborough Area.
- 3.5 Under national agreements, the Local Authority takes financial responsibility for meeting the costs of tuition whilst a pupil who lives in North Yorkshire is in hospital outside of North Yorkshire and where a pupil living in North Yorkshire is on the roll of another Local Authority Maintained School where tuition is made by that Authority.
- 3.6 The Local Authority will consider the needs of pupils unable to attend Independent or Non-maintained Special Schools because of illness or a medical condition and make arrangements in line with this general policy statement, wherever possible.
- 3.7 In exceptional circumstances, where the pupil is not on the roll of a school, the Local Authority will make arrangements in line with the general policy statement and support the re-integration into a maintained school as soon as possible.

4.0 The role of schools maintained by the Local Authority

- 4.1 At all times the pupil remains the responsibility of the school where they are on roll. Schools and local Collaboratives will work in partnership to ensure pupils with medical needs, unable to attend school, have the opportunity to make good progress.
- 4.2 All schools are required to have a written policy and procedures for dealing with the education of pupils who are unable to attend school because of medical needs. Appendix 2 sets out a model school policy. The policy statement should be reviewed annually.
- 4.3 For absences of 15 working days or less, that are not part of a pattern of a recurring illness, the school should liaise with the pupil's parents/carers to provide homework as soon as they are able to cope with it.
- 4.4 It is the school's responsibility, along with the Education Social Work Service (ESWS) to monitor pupil attendance. Schools must inform their Education Social Worker (ESW) and the Local Authority when a pupil has an authorised absence due to illness or other medical needs which it is anticipated will be for more than 15 working days, or the pupil has a recurring long term illness that affects attendance at school.
- 4.5 Where a doctor or hospital identifies the need for educational provision otherwise than at school for a pupil with medical needs, the school should complete a referral to the local Collaborative. Local Collaboratives will arrange provision in line with the Local Authority's policy statement.
- 4.6 In addition schools should:
 - have a named person to aid communication between the school and other professionals, the pupil and their family; to attend reviews and ensure continuity of education.
 - consider how the views of the pupil themselves, their parents or carers will be taken into account.

- ensure that where tuition is requested, the local Collaborative has access to planning and assessments in all national curriculum subjects which the child or young person is studying within 5 working days and work programmes on a termly basis where appropriate. The Collaborative referral form is to be used to initiate the referral.
- make available to the local Collaborative of schools, Individual Education Plans, Personal Education Plans and Health Care Plans. Resources/teaching materials where possible should also be made available as part of the Collaborative Referral.
- have procedures for ensuring that pupils are reintegrated smoothly into school and monitored by their named person.
- make a referral to the Local Authority immediately they have been informed that a pupil will be admitted to hospital and is likely to be unable to attend school for more than 15 working days, including any period the pupil will be an in-patient.
- supply hospital teachers with background information on the pupil and liaise to ensure that work set is at an appropriate level for long and recurring admissions to hospital.

5.0 The referral process

- 5.1 Electronic Collaborative referrals from maintained schools should be forwarded to the clerk of the local Collaborative. All referrals will be entered on the Collaborative database. Collaborative Referrals must be confidential and secure. As a minimum they should be password protected but should be encrypted if possible.
- 5.2 Referrals:
- must include a medical note or written advice from a medical professional setting out the needs of the pupil and where possible identify the duration of the medical needs for which the Local Authority may be required to provide tuition out of school. Parents/Carers are responsible for payment of the medical note if charged by the medical professional
 - will usually be made by the school the pupil is on the roll of but may come on behalf of the school from their designated ESW.
 - must be made using the usual Collaborative referral form
- 5.3 Referrals from parents/carers can in exceptional circumstances be made directly to the clerk of the local Collaborative but in most cases the pupil's school should, in liaison with the parents/carers, have strategies in place to identify where a pupil may need education otherwise than at school because of medical needs.
- 5.4 Referrals may come directly to the clerk of the local Collaborative from a medical consultant, general practitioner or the Child and Adolescent Mental Health Service. These referrals may require immediate action prior to the next panel meeting, but will always be confirmed at the next panel meeting.
- 5.5 The referral will be considered by the appropriate panel in line with the Local Authority's policy statement and the home school will advise the referrer of the provision that will be made and how this will be put in place.
- 5.6 Where the request for tuition is outside the responsibilities of the Local Authority, as set out in this policy statement, the panel will advise the pupil's school, which should then make provision in line with their policy statement.

5.7 The venue for tuition may be, in the home, at one of the PRS/PRU/REOTAS /Whitby Outreach/ROOSE Centres or an alternative teaching centre depending upon the needs of the pupil.

5.8 In all cases where tuition is provided in the home, a responsible adult must be present.

6.0 Hospital tuition

6.1 The planning of education provision should begin as soon as the school knows that a pupil is to be admitted to hospital.

6.2 All hospitals in North Yorkshire will have a named contact in the Local Authority so that tuition can be made available for pupils in the local hospital, where appropriate, when pupils are admitted for more than 3 days.

6.3 Other hospitals in the region will have a named contact for planning continuity of education for a pupil who will continue to be unable to access education.

6.4 When pupils are admitted to hospital on a recurring basis every effort will be made to provide tuition from day one or as soon as appropriate.

6.5 For long and recurring admissions to hospital, schools should supply hospital teachers with background information on the pupil and ensure that work is set at an appropriate level.

7.0 Education Social Work Service (ESWS)

7.1 The ESWS is, in partnership with schools, responsible for the monitoring of attendance and liaising with parents/carers where appropriate to improve attendance. An ESW may make the referral on behalf of the school and the service may be represented at local panels. However, a note from a medical practitioner will still be required where the absence is due to medical needs.

8.0 Pupils with Special Educational Needs (SEN)

8.1 In the case of pupils with a statement of special educational needs, who have prolonged or frequent absences from school due to illness or other medical needs, the home school should inform the local SEN Officer and send a copy of the Collaborative referral form for their information. The SEN Officer should be invited to planning and review meetings for pupils with statements who have recurring or long term medical needs.

8.2 Where the medical need is reflected in the pupil's statement of special educational needs and they attend a special school, the school should consider including a reference to any Outreach Service they offer in their Access to Education Policy Statement.

8.3 A medical diagnosis does not necessarily imply that a pupil has a special educational need. Where a pupil has a long term illness or medical need which is associated with, or the cause of, a significant learning difficulty or disability which prevents them from accessing the educational facilities generally available to pupils of the same age in the schools in the Local Authority the school should consider whether a referral for a statutory assessment may be appropriate. In doing so the school should consider the guidance as set out on the SEN Code of Practice 2001; the Local Authority's guidelines on Statutory Assessment and the delegated resources provided to the school for pupils with low need, high incidence SENs.

9.0 Partnership with parents/carers and young people

- 9.1 Parents hold key information and knowledge and have a crucial role to play. They should be full collaborative partners and be informed about their child's progress and performance.
- 9.2 The views of parents/carers and the pupil will be sought and taken account of when arranging tuition out of school or in the home and in monitoring and reviewing the provision being made.
- 9.3 Provision for interpretation, translation and communicators will be available where required.
- 9.4 Pupils will be provided with the opportunity to attend planning meetings or be involved in making decisions and exercising choice both prior to absence through medical needs, when known and in preparation for return to school.
- 9.5 If a pupil persistently refuses to access home tuition or attend group teaching sessions without valid medical reasons, provision may be temporarily suspended until a further planning meeting is held, medical advice sought and a local panel has considered the recommendations of the planning meeting. The home school ESW should be invited to attend this meeting.

10.0 Transport

- 10.1 On the basis of professional advice, it may be considered appropriate that a child or young person works in a small group, after receiving 1:1 home tuition for a period of time, before integration back into school.
- 10.2 If so, it is likely tuition will be based at a PRS/PRU/REOTAS/ROOSE/Whitby Outreach or outreach centre or other off-site provision made by a school. Transport will be provided by the Collaborative where necessary.

11.0 Quality assurance and accountability

- 11.1 The named officer with responsibility for the provision of education for pupils who are unable to attend school because of medical needs, is the EDA (BDA) with a County responsibility for Collaboratives.
- 11.2 The EDA (BDA) with a County responsibility for Collaboratives will liaise closely with the Collaboratives to ensure children and young people's needs are met and monitor outcomes where local Collaboratives of schools have delegated responsibilities.
- 11.3 Teachers providing tuition, both within the PRS/PRU/REOTAS/ROOSE/Whitby Outreach and those directly employed by the Collaboratives, will produce reports which will include details of learning objectives for the curriculum areas covered and outcomes; attendance records and a record of the liaison with other professionals, the school and parents/carers. These reports will be shared with all relevant colleagues including, at an appropriate level, the pupil and the parents/carers.
- 11.4 The pupil will be encouraged and supported to participate in raising issues around their progress and re-integration.
- 11.5 The Local Authority, through the Collaboratives and the CYPS Quality and Improvement Service will monitor the educational attainment of children educated otherwise than at school and quality of the education provided.
- 11.6 The Collaboratives will monitor and report on all external examinations/accreditation achieved and the educational progress made by the pupils who are being educated other than at school for medical reasons for long or recurring periods of time. This information will inform the annual Collaborative self-evaluation service action plan.

11.7 Timescales for processing referrals and putting provision in place will be monitored and where necessary local improvement targets will be set.

11.8 Complaints will be dealt with under the Local Authority complaints procedure.

Appendix 1 – Planning and Review Form

Appendix 2 – Model School Policy

Appendix 3 – Referral flow chart

Appendix 4 – Teenage Pregnancy and Support Protocol

Appendix 1

Areas for discussion

Medical related issues

Tuition

Effective collaboration/liaison between professionals (especially in relation to attainments across the curriculum, schemes of work and resources)

Maintaining contact with school and friends

Reintegration to school

Other

Priorities for ensuring continuity of educational provision
Views of parents/carers
Views of the child or young person
Views of the school
Views of other professionals

ACTION PLAN

(For each action please identify the planned outcome, who needs to be involved, what resources are required and by when the action should take place)

1.	
2.	
3.	
4.	
5.	
6.	

Date and venue of next meeting:

Notes to be circulated to:

Model Secondary School Policy

Eskdale School has the responsibility to ensure that pupils who are absent from school because of their medical needs have the educational support they need to maintain their education. Good communication and co-operation between the school, home, medical professionals and the Local Authority are essential if good quality education is to be provided. The school's policy reflects the statutory guidance 'Access to Education for Children and Young People with Medical Needs' 0732/2001 and the North Yorkshire Policy Statement are attached.

The key aims of the policy are:

- To identify early pupils' medical needs and to ensure that prompt action is taken.
- To provide continuity of high quality education, so far as the medical condition or illness allows.
- To reduce the risk of lowering self-confidence and educational achievement
- To establish effective liaison and collaboration with all concerned in ensuring that pupils with medical needs have access to education.
- To ensure successful reintegration into school for pupils with long term or recurring illness or medical conditions.

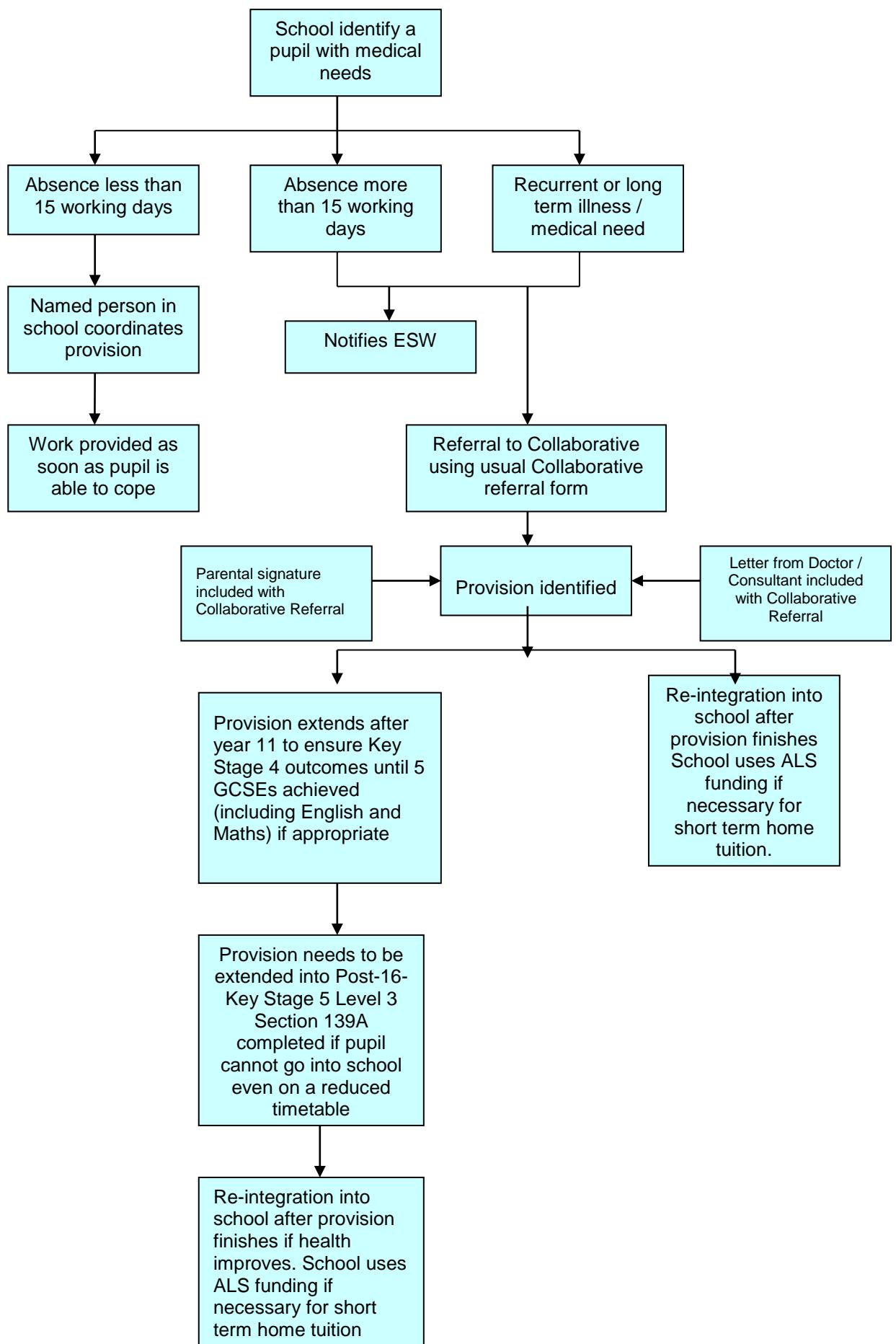
The Inclusion Manager or Appropriate Learning Manager will:

- Ensure that there is effective communication with other parties.
- Attend, or ensure attendance at planning meetings and reviews.
- Maintain, or ensure that communication is maintained generally between the pupil and the school, especially with regard to activities and social events that may enable the pupil to keep in touch with peers.

The management structures and staff responsibilities for ensuring that pupils with medical needs have access to education are as follows:

- Review policy annually.
- Monitor attendance of all pupils with medical conditions and for absences of 15 working days or less, that are not part of a pattern of a recurring illness, liaise with the pupil's parents to provide homework as soon as the pupil is able to cope with it and ensure continuity of learning.
- Liaise with the Education Social Work Service regarding all pupils expected to be absent from school for 15 working days or more (including time in hospital) and make a referral as soon as possible to the local behaviour and attendance Collaborative for support in making educational provision for the pupil.
- Co-ordinate with the Collaborative the education provision from the **first day** of absence for pupils who have disrupted patterns of attendance due to recurring illness or chronic conditions.
- Ensure that where a referral is made to the Collaborative, access to the planning and assessments in all national curriculum subjects which the pupil is studying is made available to Collaborative staff within 5 working days and work programmes on a termly basis where appropriate.
- Liaise with the designated home/medical teacher regarding the action plan as agreed at planning and review meeting.

- Make available to the Collaborative staff Individual Education Plans, Personal Education Plans and Health Care Plans where appropriate.
- Supply hospital teachers with background information on the child or young person and liaise to ensure that work set at an appropriate level for long and recurring admissions to hospital.
- Monitor provision, progress and reintegration arrangements.
- Ensure that pupils not able to attend school because of medical needs have access to public examinations.
- Ensure that views of pupils and their parents/carers are taken into account
- Ensure that arrangements are in place to comply with procedures set out in the SEN Code of Practice where applicable.
- Promote equality of opportunity for pupils with medical needs having due regard for their duties under the Equality Act 2010.

REFERRAL PROCESS: Secondary

Guidance on the education of school age parents

**Secondary school headteachers and teachers
Local Education Authorities**

Status: Recommended
Action: None
Date of issue: 12/10/2001
Ref: DfES/0629/2001

Related documents

- Social Inclusion: Pupil Support Circulars 10/99 and 11/99
- Sex and Relationship Education Guidance
- Social Exclusion Unit report on Teenage Pregnancy
- Connexions and Teenage Pregnancy
- Ofsted report 'Sex and Relationships Education in Schools' available in Autumn 2001

Superseded documents

None

Overview

How to support pregnant pupils in school. Pregnancy is not a reason for exclusion from school.

Action required

None

Further information

School Inclusion Division
Telephone: 020 7925 5550

Introduction

- 1.1 Britain has the highest rate of teenage pregnancy in Western Europe. The Government aims to:
 - halve the rate of teenage conceptions among under 18s by 2010; and
 - get more teenage parents into education, training and employment, to reduce their risk of long term social exclusion.
- 1.2 This guidance is part of the drive to achieve the second of these aims. It provides information for schools and Local Education Authorities (LEAs) when they discover that a girl of compulsory school age is pregnant and advice on supporting young fathers and young fathers-to-be. It is not about reducing conception rates or sex education, which is covered in the Sex and Relationship Education (SRE) guidance.
- 1.3 This guidance builds on paragraphs 4.2-4.4 of DfEE Circular 11 /99 which covers teenage parents amongst groups of pupils who need particular help. Case studies are available in the Ofsted publication, 'Sex and Relationships Education in Schools' due to be issued in Autumn 2001. This will be available from www.ofsted.gov.uk

Working with other agencies

Links with local teenage pregnancy strategy

- 2.1 All LEAs should maintain links with the teenage pregnancy coordinator in their area who has been jointly appointed by their Health and Local Authorities. In addition to supporting improvements in SRE, LEAs have an important role in contributing to the local teenage pregnancy strategy through supporting the education of pregnant girls and school age parents, and supplying progress reports and data to the teenage pregnancy coordinator. The coordinator has up to date information on local organisations and agencies that can provide support and advice to pregnant schoolgirls and school age parents. The teenage pregnancy coordinator will produce a directory of these organisations by March 2002, which will also be held by Healthy Schools coordinators and school nurses. The local Healthy Schools Programme provides support to schools on sexual health issues in the context of Personal Social Health Education (PSHE). In areas where there is a Sure Start Plus Pilot programme, a Sure Start Plus personal adviser will co-ordinate tailored support packages for teenage parents. Many LEAs employ reintegration officers to help pupils to get back to education. It is particularly important that these officers link effectively to the local strategy and with the designated member of school staff.

Connexions

- 3.1 The Connexions Service is being introduced to provide integrated information, advice, guidance, support and access to personal development opportunities for all 13 -19 year olds in England. It aims to help young people engage in learning, achieve their full potential and make a smooth transition to adult life. Connexions will work with existing services and build on work already taking place, with the overall aim of providing the best support for the young person whilst ensuring that Connexions does not duplicate the work of other services. The Connexions Service will work more intensively with teenage parents, helping them to access the support they need to reach their full potential.
- 3.2 It is important that strategic links are developed between Connexions and those involved in the local teenage pregnancy strategy, including teenage pregnancy coordinators and reintegration officers and through protocol agreements and representation on the Connexions Local Management Committees, in addition to individual Teenage Pregnancy Workers and Connexions Personal Advisers. Connexions Partnerships will need to be aware of the content of and involved in the further development of local teenage pregnancy strategies.
- 3.3 In areas with high rates of teenage pregnancy there may be a number of other agencies working with teenage parents, and where appropriate, other workers may take on the lead Personal Adviser role. Where there is a Sure Start Plus Adviser in the area, it will usually be appropriate for them to take on the role of the Connexions personal adviser. Connexions Partnerships outside the Sure Start Plus pilot areas will need to consider how they can provide specialist advice to pregnant teenagers and teenage parents to ensure that they remain engaged in learning and that their risk of social exclusion is minimised.
- 3.4 Guidance on Connexions and those involved in the local teenage pregnancy strategy is being issued in September 2001, to help them plan together how to most effectively structure their work in relation to one another. Further information on Connexions is available on the website at www.cnnpXinns.anvijk

Responsibilities of the Local Education Authority

Duties

Statutory duties

- 4.1 LEAs have a duty to provide suitable education for all pupils for whom they are responsible, including pupils of compulsory school age who become parents. 'Suitable education' must meet the particular needs of the pupil. This means that LEAs should not impose one policy for all but should consult the pupil, their parents or carers and their school to secure a package which is suitable to their age, ability, aptitude and individual needs, including and special educational needs they may have.

Pupils with statements of special educational needs (SEN)

- 5.1 Pupils with statements who become pregnant should be treated in the same way as other girls under the LEA's teenage pregnancy strategy. However, the LEA may need to review the statement under section 328 of the Education Act 1996 and The Education (Special Educational Needs) Regulations 2001 in order to ensure, for example, that the placement named and the non-educational provision set out in the statement remain appropriate. Guidance is given on reviewing statements in the SEN Code of Practice.

Nominated official for teenage pregnancy

- 6.1 An LEA officer, normally a member of the Education Welfare Service, should be nominated to be responsible for this group. This will be the specialist reintegration officer in areas that have them.

Data collection

- 7.1 Since September 1999, all LEAs have a responsibility to collect data on participation and achievement of all pupils out of school (Circular 11/99). This includes any teenage parents who are out of school. It is also good practice for LEAs to collect separate data on the attainment of those teenage parents attending school. Their transition to further education or employment should also be monitored and recorded. For monitoring purposes, this data should be broken down by ethnic background. An example database is available from the Department for Education and Skills. All data must be collected and stored in accordance with the Data Protection Act 1998. Systems should be designed to complement datasets required by Connexions Partnerships.

Provision

Education out of school

- 8.1 LEAs have a duty to provide 'suitable' education to pupils who are unable to attend school. 'Suitable' education is described in law as suitable to the age ability, aptitude and any SEN the child may have. For pregnant teenagers or those who are mothers, the young woman's school would normally be expected to oversee her education, including setting and marking work while she is away. The LEA may find a place at a pupil referral unit (PRU) or other educational centre during periods of absence from school, or choose to provide home tuition. Decisions should be taken in the light of individual needs. If the young woman is off school with a pregnancy related illness, DfEE Circular 10/94 on the education of sick children applies. Reintegration officers, the Connexions Service and Sure Start Plus personal advisers will provide a route for re-engaging young mothers who have dropped out of the system altogether.

Pupil Referral Units

- 9.1 Links with mainstream school should be maintained for pupils in PRUs. Pregnant school girls and school age mothers will remain on the roll of their mainstream school, unless they have been excluded for other reasons (Circular 10/99). The aim should be reintegration where possible and mainstream schools and PRUs should work together to achieve this. In circumstances where the girl has become pregnant in Year 11, time may not allow for reintegration into mainstream. In that case the aim should be to encourage the young woman to consider further education or other suitable post-16 provision. The Connexions Service should provide personal support through this process. (See Circular 11/99, Chapter 6 for more detail on PRUs and the Connexions guidance on Teenage Pregnancy). The Government is committed to raising standards in PRUs. It will work with PRUs, LEAs and Ofsted to ensure that young people in PRUs have tailor made provision which enables them to catch up. Some PRUs specialise in the education of school age mothers and these units usually have childcare facilities on-site.
- 10.1 An LEA should normally arrange continuing education for a young person over compulsory school age, but under 18 where:
- a young person is a "year behind" in their schooling, so that when they are over compulsory school age they still need to study for a further year to complete examination courses; and

- a student has shown a high-level commitment prior to the point when they could no longer attend school.

Childcare

- 11.1 Lack of appropriate or affordable childcare provision can prove to be a significant barrier to participation in education. The reintegration officer, Connexions adviser and Sure Start Plus personal adviser can provide advice to the young woman, young father or young father-to-be about accessing childcare. Only where other family members are unable to help with childcare will the teenage parents be eligible for financial help with childcare. Families where both grandparents are working, or where a lone grandparent works, may be eligible for Working Families' Tax Credit for the childcare of their grandchild whilst they are claiming child benefit for that child. Further information about Working Families' Tax Credit is available by calling 0845 609 5000.
- 11.2 Additional childcare help may be available from the Local Authority. This will be determined by the policy and priorities of the Local Authority, particularly in respect of children in need (section 17, Children Act, 1989). 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'. This will need to be assessed individually by Social Services Departments. Services can be provided if they are essential to safeguard and promote the welfare of mother or baby or if one of them is disabled. Local authorities are required to provide appropriate day care for 'children in need' in their area (section 18, Children Act, 1989).
- 11.3 Local Authorities may help to arrange or to fund such provision, or both. For more information about local childcare provision please get in touch with your local Early Years Development and Childcare Partnership. Teenage pregnancy coordinators also have access to the Teenage Pregnancy Unit's website which contains information, including initiatives providing funds for childcare.

Home-School transport for pregnant teenagers

- 12.1 There is evidence to suggest that help with transport for this group has a positive impact on attendance. LEAs must provide free transport if they consider it necessary to enable a pupil to attend school, and they may help other pupils with fares. LEAs must also publish annually their policy on free and assisted transport. LEAs have considerable scope to decide when transport is necessary. Free transport is always necessary for a pupil of compulsory school age who attends the nearest suitable school if it is beyond walking distance. Where no statutory provision applies, it would be good practice for authorities to provide assistance with transport in circumstances where, for example, a General Practitioner certifies that the pupil's stage of pregnancy is such that they are no longer able to walk to school.

Responsibilities of schools

- 13.1 Circular 10/99 makes clear that 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. The school's aim should be to keep the pregnant pupil or school age mother in learning. This means keeping the pupil on the school roll, even if she may not be able to attend for a period of time; keeping up to date with her progress and working with the LEA looking for a suitable time to re-integrate her into the school. If, exceptionally, a headteacher considers that the school is no longer a suitable environment for the education of a pregnant pupil or school age mother, the pupil, her parents, the LEA and the pupil's Connexions or Sure Start Plus personal adviser (if she has one) should be involved in deciding the most suitable provision for that young person.
- 13.2 It is not unusual for a young woman to become more motivated about her education as a result of pregnancy and a desire to plan for the future. As set out in paragraph 7 of this guidance it is good practice for schools to share data with their LEAs on the achievement of pregnant pupils and school age mothers. Their transition to further education or employment should also be monitored and recorded. Ideally, this data should be broken down by ethnic background for monitoring purposes. For ease of communication between agencies the format in which this data is collected should complement as far as possible the data sets required by the local Connexions Service.

If the school becomes aware that a pupil is pregnant

- 14.1 The Department's guidance on Sex and Relationship Education states that schools should have a clear and explicit confidentiality policy. The school policy should be drawn up in consultation with parents and should reflect the views of teachers, parents and the needs of the school community. The policy must be kept up to date and be available for inspection including to parents. The Healthy Schools Programme will help governing bodies and head teachers develop a policy according to these guidelines. Teachers should ensure that they act consistently with that policy. Teachers are not legally bound to inform parents or the headteacher of any disclosure by pupils unless the school's confidentiality policy requires them to do so. Teachers should seek consent for any disclosure and should make clear that they cannot offer or

guarantee pupils unconditional confidentiality. A member of staff who finds out that a pupil is pregnant should ensure that the pupil receives full information about services in her local area, knows how to access them and has the opportunity to talk through the options available to her. In Sure Start Plus areas, the young woman should be given contact details of the Sure Start Plus personal adviser. Information about services can be found in the local directory of services available from the local teenage pregnancy coordinator. A young woman who is considering adoption or has decided not to continue with the pregnancy or who has already had a termination should also be offered access to relevant support services.

- 14.2 In cases where a pupil has decided to continue with her pregnancy, the pupil should be advised that the headteacher and nominated LEA officer will need to be informed so that arrangements can be made for her continuing education. The headteacher should respect the young woman's wishes on confidentiality, in line with the school policy. A member of school staff should assist the young woman and take responsibility for her continuing education. The headteacher should make sure that the pregnancy is dealt with sensitively by teachers and pupils within the school. The nominated member of staff is not obliged to tell the pregnant pupil's parents or carers unless required to do so by school policy, but they should take steps to encourage the young woman to talk to her parents or carers. They should make sure the pregnant pupil has access to the appropriate local Health or Social Services. In Sure Start Plus areas, the young woman should be given contact details of the Sure Start Plus personal adviser.
- 14.3 In the case of young women under 16, if a teacher believes there is a child protection issue to be addressed, they should liaise with the schools "designated teacher for child protection" (as set out in DfEE circular 10/95). Teachers should make clear that they can not guarantee unconditional confidentiality and that if confidentiality has to be broken, the pupil will be informed first.
- 14.4 The school should ensure that the young woman continues learning as long as possible up until the birth by exploring all opportunities for curriculum support available within the LEA's arrangements for education out of school. There may be times when the pregnant girl is unable to attend school for health reasons, but would still be able to study. In these circumstances the school should provide work for the girl to do at home. The school should try to maintain continuity of learning when the young woman is absent for the birth, especially for those studying for academic awards. It may be appropriate for the headteacher to use their discretion to disapply the National Curriculum in order for the young woman to maintain progress in her core subjects. (See Qualification and Curriculum Authority publication 'Flexibility in the National Curriculum' for more details.)
- 14.5 A pupil who becomes pregnant is entitled to no more than 18 calendar weeks' authorised absence to cover the time immediately before and after the birth of the child. Should the pupil fail to return within this period, she should continue to have access to support from the school, LEA and Connexions personal adviser to help and encourage her return to education when ready. If health allows, schools should encourage pupils to return to education with the minimum interruption. After the maximum length of authorised absence, the school should follow the guidance on absence set out in Circulars 10/99 and 11/99. Absence for ante-natal classes, and if the baby is ill, should be classified as 'authorised'.
- 14.6 Any problems of bullying should be addressed in the normal manner in line with the school's discipline policy (see the DfEE bullying pack 'Bullying: don't suffer in silence', reference 0064/2000 for more information).
- 14.7 There is no evidence that keeping a pregnant girl or school age mother in school will encourage others to become pregnant. Effective personal, social and health education (PSHE) can alert teenagers to the risks and realities of early parenthood and can be used to encourage understanding of young parents' situation amongst the other pupils, taking care not to reinforce negative stereotypes.
- 14.8 If the school finds out, usually from the Education Welfare Service, that a girl who is not attending school is pregnant, the school should arrange a meeting with the girl, her parents or carers and the LEA (reintegration officer) to discuss how her educational needs are to be met.
- 14.9 If a young woman in public care becomes pregnant, the designated teacher for young people in public care should be involved in discussions and review of the care plan for the young person to ensure that her educational needs are considered alongside her other needs. This is particularly important in avoiding disruptions when studying for academic awards.
- 14.10 As with any pupil who has spent time out of school, a school age mother who has done so should have an individual reintegration plan and panel. (See Chapter 5 of Circular 11 /99 for more details on reintegration.)
- 14.11 Schools should be supportive of both parents in their responsibilities for caring for their child.

School age Fathers

- 15.1 Schools should acknowledge the additional needs that school age fathers and fathers-to-be may have. If a member of staff finds out that a pupil is a father or a father-to-be they should follow the same procedure as when they find out a girl is pregnant. If the school thinks it appropriate, they should consider what flexibility they can offer to the timetable and curriculum. Schools may consider it necessary to help a boy to have access to a counsellor in some circumstances or help from other agencies such as Connexions.

Sure Start Plus personal advisers will also support teenage fathers, further information is available from www.surestart.gov.uk/infobank/guidance

Legal framework

Role of LEAs

- 1 6.1 LEAs have no specific statutory powers and/or duties relating to the education of teenage parents over and above those they already owe to children of compulsory school age. These are set out below. All references are to the Education Act 1996 unless otherwise indicated.

Duties

- 16.2 LEAs have a general duty to contribute towards the spiritual, moral, mental and physical development of the community by securing that efficient education is available to meet the needs of the population in their area (see section 13). In exercising their various powers and duties under the Education Acts they are to have regard for the general principle that, if to do so is compatible with efficient instruction and training, and not unreasonably expensive, pupils are to be educated in accordance with their parents' wishes (see section 9).
- 1 6.3 Section 14 requires LEAs to secure that sufficient schools providing appropriate primary and secondary education are available for all pupils in their area. However, under section 19 every LEA is required to provide suitable education, whether at school or otherwise, for children of compulsory school age who may not receive suitable education unless arrangements are made for them, either because they are ill or have been excluded from school or are unable to attend school for some other reason (which might include pregnancy).
- 16.4 ' Suitable education' is defined by section 19(6) as efficient education suitable to the age, ability, aptitude and to any special educational needs the child or young person may have. It is for LEAs to decide what is suitable, after consultation with a particular child's parents, in accordance with their own policies and having regard to this guidance. However, what constitutes a 'suitable education' in each case is to be determined purely by educational considerations and not by reference to the resources available to the LEA (see *R v East Sussex County Council, ex p Tandy* [1998 EL R 251]). LEAs cannot decide not to arrange any education, or to make arrangements which do not provide suitable education for that child.
- 16.5 When a girl is dual registered in a PRU and a school, the school cannot take her off the school roll without the permission of the LEA (Education Regulations, 1995).
- 16.6 LEAs do not have any specific statutory powers in relation to pregnant girls or young mothers. However, in fulfilling their statutory obligations under section 13 and 19 they have powers which can be used to provide support to pregnant schoolgirls and teenage mothers. DfES recommend that LEAs work together with social services and schools to provide support for the mother, both during pregnancy and after the baby is born.
- 16.7 Under section 19(4) LEAs have powers to arrange provision otherwise than at school for "young persons", defined in section 579(1) as a person over compulsory school age but under the age of 18. These can be used in support of the education of pregnant girls and teenage mothers between the ages of 16 and 18.

Parental duties

- 16.8 Section 7 of the Education Act 1996 requires parents to secure education of their children of compulsory school age either by regular attendance at school or otherwise. Parents of teenage parents are obliged therefore to ensure that their child attends the provision arranged by the LEA.