Hampshire Guidance for managing the support and reintegration of pregnant students and young parents in education

Hampshire County Council

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3	February 2026			Guidance revised for Hampshire County Council. Update to pathways and local support services

Contents

Foreword

This document sets out the Hampshire County Council guidance for schools and colleges in managing the support and reintegration of pregnant students and school/college aged parents. This is not a guide for Relationships and Sex Education (RSE). The latest guidance for RSE is available from the Department for Education and can be found **here**.

This document was originally produced for Hampshire with the support of members of the multi-agency Hampshire Teenage Pregnancy Partnership, drawing on national guidance and local experience.

This refreshed version has sought further experience and expertise from a range of multi-agency partners across Hampshire. Hampshire County Council welcome its publication and believe that schools and colleges and all those involved in supporting pregnant students or school/college aged parents will find it to be a useful and practical source of information and guidance.

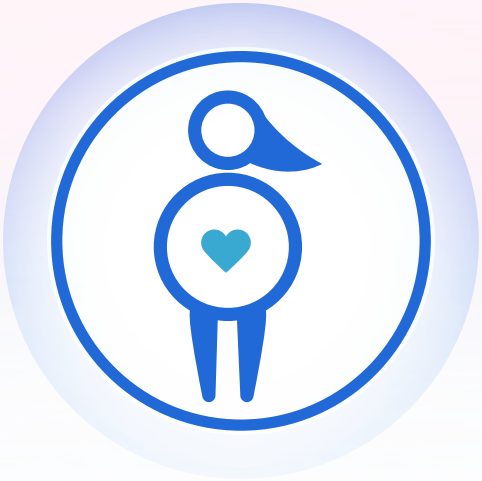
Introduction

Reducing the rate of under-18 conceptions continues to be an ambition in the Department of Health's **Framework for Sexual Health Improvement in England.** The majority of teenage pregnancies are unplanned and about half of these end in an abortion. Research has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children. National and Local data can be viewed on the Hampshire Joint Strategic Needs Assessment (JSNA) **here**.

Nationally evidence shows teenage mothers are less likely to finish their education and are more likely to bring up their child alone and in poverty. They also have a higher risk of mental health problems than older mothers. Infant mortality rates are 60% higher for babies born to teenage mothers, and as children, they have an increased risk of living in poverty and are more likely to have accidents and behavioural problems[1].

This demonstrates how vital it is to ensure that these young parents are supported to access their education. There is a clear association[2] between days absent from school or college and academic achievement which inherently has an impact on their ability to achieve as they transition into adulthood.

The vast majority of pregnancies will have no safeguarding concerns, however in some cases, to ensure that the appropriate support is in place for the mother and wider family members during the perinatal period, a co-ordinated response is required by agencies to best protect the baby, before and following birth. The Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) **Unborn/New born baby protocol** should be followed to ensure the safeguarding of the unborn/ new born baby and their mother where appropriate.



1 ***Teenage pregnancy | Nuffield Trust***
2 ***The link between absence and attainment at KS2 and KS4***

Standard actions your school or college should have in place at all times

The following actions should be reviewed annually to ensure they remain in place at all times (e.g. following staff turnover):

- ☐ Robust Relationships & Sex Education programme and policy in line with statutory RE, RSE & Health guidance available **here** and PSHE programme
- ☐ Content must be accessible and adapted ensuring SEND and neurodiversity considerations are embedded in discussion with SENCO
- ☐ Students with additional needs due to known or suspected neurodiversity are identified and offered appropriate support in regard to RSE and accessing services
- ☐ Confidentiality processes included within relevant school or college policies (reviewed in line with KCSiE/DfE guidance) that have been co-developed with staff, students and parents
- ☐ Designated pastoral care staff with a clear knowledge of procedures should a student pregnancy be disclosed
- ☐ Hampshire Teenage Pregnancy flowchart to sit alongside this guidance, accessible for all relevant staff (See **appendix: A**)
- ☐ Ensure the school or college considers how to embed trauma informed approaches within the setting ethos, and encourages staff to access training in trauma informed approaches. **Trauma Informed Approaches - Hampshire SCP**
- ☐ Access Trauma informed training opportunities through the **virtual schools** training offer **Training Brochure**

For further information **see section 1**.

What happens when a student pregnancy is disclosed?

A student may disclose a pregnancy in a number of different ways. A staff member that becomes aware of a student's pregnancy must use their professional discretion to ensure the student can access the support they require whilst continuing to feel safe in discussing their circumstances with a trusted adult. Staff should be clear and explain the actions they must take. Confidentiality must be maintained in line with school or college policies (including safeguarding policies and procedures).

Actions:

- ☐ Consider the safeguarding needs of the student and unborn baby ensuring the case is discussed with designated safeguarding lead (DSL). If there are any safeguarding concerns, complete **Inter Agency Referral Form** (IARF).
- ☐ Follow the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) **Unborn/New born baby protocol** and the **HIPS Local Safeguarding Children's Partnership (LSCP) Guidelines.**
- ☐ Inform the Head Teacher or Principal.
- ☐ Nominate a member of staff to support the student(s), it is preferable that this staff member is trained in trauma informed approaches/ adverse childhood experiences (potentially the DSL or pastoral lead) N.B. if the student decides to continue with the pregnancy, they will be able to agree who their independent advocate will be and this might not be the nominated member of staff
- ☐ Support the student(s) to disclose pregnancy to parents/carers if needed
- ☐ If the student has English as an Additional Language (EAL) it may be useful to have a translator to interpret key messages
- ☐ Support the student(s) to access relevant health services (see **Appendix: F**)
- ☐ Establish if father is also a student at the school or college (if not known already) and arrange appropriate support as required, such as support to inform parents/carers, signposting and information on parental responsibilities, parenting classes, childcare options and education and carers advice. Consider the safeguarding needs of the father.
- ☐ Review teaching arrangements if mother and father are both students
- ☐ Complete risk assessment with consideration to any current government infection control guidance. See **appendix D** for a sample risk assessment template

For further information see **section 2**.

At this stage, depending on the stage of pregnancy, the student(s) will have to decide if they wish to continue with the pregnancy.

Choosing whether or not to continue with a pregnancy can be a very difficult decision. Students must be able to access unbiased support to help them consider their options. Schools and colleges should adopt a compassionate and non-judgmental attitude following trauma informed approaches in supporting the student including acknowledging potential stigma.

The following information may be useful for students choosing whether or not to continue with their pregnancy: **Pregnancy Termination Advice: Hampshire and Isle of Wight Healthcare Sexual Health**

If the student(s) has decided not to continue with the pregnancy:

Actions:

- ☐ Discuss case with designated safeguarding lead (DSL)
- ☐ Inform the Head Teacher or Principal
- ☐ Ensure the nominated member of staff continues to support the student(s)
- ☐ Support and enable the student(s) to access relevant health services (see **appendix F**)
- ☐ Authorise absence for medical appointments
- ☐ Review risk assessment
- ☐ Support the student(s) on their return to education ensuring access to support, pastoral care and counselling if required.

For further information see **section 3**.

If the student(s) has decided to continue with the pregnancy:

Actions:

- ☐ Ensure the nominated member of staff continues to support the student(s) or the student can identify another member of staff if nominated staff member unavailable
- ☐ Agree Independent Advocate (not necessarily the nominated member of staff) with student
- ☐ Ensure student(s), parents/carers and relevant staff are aware of who the nominated staff member is and what their role is for supporting the student
- ☐ Nominated staff member to complete the Inter-Agency Referral Form which will include a risk assessment. If threshold is met, Early Help Hub consent must be gained from the student and their parent/ person with parental responsibility if the parent to be is under 16, prior to discussion at Early Help Hub (if early help threshold not met, the reintegration meeting and consequent plan should be completed).
- ☐ A 'Team around the family' (TAF) reintegration meeting must be arranged and a reintegration plan agreed (see reintegration plan for suggested attendees)
- ☐ If student or parents have English as an Additional Language (EAL), consider translation needs
- ☐ Send '**Request for support form**'- to Family Help team (for information on local services).
- ☐ Elective Home Education (EHE) should not be suggested, this could be interpreted as pressure to EHE, which is unlawful EHE.

Education setting to review risk assessment regularly and

- o if concerns are raised about the safeguarding of the Unborn/New born baby, refer to Children's Services via Inter-Agency Referral Form and call professionals' line.
- o Follow the HIPS Unborn/New born baby protocol and the HIPS LSCP guidelines.
- o If concerns are raised about the safeguarding of the student(s), follow your settings safeguarding policies and procedures

- ☐ Support and enable the student(s) to access relevant health services (**appendix F**)
- ☐ Liaise with student, parents/ carers and relevant staff to establish most effective way for the student(s) to continue their education
- ☐ Liaise with further education (or training) provider if appropriate
- ☐ Amend timetable if appropriate (this may need to be reviewed multiple times in line with the risk assessment and student's health and education needs at the time)
- ☐ Plan future childcare arrangements with student(s)

- ☐ Revise Care Plan if student is a Looked After Child in discussion with social work team and virtual school.
- ☐ For children with a social worker (open to social care), previously looked after or within kinship care, educational establishments can contact the virtual school extended duties team for advice and guidance **VSExtendedDuties@hants.gov.uk**
- ☐ Support student as pregnancy becomes visible including working with staff and other students
- ☐ Consider providing some flexibility in the uniform rules/policy as pregnancy progresses to ensure comfort
- ☐ Authorise absence for health and care appointments as required
- ☐ Provide work for student to complete at home, considering use of online platforms to enable effective access to resources
- ☐ Review reintegration plan regularly
- ☐ Review transport arrangements if required
- ☐ Education establishment to make application to **Care to Learn** scheme to help with childcare costs whilst the student is studying **Care to Learn academic year 2025 to 2026: conditions of grant funding - GOV.UK**

For further information see **section 4**.

Arrangements for Maternity Leave:

Every pregnancy and birth experience is unique and support arrangements for after the birth should be regularly reviewed to adjust for the student's needs.

It should be acknowledged that many school or college-aged parents will have much less time available for maternity leave when compared to older parents as every school or college day missed could have an adverse impact on their educational attainment. There are many challenges for young parents to consider from the physical and emotional recovery from the birth, chosen methods of feeding the baby and appropriate childcare arrangements to considering the impact of sleepless nights on the student's ability to effectively concentrate on learning and impacts on social groups and friendships at school or college.

Actions:

- ☐ Agree the anticipated length of leave with student and parents/carers
- ☐ Provide work for student to complete at home, considering use of online platforms to enable effective access to resources (considering and ensuring any digital access needs are met)
- ☐ Consider access arrangements if exams are likely to be during maternity leave
- ☐ Maintain regular contact between the nominated staff member, independent advocate and the student
- ☐ Review and revise the reintegration plan
- ☐ Review and revise the risk assessment ensuring considerations of safeguarding needs for the student and baby

For further information see **section 5**.

Student returning to education:

Actions:

- ☐ Ensure the nominated staff member and independent advocate continue to liaise to support the student and father of the baby as required
- ☐ Confirm that childcare arrangements are in place
- ☐ Education establishment to make application to **Care to Learn** scheme to help with childcare costs whilst the student is studying **Care to Learn academic year 2025 to 2026: conditions of grant funding - GOV.UK**
- ☐ Review and revise the reintegration plan
- ☐ Review and revise the risk assessment ensuring considerations of safeguarding needs for the student and baby
- ☐ Phase a reintroduction to education as agreed in the reintegration plan
- ☐ Make arrangements for student to continue breastfeeding if desired
- ☐ Support the student and babies father to attend appropriate health and care appointments as an authorised absence
- ☐ Provide or support student to access further education and careers guidance

For further information see **section 6**.

SECTION 1

Further information about what each setting should have in place at all times

The new Relationships, Sex and Health Education (RSHE) curriculum became compulsory from September 2020. Following a period of consultation, revised statutory guidance was published in July 2025, with full implementation expected by September 2026. In the meantime, all settings are expected to work towards aligning their provision with the updated guidance. The guidance can be accessed here: **Guidance on the Statutory requirements of the Relationships, Sex and Health Education**

The Department for Education has produced a one-stop hub for teachers which can be accessed **here**. This includes teacher training modules on the RSHE topics and non-statutory implementation guidance.

The aim of Relationships and Sex Education (RSE) is to give young people the information they need to help them develop healthy, nurturing relationships of all kinds, not just intimate relationships. Young people need to be able to recognise when relationships (including family relationships) are unhealthy or abusive (including the unacceptability of neglect, emotional, sexual and physical abuse and violence, including honour-based violence and forced marriage) and strategies to manage this or access support for oneself or others at risk.

RSE should enable young people to know what makes a good friend, a good colleague and a successful marriage or other type of committed relationship. It should teach young people to understand human sexuality and to respect themselves and understand the reasons for delaying sexual activity. Effective RSE also supports people, throughout life, to develop safe, fulfilling and healthy sexual relationships, at the appropriate time.

In line with the statutory **Keeping children safe in education guidance (KCSiE)**, schools and colleges must ensure there are always clear processes in place for confidentiality and safeguarding. These policies and processes should be reviewed in line with requirements of KCSiE/DfE. See also **DfE information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers**.

Getting support right for teenage mothers and young fathers can transform the lives of individual young parents and their children, enabling them to fulfil their aspirations and potential (**A framework for supporting teenage mothers and young fathers, PHE**). The reintegration guidance and plan form part of the teenage pregnancy flowchart. The flowchart and guidance are to ensure there is early, sustained, multi-agency support for young parents to improve outcomes for themselves and their children and reduce the risk factors associated with teenage pregnancy. The school and college role in supporting young parents to continue with and return to education is imperative to prevent poor outcomes. Support for pregnant students and school or college aged parents must be managed sensitively and a compassionate, non-judgmental trauma-informed approach is advocated. Steps should be taken to avoid, or at least minimise, adding new stress or inadvertently reminding people of past traumas. A trauma informed setting is one that is able to support children and teenagers who suffer with trauma or mental health problems and whose behaviour may act as a barrier to learning. Further information can be found here: **Trauma Informed Schools**.

SECTION 2

Further information following disclosure of pregnancy:

A member of staff who finds out that a student is pregnant should inform the Head Teacher or Principal and discuss with the designated safeguarding lead. The staff member should ensure that the student receives full information about services in her local area (see **appendix F**), knows how to access them and has the opportunity to talk through the options available to her with a non-biased trusted adult.

Following disclosure, the school or college should nominate a member of staff to be responsible for over-seeing all issues related to the disclosure, co-ordinating support and providing mentoring for the student. This nominated member of staff should support the student in identifying an independent advocate to ensure their voice is heard and they feel fully enabled to participate in discussions about the future.

The nominated member of staff is not obliged to tell the pregnant student's parents or carers unless required to do so by the school or college's policies, but should take steps to encourage the student (potentially with the support of their independent advocate) to talk to her parents or carers and offer appropriate support.

If the young person or their parents/carer has English as an Additional Language, it may be useful to have an interpreter who can translate or interpret key messages around further information about support available.

The nominated member of staff and independent advocate should work together to ensure the pregnant student has access to the appropriate local services according to her individual needs (e.g. GP, midwifery, CAMHS etc). This may require authorised absence from school or college. If on waiting list for CAMHS, see other support services in **appendix F**.

The nominated member of staff and independent advocate should discuss any potential safeguarding needs with the school or college's designated safeguarding lead (DSL), considering the needs of both the student and their unborn baby (in line with the HIPS Unborn/ New born baby protocol).

Consideration should also be given to whether the father is also a student at the school or college with support arranged for him as required. Teaching arrangements may also need to be reviewed for the father.

A risk assessment should be started ensuring any immediate risks are recorded and mitigations identified. This should be a 'live' document that is amended and updated throughout the student's pregnancy (see **appendix D** for template risk assessment).

SECTION 3

Further information following a decision not to continue with pregnancy:

If a student is considering an abortion, it is essential that she is supported in a timely way to access professional services for appropriate counselling, advice and support (**Appendix A** and **F**). It is important that confidentiality is strictly maintained in line with school or college policies. It may be helpful (if the student agrees) for key staff in the school or college to be informed in order for allowances to be made both whilst she is considering her options and after she has made a decision, as it is quite possible that she could suffer emotional and/ or physical distress during this time. Policies, practices and staff attitudes should be non-judgmental and supportive of the student's choice.

There are services available to support student(s) who are making or have made this decision. They can provide information and advice, emotional wellbeing and mental health support such as counselling, and bereavement care (see **Appendix: F**). The school or college pastoral support could be invaluable here.

SECTION 4

Further information following a decision to continue with the pregnancy:

Role of the nominated member of staff and school/college:

The nominated member of staff should assist the student and take responsibility for her continuing education.

The nominated member of staff should undertake an **Inter-Agency Referral Form (IARF)** which will include updating the risk assessment for the young woman and the unborn child. Any safeguarding concerns in relation to the pregnant student or to the unborn child should be reported following child protection procedures and in line with the HIPS **Unborn/ new born baby protocol**.

For Hampshire families following completion of an IARF, a decision on threshold will be made and will identify support needs.

Further information about Hampshire's Family Help can be **found here**.

In addition to the IARF, a '**request for support form**' should be completed and sent to the Family Help team for Level 2 services, such as parenting groups / courses or SOS (single issue support).

The nominated member of staff should ensure the student is registered with a GP and is clear on how to access midwifery services and attend her booking appointment. The student should also be referred to the Family Nurse Partnership (with their consent) for intensive support with their pregnancy and after their baby is born (see **appendix F**). The nominated member of staff should also ensure the student

is supported to access any other health services as required (e.g. CAMHS).

The student, her support network, such as her parents/carers, partner and/or baby's father and other staff should be aware of the nominated member of staff in the school/college providing support to the student so that they may discuss any issues which may arise. The nominated member of staff will need to convene a multi-agency meeting with the key staff outside the school/college e.g. midwife, public health school nurse, along with the student, her independent advocate and her partner/parent/carer as appropriate, in order to obtain the full picture of the needs of the student concerned and to begin planning for her support and reintegration. See the reintegration guidance (**Appendix: B**) and template reintegration plan (**Appendix: C**).
If the young person or their parents/carer has English as an Additional Language, it may be useful to have an interpreter or trusted family member who can translate or interpret during the reintegration meeting.

The Equality Act 2010 means that it is unlawful for schools and colleges to treat a student differently because she becomes pregnant, has recently had a baby, or is breastfeeding. Schools and colleges need to give consideration to both pregnancy and maternity when considering their obligations under the Equality Duty. Schools and colleges have the discretion to authorise absence in exceptional circumstances, including pregnancy and maternity related reasons. However, consideration should be given to the individual circumstances of the young mother and child when making this decision.

When the risk assessment is updated, all reasonable adjustments should be made. **The education of pregnant young women and young mothers in England** provides some examples of actions that could be implemented, such as:

- enabling the student to change classes at a slightly different time if the corridors are narrow
- having an indoor area at break times
- having permission to leave classes without explanation to visit the toilets
- offering additional work support where required
- putting in some restrictions in lessons involving practical activities
- providing somewhere for the student to rest (this could also be utilised to support breast feeding if required)
- having water available at all times

This list is not exhaustive.

Feedback from young mothers through the Hampshire Family Nurse Partnership (2025) indicate the following would also be helpful:

- Flexibility to the uniform policy to ensure access to a comfortable uniform that fits

- Consideration of IT accessibility (e.g. provision of a laptop to support online learning)
- Negotiated shorter timetable
- Being able to access time and space with someone in school or college, e.g. the pastoral team for support
- Options to adjust start time after maternity leave to reflect frequent wakings of babies throughout the nights

If the school or college finds out that a student who is not attending is pregnant, the setting should arrange a meeting with the student, her parents or carers and appropriate agencies to discuss how her educational needs are to be met. It is often very difficult to reintegrate a young mother back into the school that she has not regularly attended before becoming pregnant. In these cases, a more flexible and creative reintegration plan (**Appendix: B**) will be needed, possibly including alternative education provision in college and making use of informal opportunities e.g. groups for young parents (if available) or parenting support alongside formal provision. Consideration could be given to a referral by the educational setting to **Future You**.

Elective Home Education (EHE) should never be suggested as an alternative to school or an alternative provision, especially for a pregnant student. This could be interpreted as unlawful off-rolling. If parents/carers share their intention to EHE please contact the EHE team (**ehehampshire@hants.gov.uk**), they will be happy to contact the parents/carers to discuss the responsibility they would be taking on. If parents/carers notify the school that they are removing the student for EHE please share this with the EHE team via the online form and share all relevant safeguarding information.

If a looked after child becomes pregnant/ or is identified as a young parent, the child's social worker, carer, the designated teacher for looked after children and a representative from the virtual school should be involved in the discussions. This should be reflected in the student's care plan and personal education plan (PEP) to ensure that all her educational needs are considered and planned for in a timely way. If a child with a social worker (open to social care), previously looked after or within kinship care, educational establishments can contact the virtual school extended duties team for advice and guidance **VSExtendedDuties@hants.gov.uk**

Where the student has become pregnant in Year 11 or 13, consideration should be given to her examination entries and requirements. Time may not allow for reintegration into mainstream education in which case the aim should be to encourage the student to consider further education, other suitable post-16 provision or next steps (higher education, training or career options).

The Head Teacher or Principal may adjust the curriculum to meet the needs of the student. There will need to be some discussion with tutors as to how best this can be managed and it might involve a reintegration plan that phases in attendance on a reduced timetable following the birth.

Student health and wellbeing:

It is important that someone acts as an independent advocate for the student during her pregnancy and specifically in discussions and revisions of the risk assessment and reintegration plan. The student will often be facing stressful emotional and health challenges, perhaps involving difficult relationships, both inside and outside the education setting. This independent advocate should be chosen with the student to ensure they can effectively advocate on their behalf.

It is often the case that a pregnant student will be the only person in her position within the school or college. This may be very isolating and may also lead to serious bullying issues if not handled carefully. The student should be supported to access counselling or other services at any point during her pregnancy and transition to parenthood. The Head Teacher or Principal should make sure that the pregnancy is dealt with sensitively by teachers and students within the school. There could be an opportunity in tutor-time or PSHE to discuss issues openly to avoid any instances of bullying and misunderstanding. Peer support education could be helpful for groups of students.

Some pregnant young women are very anxious about weight gain and may diet or eat less healthily than is appropriate. Staff should try to ensure that during the school day, the student is encouraged to eat a well-balanced diet. Under 18 year olds that are over 10 weeks pregnancy are eligible for the **Healthy Start scheme**.

Young women may also pride themselves on not showing visible signs of pregnancy and may need support and encouragement to feel more positive and accepting of their changing body-shape. Schools may need to provide some flexibility in school uniform rules as the pregnancy progresses. They should consider using pupil premium to support with uniform if necessary.

If a pregnant student is medically advised to take some days off to rest during her pregnancy, she should be supported and given work to take home as far as is possible. Online access and provision should be considered and it might be necessary to arrange home tuition if there are difficulties during the pregnancy. In these circumstances a medical referral should be made to **medicalreferrals@hants.gov.uk**

The student will need to attend several antenatal and hospital appointments which may have to take place during the school day. Young mothers often delay seeking advice if they think they may be pregnant as they fear the consequences and should be supported to access antenatal services as soon as possible. The Public Health England framework for supporting teenage mothers and young fathers[3] (May 2016, updated April 2019) highlights the importance of engagement in antenatal care and schools and colleges should classify absence for these as "authorised".

Settings and authorities should consider providing assistance with transport in circumstances where, for example, a General Practitioner certifies that the student's stage of pregnancy or pregnancy related condition is such she is no longer able to walk to her educational establishment. Further information is available via the School Transport webpages **Travel to school | Education and learning | Hampshire County Council** and the **School Transport Policy**.

3 ***Teenage mothers and young fathers: support framework - GOV.UK***

SECTION 5

Further information about the maternity leave period and ongoing education:

A student who becomes pregnant is entitled to authorised absence to cover the time immediately before and after the birth of the child. In line with the Department for Education's statutory guidance **Working Together to Improve School Attendance (August 2024)**, decisions about maternity-related authorised absence must be made on an individual basis. Settings should consider the student's health, personal circumstances, and the needs of her baby when agreeing the duration. While good practice suggests this period should not normally exceed 18 calendar weeks, flexibility is essential to support the student's wellbeing and continued engagement with education.

The decision should follow discussion with the student, her parents/carers or partner, and any independent advocate involved. If the student fails to return within this period, she should continue to have access to support from the school and supporting agencies to help and encourage her return to education when she is ready. Some students will feel ready to return to school or college after two weeks of the birth whilst others may not return for four to six weeks or even longer. This should be agreed following discussion with the student, her independent advocate and her parents/carers/partner and based on balancing the student's individual needs (and those of her baby).

The school or college should try to maintain continuity of learning when the student is on maternity leave. This could make use of online learning or in the form of a home tutor (or both). Schools or colleges can make a referral to the Inclusion Support Service

using the **Mendix form**. If a home tutor is commissioned, they must engage with the student, her independent advocate and the school's nominated member of staff to ensure a coordinated approach to maintaining learning whilst on maternity leave.

The type and amount of work to be given to the student during maternity leave will partly depend on the age of the student, the timing within the academic year, the students health and wellbeing and the ability to access online learning.

Whilst the student is absent, the nominated member of staff at the school or college should keep in contact with the student and/ or their independent advocate, once a week or fortnight, to provide support so that all parties concerned are prepared for the date of the student's return to school or college.

For pregnant students or those who are mothers, the student's school or college would be expected to oversee her education, including setting and marking work and examination requirements while she is away.

As with any other student who has spent time out of education, a student who is a mother returning to education after the birth of her baby must have an individual reintegration plan. The reintegration plan should be devised by a multi-agency group and the plan should be discussed well in advance of the expected date of delivery as it is not possible to predict how much time a pregnant student will need to have off in the last month of pregnancy. Inevitably there are unpredictable events which will mean a regular review of both the reintegration plan and the risk assessment.

A phased reintegration plan is recommended for a student's return to school or college. This could involve returning on a reduced timetable before building up to a fuller timetable. It is important to ensure that the student is fit and well before returning. Advice around a reduced hours provision can be obtained on completion of a **Mendix form**.

There may be complications with the birth or the baby that require the student to have a longer time off school or college than envisaged and the risk assessment and reintegration plan should be regularly reviewed and updated. Contingency plans agreed with the Inclusion Support Service should also cover this eventuality. Considerations may include decelerating the student into the previous year or repeating a year. Although possible, careful consideration is required as this will bring its own challenges in terms of the possibility of leaving before exams and social isolation. Enquiries should be sent to the Inclusion Support Service on a **Medix form**.

SECTION 6

Further information about supporting young parents as they return to education:

Supporting young mothers

The nominated member of staff should prepare the tutor/teaching groups for the student's return to minimise the risk of bullying and to allay possible anxiety on both sides. It is important for all staff and students to recognise that a new parent may be missing her baby during the day, particularly tired from a lack of sleep or concerned about other things such as challenges feeding her baby or her own physical and emotional recovery from the pregnancy and birth.

Some students will have had challenging behaviour before their pregnancy. If so, it may be important to prepare for any known "trigger points". However, parenthood can often motivate a young person to achieve more educationally for the sake of the future of their child, and this could reduce the likelihood of previous problems. Furthermore, support should be provided to ensure the young mother can make the most of this motivation and achieve her potential.

Breastfeeding is strongly encouraged due to the significant health benefits for both

mother and baby[4]. Babies who are not breastfed are more likely to get diarrhoea and chest infections and exclusive breastfeeding is recommended for around the first 6 months and alongside solid foods thereafter. Teenage mothers are a third less likely to start breastfeeding and mothers under 20 are half as likely to be breastfeeding at 6 to 8 weeks (PHE 2019). Teenage parents often need a lot of support and encouragement to undertake this method of feeding their babies and schools and colleges must be supportive of arrangements that facilitate breastfeeding. Students should not need to stop breastfeeding just because they are returning to school. Schools and colleges should support young parents through the reintegration meetings to plan what support might be needed. This may include helping to arrange childcare nearby, adjusting the student's timetable or making appropriate facilities available on-site (such as providing a comfortable, private space with facilities for handwashing for the young person to feed their baby or to express milk and somewhere to store expressed breastmilk safely). The support required will depend on the age of the baby.

It is important to allow the student authorised time off to attend appropriate baby clinics, immunisation appointments, and health visitor or family nurse appointments, as these are important in developing good parenting skills and ensuring the good health of the mother and baby.

The nominated member of staff should continue to be responsible for the student throughout her remaining time at the school or college.

Supporting young fathers

If a member of staff finds out that a student is a father or father-to-be they should follow the same procedure as when they find out a student is pregnant. This includes completion of an **Inter Agency Referral Form** if required. (Refer to all previous sections)

Young fathers may be experiencing emotional distress about the relationships with their girlfriend or within their own family, anxiety about their future, or even threats of violence within the community. In addition, they could have feelings of loss if an abortion has gone ahead or they have been denied access to their child. Schools and colleges should support and enable a young father or father-to-be to access appropriate support such as counselling, mental health support or young parent courses.

Schools and colleges should acknowledge the additional needs that compulsory school age fathers and fathers-to-be may have. If both students are attending the same school or college, the setting should be supportive of both parents in terms of their caring responsibilities for their child. Bonding with the baby is vital in the early stages of parenthood and the school or college's attitude may be a significant factor in the future viability of the relationship. Even if the relationship breaks down in the future, the student will remain the child's father and may have Parental Responsibility as defined

4 ***The benefits of breastfeeding - Baby Friendly Initiative (unicef.org.uk)***

in the Children Act 1989. Fathers should be supported to participate in antenatal and postnatal appointments, the birth of their child and parenting support through young parent groups. Schools and colleges should consider offering paternity leave if this is appropriate.

In some cases, both partners attending the same school or college may cause difficulties if the relationship has ended, or the student has rejected his responsibility or been excluded from his parenting role. Whilst the school or college has the duty to continue to educate both parents, a degree of creativity may be needed regarding timetabling. The peer group may need to explore through PSHE or tutor groups some strong feelings around relationships, gender issues and responsibilities. This can be a challenge for schools and colleges but can have positive educational outcomes if approached sensitively.

Childcare arrangements

Before the student takes maternity leave there should be a full discussion to ensure that future appropriate childcare support will be in place to prevent problems on her return to education.

Schools and colleges do not have a responsibility to provide or fund childcare but can play an important role in supporting the student to access appropriate childcare. Young mothers are often very reluctant to leave their baby for any length of time, particularly in the care of strangers or in unfamiliar venues. Evidence suggests that reintegration into education is more successful if the return is phased and the childcare is as close as possible to where the education is provided or with trusted relatives. Childcare arrangements should form part of the reintegration plan.

Care to Learn is a government funding scheme available to all young parents under 20 with childcare responsibilities who are attending any publicly funded education or training. The scheme requires childcare to be provided by registered childcare providers for quality and safety purposes. In Hampshire **Connect to Support** can provide a list of childcare providers. Applications will need the support of the school or college. Care to Learn provides up to £180.00 per week (2025/26 figures) to cover childcare and additional travel costs to and from the childcare provider.

Students' parents, particularly those of the young mother, often provide a great deal of support, including childcare. Inherently, a new baby can add a new dynamic to the family home and for some, this can be invaluable for both the student and baby. For others however, the pressures of caring for a new baby can add pressures to relationships and where childcare is shared between a student and the student's parents, there could be different approaches and priorities to navigate. On occasion, it may be that differing opinions leave a student feeling unable or disempowered to influence the

decisions. If the school or college becomes aware or concerned about this issue, the nominated member of staff should raise their concerns with the Health Visitor or Family Nurse or whoever is acting as the independent advocate for the young parent.

The fact that a student under 16 is pregnant or has a baby does not automatically mean that she or her baby will be defined by Children's Services as a child in need. Services can be provided if they are essential to safeguard and promote the welfare of mother or baby, or if one of them has disabilities. Any concerns about a young person or their baby should be directed to Children's Services via an **Inter Agency Referral Form** or contact professionals line for advice

If the student and her child continue to live with her parent(s) and the student's parent(s) is/are working, they may be eligible for benefits. The overall benefits situation for a young parent is very complex but useful support may be obtained from **Citizens Advice** or **Maternity Action** and Department of Work and Pensions (DWP). Information can be obtained via your local Family Help team.

Appendix: A
Hampshire Teenage Pregnancy Care Pathway Flowchart

Pregnancy confirmed (Aged 19 or under) or Care Leaver

If under 13 it is statutory to refer to HCC Children's Services by Inter-Agency Referral Form (IARF) in emergency call – 0300 5551384 (out of hours 0300 5551373

Sexual Health 0300 3002016

Any safeguarding concerns – Contact Hampshire County Council Children's Services – **Inter-Agency Referral form**

Continue with pregnancy and keep the baby;

Register with a GP

Refer to Midwife and **Family Nurse Programme (hiowh.fnphampshire@nhs.net)**

Unsure: Discussion of choices. BPAS 03457 30 40 30 **www.bpas.org**

Fostering and Adoption

Contact HCC professionals line: 01329 225379

Termination;

Contact

- BPAS 03457 30 40 30 **www.bpas.org**
- Sexual Health Outreach **Referral form**

If School Age:

- Follow managing the support and reintegration of pregnant students and young parents in education guidance
- **School Nurse informed**
- Consider request for Early Help Hub, complete **Inter-Agency Referral Form** (IARF)

Midwifery: Named Midwife

- Safeguarding assessment. Include partner if safe to do so.
- Consider request for Early Help Hub, complete IARF
- For Level 2 Young Parent support contact local Family Support Service
- NICE guidance – Antenatal care for uncomplicated pregnancies / Complex and social issues
- Health lifestyle in pregnancy discussions
- Continuation of ante/post-natal care as per NICE guidance

Family Nurse Partnership (FNP)

(If first pregnancy) Age 24 and under living in Hampshire

Safeguarding assessment include partner if safe to do so.

Licensed programme starting in early pregnancy until baby is at least 1 year old

Refer to Sexual Health Outreach

Health Visiting

- Safeguarding assessment include partner if safe to do so.
- Any Under 20s not eligible for FNP or do not wish to enrol on programme offered specialist response/teen parent support
- NBV, PCN, 3 month & 6 month visits and additional targeted work if required.

Refer to Sexual Health Outreach

Sexual Health Outreach

Receive notification of birth and arrange appointment by day 21 post-natal.

- Discussion of choices
- Contraception appointment
- Follow up at 3-6 months dependant on contraception method

All professionals consider following:

Unborn/New Born Baby - HIPS Procedures

Safeguarding concerns including Child Sexual Exploitation (CSE), complete **CERAF**

Bereavement Support

Domestic Abuse/Violence and Controlling or coercive relationship

Link with Family Help to access parenting support and Housing gateway if at risk of homelessness

Hampshire Social Care if homeless 0300 555 1384

Substance Misuse and **Smoking Cessation**

Education and Participation service (education, employment and training support).

Appendix: B
Guidance on reintegration plan

The elements of the reintegration plan will be part of the Early Help process if threshold met.

Where a student has to be integrated into a school or college that she is unfamiliar with, it is recognised that some elements of these guidance notes relating to early planning will not apply.

1. An early meeting is needed between the nominated member of staff within the school/college and the student, her parents/ carers, her partner and other relevant agencies as appropriate. Depending on the student's current and future needs and educational stage, other relevant agencies may include, but should not be limited to the following:

- Midwife - immediate and long-term health support & advice related to the pregnancy
- Health Visitor – long-term health support and parenting skills.
- Family Nurse (FNP) – structured support for pregnant teenagers including support with education, training, and employment goals
- Careers advice, information & support for young people aged 16–18 and up to age 24 with EHCP
- Hampshire Inclusion Support Service (ISS) contingency plans for learning outside of school if necessary
- School nurse – support on health issues
- Designated teacher for Looked After Children
- For Looked After Children, the virtual school should be contacted
- Agree with student who she would like as advocate for her.

2. The reintegration plan might include some or all of the following components:

- Awareness by all parties of key dates in order to plan around these, e.g. expected date of the baby's birth, date of maternity leave commencing, date when the student is due back at school or college
- Reduced timetable – disapplication of parts of the National Curriculum in order to maximise progress in key/core areas of the curriculum
- Possible part-time timetable on return to school or college with a phased build-up to full-time
- Hampshire schools must inform ISS of any children not in receipt of full time education via **this form**
- Description of level and type of support required to help the student catch up with work missed during maternity leave
- Arrangements for external examinations if appropriate

- Consideration of flexible educational provision e.g. links with a college if necessary, as well as informal provision, e.g. appropriate pregnancy and parenting support groups
- Additional careers guidance where a student becomes pregnant in Year 11 and time does not allow for mainstream reintegration, consideration of post-16 provision
- Link with Education and Participation service for young parents or young parents-to-be that are not in education, employment or training (NEET) or "at risk" of becoming NEET (aged 16–18 and up to age 24 with EHCP), Hampshire Future's Education Participation Team can provide high quality Careers Information, Advice and Guidance (CIAG) and one-to-one support to access employment, education and training. **Education Participation | Education and learning | Hampshire County Council**
- Recognition that the young mother/father and baby may need to take time out of school or college to attend clinics, etc., if appropriate opportunities for afterschool/ college appointments or clinics cannot be arranged

Appendix: C
Template Reintegration Plan for pregnant students and school & college age mothers

PLEASE CLICK HERE TO DOWNLOAD AN EDITABLE VERSION OF THIS FORM.

(This form will be a downloadable link that establishments can then save externally to complete and update)

For all pregnant students and young parents work through reintegration plan, elements of the reintegration plan will be part of the Early Help process if threshold met.

Reintegration Plan for pregnant students and school & college age mothers **This forms a framework for discussion for team around the family/multi-agency meeting** (If Looked after Child (LAC) this should be reflected in their My Life, My Future plan and support/compliment Personal Education Plan (PEP)) If early help assessment not applicable, state reasons:

Student's details:

Name: _____

Age: _____

DOB: _____

Year Group: _____

Date of planning meeting: _____

Expected date of delivery: _____

Contact telephone/mobile number: _____

Name of Parents/carers: _____

Contact telephone/mobile number: _____

Address & Post code: _____

_____

Contact telephone telephone/mobile number _____

Email: _____

Name and address of GP: _____

_____

Nominated member of staff: _____

Independent advocate: _____

People involved in this plan: _____

Names and contact details: _____

Student: _____

Parent/carer: _____

Partner (if appropriate): _____

Nominated member of staff in school/College: _____

Midwife/Health Visitor/Family Nurse: _____

Early Help Hub Lead Practitioner (if level 3): _____

Education Designated teacher for Looked after Child (if LAC): _____

Social worker (if LAC or open to social care (CIN/CP)): _____

Virtual School (if LAC): _____

Inclusion Support Service (HCC): _____

Others: _____

Others: _____

Other agencies involved names and contact details: _____

Hampshire Educational Psychology Service: _____

School Nurse: _____

Health: _____

Child & Adolescent Mental Health Service: _____

Voluntary sector: _____

YOT: _____

Other: _____

Discussion prompts and actions required:		
1. Student's views: **Education strengths and aspirations** Which are her strong subjects? Which school / college qualifications does she want to achieve? What are her post-16/ post-18 aspirations: work, further study etc? **Plans for her baby** Does she plan to breast-feed her baby? What childcare arrangements are available or needed and are they compatible with the planned feeding choice?	By whom	By (date)
2. Housing/accommodation needs Is there likely to be a need for support in accessing housing? Might it necessitate a move outside catchment area?		

3. Benefits advice Does she need support in obtaining clarity over entitlements or accessing benefits?		
4. Educational needs linked to the risk assessment (pre-delivery, i.e. during pregnancy and while on maternity leave) – timetable to be attached. Health & Safety: timing of arrival at and departure from lessons; movement around the school/college, uniform, access to toilets, etc. **Support:** Learning support: type, level and by whom Awareness of and access to Care to Learn. Education establishment to make application to **Care to Learn** scheme to help with childcare costs whilst the student is studying **Care to Learn academic year 2025 to 2026: conditions of grant funding - GOV.UK** Antenatal appointments and pregnancy support groups Consider what flexibility in the uniform rules/ policy is required as pregnancy progresses Arrangements for accessing education during maternity leave Contingency plans in the event of medical complications which necessitate a longer time off school/college		

5. Educational needs (following delivery) **External examination entries if appropriate** Post-16 options/alternative provision if school is not appropriate Preparation of peer group before return of young mother Post-18 options/further education/training, careers advice		
6. Provisional plan review meeting dates:		
Signature of person responsible for co-ordinating this plan:		
Signature of student:		

Plan following the delivery of the baby
(see Guidance Notes, attached)

Date of delivery: _____

Date of planning meeting: _____

Planned date of return to school/College: _____

Discussion prompts and actions required

1. Curriculum: (full or reduced curriculum; curriculum subjects; links with college, if applicable)	By whom	By (date)
2. Timetable (attach): (full-time attendance/part-time attendance/phased integration)		
3. In-school/College support: (type and level of learning support; peer group preparation, etc)		
4. Out of school/College support: (parenting groups etc)		

5. Childcare arrangements:		
6. Medical appointments:		
7. Other needs/concerns:		
Date of next review:		
Signature of person responsible for c-ordinating this plan:		
Signature of student:		

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Appendix: D Sample Risk Assessment Template

Name of School College	Date

General Guidance
Original risk assessments must be kept for a period of 7 years. On completion a signed hard copy should be printed off and placed in your local/site health and safety folder.
Instructions for Use: Please remove this section once you have completed the assessment as this is guidance for completing the assessment

PLEASE CLICK HERE TO DOWNLOAD AN EDITABLE VERSION OF THIS FORM.

Risk	**New/Expectant Mother**

What are the hazards?	Who might be harmed and how?	What are you already doing (existing Control Measures)?	Do you need to do anything else to manage this risk (Additional Control Measures)?	Action by whom?	Action by when?	Done
Moving around a busy school site	Physical well-being		Leave lessons early to avoid busy halls. Allow to join lessons late. Access to toilet facilities – toilet pass/note in diary Flexibility on uniform policy			
Hazardous substances – chemicals and body fluids	Physical well-being					
Prolonged sitting or standing/ temperature change in the classroom.	Physical well-being	Breaks – state where. (indoor area for break times)	Amended timetable. Record keeping Informed if not in school			

Physical Activity		PE Consider other lessons where there is movement – Food Tech, Technology, Science Manual handling				
Unwanted comments and attention from other students	Mental well-being	Support, how often, with whom Who to report to				
Safeguarding concerns		Student to sign in and out. Parent/carer to ensure they contact the school if student is going to be late or not in school.	Consider DSL role			
Infection risks	Vulnerable to contracting the infection	Advice from Midwife/GP	Follow the health guidelines and monitor closely			

Risk Assessor	Signature	Date
Responsible Manager	Signature	Date

Date Reviewed	Signature	Role
(Name designated member of staff) to Review Risk Assessment on a fortnightly basis/advice form (name H&S Lead) and to amend when needed. Updated risk assessment shared with the relevant staff.		

Action Plan for Risk Assessment

Action Plan to be completed based on the findings of the risk assessment. The following actions are to be undertaken to reduce the risk level as far as reasonably practical and to ensure that all of the standard controls and local arrangements are in place.

No	Hazard not fully controlled	Priority rating High Medium Low	Action required	Person Responsible	Target Date	Date of Completion
1.						
2.						
3.						
4.						
5.						
6.						

Responsible Manager	Signature	Date

Appendix: E
Examples of Attendance Codes:

See **Working together to improve school attendance (applies from 19 August 2024)** for full coding guidance

I	Pregnancy is not an illness, therefore absence due to illness during pregnancy should be recorded	I
II	Ante-natal appointments (Leave for medical appointments)	M
III	Maternity Leave (within 18 weeks)	C
IV	Any absence beyond this is unauthorised unless there is a legitimate reason the for the absence	O
V	Paternity Leave	C
VI	Illness of baby	C
VII	Baby medical appointments	C
VIII	Lack of childcare due to unforeseen circumstances	C
IX	Failure to organise childcare, or refusal to access childcare place offered	O
X	Part time timetable	C2
XI	Attending alternative learning programme Depending on the provision (not to be used for remote provision)	B or D

Appendix: F
Additional Support - Hampshire services and how to access them

Registering with a GP practice

It is important to ensure that the student is registered with a local GP practice.

To find out more about registering with a GP practice, visit the NHS website **here**

Abortion information, advice and treatment.

Abortion clinics, Information, Advice and Treatment | BPAS

Antenatal care

To find out more about antenatal care visit your antenatal care - NHS

Hampshire County Council

Hampshire Childrens Services

Hampshire County Council Adoption and Fostering. Phone 0300 555 1373
Email. **Childrens.services@hants.gov.uk**

Hampshire Virtual School

Hampshire Virtual School | Education and learning | Hampshire County Council.
Email **virtualschool@hants.gov.uk**

Hampshire Family Help

Family help services in Hampshire | Children and Families | Hampshire County Council

The **connect to support Hampshire service** provides information about what is going on in your area, how to access services, organisations and activities in Hampshire, and the advice and support that's available.

Hampshire Public Health nursing service (health visiting, family nurse partnership and school nursing)

Public Health nursing services provide the support to children, young people and families.

Hampshire: To find your local health visiting or school nursing team visit Hampshire and Isle of Wight Healthcare NHS Foundation Trust's **0-19 Health Visiting and Community Public Health Nursing :: Hampshire and Isle of Wight NHS Foundation Trust**

Family Nurse Partnership (FNP)

The **FNP** is a strengths-based home visiting programme for first time young parents in Hampshire. Young mums are partnered with a specially trained family nurse who visits the young mum regularly, from early in pregnancy for up to two years. The goals of the programme are to; improve health in pregnancy; improve the baby's health and development and support young parents

to achieve their own goals by returning to education or training.

Refer to the Hampshire and Isle of Wight Healthcare NHS Foundation Trust's Family Nurse Partnership by emailing **hiowh.fnphampshire@nhs.net** (Hampshire)

Chat Health

Young people aged 11-19 years can also access a school nurse through **Chat Health**, a confidential text messaging service.

Text 07507 332160

Hampshire Child and Adolescent mental Health Service (CAMHS)

Help for children and young people, their families and carers when someone is experiencing emotional wellbeing or mental health difficulties

Parents of children aged 0-5 years can access a health visitor through **Chat Health 0-5** by texting **07520 615720**.

Parents of school aged children can use **Chat Health advice line for parents of school-aged children** by texting **07507 332417**.

Further information can be found at Hampshire Healthy Families

Abortion Services:

Young people can access information about choices, treatment and counselling

BPAS: Self-referral **BPAS** or call 03457 30 40 30

Hampshire Bereavement Support Services to support children and young people experiencing bereavement and loss

Hampshire Safeguarding Children Partnership, services to support children and young people experiencing bereavement and loss **Bereavement - Hampshire SCP**

Hampshire Child and Adolescent mental Health Service (CAMHS)

Help for children and young people, their families and carers when someone is experiencing emotional wellbeing or mental health difficulties **Help for young people** and **Referral and links to local services and support**

Sands is the leading stillbirth and neonatal death charity in the UK, for further information visit: **Sands**

Counselling, advice and support for children and young people across Hampshire

Hampshire Youth Access (HYA) is a partnership of 11 leading agencies providing counselling, information , advice, and support to children and young people aged 5-17 across Hampshire. **Referral form** or call 02382 147755

Pregnancy and parenting support

Healthier Together

Improving the health of children and young people. Health information from pregnancy to childhood

Home: Healthier Together (what0-18.nhs.uk)

NHS Pregnancy Support

www.nhs.uk/pregnancy/support/teenage-pregnancy

Fatherhood institute

Fatherhood factsheets **For fathers | Fatherhood Institute**

Baby Buddy App

Baby Buddy app provides information on pregnancy and parenting **Baby Buddy**

Benefits and Support

Citizens Advice

A national charity and network of local charities offering confidential advice online, over the phone and in person for free **www.citizensadvice.org.uk** within information for **Parents aged under 16**

Family Lives

Parenting and family support with information on **where young parents can go for support**

16 to 19 Bursary Fund
Information on bursary eligibility for help with education-related costs if you're aged 16-19
16 to 19 Bursary Fund - GOV.UK (www.gov.uk)

Maternity Grant Information of Maternity Grant eligibility
Sure Start Maternity Grant - GOV.UK (www.gov.uk)

Gingerbread

Help and support for single parents which includes a **Benefits finder for single parents under 18 | Gingerbread**

Inclusion Recovery Hampshire Supporting those affected by drugs and alcohol in Hampshire County Council

Inclusion for an **online referral** or call 0845 459 9405 or email **247Hants@catch-22.org.uk**

Young People's Drug & Alcohol Service Hampshire 24/7

Helpline 0800 599 9591 **Support for Under 25s - Inclusion Hants**

Smokefree Hampshire

Stop smoking service, this service is **self referral** or call quitline on 01264 563039 or text Quit to 80011 or email **hello@smokefreehampshire.co.uk**

Hampshire Domestic Abuse services
Domestic abuse can happen to anyone. For help and access to support services:

Refer into **Hampshire Domestic Abuse** call 0330 0533 630 or email **advice@stopdomesticabuse.uk**

Additional Information

Lets Talk About It

Information on sexual health services in Hampshire, Isle of Wight, Southampton and Portsmouth. **Referral** for sexual health outreach nurse and/or sexual health promotion. Information for schools and colleges to support the delivery of **RSE**

Hampshire Futures

Supporting young people with education, employment and training

Hampshire Health in Education (HHiE) HHiE is a public health programme for all early years and school settings in Hampshire

Hampshire Get it On

Sexual health services in Hampshire | Health and social care | Hampshire County Council