



*Working Together
to Safeguard Children*



Bedfordshire Local Safeguarding Children Board

Guidelines for the provision of care in the presentation of concealed pregnancy or late booking in pregnancy

Date endorsed by LSCB – 20 March 2007

Date to be reviewed – March 2008

Author – Mary Taylor

This document is available on the LSCB website www.bedfordshirelscb.org.uk

Content

Introduction	3
Conscious denial	3
Concealment of pregnancy	3
A crisis pregnancy	3
Late booker	3
Attendance for ante natal care/presentation of a women in labour	3
Process for all unbooked women presenting in labour	4
Concerns in relation to the age of the mother	4
Safeguarding children	5
Support	5
Keeping the child	6
Normal routine to be carried out by health staff	6
Where the child is not wanted	6
Women who conceal their pregnancy	6
Unsupported mother	6
Abandoned children	7
Appendix 1 - Contact details	8
Appendix 1 – CAF and MAAG	9

These guidelines have been developed by the Midwives and Medical Staff, Bedford Hospital, Cygnet Wing, Named Nurses for Safeguarding Children Bedfordshire PCT and Bedford Hospital NHS Trust.

1 Introduction

- There is no national agreed definition of what constitutes a concealed pregnancy but a study carried out by The Crisis Pregnancy Agency (CPA) revealed that the main reasons for concealing or denying a pregnancy are fear of the social stigma of becoming pregnant in unconventional circumstances and fear of the family's reaction.
- The report "Concealed Pregnancy, A case Study in an Irish Setting" looked at 51 women who concealed their pregnancies between July 2003 and December 2004. The most striking aspect of the study was that the sample of women used included women of all ages, and of all social backgrounds, both married and single, and the report noted that "Denial and concealment of pregnancy places a very heavy emotional toll on women."

The report categorised concealment under four headings:

2 Conscious Denial

- When the woman recognises that she is pregnant but denies this to herself and others. Her denial is a coping strategy invoked because the reality of the pregnancy is unimaginable and threatening to her.

3 Concealment of Pregnancy

- When a woman acknowledges the pregnancy to herself but hides it from others, because external stressors make it difficult for her to reveal the pregnancy or because she wants to retain control over the outcome.
- A third group are not aware of being pregnant because significant unusual features in the pregnancy cause her to deny it or makes diagnosis difficult.

4 A Crisis Pregnancy

- Defined as a "pregnancy which is neither planned nor desired by the woman concerned", and which represents a personal crisis for her.

5 Late Booker

- Reasons are mixed but may include the woman who wants a baby against the wishes of others, or to serve a purpose known only to herself.

ATTENDANCE FOR ANTE NATAL CARE/PRESENTATION OF A WOMAN IN LABOUR

This can take more than one form.

- Client arrives at the Maternity Unit in labour.
- Client attends her own General Practitioner or Accident and Emergency Department with unusual symptoms and is found to be well on in the pregnancy, due to deliver or having been delivered of the baby.

- Client attends for antenatal care but wishes to keep the pregnancy concealed from family/society.

The client who arrives in labour is at high risk herself. She is unlikely to have received antenatal care screening or surveillance.

Risks include:

- adverse general health factors
- poor nutrition
- blood disorders
- gestational diabetes.
- pregnancy disorders including placental problems and undetected foetal abnormalities.

6 Process for all un-booked women presenting in labour.

The labour must be regarded as high risk as their medical, obstetric and antenatal histories will not be known. As such, they should be booked for obstetrician led care and should be allocated to the on-duty Consultant.

Blood should be collected and tests conducted at admission where possible.

The hospital procedure for admission should be performed as for any client presenting in labour. Depending on the stage of the pregnancy a history must be collected as fully as possible following the hospital guidelines.

The name of the GP should be sought where possible as he/she may have relevant medical information.

7 Concerns in relation to the age of the mother.

The Sexual Offences Act 2003 note that sexual activity with a child under the age of 13 is not acceptable and that regardless of the circumstances, children of this age can never legally give their consent and penetrative sex with a child under the age of 13 is classed as rape regardless of the age of the perpetrator/s and must be referred to Social Care/Police as a child protection issue. Please refer to the Protocol for Safeguarding sexually active children and young people on www.bedfordshirelscb.org.uk.

Sexual activity with a child under 16 is also an offence, but where the child is between 13 and 16 consideration must be given to discussion with other agencies. Although the age of consent is 16, the law does not always prosecute where there is mutually agreed teenage sexual activity between two young people of a similar age unless it involves abuse or exploitation and the young person has the right to confidential advice on contraception, condoms, pregnancy and abortion even if they are under the age of 16.

Although sexual abuse carries heavy penalties for these offences, the professionals and parents who are advising and working to protect a child or young person need not be worried about being prosecuted when they are providing such advice and support as noted above.

Section 73: Exceptions to aiding, abetting or counselling

136. Section 73 provides that, in certain defined circumstances, a person is not guilty of aiding, abetting or counselling a sexual offence under sections 5, 6 and 7

(offences against children under 13), section 9 (sexual activity with a child), section 13 (where the offence would be an offence under section 9 if the offender were over 18) and sections 16, 25, 30, 34 and 38 (where the victim is a child under 16).

137. The exception applies where the person is acting for the purpose of protecting a child from pregnancy or sexually transmitted infection, for the purpose of protecting the physical safety of a child, or for the purpose of promoting a child's emotional well-being. In this last case, however, the exception only applies where the person provides advice.

138. In all cases, the person must not be causing or encouraging the commission of an offence or a child's participation in it. Nor must the person be acting for the purpose of obtaining sexual gratification. So a person who was providing advice to a child under 16 about sexual health or contraception, in order to protect the child from becoming pregnant would not fall within the exception if he was at the same time meaning to encourage the child to have sex or was giving that advice in order to get sexual gratification for himself

If the girl is a mature person she should be encouraged to inform her parents but if she refuses to tell them she must have the support of an accepted adult.

8 Safeguarding Children

In the following circumstances of a pregnancy, Social Care **WILL** need to be involved in the Following

- As mentioned above children under the age of 13
- Children between the ages of 13 and 16 years.
- Abuse of drugs/Alcohol by the pregnant woman (or Partner) a CAF/Referral to Social Care – see appendix 1
- Mother not thought to be able to care for the child.
- Unable to provide for herself or her Baby.
- Subject of Domestic Violence.
- Suffering from Learning Disabilities/Physical Disabilities where she is unable to care/provide for the child and has little or no support.

9 Support

- Who is or will support her?
- Who does she want informed of the birth/pregnancy?
- Who is not to be informed of the circumstances?
- Is she aware of what is happening to her?
- What is her understanding of having a baby?
- What are her cultural and family circumstances and what does this mean to her and her baby?
- What does she remember about the circumstances of the conception, she may not want to discuss these factors because they may involve another person she wishes to protect or she wishes to protect herself from potential repercussions or she doesn't want to remember.
- The person collecting this information must be aware of these variables and should be supportive to the wishes of the woman.

- Sensitive collection of information would hopefully inform future plans and concerns.
- Hopefully the family would support the decision made by the woman.

10 Keeping the Child

- A discharge meeting should decide the process to be followed. An assessment of need would be carried out and Multi agency involvement would help determine the process to be followed. This should be followed by a written plan of the result of the assessment.

11 Normal Routine to be carried out by health staff

- Post natal care would be carried out by the midwife and health visitor. The GP would be informed of the facts of the situation and the plans for the mother and child's care.
- An assessment of need would be carried out by the Hospital Midwifery Team/ community/Named Midwife or Health Visitor and agency involvement would be informed by the result of the assessment

12 Where the child is not wanted

- Support and guidance should be offered to help the parent/s make an informed decision.
- Counselling may be needed to help the individual to come to terms with the circumstances of the pregnancy and to support the formation of future plans.
- The individual would be referred to the appropriate agency. The GP should be informed of other agencies which may need to be involved.
- Social Care may need to be involved if there needs to be involvement of child protection or child in need plans. The child may be placed for fostering or adoption following Bedfordshire County Council Adoption Policy (2006)

13 Women who conceal their pregnancy

- Support should be offered to aid the couple come to terms with the pregnancy/birth and relevant agencies involved in the resulting problems to the relationship, i.e.
 - Referral to counselling
 - Referral to housing agency
 - Referral for benefits
- Midwifery, health visiting and medical services should be aware of any potential adverse effect on the relationship and focusing on the child, this should form part of the thinking when deciding the future support to the family.

14 Unsupported Mother

- This mother and infant should be offered support based on the needs of both. An assessment of the capabilities of the mother to cope should be undertaken and if concerns are expressed while in hospital a discharge plan meeting should be held to discuss what those concerns are and what help is needed,

the level of concern, the acceptance and understanding of the mother of the factors and potential care plan.

- If the mother is of school age the appropriate school staff and school nurse should be informed and be available to discuss her education offering ways in which she can continue her education while caring for the child. Depending on factors which may note concerns for the mother or child, a child in need/initial child protection conference may be needed to measure the levels of concern and the action needed to protect/support the mother and child.
- Housing agencies may be approached to support appropriate action to ensure accommodation for the new family.
- This assistance should provide support to the woman and the child and enable medical assistance and safety for both.
- The wishes of the mother should be taken into consideration but not to the detriment of the child or any previous children within the family.
- An assessment of the situation must be made before the mother is permitted to take the baby out of hospital. If there is a risk of the mother discharging herself and the baby and there are suspected child protection concerns, Social Care (intake and assessment team) should be contacted. The mother or a member of the family should be prevented from removing the child until a meeting /investigation has been held. Initially this should be through consultation with the mother; if this is not successful then an Emergency Protection Order or Police Protection should be obtained.

15 Abandoned Children

- It must be noted that concealed pregnancies can lead to children being abandoned in certain circumstances and collective services would be put in place to ensure the child and mother received the necessary attention as soon as possible.

If the child is new born the baby will usually be admitted to the local Neo Natal Unit until medically assessed and if the mother/parents are not located a foster place would be allocated.

In the event of an abandoned newborn baby being discovered, the police (if not previously aware) should be informed at the earliest opportunity, at which time a criminal investigation will be commenced.

Appendix 1

Children Social Care

Bedford Intake and Assessment Team
Kingsway
Bedfordshire County Council MK42 9BG
Tel 01234 223599

Dunstable Intake and Assessment Team
County Offices
Vernon Place
Dunstable
LU5 4EZ
Tel 01582 818499

Bedford Hospital Telephone 01234 355122

- Client would be referred to appropriate unit i.e. Antenatal Unit/Delivery Suite.

Luton and Dunstable Hospital Telephone 08451270127

- Client would be referred to appropriate unit i.e. Antenatal Unit/Delivery Suite.

Appendix 2

Common Assessment Framework (CAF) and Multi Agency Allocation Groups (MAAG)

Access to Services

As well as having the appropriate range of services, we strive to make sure that the following principles underpin the allocation of services:

- early assessment of need leads to earlier intervention and the promotion of children's well-being
- services provide timely, needs led response
- work with children, young people and their families takes an holistic approach, building on strengths and developing resilience factors
- services are efficiently co-ordinated, and where appropriate a Lead Professional identified.
- all work has clearly identified outcomes.

In Bedfordshire, the three key processes that are in place to promote early intervention are the Common Assessment Framework (CAF); the Lead Professional, and the Multi-Agency Allocation Groups (MAAG). There are also panels in place that meet the more complex levels of need – Bedfordshire Allocation Panel (BAP) and Joint Agency Panel (JAP). These panels allocate intensive family support and specialist residential care provision.

Early Intervention & Prevention in Bedfordshire

Key principles of early intervention are:

- a broad range of services,
- early assessment of need leads to earlier intervention,
- services provide a timely, holistic response,
- services work together towards identified outcomes.

What is the Multi Agency Allocation Group (MAAG)?

Bedfordshire's Multi Agency Allocation Group (MAAG) has been developed by the Children & Young People's Strategic Partnership (CYPSP) to deliver timely, responsive, needs led services to children, young people and families.

Three MAAG panels have been set up in south, mid and north Bedfordshire. They meet fortnightly to identify the services that could best support children and families referred to them.

MAAG is a multi agency group that uses the skills, knowledge and expertise of a variety of services for the benefit of children and their families. This approach also ensures that families do not have to be passed from one service to the next and repeat their stories. The MAAG panel also acts as the Youth Inclusion Support Panel, is school facing and aims to provide early interventions that are seamless and timely.

What are the responsibilities of MAAG members?

Every member is there to:

- represent their service,
- bring their experience and skills to the group,
- liaise and feed back information to their own service or organisation about referrals to MAAG,
- promote MAAG within their service or organisation,
- to be able to agree to allocate work from MAAG on behalf of their service,
- bring local knowledge about services and the communities they work in.

How are families referred?

Any agency can refer to the MAAG using the multi agency referral form or CAF. A decision sheet will be sent to the referrer after MAAG meet. The referrer must then share that information with the family and liaise with services that have been allocated.

The types of difficulties that services can help with include:

- behaviour
- communication
- emotional
- relationships
- child development
- play and stimulation
- school attendance and learning
- substance & alcohol misuse
- parenting
- making sense of life experiences
- mental health
- social skills

Disagreements

If a family or referrer is unhappy with MAAG's decision then the referrer should discuss this with the Chair of the MAAG. If the Chair agrees the case may be discussed again. If there is a disagreement regarding the way the service is provided this must be communicated through the agency providing the service, their representative on MAAG, the person carrying out the work or their manager. If there is a Lead Professional they may also be contacted to resolve any difficulties.

How are services reviewed?

Any services allocated by the MAAG will be reviewed by the agency providing them. The Lead Professional will also review how things are going. If more help is required the case may be discussed by the MAAG again. An audit / evaluation process for CAF and MAAG has been developed and will be implemented in 2007.

Sharing information and confidentiality

Having a multi agency group means that members must share information with each other to identify the most appropriate services for families. The MAAG referral form asks for families consent to have their information shared at MAAG. All of the

information requested is kept at the minimum level necessary. Both MAAG and CAF use the information sharing guidelines produced by the Local Safeguarding Childrens Board.

- **In order to help agencies work together, they need to share information about people they are working with.**
- **It is vital that the referrer obtains the families consent for this, before referring to MAAG**

Common Assessment Framework

Bedfordshire's MAAG works alongside the Common Assessment Framework (CAF) and Lead Professional (LP) system. The CAF is an assessment tool introduced by the Dfes across the country, as part of the Every Child Matters agenda.

The CAF enables a group of professionals and the family to:

- pool their knowledge of the child and family,
- identify areas of needs and strengths in the family,
- agree a shared view of desired outcomes that everyone is going to work to for the child,
- appoint a Lead Professional who will co-ordinate the work.

Lead professional

A Lead Professional may be appointed when more than one service is working with a family. This will be from the network of professionals already working with the family and will not be a specific post or an extra professional added to the network. This will ensure that someone has responsibility for:

- liaising with a network of colleagues,
- co-ordinating the services that families receive and contributing to reviews,
- ensuring that families have a good understanding of the services they are receiving or which might be available to help them,
- advocating on behalf of families.

Contact details

All referrals to the MAAG are dealt with electronically and by area. They can be sent to:

Maagnorth@bedscc.gov.uk

Maagsouth@bedscc.gov.uk

Maagmid@bedscc.gov.uk

The MAAG/CAF administrator is available on **01234 276750**

Completed CAF's should be sent to: CAFadmin@bedscc.gov.uk

Full details of the CAF training and implementation, including guidance and the CAF form, are available on www.bedfordshirelscb.org.uk

MAAG and CAF are managed through the Children's Services Commissioning Team.

The Head of Commissioning (Family Support and Integration) is Warwick Tomsett, who can be contacted on **01234 276712**, or email

warwick.tomsett@bedscc.gov.uk