Pre-Birth Protocol for Vulnerable Pregnant Women and Babies

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1. Introduction

Improving outcomes for children and young people is a fundamental objective for all services and organisations. Ensuring that families get the help they need, when they need it, will give children the opportunity to flourish. Agencies can improve outcomes for vulnerable children, by adopting common frameworks of assessment, planning and action that help identify needs and risks – to address them appropriately. A continuum of support from universal provision to specialist targeted provision may be required to meet the different needs of families.

Within the United Kingdom, the law dictates that there is a difference between an unborn and a new-born child (European Council on Human Rights, 2008) and in a number of respects it is not legally possible to take action, as it would be if the child had been born. The intention should therefore be to do whatever can reasonably be done to ensure a child's safety before, during, and after birth.

Concerns for an unborn child that result in a child being considered a "child in need" as defined in the Children (Scotland) Act 1995 may be based on factors presenting during clinical consultation or as a result of prior or current knowledge held by a professional or agency. The early identification of factors which may place an infant at risk, during pregnancy and/or the postnatal period is crucial for a proactive prevention strategy for the protection of vulnerable children.

2. Purpose and scope

This protocol is to be used by all professionals within Dumfries and Galloway and in particular those staff who provide care to pregnant women and their families. It has been developed by health and social work services in consultation with other professionals who work with children and their families. The protocol is intended to be used in conjunction with GIRFEC principles and also in line with West of Scotland Multi-Agency Child Protection Procedures.

This protocol promotes a standardised, consistent multi-agency approach to enable relevant agencies to act, as early as possible and to initiate a multi-agency needs led approach of identification, assessment and management of concerns for vulnerable women and their babies. *(Hyperlink 6)*

3. Aim of the protocol

The overall aim of this protocol is to support professionals in undertaking holistic, needs led / person centered assessments for vulnerable pregnant women and unborn babies that will identify risks and lead to a timely, proportionate and appropriate response to minimise any risk factors / vulnerabilities identified.

4. Desired outcomes

- Pregnant women will receive high quality integrated support to ensure they experience a healthy pregnancy.

- Babies will be born health and safely to mothers who are physically and emotionally well.

- Women will be supported to care for their babies through continuing integrated support planning to ensure their babies meet desired milestones and grow healthily and safely within their families.

- The future outcomes of vulnerable babies will be achieved by strong attachments, positive parenting and good environments.

The goals of the Pre-Birth Protocol are:

- to improve outcomes and maximise the health and well-being of vulnerable babies;

- to identify vulnerable pregnant women where existing factors may result in their child being considered as a child in need of additional support or protection;

- to act as a pathway of referral for multi-agency assessment where required, that will meet identified needs;

- to minimise the impact of risk factors during pregnancy and to promote and improve outcomes whilst protecting the interests of the child and mother by providing high quality care.

- to deliver a shared multi- agency approach providing a comprehensive package of support, ensuring all agencies, offer consistent advice and are working towards the same goals.

The overall aim is to ensure that appropriate supports are in place for the family unit whilst ensuring the child's needs remain the focus of all interventions

5. Information sharing

"There is an important distinction between making the child/ carer aware that information will be shared and requesting their consent for that sharing" (Scottish Government, 2014).

At the earliest opportunity, when it is safe to do so, the mother or parents should be informed of the concerns, any Request for Assistance (referral) made and possible outcomes.

Consent for information sharing is advocated as best practice (Scottish Government, 2014). The focus must be on the safety of the unborn child / any children within the family and in some circumstances the parents or carers should not be informed; for example where a child would be placed at increased risk, or where discussion of concerns would make it unsafe for the woman or for a member of staff.

The mother and where appropriate the father should be made aware that information will be shared, where and when appropriate, in order to undertake the Pre-Birth Assessment. Difficulties with informing the parents that information will be shared, where it is found necessary, should not delay appropriate interventions. Where it was not possible to inform the parents of this intention it must be agreed with Line Manager or Agency Advisor. Any decision made should be recorded in case records.

(Hyperlink 1)

6. Identification of vulnerability and criteria for referral to Children and Families Social Work

All children and young people have the right to be cared for, protected from harm and abuse, and to grow up in a safe environment – in which their rights are respected and their needs are met. A large number of children in Scotland are born into, and live within families that are considered vulnerable (Scottish Government, 2011).

A Request for Assistance (referral) can be made, by any professional person or third party, where vulnerability in pregnancy is identified.

Midwives will undertake a wellbeing assessment for all pregnant women and where vulnerabilities are identified a request for assistance (referral) will be completed.

Vulnerabilities / risks in pregnancy may be identified in relation to a variety of different factors, whether historical or current including:

- poor economic, material and social circumstances;
- domestic abuse, including previous relationships;
- previous child care/child protection issues;
- children not in parental care;
- problematic substance use, including prescribed medication;
- mental ill health;
- learning difficulties or disabilities;
- physical disabilities of parent;
- teenage pregnancies / young unsupported parents
- homelessness / housing difficulties i.e. rent arrears;
- criminal justice social work involvement;
- parents who have been subject to care proceedings in their own lives;
- families with many changes of address and relationships i.e. transient males and non-engagement with maternity services.
- ethnicity
- Late booking / concealment of pregnancy.

The above list is not exhaustive and depends on individual assessment of vulnerable pregnancies. Furthermore, problems rarely exist in isolation and often a combination of risk factors is identified. Consequently, there is a need for a range of appropriate services and support that will meet the health and social needs of vulnerable families.

A Pre-Birth Assessment may be undertaken in relation to any of the above vulnerabilities. It is a proactive means of analysing the potential risks for vulnerable pregnant women and babies where there are concerns in respect of either parent, a potential carer, sibling or relevant other who may or may not live in the same household.

7. Chronologies

Chronologies should be commenced, by the Named Midwife, Social Work (and other relevant agencies) from the point of notification of a pregnancy.

All significant events / changes in circumstance should be noted within the chronology. All chronologies must be kept up to date.

The team around the child should always notify the Named Person and Lead Professional of any new information or significant changes. *(Hyperlink 2)*

8. Specialist Pre-Birth Team for Vulnerability

The Specialist Pre-birth Team for Vulnerability was established in 2014. The team consists of health and social work staff. Although centrally based in Dumfries the team has a region-wide role and responsibility;-

- to overview the care and support that is being provided by the locality teams for vulnerable pregnant women and the pre-birth assessment process
- to provide support and quality assurance by auditing and provide feedback for improvement.
- any decision regarding co-working of complex cases should be made during a multi-agency discussion.
- to collate and analyse set data of relevant information agreed by partner agencies
- to provide an outcome focussed report on the work undertaken a year from the start of the team with an interim report within 6 month

9. Pre-Birth Referral Discussions

All Pre Birth Requests for Assistance (referrals) will be subject to a Pre-Birth Referral Discussion. This provides the forum for multi-agency discussion and decision making regarding whether to follow the pre-birth assessment process or not. The Pre-Birth Referral Discussion can determine that the risk is such that a decision can be made at that point to proceed to an Initial Child Protection Case Conference or to consider alternative care arrangements.

If, at any time, there is new information brought to the attention of the Lead Professional / Named Person (at any stage of the pregnancy), which raises further concerns – an Initial Referral Discussion should take place (even if Child Protection procedures are already in place).

10. **Role of Senior Social Worker in the Pre-Birth Pathway**

The locality senior social worker will attend the pre-birth referral discussion to share what information may be known of previous or current social work involvement and relevant family background information. They will be part of the decision making group that decides the pre-birth pathway.

If a pre-birth assessment is required the locality senior social worker will allocate the pre-birth assessment and will thereafter supervise its completion.

The locality senior social worker will organise and chair the multi-agency pre-birth meeting by 26 weeks (where it is decided Social Work will take a lead) from which the pre-birth plan will be agreed.

Should the decision of the multi-agency meeting by 26 weeks decide a child protection pathway is appropriate then a pre-birth child protection case conference would then be convened. The locality senior social worker will ensure this decision is progressed.

The multi-agency meeting by 26 weeks can become an Initial Child Protection Case Conference should the levels of concern merit child protection pathway to avoid delay.

The locality senior social worker will maintain the line management responsibility as for all allocated cases within his/her workers' workload.

11. Process

For all cases where a Request for Assistance (referral) is made, a Pre-Birth Referral Discussion (PBRD) will take place.

Wellbeing Assessment / Request for Assistance (Referral)
At booking, a well-being assessment is undertaken by the Named Midwife. In all cases where vulnerability is identified, a Request for Assistance (referral) is completed, informed by the wellbeing assessment, and submitted within 24 hours to the Children and Families West or East Mailbox (CFEast@dumgal.gsx.gov.uk; CFWest@dumgal.gsx.gov.uk). This Request for Assistance (referral) should also be copied to the NHS Child Protection Team (dumf-uhb.ChildProtectionTeam@nhs.net) and the Specialist Pre-Birth Team for Vulnerability (dumf-uhb.SpecialistPreBirthTeam@nhs.net). The Named Midwife must inform the pregnant woman and her partner of the referral and explain the context of this protocol. For all cases where a Request for Assistance (referral) is made, a Pre-Birth Referral Discussion (PBRD) will take place. If any substance use issues are identified the Named Midwife will also complete a Request for Assistance (referral) to the Multi Agency Clinic where a multi-agency team will become involved. If at any time after submitting the Request for Assistance (referral) form there is a pregnancy loss the Named Midwife will inform Social Work as soon as possible. The NHS Child Protection Team (dumf-uhb.ChildProtectionTeam@nhs.net) and the Specialist Pre-Birth Team for Vulnerability (dumf-uhb.SpecialistPreBirthTeam@nhs.net) should also be informed. If it is agreed within the PBRD that Child Protection procedures are to be followed, Social Work will always assume the role of Lead Professional.

Pre-Birth Referral Discussion

The purpose of the PBRD will be to determine whether the threshold for multi-agency assessment is met and discuss if risk of significant harm is known at this stage.

The PBRD meeting is attended by the members of the Specialist Pre-Birth team, Senior Social Worker, Child Protection Advisor, Police and NHS Specialist Drug & Alcohol Services. . The discussion is facilitated by the Specialist Pre-birth team who also gather information from social work systems and midwives. Further information is gathered by the Child Protection Advisors and Police. In preparation for the PBRD, the Specialist Pre-Birth Team will prepare the PBRD document and initial SBAR (Situation – Background – Assessment – Recommendation) (appendix 1), along with a Genogram. The SBAR will outline details of the Request for Assistance (referral) and the background information available.

A decision will be made as to whether or not a Pre-Birth Assessment Report is required – in which case a Social Worker will be the Lead Professional; whether there is a need for Social Work to convene a Pre-Birth Child's Plan Meeting or whether the Named Midwife/ Named Person can lead / continue to support (in accordance with GIRFEC).

Following the PBRD, the SBAR will be updated and will specify what actions are required for both Health and Social Work. The SBAR document and progress notes will be uploaded to both Health and Social Work records.

The Pre-Birth Referral Discussion can determine that the risk is such that a decision can be made at this point to proceed to an Initial Child Protection Case Conference or to consider alternative care arrangements.

Case Allocation / Pre-Birth Assessment

If a decision is made that a Pre-Birth Assessment is not required the Named Midwife will continue to assess and support the pregnant woman using GIRFEC principles. If at any point in the pregnancy the Named Midwife is concerned about increasing vulnerability a Request for Assistance (referral) can be submitted.

If it is determined that a Pre Birth Assessment Report is required, the Social Work Line Manager will allocate the case to a Social Worker within 5 calendar days of the PBRD.

The Social Worker will then liaise with all agencies involved with the family, requesting information in relation to the pregnant woman, unborn child's father and / or the mother's partner.

Background information will be gathered in relation to current and historical circumstances – considering agency involvement with any previous children / other relevant family members. Pre-Birth Assessments must reflect the completion of the recommendations from the Pre-Birth Referral Discussion.

Updated Police information must be requested for all Pre-Birth Assessment cases prior to sign off of decision pathway.

Evidence based tools should be used in the completion of the pre-birth assessment. The following will provide guidance on specific pre-birth risk factors and enhance analysis :

- Maternity Wellbeing Assessment
- Wellbeing Indicators *(Hyperlink 8)*
- My World Triangle *(Hyperlink 9)*
- Resilience Matrix (Hyperlink 10)
- A Practitioners Guide to Getting Our Priorities Right *(Hyperlink 5)*
- National Risk Framework Toolkit *(Hyperlink 7)*

If the Pre-Birth Assessment is not complete but circumstances change and risk increases then the pre-birth assessment should be completed with the information already gathered and the Initial Child Protection Case Conference held. This will enable information from the police to be shared with agencies.

Prior to Pre-Birth Child's Plan Meeting (by 26 weeks gestation)

Pre-Birth Assessment Report to be completed, authorised by the Senior Social Worker and Locality Social Work Manager and circulated to partner agencies 1 week prior to the Pre Birth Child's Plan meeting (to be held by 26 weeks gestation)

Copies of all Pre-Birth Assessments to be forwarded to NHS Child Protection Team.

Written feedback will be given to Police on the outcome of all Pre-Birth Assessments by the Specialist Pre-Birth Team

Pre-Birth Child's Plan Meeting - to be held by 26 weeks gestation

Where a Pre-Birth Referral Discussion has agreed that the Named Midwife can support the level of vulnerability, a Pre-Birth Child's Plan Meeting may be convened and chaired by the Named Midwife.

Where a Pre-Birth Assessment has been agreed this meeting will be convened by the allocated Social Worker, chaired by their respective Line Manager.

Meeting participants:
All agencies that are involved with the family will be invited, including Named Persons and those invited to the Pre-Birth Referral Discussion. For example: Midwife; Health Visitor; NHS Drug & Alcohol Services; Criminal Justice Social Work; Housing; Voluntary Agencies; Education (in respect of siblings), Police.

All those invited, including the referrer and any members of agencies where the main risks have been identified, should prioritise attendance at these meetings and provide a report on the current situation to enable the group to be provided with the correct interpretation of reports and any contemporaneous information.

Child Protection Advisors are to be invited to attend Pre-Birth Child's Plans Meetings where a Pre-Birth Assessment Report has been completed.

Purpose:
The purpose of this meeting is to consider risk factors/ vulnerabilities identified and to formulate an appropriate Child's Plan.

For those cases where a Pre-Birth Assessment Report has been completed discussion should focus around the analysis of vulnerability and risk to inform the Child's Plan and ensure the completion of the recommendations from the Pre-Birth Referral Discussion.

Pre-Birth Assessment Reports should be available to meeting attendees prior to the meeting.

Updated Police information must have been provided for all Pre-Birth Assessment cases prior to sign off of decision pathway.

Should the decision of the multi-agency meeting at 26 weeks decide a child protection pathway is appropriate then an Interim Safety Plan should be agreed pending Initial Child Protection Case Conference at 28 weeks.

A copy of the Interim Safety Plan will be placed in the maternal health records, this will be available to all available maternity staff – including those in Neonatal Unit.

Review
In cases where the child is considered a Child in Need, a review Child's Plan Meeting should take place between 34 and 36 week gestation period to review the Child's Plan.

It is the Lead Professional's responsibility to convene Child's Plan Review Meetings and to ensure that the Health Visitor is included as a participant.

At the Child's Plan Review Meetings – it can be recommended that Social Work involvement be closed and the Lead Professional /Named Midwife take the lead (in accordance with GIRFEC) and assume responsibility for the oversight of the Child's Plan.

28 to 30 weeks gestation –up until the birth of the child.

If the unborn child's name is placed on the Child Protection Register at 28 weeks gestation, Social Work will be the lead profession and Child Protection procedures (CP) will be followed. Discussion should include the potential requirement for a Child Protection Order at the birth of the child.

In cases where an Initial Child Protection Case Conference (ICPCC) is held, but the threshold for Child Protection Registration has not been met in respect of the unborn child, a Child's Meeting under GIRFEC procedures should be convened within six weeks (after the ICPCC). A decision will be made on the level of support required and a further 6 week meeting would be arranged.

Child is Born

Child Protection :
If a baby's name is on the Child Protection Register before birth, the midwife providing care in the immediate post birth period will inform Social Work and the NHS Child Protection Team as soon as the child is born. Midwives also need to inform West of Scotland Standby Services if child is born out-with office hours.

Midwives will also refer to the Child's Plan in the maternal records for any specific agreed actions. The Midwives should inform Social Work as soon as possible if the child is admitted to the Neonatal Unit for specialist attention (where applicable).

A Post-Birth / Core Group meeting will take place within 3 calendar days of the child's birth (next working day where possible). Focus of this meeting will be to identify a clear plan of expectations on parents and agencies, whilst child remains in hospital. Review Child's Plan meetings may be required if the child's stay in hospital is extended (for example babies requiring treatment for Neonatal Abstinence Syndrome).

The Post-Birth meeting can be combined with a Pre-Discharge meeting in cases where there is no need for the child to stay in hospital (babies exposed to maternal substance use are required to stay a minimum of 72 hours, for observation). The Pre-Discharge component is to consider safe plans for discharge.

Discharge **MUST NOT** take place on a Friday, over a weekend or on a Public Holiday.

Child In Need:
Where it has been recommended within the pre-birth child plan that a Pre-Discharge Meeting take place, this should be arranged at the earliest opportunity following the child's birth. The Child's Plan should be updated within the above meetings.

Transition
The Named Midwife will be responsible for ensuring that the Named Person (Health Visitor) receives all relevant information and a copy of the child's plan, this must be a face to face handover.

12. **Key Contacts:**

Social Work

- Telephone 0300 33 33 3000
- Out of Hours Standby Service 0800 811 505

Maternity Services

- Cresswell Birthing Suite: 01387 241207/241208
- Cresswell Maternity Suite: 01387 241231
- Cresswell Neonatal Unit: 01387 241234
- Clenoch Birthing Suite (Stranraer): 01776 707722

Ward 15 (Paediatric Ward - DGRI)

- Telephone 01387 241305

NHS Child Protection Team-

- Telephone 01387 244300
- dumf-uhb.ChildProtectionTeam@nhs.net

Specialist Pre Birth Team for Vulnerability

- Telephone 01387 273724
- dumf-uhb.SpecialistPrebirth AssessmentTeam@nhs.net

NHS Specialist Drug & Alcohol Service

- Telephone 01387 244555

Scottish Children's Reporter Administration

- Dumfries Office - 0300 200 1820
- Stranraer Office – 0300 200 1712

13. **Hyperlinks :**

1) Protecting Children and Young People in Dumfries & Galloway Inter-Agency Child Protection Procedures and Supporting Guidance.

2) Dumfries and Galloway Practitioner's Guide to Information Sharing, 2014

3) D&G Inter-agency Chronologies Practitioner's Guidance Children and Families Services

4) 'Under-Age Sexual Activity Multi-Agency Guidance'

5) Sexual Offences (Scotland) Act 2009

6) A Practitioner's Guide to Getting Our Priorities Right (GOPR) – working together with children, young people and families affected by problematic alcohol and/or drug use across Dumfries & Galloway

7) Getting It Right for Every Child Dumfries & Galloway Practice Guidance

8) National Risk Framework Toolkit

9) GIRFEC Wellbeing Indicators

10) GIRFEC My World Triangle

11) Resilience Matrix

12) Falling through the Gaps

13) Briefing Note on Important Injuries in Infants and Non Mobile Children

Appendix 1

Supporting Guidance

Poor Economic, Material and Social Circumstances

Many children in Scotland live below the poverty threshold, which can affect not only their material wellbeing but also their physical and emotional health. The impact of persistent poverty includes babies born who are low birth weight, obesity, poor attachment, smoking, substance use, poor housing, homeless and eviction issues, low educational attainment, criminal activity and unemployment. Pregnancy and the first years of life have a huge influence on the future health of children and their environment influences physical, emotional and social development, therefore assessment is required to understand the strengths and pressures within these families.

Gender Based Violence

Domestic violence can have damaging effects at any point in pregnancy and in the earliest years of life. Over one third of instances of domestic violence being during pregnancy. Not only can domestic violence impact on the physical wellbeing of the mother, but the level of anxiety and stress can adversely impact the developing fetus. A home characterised by domestic violence is a high risk place for an infant.

Previous Child Care/ Child Protection Issues

A Request for Assistance (referral) should be considered for any family who has previously been involved in child protection processes.

Problematic Substance Use

Drug and alcohol use can have a profound impact upon infants through parental responsiveness, physical and emotional care, violence and trauma. All pregnant women are therefore asked about any substance use either personally, or by their partner/ unborn child's father by the midwife at their booking visit. Early identification of substance use initiates an integrated pre-birth assessment whereby the multi-agency team will assess the needs of the unborn child and their families in order to ensure that all relevant care and support is given and that there is a child's plan put in place. The maternity services guidelines "Substance misuse in pregnancy" and "Alcohol Use in Pregnancy" have been developed in collaboration with other agencies and outlines the care pathway for this particular group of vulnerable women including the multi-agency clinic and information about Neonatal Abstinence Syndrome (NAS) and Fetal Alcohol Spectrum Disorders (FASD).

For those families, where problematic substance use (either historical or current; alcohol and or illicit drugs) is identified, the Lead Professional will always be a Social Worker who will co-ordinate a multi-agency assessment.

If a baby develops Neonatal Abstinence Syndrome and there is no previous knowledge of the woman's substance use during pregnancy, Social Work should be alerted to convene an Initial Referral Discussion (this should be held the same working day that concerns have been identified).

Parental Mental Ill Health

The mental health of parents is one issue that is core to emotional development of the baby. Mental health problems can range from anxiety, depression, post traumatic stress disorder, obsessive compulsive disorder and psychotic illness. A baby requires a timely, consistent and sensitive response and lack of this can lead to emotional and behavioural problems throughout infancy, childhood and beyond.

Parents with Learning Difficulties/ Disabilities

Parents with learning disabilities are particularly vulnerable and a pre-birth assessment should identify as early as possible the support required for the parent/s to support them to become successful parents and to evidence what measures have been taken to support the parents to reduce the identified risks.

Parents with Physical Disabilities

Parents with physical disabilities require an assessment of how their disability may impact on parenting.

Teenage pregnancies

If the young person is under 16 years of age, reference should be made to the inter-agency protocol.

Practitioners should not automatically refer a young person who is pregnant and under the age of 16 to Social Work Services however consideration must be given to other vulnerabilities. It is important to separate out the needs of the young person and that of the unborn child. Practitioners can seek advice from their respective Child Protection Advisors regarding any underage pregnancy.

If either parent is under 13 years of age, an immediate Request for Assistance (referral) should be made to Social Work. An Initial Referral Discussion (IRD) will be necessary.

When considering a pregnant young person who is subject to a Child's Plan the Named Person or Lead Professional should review the existing Child's Plan to reflect the pregnancy. *(Hyperlinks 3 & 4)*

Looked After Young People

A major factor which puts babies at risk is a parent having themselves been maltreated in childhood. If either parent is subject to statutory measures of supervision (Looked After) a Pre-Birth Assessment must be undertaken, taking cognisance of the young person's plan. The Named Person and Lead Professional should be made aware of the pregnancy immediately.

Late booking / Concealed pregnancy
The reasons for late booking need to be fully explored by the Named Midwife to ensure that potential additional vulnerabilities are identified. If additional vulnerabilities are identified the Named Midwife should submit a Request for Assistance (referral) to Social Work.

Concealment or denial of pregnancy should result in an immediate Request for Assistance (referral) to Social Work. An Initial Referral Discussion (IRD) should be convened at the earliest opportunity. The circumstances leading to concealment of pregnancy need to be explored individually as there may be potential Child Protection outcomes.

Minority Ethnic Groups
It is very important to give consideration to specific needs in relation to language, and cultural norms and this is particularly important when working with women from Black and Minority Ethnic Communities (BME). Although most evidence indicates that many of the health issues experienced by women from BME Communities are similar to those of women in the wider community it is often the case that their experience of services is not always as similar. It is important not to make any uninformed judgements about a woman's needs. It is always most appropriate to ask each individual we come into contact with about their ethnicity and any cultural needs they might have. It is best practice to record the ethnicity of all women using services as this allows us to monitor how services are being used and what we can do to improve numbers and quality of service provided.

Interpreting services are available across NHS Dumfries & Galloway. If an interpreter is required immediately it is advisable to contact the National Interpreting Service. This National Interpreting Service can be contacted on: 0800 028 0073 using the ID 269147.

Information on pregnancy is available in different languages and access to the Multi Cultural Society is also available.

Additional Guidance

The following is a list of more in depth guidelines developed by NHS Dumfries and Galloway Maternity Services on some of the vulnerabilities mentioned above: -

- Gender Based Violence
- Alcohol in Pregnancy
- Substance Use in Pregnancy
- Perinatal Mental Health Integrated Care Pathway
- Disabilities Guideline for Pregnant Women
- Teenage Pregnancy
- Concealed Pregnancy

These documents are available for staff to access from your own agency Intranet or Sharepoint Site. Please note however that Education Staff will only be able to access the document on Teenage Pregnancy.

FLOWCHART **APPENDIX 2**