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Abandoned babies and absent policies

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ABSTRACT

Object: Although infant abandonment is a historical problem, we know remarkably little about the conditions or effects of abandonment to guide evidence driven policies. This paper briefly reviews the existing international evidence base with reference to potential mental health considerations before mapping current UK guidelines and procedures, and available incidence data. Limitations arising from these findings are discussed with reference to international practice, and interpreted in terms of future pathways for UK policy.

Method: A systematic approach was utilized to gather available data on policy information and statistics on abandoned babies in the UK.

Results: A review of the limited literature indicates that baby abandonment continues to occur, with potentially wide-ranging mental health ramifications for those involved. However, research into such consequences is lacking, and evidence with which to understand risk factors or motives for abandonment is scarce. International approaches to the issue remain controversial with outcomes unclear. Our systematic search identified that no specific UK policy relating to baby abandonment exists, either nationally or institutionally. This is compounded by a lack of accurate of UK abandonment statistics. Data that does exist is not comprehensive and sources are incompatible, resulting in an ambiguous picture of UK baby abandonment.

Conclusions: Available literature indicates an absence of clear provision, policy and research on baby abandonment. Based on current understanding of maternal and child mental health issues likely to be involved in abandonment, existing UK strategy could be easily adapted to avoid the 'learning from scratch' approach. National policies on recording and handling of baby abandonments are urgently needed, and future efforts should be concentrated on establishing clear data collection frameworks to inform understanding, guide competent practice and enable successfully targeted interventions.

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1. Introduction

The act of abandoning a baby has been documented for thousands of years [1,2], and modern UK crime statistics for abandonment of a child are available from 1898 (Home Office, 2007) [3]. Despite this historical documentation, and the strong negative response elicited by maternal abandon-

ment [4], the academic literature offers little insight into the phenomenon [5] and research from the UK is particularly scarce [6]. Yet baby abandonment continues to occur [7,8] and more research on the topic is urgently needed [9].

Several definitions of modern baby abandonment are available. The US government has distinguished between 'boarder babies', 'abandoned infants' and 'discarded infants' [10]. The first two abandonment types refer to babies left in hospitals, with abandoned infants defined as newborn and boarder babies aged up to 12 months. Discarded infants are those abandoned in other public places without care or supervision, and include neonaticide cases.

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These different definitions are yet to appear consistently in the wider international literature and definitions may rely on the particular legal framework of that country. For example, in the UK, prosecution for abandoning a baby is likely to fall under 'abandonment of a child under the age of two years' or 'concealment of birth' [6]. The majority of known abandoned babies in the UK would fall under the US definition of a discarded child, having been abandoned somewhere other than a hospital [6]. Implications of and risk factors for these different acts are likely to be diverse. The picture of abandonment is a complex one, where the profile of a parent who abandons their baby to be found (either legally or illegally) is very different to one who leaves a child in an unfindable location [6], or one who murders their child [11]. Similarly, older children may be abandoned for very different reasons than a newborn baby, and even gender may play a part in risk of abandonment [12,4,6]. Given the rarity of the occurrence, the mix of abandonment circumstances and the few mothers found, it is difficult to build up a physical or psychological profile of a parent who abandons their child [7,13]. Limited available evidence suggests a demographically heterogeneous population [14,15,11]. A mother who abandons a baby is almost certainly traumatised [16] but are unlikely to have long-term mental illness [15]. Denial of pregnancy has been proposed as a key risk factor for neonaticide [17,18] and research into this condition might offer insight into characteristics of abandoning mothers [19]. While most baby abandonments in the UK appear to be devoid of a universal motive, globally various established reasons for abandoning have been well documented. The national one-child policy in China has been associated with an increase in newborn abandonment and infanticide [20], particularly for girls [21]. Drug-associated abandonments as a result of the crack cocaine epidemic were widespread in the USA [22], where rates of addiction in abandoned babies remains high [23,8]. Abandonments motivated by HIV infection have been described in the USA, Russia [24,25] and Nigeria [26]. This relatively dense literature could inform understanding on the broader abandonment phenomenon.

Research on the psychological impact of abandonment on both the mother and the child is scarce [6], and the existing literature largely overlooks other individuals involved, such as the father, the finder of the baby and staff involved in the rescue and placement (midwifery, ambulance, police and social services) [27]. Long-term psychological outcomes for abandoning mothers are difficult to ascertain given mothers are rarely found [4]. The psychological bereavement and guilt literature may offer some insight into potential effects. Parents who are found and prosecuted may experience additional psychological ramifications. The importance of a stable nurturing caregiver in a child's first years for healthy social [28], emotional [29] and behavioural [30] development has been well established. Although reuniting the child with the parents may be the optimum outcome, if this is not possible initiating adoption is important to ensure some permanency for the child; the risk of psychological and behavioural problems may be greater for children adopted at older ages [31]. Available evidence documents identity difficulties [32], however abandoned children may have different psycho-

logical development issues to other fostered or adopted children [33,31]. Despite involvement by chance, many finders feel a great affinity with the baby and continue to think about the child for years with reported experiences that resemble post-traumatic-syndromes [34]. No research has yet investigated this aspect of abandonment.

International approaches to baby abandonment vary. 'Safe Haven' laws, introduced into 47 US states to date, aim to save babies lives by allowing women to abandon their newborn babies in a safe place, without prosecution [9]. Similar concepts have been (re)introduced elsewhere, for example the 'Babyklappen' (baby flaps/hatches) in Germany since 2000 [35,36], incubators in Hungary [37], and foundling wheels in Italy since December 2006 [38]. The 'accouchement sous X' law in France enabling women to give birth anonymously represents the most well established legal strategy globally for addressing infant abandonment [39,40]. Austria has opted to implement a federal directive precluding criminal prosecution of women who abandon their babies safely [41,42]. However, some abandonment provisions are still operating outside the law (e.g. Germany) and most approaches, even those within the law, remain highly emotive and controversial [36,39,43]. Whilst there is a wealth of discursive literature available in French and German on their national approaches [43,39,35], little empirical evaluative data has been generated, and research from other European countries is lacking. It is also unclear whether the US Safe Haven laws are achieving their intended effect. From the limited understanding we have of the motivational profile of an abandoning mother, it seems that fear of prosecution and a wish for anonymity are not at the forefront [44,9]. Statistics on unsafe abandonment were not being collected in any state prior to the introduction of the laws and no new data collection procedures have been initiated since, precluding an evaluation of their efficacy [45,9]. The only epidemiological study of discarded infants or infanticide found an incidence of 2.1 in 100,000 over 16 years in North Carolina [14]; the authors propose this may provide an upper estimate for the number of babies that could be saved by a Safe Haven law. However, available evidence suggests that babies are still being abandoned unsafely in States with such laws in effect [7,45]. Safe Haven laws may be inappropriately targeted at women identified as at risk for infanticide, as data on women who safely abandon their babies does not exist [11]. There is also concern that the laws may be inadvertently causing different problems [45]: encouraging abandonment, not allowing for alternative family care, encouraging concealment, denying paternal rights, hindering future genealogical knowledge and undermining legal interests. The psychological outcomes for the children are unknown. A final problem is that the guidelines are not helping health professionals manage such a situation—92% of nurses in Texas felt unprepared [13] and public lacked knowledge [46]. Although some have argued that it may not ever be possible to adequately appraise the success of the Safe Haven laws [47], further empirical research is nevertheless needed to critically evaluate the wide-ranging effects of these and equivalent international laws.

Given the lack of existing literature and epidemiological evidence on baby abandonment, particularly from the

UK, and the potential ramifications for those involved, were sought to identify policy and provision related to baby abandonment in the UK. We also aimed to compile available UK incidence data to gain a perspective on the scale of the issue.

2. Methods

A systematic approach was used to gather data on national and institutional policy, guidelines and statistics relevant to abandoned babies in the UK.

A systematic search of online resources was conducted using Google search engine [UK pages only option] and keywords 'abandoned baby/ies' on 21st April 2008. The first 100 pages (10 results per page) were scrutinized for relevant results, and relevant websites were individually examined and data/text identified.

2.1. Policy and procedures

A systematic search of all 170 available NHS Trust websites was conducted using keyword 'abandon(ed)' (18th April 2008; [48] and see appendix A for list of NHS Trusts).

Key UK institutions relevant to baby abandonment were identified and contacted for information on existing policy or guidelines relating to baby abandonment between September 2007 and April 2008.

- The Home Office (UK Government).
- The Department of Health (UK Government).
- The Association of Chief Police Officers (ACPO).
- City of London Police.
- National Policing Improvement Agency (NPIA).
- Royal College of Midwives, Obstetricians and Gynaecologists.

2.2. Data and statistics

No systematic national record of baby abandonment events exists. Two sources of associated statistics were identified and examined:

- Data of registered abandoned babies 1977–2005: Abandoned Baby Register, Office of National Statistics. [Only babies abandoned as newborns, whose parents are never found].
- Home Office Recorded Crime Statistics 1898–2006 <http://www.homeoffice.gov.uk/rds/recordedcrime1.html>.

3. Results

3.1. "Chasing our tail": current policy and guidelines

Several key institutions were contacted regarding policy, guidelines or statistics. The DOH [49] stated that there is no specific UK national policy on abandoned babies, but did outline 'usual' handling: "...usually, abandoned children are kept in hospital for a few days for observation and any necessary treatment and then placed with foster carers by the local social services department. Eventually, abandoned babies are put forward for adoption." However, the Children Act 1989

[50] provides no specific time period on how long a child is cared for before the adoption process can begin.

Neither the Royal College of Midwives nor the Royal College of Obstetricians and Gynaecologists have any specific infant abandonment guidelines. A systematic search of 170 NHS Trust websites ([48] and see Appendix A) revealed only three (East Midlands [51], Nottingham University Hospitals [52], Powys Health Care [53]) had any relevant guidelines in place and available. An Internet search of key words "abandoned baby/ies" returned only one piece of relevant information from the NHS, regarding the allocation of an NHS number [54]. The only piece of relevant national policy found via the Internet search related to birth registration procedure [55,56].

No one institution held relevant information themselves, but many recommended alternative sources. Unfortunately, this led to an unsuccessful circular search. In response to a request for statistics and procedures regarding abandoned babies, NHS Lothian stated that they did not collect or hold such information, but suggested the Police [57]. The City of London Police state that they do not have any specific policy, guidelines or statistics relating to abandoned babies [58]. The National Policing Improvement Agency (NPIA), who work in conjunction with both the Home Office and the Association of Chief Police Officers (ACPO) also confirm that there is currently no specific policy or procedure in place within UK police practice. The most relevant document available is the Guidance on Investigating Child Abuse and Safeguarding Children (ACPO, 2005) [59].

The Department of Health referred us to the only paper previously published as a key source: Sherr and Hackman [4]. Unfortunately, being referred by the government to our own preliminary paper simply highlights the lack of national information, and although the DOH used this as their only source of information they have never contacted the authors. The DOH state that the Home Office holds the most relevant information since it is a criminal offence to abandon a child under the age of two. These statistics, which only record those persons convicted and not how many babies are abandoned in the UK, are presented and further analysed below.

Overall, there is a vast lack of standardised guidelines for dealing with an abandoned baby in the UK, both nationally and institutionally. The few available specific procedures focus on practical steps, and offer no clear advice on safeguarding mental health.

3.2. Lack of statistics

Formulating effective guidelines is difficult without detailed information. No such information – even basic incidence data – is recorded and collated systematically for statistical or epidemiological use. There are no data on baby survival rates. In the absence of incidence data, basic abandonment case outcome data provides the best information. The most relevant available data is that recorded in the Abandoned Children Register. Held by the Office of National Statistics and set up in 1977, only babies whose natural mothers are not found after initial media publicity are registered. Older children whose births may have already been

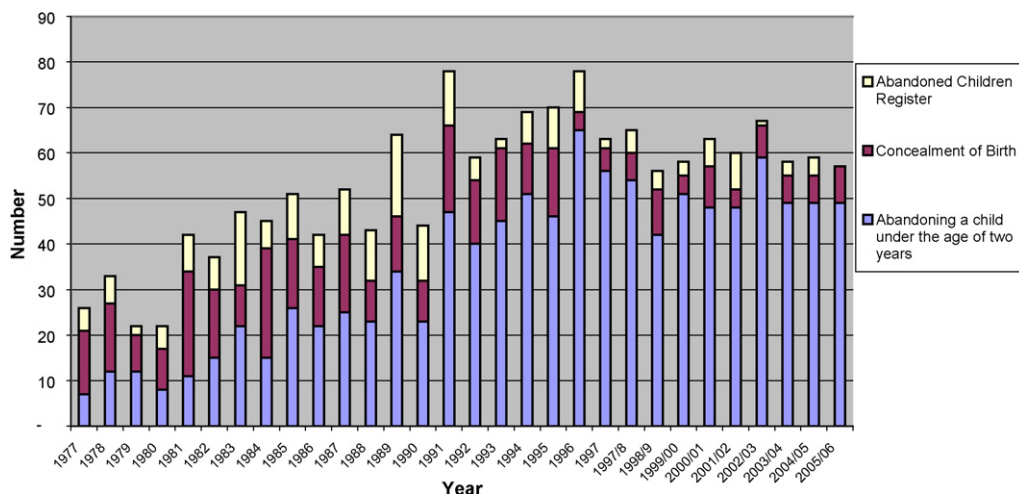


Fig. 1. Number of UK Annual Abandonments 1977–2006 as described by The Abandoned Children Register and National Crime Statistics.

registered before their abandonment are rarely registered. The numbers recorded are hence likely to be lower than the actual number of abandoned babies. The numbers are very low, with most years fewer than eight babies registered (see Fig. 1).

The only other relevant data source is the Home Office National Crime Statistics. Annual statistics for the crimes of ‘abandoning a baby aged under two years’ and for ‘concealment of birth’ are shown in graph 1. The first charge is obviously related; the second has been included after analyses of media reports indicated mothers were convicted on this charge, primarily when babies were found dead. We do know that, of women prosecuted for infanticide, denial and concealment of pregnancy is the most commonly observed factor [18], and prosecution for infanticide can involve abandonment cases where the child has died [60]. Infanticide statistics were not available from the Home Office separately from all homicide figures, and infanticide covers a greater range of situations than are specific to baby abandonment.

The Home Office statistics only record convicted parents, and combines both newborn abandonments and those of older children. It is impossible to determine how many of these convictions relate specifically to abandoning a newborn baby. The figures also potentially include both mother and father, inflating the apparent rate. Conversely, the Abandoned Baby Register figures only relate to children whose parents are *not* found or charged, and only relates to newborn abandonments. Given that these two data sources record different outcomes of baby abandonments, it is conceivable that adding the Register figures to the crime statistics might give a more accurate illustration of the total number of abandonments. However, it excludes cases where parents were found but *not* charged, and those children older than newborn who were not registered. It furthermore does not eliminate the effect of charging both parents, or the problem of the newborn/older distinction. Such incidence estimates are tentative at best, and rely on the combination of incompatible data formed from the out-

comes of baby abandonment events rather than the events themselves.

4. Discussion

Our results demonstrate that baby abandonment in the UK has been overlooked nationally and institutionally in terms of policy, guidelines and statistical recording. This is in stark contrast to the clear and comprehensive provision UK child protection policy and data in general. The situation of inaction also differs from international approaches, where countries including the USA [9] and France [43] have introduced laws allowing safe anonymous abandonment of newborn babies to address infant safety and maternal mental health. Other countries without a firm legal framework for baby abandonment, such as Germany [35] and Austria [42] are attempting to address the issue. Outcomes of these initiatives are yet to emerge and remain highly controversial. Legalising baby abandonment may indeed not represent the optimum strategy to address the phenomenon, both internationally or in the UK. However, awareness of the issue and evidence-based discussion and guidance of how best to serve those involved is crucial.

Abandonment of a baby has potentially wide-ranging and long-term psychological implications for those involved. Where evidence-based policy can minimize mental health ramifications, the current lack is likely to amplify negative outcomes. Clearly, being found alive is the key initial outcome for an abandoned baby, however current statistics do not indicate the survival rate of abandoned infants. Alongside abandonment incidence data, baby survival statistics and ideally, basic demographic data should be gathered at the time of the abandonment in addition to key abandonment characteristics [6] and a record of outcome (e.g. parental reunion, parental prosecution, adoption). This would enable researchers to better understand the phenomenon in terms of risk factors for abandonment and baby survival (e.g. age, gender, ethnicity, abandonment location [6]) and longer-term psychological health (e.g. naming procedure, mementos left, parental

finding [6]). Many parents of abandoned babies in the UK are not found [6]. If parental details cannot be recorded, standard procedures could be implemented at the time of finding to minimize the identity and belonging problems often faced by those abandoned as babies [32]. Bereavement literature shows the importance of memories and photographs [61]. Indeed, the most comprehensive of the hospital guidelines available emphasises the collection of information about the baby's background and finding [62], and examples of 'life books' made by police and hospital staff have been reported in the media [63]. Policy ensuring a specific date must be recorded as a birth date – even as an estimate – on abandoned children's birth certificates would promote identity formation [64]. The anecdotal nature of much of the evidence on outcomes for abandoned children points to the urgent need for more rigorous research in this area. Existing research would support amending existing policy to expedite adoption processes for babies aged less than 6 months [65] if being reunited with parents is not possible or advisable; similar policy is already in place in the USA [22]. The development of abandoned babies needs careful monitoring [66,67]. Abandoned children in the UK are currently treated equally to other fostered or adopted children, yet their psychological adjustment may differ [33,31]; no research has as yet addressed this issue.

Future emphasis should be placed on safeguarding the mental health of any mother sought or found, as current practices do not promote the psychological health of the mother. UK law offers some concession to the poor mental health state of an abandoning mother; the UK was first nation to implement legislation to limit the maximum sentence of a mother accused of neonaticide to manslaughter (The British Infanticide Act of 1922 [13]). This reflects the general perception in Britain of such a mother as a victim rather than a criminal [39], and is in contrast to US opinion and legislation [68,13]. However media appeals, common following an abandonment, containing police comments or reference to criminalization may be the first time the mother has even considered the criminality of her situation, and become the final alienation of the mother [4]. Guidelines for the Police and social services could help to ensure media appeals are appropriately and truthfully pitched, as they often focus on the mother's health as a reason for her to come forward and play down legal implications [6]. If a woman was subsequently charged, she may feel betrayed or deceived by the Police and social services, the very organisations who she felt unable to turn to originally. Further research should aim to understand the outcomes for abandoning mothers who are found, and for mothers prosecuted for abandonment [69]. Currently all input for affected mothers is retrospective and no proactive work is carried out; interventions offer the best opportunity to prevent unsafe baby abandonment [47]. Greater understanding of motives and outcomes for baby abandonment will enable development of tailored interventions for different groups of women at risk [7].

Procedural guidelines and policy should also consider the psychological impact on the finders [27]. Currently removed from the process by the authorities at the earliest possible moment, finders could be offered counselling, and perhaps short-term visiting rights under careful rules,

allowing them to achieve a sense of closure. A record of contact details of the finder with permission may emotionally benefit both the finder and the abandoned child in the future. Healthcare, Police and social service staff are inevitably drawn into the scenario. Given the rarity of an abandoned baby, it is probably unlikely that staff will experience abandonment more than once/twice in a professional career. Thus clear guidance should be in place in terms of debriefing, opportunities to reflect, handling of their emotions and support. Group learning from individual experience is a vital pathway.

Some authors have noted that given the rarity of baby abandonment, the barriers to understanding risk factors and evaluating laws and interventions, and the greater importance of other national health issues, the lack of financial and human resources allocated to the issue may be quite rational [47]. However, there seems to be some agreement that monitoring systems to report basic incidence statistics are required, at the very least [70,71]. Several of the policy suggestions made above, such as best practice guidelines for health and social service authorities and police, could be integrated into existing institutional procedure with minimal resources required. Incorporating specific cognisance of baby abandonment issues into child protection policies is more cost effective and achievable than generating new separate abandoned baby policy and procedure.

5. Conclusions

This overview reveals a disturbing phenomenon, which has lagged behind in terms of provision, strategy policy and research. It is surprising that no attention has been afforded in the UK as the issues are clear, the need for data is paramount and the knowledge base to inform good practice is probably in existence from other areas of child care. These could be easily adapted and trialed rather than the learning from scratch approach that currently prevails. Basic incidence data is essential, and more detailed statistics on abandonment cases would further strengthen the evidence base to inform best practice. Only when there is clear understanding and solid data will it be possible to formulate risk factors and thereby inform abandonment prevention strategies. There are currently greater provisions in terms of policies for abandoned vehicles than for babies – a sad state of affairs.

Appendix A. List of searched NHS Trust websites

- Addenbrooke's NHS Trust
- Amber Valley PCT
- Argyll and Bute Community Health Partnership HQ
- Ashford & St. Peter's Hospitals NHS Trust
- Avon Ambulance Service NHS Trust
- Ayrshire & Arran Primary Care NHS Trust
- Ayrshire & Arran Acute Hospital NHS Trust
- Barnet & Chase Farm Hospitals NHS Trust
- Barts and The London NHS Trust
- Basildon & Thurrock General University Hospitals NHS Trust
- Bath and North East Somerset PCT

- Bedford Hospital NHS Trust
- Bedfordshire & Hertfordshire Ambulance & Paramedic Service NHS Trust
- Birmingham Children's Hospital NHS Trust
- Birmingham Heartlands and Solihull (Teaching) NHS Trust
- Borders General Hospital NHS Trust
- Borders Primary Care NHS Trust
- Bradford Hospitals NHS Trust
- Bro Morgannwg NHS Trust
- Bromley Hospitals NHS Trust
- Burton Hospitals NHS Trust
- Calderstones NHS Trust
- Cardiff and Vale NHS Trust
- Carmathenshire NHS Trust
- Central Derby PCT
- Central Manchester and Manchester Children's University Hospitals NHS Trust
- Ceredigion and Mid Wales NHS Trust
- Chesterfield and North Derbyshire Royal Hospital NHS Trust
- Christie Hospital NHS Trust
- City Hospitals Sunderland NHS Trust
- Conwy & Denbighshire NHS Trust
- Cornwall Partnership NHS Trust
- Countess of Chester Hospital NHS Trust
- County Durham & Darlington Priority Services NHS Trust
- Derbyshire Dales and South Derbyshire PCT
- Derbyshire Mental Health Services NHS Trust
- Doncaster and Bassetlaw Hospitals NHS Trust
- Doncaster & South Humber Healthcare NHS Trust
- Dudley Group of Hospitals NHS Trust
- Dumfries & Galloway Acute Hospitals & Maternity NHS Trust
- Dumfries & Galloway Primary Care NHS Trust
- East Kent Community NHS Trust
- East Kent Hospitals NHS Trust
- East Somerset NHS Trust
- Erewash PCT
- Essex Ambulance Service NHS Trust
- Fife Acute Hospitals NHS Trust
- Fife Primary Care NHS Trust
- Fife Primary Care NHS Trust Health Promotion Dept
- Forth Valley Primary Care NHS Trust
- Frimley Park Hospital NHS Trust
- George Eliot Hospital NHS Trust
- Good Hope Hospital NHS Trust
- Grampian Primary Care NHS Trust
- Grampian University Hospitals NHS Trust
- Great Ormond Street Hospital for Children NHS Trust
- Greater Derby PCT
- Greater Glasgow Primary Care NHS Trust
- Gwent Healthcare NHS Trust
- Hammersmith Hospitals NHS Trust
- Hampshire Ambulance Service NHS Trust
- Heatherwood & Wexham Park Hospitals NHS Trust
- Highland Acute Hospitals NHS Trust
- Highland Primary Care NHS Trust
- Hillingdon PCT
- Homerton University Hospital NHS Trust
- Ipswich Hospital NHS Trust
- Isle of Wight Healthcare NHS Trust
- Kettering General Hospital NHS Trust
- King's College Hospital NHS Trust
- Kingston Hospital NHS Trust
- Lanarkshire Primary Care NHS Trust
- Lancashire Ambulance Service NHS Trust
- Lancashire Teaching Hospitals NHS Trust
- Leeds Teaching Hospitals NHS Trust
- Liverpool Women's Hospital NHS Trust
- Local Health Partnerships NHS Trust
- London Ambulance Service NHS Trust
- Lothian Primary Care NHS Trust
- Lothian University Hospital NHS Trust
- Luton & Dunstable Hospital NHS Trust
- Mersey Regional Ambulance Service NHS Trust
- Mid Essex Hospital Services NHS Trust
- Moorfields Eye Hospital NHS Trust
- Newham Healthcare NHS Trust
- Norfolk and Norwich University Hospital NHS Trust
- Norfolk Mental Health Care NHS Trust
- North and West Belfast Health and Social Services Trust
- North Bristol NHS Trust
- North Cumbria Acute Hospitals NHS Trust
- North Durham Health Care NHS Trust
- North Glamorgan NHS Trust
- North Glasgow University Hospital NHS Trust
- North Lincolnshire PCT
- North Somerset PCT
- North Staffordshire Combined Healthcare NHS Trust
- North Staffordshire Hospital NHS Trust
- North Tees & Hartlepool NHS Trust
- North West Wales NHS Trust
- Northampton General Hospital NHS Trust
- Northamptonshire Healthcare NHS Trust
- Northern Ireland Ambulance Service Health & Social Services Trust
- Northern Lincolnshire and Goole hospitals NHS Trust
- Nottingham City Hospital NHS Trust
- Nottinghamshire Healthcare NHS Trust
- Nuffield Orthopaedic Centre NHS Trust
- Pembrokeshire & Derwen NHS Trust
- Peterborough Hospitals NHS Trust
- Portsmouth Hospitals NHS Trust
- Powys Health Care NHS Trust
- Queen's Medical Centre, University Hospital NHS Trust
- Queen Elizabeth Hospital NHS Trust
- Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Trust
- Rotherham General Hospitals NHS Trust
- Royal Berkshire Ambulance NHS Trust
- Royal Brompton & Harefield NHS Trust
- Royal Free Hampstead NHS Trust
- Royal Group of Hospitals & Dental Hospitals Health & Social Services Trust
- Royal Liverpool & Broadgreen University Hospital NHS Trust
- Royal Shrewsbury Hospital NHS Trust
- Salford Royal Hospitals NHS Trust
- Salisbury Health Care NHS Trust
- Scarborough & North East Yorkshire Healthcare NHS Trust
- Sheffield Teaching Hospitals NHS Trust

- Sherwood Forest Hospitals NHS Trust
- South Devon Health Care NHS Trust
- South Downs Health NHS Trust
- South Glasgow University Hospitals NHS Trust
- South London and Maudsley NHS Trust
- South Manchester PCT
- South Manchester University Hospitals NHS Trust
- South Warwickshire General Hospitals NHS Trust
- South & East Belfast Health & Social Services Trust
- Southampton University Hospitals NHS Trust
- Southend Hospital NHS Trust
- Southern Derbyshire Acute Hospitals NHS Trust
- Southport and Ormskirk Hospital NHS Trust
- St George's Healthcare NHS Trust
- St Mary's NHS Trust
- Stockport NHS Trust
- Surrey and Sussex Healthcare NHS Trust
- Swansea NHS Trust
- Swindon & Marlborough NHS Trust
- Tameside & Glossop Acute Services NHS Trust
- Taunton & Somerset NHS Trust
- Tavistock & Portman NHS Trust
- Tayside Primary Care NHS Trust
- The Cardiothoracic Centre—Liverpool NHS Trust
- The Lewisham Hospital NHS Trust
- The Queen Victoria Hospital NHS Trust
- The Royal Marsden Hospital NHS Trust
- The Royal West Sussex NHS Trust
- The Royal Wolverhampton Hospitals NHS Trust
- United Bristol Healthcare NHS Trust
- University College London Hospitals NHS Trust
- University Hospital Birmingham NHS Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- University Hospitals Of Leicester NHS Trust
- Velindre NHS Trust
- Welsh Ambulance Services NHS Trust
- West Dorset General Hospitals NHS Trust
- West Suffolk Hospitals NHS Trust
- Westcountry Ambulance Services NHS Trust
- Wiltshire Ambulance Service NHS Trust
- Wirral Hospital NHS Trust
- Wolverhampton Health Care NHS Trust
- Worcestershire Acute Hospitals NHS Trust
- Worcestershire Mental Health Partnership NHS Trust
- Worthing and Southlands Hospitals NHS Trust
- York Health Services NHS Trust
- Yorkhill NHS Trust

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