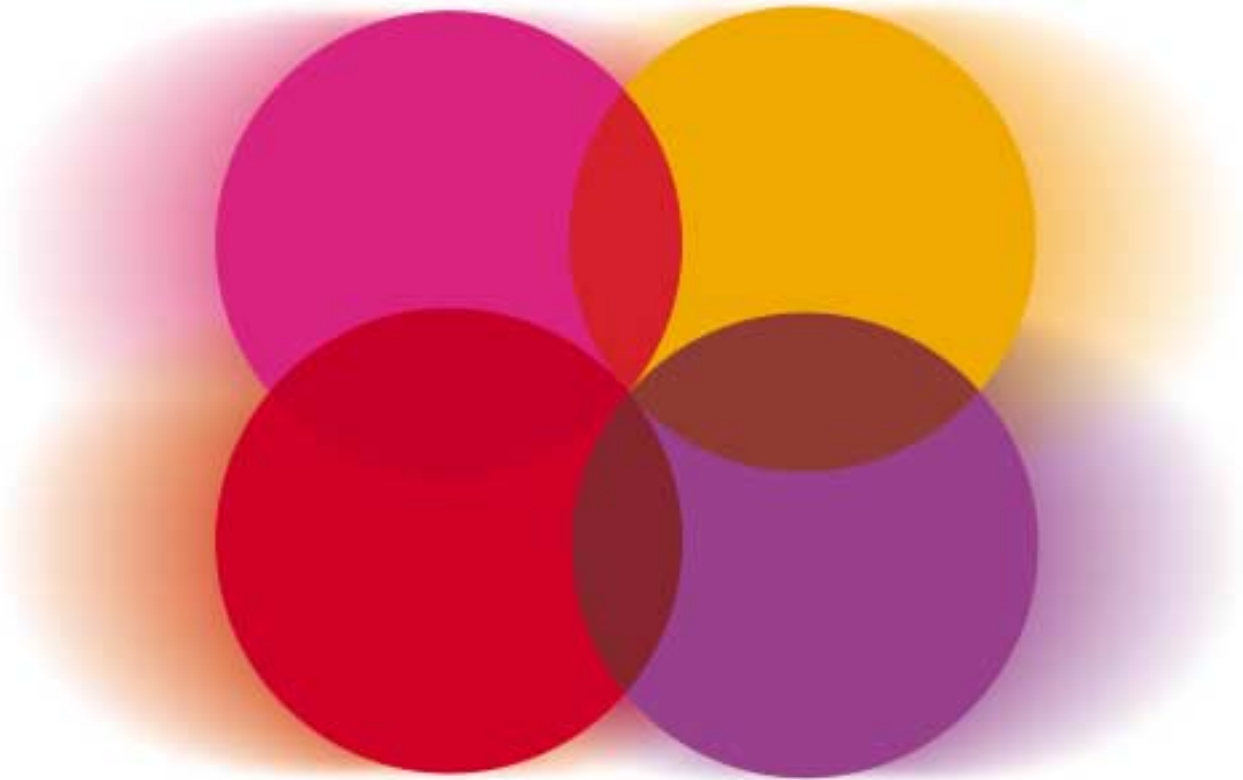


Towards a Strategy to Address the Issue of Crisis Pregnancy



Template for Comments on the Strategy to Address the Issue of Crisis Pregnancy

Please use the template below to complete your recommendations.
Return by post to the Crisis Pregnancy Agency,
4th Floor, 89-94 Capel Street, Dublin 1,
by fax to 01 8146282 or to info@crisispregnancy.ie

This template is also available on www.crisispregnancy.ie

The Crisis Pregnancy Agency is mandated to prepare and oversee a strategy address the issue of crisis pregnancies. What do you see are the top two priority recommendations in each of the following areas?

A reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services.

1.

2.

A reduction in the number of women with crisis pregnancy who opt for abortion by offering services and supports which make other options more attractive.

1.

2.

Counselling and welfare services after crisis pregnancy.

1.

2.

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BACKGROUND

The Crisis Pregnancy Agency was established in October 2001, under the Health (Corporate Bodies) Act, 1961, and governed by the Statutory Instrument No. 446 of 2001, Crisis Pregnancy Agency, Establishment Order, 2001.

The functions of the Crisis Pregnancy Agency are set down in the Statutory Instrument which provided for its establishment. The primary function of the Agency is to prepare a strategy to address the issue of crisis pregnancy, in consultation with relevant Departments of State and with such other persons as considered appropriate¹.

This strategy is to provide for;

- a) a reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services,**
- b) a reduction in the number of women with crisis pregnancies who opt for abortion by offering services and supports which make other options more attractive,**
- c) the provision of counselling and welfare services after crisis pregnancy.**

The Statutory Instrument¹ defines a crisis pregnancy as ... “a pregnancy which is neither planned nor desired by the woman concerned, and which represents a personal crisis for her”.

This definition can, on occasion, include women for whom a planned or desired pregnancy develops into a crisis over time due to a change in circumstances.

The Minister for Health and Children appointed Ms Olive Braiden as Chairperson on 3 October, 2001. Eight Board members were subsequently appointed (see Appendix One). The Board meets on a monthly basis and also works through a number of sub-groups. The Board began the process of establishing the Agency in 2001 and moved into premises early in 2002. A Director and two senior managers (Administration and Programmes and Communications) were recruited in May 2002. A Research Officer, Health Promotion and Education Officer and an Administration Officer as well as administrative support staff are also in place. To complete the staff complement a second Research Officer will be recruited in 2003.

In the first year of its establishment the work of the Agency has centred on;

- **putting in place its administrative structures,**
- **public consultation,**
- **consultation with service providers,**
- **the development of communications and information programmes,**
- **the allocation of funding to service providers,**
- **the establishment of the research programme,**
- **the development of the strategy.**

In addition to the Board and Executive, the Minister for Health and Children established a 20 member Consultative Committee in November 2002, drawn from a wide range of related professions and agencies (membership listed in Appendix Two). The function of the Consultative Committee is ... ‘to advise the Agency in relation to (a) any matters pertaining to crisis pregnancy as are referred to it by the Agency and (b) any other matters coming within the remit of the Agency’. The first meeting of the Consultative Committee was held in November 2002.



The Crisis Pregnancy Agency is working to develop its initial four year *Strategy to Address the Issue of Crisis Pregnancy* by Autumn 2003. In planning the strategy a framework has been created to give an insight into the evolution of the Agency and to map the development of the strategy. Specific timeframes are given for each element of the work involved.

The role of the Agency is in the provision of strategic support and direction rather than direct provision of services to the public. There are many service providers already providing a range of services to the public. The Agency will strive to assist in the further development of these services.

OVERVIEW OF THE STRATEGY DEVELOPMENT

The Crisis Pregnancy Agency will produce a *Strategy to Address the Issue of Crisis Pregnancy* by Autumn 2003.

The strategy will outline the strategic direction for the Agency over the coming four years (2003-2006). Issues relating to crisis pregnancy are multi-dimensional in nature and require a response from a range of sectors and on a number of levels. The Agency will work in partnership with a broad range of organisations and client groups to set targets and establish mechanisms to monitor and review progress to address the issue of crisis pregnancy. Actions developed will be at a number of levels;

- **Individual level to ensure that people have the personal skills and knowledge to source supports to assist in preventing or supporting a crisis pregnancy,**
- **Social, community and occupational levels to include the immediate influences on the individual such as education, workplace, media and social networks,**
- **Services levels to include access to the necessary preventative as well as counselling supports and services. This will also include building service capacity, developing models of good practice and ensuring quality in service delivery,**
- **Policy levels to ensure that changes are rooted in new strategic directions, focused on all the contributory factors to crisis pregnancies, and are sustainable and long-term.**

The details of the strategy will be developed following consultation and research. At this point, the broad themes for consideration within the strategy can be related to the terms of reference of the Agency (see page two).

OVERVIEW OF THE FRAMEWORK DOCUMENT

There are two aspects to planning for a successful strategy. On the one hand there is a component of planning using information from research and consultation. This is the 'science' of developing a successful strategy. A sound strategy is built on strategic reasoning and logical solutions. However parallel to this planning process is the process of planning for support for a strategy. This is the 'art' of developing a successful strategy. This framework will aim to plan for and build support for the final strategy through the building of partnerships and the development of the advocacy function of the Agency. There are several components to the planning and development phase as illustrated in the diagram opposite.

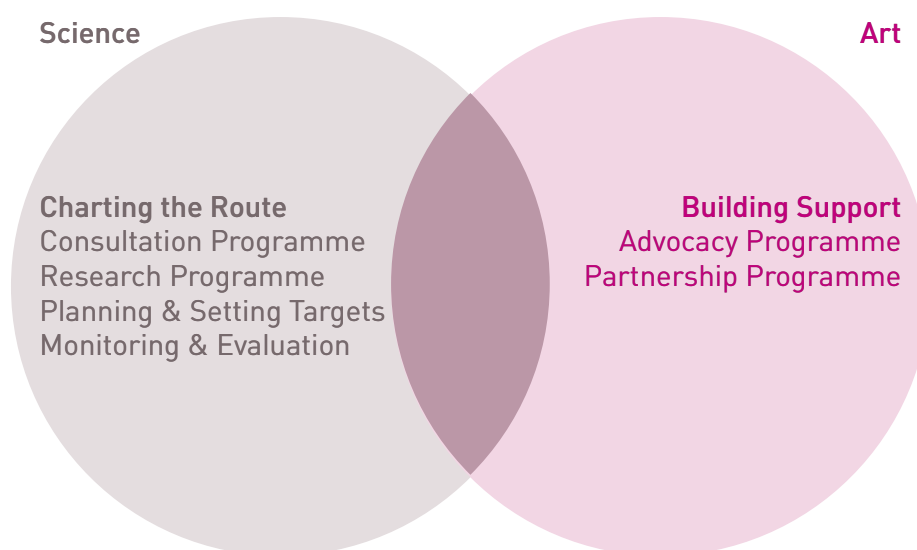
To align good intentions with effective practice, the Agency has defined a working vision for the individual at the centre of a crisis pregnancy and principles for the work of the Agency. These will permeate every aspect of our work.

At the outset, the Agency has set in place a consultation process to ascertain views on issues relating to crisis pregnancy. This consultation started with a public call for submissions in May 2002 relating to the issue of crisis pregnancy and consultations by the Board of the Agency with service providers and state agencies. In the planning and development phase of the *Strategy to Address the Issue of Crisis Pregnancy*, this will be complemented by a more extensive and targeted consultation based around specific themes.

Allied to this process is the initial research programme into issues surrounding crisis pregnancy. This research will consist of an analysis of existing research around the area of crisis pregnancy, coupled with some preliminary research into specific areas, such as counselling provision. It will also highlight areas needing further research.

The consultation and research work in these areas will provide a clear direction for the *Strategy to Address the Issue of Crisis Pregnancy*.

As the consultation progresses, the Agency will move to set targets for achievement within the *Strategy to Address the Issue of Crisis Pregnancy* and consider the evaluation of the strategy. This will be paralleled by the development of an advocacy process and the establishment of partnerships to ensure support for the strategy.



Areas for action identified through the Submissions, Research and Consultation processes

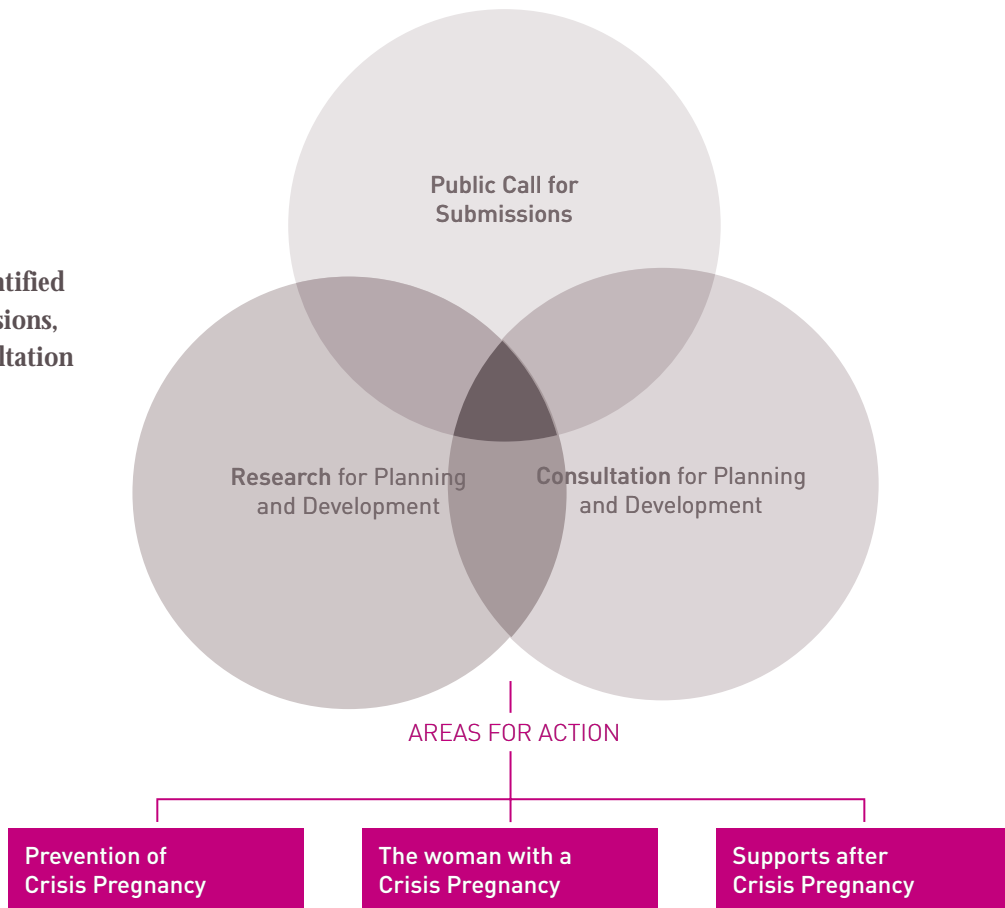
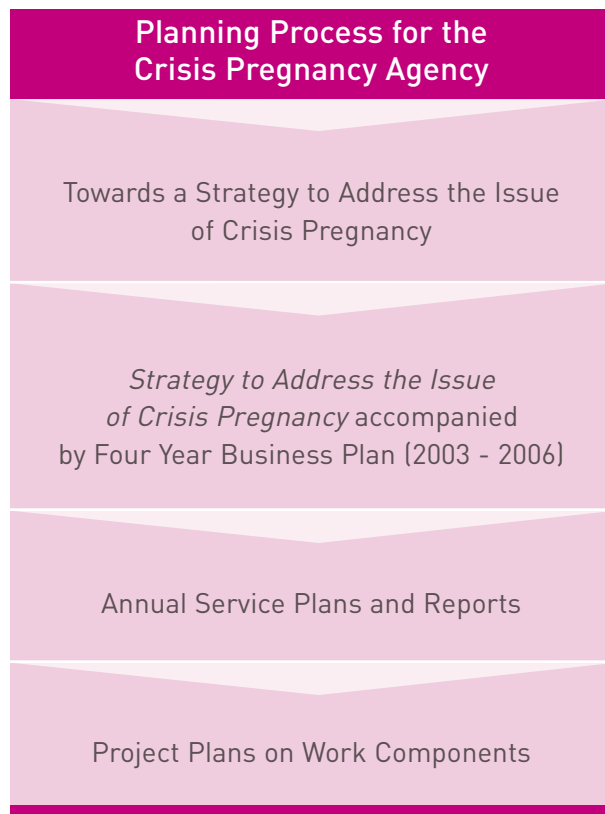


Diagram above depicts how the submissions, research and consultation processes will identify areas for action within the three main themes of the strategy namely Prevention, the person at the centre of the Crisis Pregnancy itself and Post Crisis Pregnancy. The process will provide common recommendations as well as new directions. The entire process will aim to ensure that all areas are covered.

The strategy itself will be produced in Autumn 2003 accompanied by a four year Business Plan. This will be followed by Annual Service Plans which will detail specific actions from the strategic plan. Within each piece of work, project plans will outline, for example, objectives, timeframes and evaluation mechanisms for the project.



VISION AND PRINCIPLES FOR THE CRISIS PREGNANCY AGENCY

The *Strategy to Address the Issue of Crisis Pregnancy* will outline the vision of the Agency for the strategy itself. At this point however, the Agency can visualise its aspirations for the person at the centre of a crisis pregnancy - either at risk of, currently experiencing or who has experienced a crisis pregnancy. This vision will become clearer but will always serve as a goal on which to set our sights.

This vision is that the person requiring assistance in preventing or support during or after a crisis

pregnancy, should have access to quality services and supports at individual and societal level, which are appropriate to their needs, accessible and delivered in a sensitive and empathetic manner.

During the preparation and lifetime of the *Strategy to Address the Issue of Crisis Pregnancy*, the Agency will use a set of principles to guide our work. These outline our vision for how the Agency will operate. These core principles are translated into an initial set of 'demonstration questions' to guide the work of the Agency. Some of the areas will also be included as part of criteria for funding of initiatives.

Key Principles:

The work of the Agency will;	Demonstrated by:
be person centred,	Q: How will this affect the person at the centre of a crisis pregnancy? How has this person been consulted?
be based on partnership and consultation with organisations and agencies who, directly or indirectly, can play a role in preventing or supporting women with crisis pregnancies,	Q: Who does the Agency need to involve in this element and how will it consult and involve them?
nurture innovation and courage in breaking new ground,	Q: What methods can the Agency use for this element that stimulate and capture innovation and courage?
be based on continually improving quality to aspire to developing good practice,	Q: What would define good practice in this area? How can the Agency further develop good practice in existing services?
and be accountable and add value to existing services.	Q: What are the plans for this area? How do they demonstrate value in terms of prioritisation, resource allocation and evaluation?

CHARTING THE ROUTE

Consultation for the Planning and Development Phase

Effective consultation is recognised as being a cornerstone for the building of a person-centred strategy. Effective consultation will enable the Agency to develop a strategy which is needs-based, considered and responsive. For consultation to be effective in shaping our strategy, the Agency recognises that the process involves commitment, planning, research and must be appropriate to our client groupings. In addition, consultation must be built into the long term work of the Agency as an ongoing commitment.

The consultation planned by the Agency will build on what is known from research and point to new areas for action in the strategy.

The Board of the Crisis Pregnancy Agency began meeting with service providers (Cherish, Cura, Dublin Well Woman, Irish Family Planning Association, Life and Pact) and some government departments in 2002 as part of the consultation process. In addition a number of pieces of work^{2,3,4} and the evaluations of previous campaigns⁵ provide reference material from persons or organisations already consulted in areas related to crisis pregnancy.

Who will the Agency consult with?

The primary focus of consultation for the Agency, and those funded through the Agency, is the individual. Within this grouping are those at risk of, who are currently experiencing or who have previously experienced a crisis pregnancy.

At another level, are the people and services that have an immediate influence on the individual. These will include parents and friends of the individual as well as crisis pregnancy services, family doctors, general and preventative health services, the education sector, the workplace and the broad media.

At a broader level are the groups who can influence policy. These include the Consultative Committee of the Crisis Pregnancy Agency, senior management in government departments, national agencies including women's organisations, service providers and the voluntary, community and private sectors.

Consultation with client groupings at individual, service provider and policy level will be incorporated into the consultation process both for the planning and development of the strategy. Consultation will also be an ongoing component of the work of the Agency itself and the organisations funded through the Agency.

The purpose of further consultation is to ascertain knowledge and opinions about how strategic elements should be developed. The objectives of Consultation in the Planning and Development Phase will be;

- **in addition to the 'Women and Crisis Pregnancy Study'³, to ascertain knowledge and opinions on the contributory factors for crisis pregnancy so as to enhance our understanding of crisis pregnancy,**
- **to ascertain knowledge, experience and opinion on ways to address these contributory factors to help prevent, reduce and support crisis pregnancies,**
- **to contribute to building a shared vision for the goals of a national strategy to address the issue of crisis pregnancy,**
- **and to consult with Agencies on their services and how they relate to the issue of crisis pregnancy.**

The Agency will develop policy and strategic initiatives after due consideration of the various interests and opinions that exist among client groupings. It must be remembered however that there are many diverse opinions relating to issues around crisis pregnancy and not all opinions can be taken on board.

Consultation Methods

The Agency will use a range of methods to consult with groups. These will include traditional methods ranging from one to one interviews, focus groups, workshops and round table discussion groups. The internet will also be used as a consultation tool where appropriate. The framework document can be viewed on the Agency's website www.crisispregnancy.ie. Comments on the *Strategy to Address the Issue of Crisis Pregnancy* can be made using the template provided at the end of this document, or on the site, throughout the month of March 2003.

Commitment to Ongoing Consultation

Consultation is a process and not a once-off event. The strategy will incorporate ongoing consultation into the programmes funded directly or indirectly by the Agency.

Key Actions

Public call for open submissions

The public were invited to make submissions to the strategy for June 2002, and over 250 submissions were received. These have been analysed and grouped into key areas for consideration and form the first part of the consultation. Subsequent consultation will now be more targeted and focused on specific questions.

Timeframe: Completed

Planning and implementing the consultation process

A consultation action plan has been developed by the Agency for the development phase of the strategy. This outlines the groups and methods for further consultation. A contract has been awarded for the consultation process. The consultation process for the planning and development phase will be undertaken from March to April.

Timeframe: May 2003

The outcomes of the consultation will be used to plan the strategy. A report on the planning and outcome of the consultation process will be available on the Crisis Pregnancy Agency website.

Timeframe: September 2003

Consultation with Service Users

The planning and development phase of the strategy will incorporate some consultation with service users. This consultation will build on the finding of 'Women and Crisis Pregnancy' study².

Given the sensitivity of the issue of crisis pregnancy, some aspects of the consultation with service users will require more detailed planning. These aspects will be included in the research programme of the strategy.

Timeframe: September 2003

Consultation on Programme Elements

Programmes developed by the Agency will incorporate consultation as part of the planning process. The development of good practice through the funding programme includes consultation as a basis of needs assessment. Programmes will be monitored to assess the level of consultation.

Research for the Planning and Development Phase

Crisis pregnancy is a complex area with a range of factors accounting for the incidence of crisis pregnancy and women's pregnancy choices. These factors can be elaborated at the individual level, where intrapersonal and interpersonal factors (such as knowledge, attitudes, skills, risk taking, relationship status) affect how we view ourselves, our behaviour and our decisions. In addition to the individual, it is also important to consider the wider social context and social processes that affect behaviour and decision making. At the community level, family, peers, colleagues and social supports can serve to influence sexual behaviour and decision making. At a policy level, the policies and strategies of state agencies and organisations determine our exposure to education and employment, what

services and supports are offered and how services are delivered and resourced. At a societal level, our culture and societal values shape who we are and how we perceive ourselves and our behaviour.

While there is some excellent research in the broad area of crisis pregnancy, most notably the seminal piece of research entitled ‘Women and Crisis Pregnancy’, comprehensive information and research dealing with all aspects of crisis pregnancy are limited as a whole. General understanding of this complex issue tends to be based on a mixture of systematic research and anecdotal evidence. At this point, it is necessary to critically appraise all research related to crisis pregnancy and pregnancy decision making, and to highlight information gaps that remain in our collective knowledge about contributory factors and solutions.

The Crisis Pregnancy Agency is committed to the use of research as a basis for understanding behaviour, assessing need, building on previous practice and promoting the use of evidence based practice. Research will be a key strand running through the work of the Agency.

The goal of the research programme will be to foster greater understanding of the contributory factors and solutions to crisis pregnancy at the individual, community, policy and societal level.

The objectives of the research programme in the planning and development phase will be to;

- **critically appraise available evidence and to develop a fuller understanding of the key issues in relation to crisis pregnancy prevention, pregnancy decision making and crisis pregnancy supports,**
- **commission research to determine need and to further understanding in areas relating to crisis pregnancy, as indicated by an analysis of gaps in research knowledge,**
- **review research into best practice (published and unpublished) in the area of prevention of, and**

supports for, crisis pregnancy, both nationally and internationally,

- **analyse and monitor national and international policy responses to the prevention and support of crisis pregnancies. This will assist in the formation of recommendations for policy reform,**
- **measure and monitor baseline indicators to be used as a basis for evaluation at a number of levels and to plan for the evaluation of the work of the Agency,**
- **incorporate evaluation and research into initiatives developed by the Agency as a basis for learning and capacity building,**
- **disseminate research to users, practitioners, researchers and policy makers,**
- **and foster research links with the academic community in Ireland and abroad, so as to promote research interest and activity in area of crisis pregnancy.**

Key Actions

Research Inventory

The Agency will begin an information gathering exercise to gather existing research in the broad area of crisis pregnancy. A research inventory will be established for the area.

Timeframe: May 2003

Development of Research Programme:

A) Analysis of Research on Aspects of Crisis Pregnancy

An analysis of existing research will be produced to highlight gaps in knowledge around the area of crisis pregnancy. This will be produced as a working document (to be supplemented through the life of the research programme). This will look at the research in areas such as causal factors in crisis pregnancy, the abortion decision, supports required for crisis pregnancy and highlight gaps in knowledge.

A series of research topics (corresponding to ‘gaps’ in current knowledge) that will contribute or feed into the development of research proposals in specific areas will be produced as a research action plan. This

action plan will map the pieces of research to be undertaken within the life of the strategy. This will be produced in consultation with researchers through consultative workshops.

At this point, some of the immediate areas for further research relate to;

- relationships and sexuality education implementation in schools,
- women and decision making in crisis pregnancy,
- an understanding of adoption and related issues,
- alcohol and risk taking,
- women, work and childcare,
- best practice guidelines in service delivery,
- and the clients experience in service delivery.

Once the research topics have been decided, a commissioning process will be agreed and agencies invited to tender for pieces of research. The Research proposals emanating from this work may be immediate or more long term.

Timeframe:

Working Document on Gaps in Research Knowledge around the area of Crisis Pregnancy: February 2003
Commence Commissioning Process: May 2003
Consultative Workshops: June 2003
Production of Research Action Plan: July 2003

B) Analysis of Policy Initiatives

The Agency will review and publish an analysis of policies from Irish and international jurisdictions. This review will outline;

- related strategies and targets developed in other jurisdictions,
- factors related to outcomes, successful or otherwise, and what policies have led to demonstrable results,
- similarities and differences between the Irish context and remit of the Crisis Pregnancy Agency and strategies from other jurisdictions,

policies and related strategies in the Irish context that will have direct and indirect relevance to the work of the Agency (e.g. Sexual Health Strategies; National Children's strategy, National Drugs Strategy, Childcare strategy etc.) and to what extent do these overlap with the work of the Agency.

This review will produce recommendations for policy changes to help prevent and support crisis pregnancies to be used as part of the strategy preparation process.

Timeframe:

Production of Policy Analysis: April 2003

Preparation of an Evaluation Research Framework

The sub-group of the Agency will produce a research framework in consultation with researchers in the field. This framework will specifically outline and monitor key indicators of the success of the Agency and will also involve primary research to establish baseline data. This framework will also involve a supplementary framework for ongoing evaluation of the impact of various research/projects/programmes undertaken by the Crisis Pregnancy Agency.

Timeframe:

Consultative Workshop: June 2003
Production of Evaluation Action Plan:
September 2003
Commissioning Process: September 2003

Dissemination of Research

Through the planning and development phase the Agency will plan how best to disseminate research to user groups, practitioners and policy makers in the field. This will focus especially on implementation of research recommendations and further developments in these areas. The Agency will consult with both researchers and practitioners on how this can be developed.

Timeframe:

Consultative Workshop: June 2003
Production of Dissemination Action Plan:
Within Strategy

Planning and Setting Targets

The outcome of research and consultation in the planning and development phase will be a set of key recommendations for the *Strategy to Address the Issue of Crisis Pregnancy*. The Agency is required 'to promote the development by Departments of State and appropriate agencies of an operational plan to implement the strategy in its own sphere of responsibility¹.

The Agency will examine the recommendations and develop key areas for action within the strategy underpinned by specific targets. It is expected that these recommended targets will fall under the remit of a variety of State Agencies. The Agency will initiate discussions with appropriate State Agencies / Departments, service providers and voluntary and commercial sectors on their role in preventing crisis pregnancies, and supporting women with crisis pregnancies with a view to agreeing joint targets for progression within the strategy.

The *Strategy to Address the Issue of Crisis Pregnancy* will require government support for funding and implementation. The Agency will present the *Strategy to Address the Issue of Crisis Pregnancy* to the Department of Health & Children for progression through Government in September 2003.

The issue of crisis pregnancy is very diverse and the outcomes of the research and consultation will provide many recommendations for inclusion in the final strategy. This *Strategy to Address the Issue of Crisis Pregnancy* will aim to be tactical in that it will set targets for the key areas for action over the life of the strategy and will assign responsibility for achieving these targets within timeframes. Precise details on project plans will be developed as part of the annual planning process. Many of the specifics of actions will be developed over the lifetime of the strategy.

Evaluation and Monitoring

The *Strategy to Address the Issue of Crisis Pregnancy* will set clear targets for attainment within the lifetime of the strategy. The success of the *Strategy to Address the Issue of Crisis Pregnancy* will be measured against progress in meeting the targets and making a real difference in the delivery of services to prevent, or support crisis pregnancies.

It should be noted that many of the targets which will be set in the *Strategy to Address the Issue of Crisis Pregnancy* will be task based, for example, the development of an aspect of service delivery. Success in these targets may be defined as increases in capacity to meet clients seeking services, client satisfaction, numbers seeking services, etc.

It will be difficult to set targets for reductions in the number of crisis pregnancies when at this point there is not a clear understanding of the exact numbers of crisis pregnancies nor of the strategies which will work in an Irish context. Quantitative targets may be set over the life of the strategy as our understanding becomes clearer.

The research sub-group will develop an evaluation framework to evaluate and monitor progress in relation to these targets. The group will also advise on support structures required to assist in the evaluation of the work of the Agency.

PLANNING FOR SUPPORT

Advocacy Programme

Societal attitudes and our cultural values influence choices made to prevent, or cope with, a crisis pregnancy. At a policy level, these attitudes may be translated into support for particular policies and supports. The *Strategy to Address the Issue of Crisis Pregnancy* will need to plan how it will influence policy makers, practitioners and finally, the Irish culture itself, to generate support for the work of the Agency.

Advocacy can be considered as a broad set of skills used to generate interest and support for an idea, policy or initiative. This support may be at a political, public sector, community or individual level and the advocate may work through established personal, professional, community or media networks. Successful public policy advocates use a variety of methods such as provision of information and training programmes for service providers, briefing of key policy makers and media work.

The purpose of the advocacy programme in the planning and development phase will be the generation of interest and support for the *Strategy to Address the Issue of Crisis Pregnancy*.

Support will be required in a number of ways. The Crisis Pregnancy Agency is but one voice among many. To broaden our base of support and knowledge, the Agency will work to engage key 'voices' who can add their support to the work of the Agency but can also play a role in influencing other groupings, for example, their own professional group. The Agency will work to create broad advocacy networks and alliances. Secondly, support will be required in the many state agencies and service providers in order to develop ownership for aspects of the strategy which relate to their area. Practitioners on the ground have a role to play in preventing crisis pregnancies and supporting women with crisis pregnancies and their role will be

nurtured. At a societal level our prevailing culture is important in determining the choices people make. This culture can be influenced in a number of ways including media advocacy.

Finally, the Agency will work with the Department of Health & Children and other state departments to advocate for sufficient support and funding to support the strategy.

The objectives for the advocacy programme in the planning and development phase will be;

- to research and plan how best the Agency can develop advocacy as a core element within the *Strategy to Address the Issue of Crisis Pregnancy*,
- to identify key advocates in key areas and sectors,
- to develop methodologies to engage these advocates including the development of networks and web based approaches,
- and to involve advocates in the development of the strategy through the consultation process.

Key Actions

Development of Advocacy Plan

The Agency will research and plan how best the Agency can develop advocacy as a core element within the *Strategy to Address the Issue of Crisis Pregnancy*. An advocacy plan will be included as part of the final strategy.

Timeframe: September 2003

Development of Advocacy Networks

The Agency will identify as part of the planning of the consultation and research processes, potential advocates at a policy, service, research and societal level. The Agency will work to engage these potential advocates in the consultation process with the further aim of creating advocacy networks for use within the strategy. In particular, the Agency will try to nurture learning networks, web based approaches and advocacy networks via email.

Timeframe: Ongoing

Partnership Programme

The Crisis Pregnancy Agency is not a service provider to the public. Instead the Agency will work to add further value to the work of those state departments, agencies and services which work directly in areas related to crisis pregnancy. At the outset, a function of the Agency has been to 'to work in partnership with the appropriate agencies to promote and co-ordinate the attainment of the objectives contained in the strategy'¹.

These objectives are best achieved through the establishment of partnerships to deliver a strategy to address the issue of crisis pregnancy. The Board of the Crisis Pregnancy Agency and the Consultative Committee are formal partnerships between different Agencies and both serve to foster positive working relations between these Agencies.

Key Actions

Development of a Plan for Partnerships

In the planning and development phase for the strategy, potential partnerships will be identified and initiated within the work plan of the strategy. Partnerships already established include;

- the Health Board Liaison Group,
- the Information sub-group of the Communications Project,
- the Prevention sub-group of the Communications Project,
- and the Research sub-group of the Agency.

Partnerships will be established to further work in the areas identified within the strategy, for example practitioner, research and advocacy networks, and to ensure the targets set within the strategy are achieved. The research programme will also establish where successful partnerships at a policy level should be established.

The end product of the planning and development phase will be a plan for partnership structures to accompany the implementation of the strategy. These will then be agreed as part of the strategy preparation.

Timeframe

Recommendations for structures to assist partnerships and deliver strategic targets:
Within strategy.

DEVELOPING KNOWLEDGE AND CAPACITY

The *Strategy to Address the Issue of Crisis Pregnancy* will detail the areas for action to achieve the mission of the Agency. Some of the areas for action have already been defined within the Statutory Instrument and in previous consultations^{2,3,4,5}. These have given indications on where work should begin. These include public information campaigns and the development of service capacity to meet needs in the area of crisis pregnancy.

Although the Strategy is planned for September 2003, work has progressed on developing aspects of the work programme which will further develop our knowledge and build capacity of services to meet need.

Work to date has centred on two main areas; the Funding programme and the Communications Programme of the Agency.

Funding Programme

The Agency is committed to funding high quality innovative projects which build on existing partnerships and which reflect the Agency's core principles.

It was clear at the outset that many organisations were providing services with very limited resources. Without impinging on the direction the Agency's

strategy would take, two areas were identified for immediate action based on knowledge of need – education & information in the broadest sense and capacity building. The Agency provided funding within these two areas as the starting point for delivery of long-term strategic priorities. Providing this funding was seen as an interim measure and proposals for 2002 and 2003 were requested through public advertisement in May 2002.

A total of 144 individual project proposals were received from fifty organisations. The Agency Funding sub-group met on a number of occasions in 2002 to assess the merits of individual projects. Nineteen organisations and 47 project proposals were approved for funding. Over €0.900m was distributed in 2002 with additional funding consequences of €1.8 million in 2003.

In total €2.77m was approved in funding for a 15 month period to improve supports for women experiencing crisis pregnancy.

The funding of counselling projects was deferred until the results of research commissioned with the National University of Ireland, Galway, becomes available in March 2003. Those projects will be considered for funding in light of the findings of the research project and the resources available to the Agency.

In addition new funding proposals will be invited in 2003 which will build on work commenced in 2002.

As part of the development of the *Strategy to Address the Issue of Crisis Pregnancy* the Agency will work with the Department of Health & Children to secure funding for the strategy to fund further initiatives.

Communications Programme

At the outset, previous research in the area and all of the organisations working in the area of crisis pregnancy noted that many women were unaware of services and supports available to them should they have a crisis pregnancy. In addition, a strong need to promote information around prevention of pregnancy as part of a long term prevention campaign has been widely recommended. The Communication Programme has moved to begin to address information deficits in the area of;

- crisis pregnancy supports,
- and pregnancy prevention.

These will be further developed in the strategy. In both projects, partnerships with relevant agencies have been established to progress aspects of the campaigns.



Positive Options

The **Positive Options Campaign** on crisis pregnancy services focuses on making women more aware of their options, should they have a crisis pregnancy. The rationale behind the message is to empower women to seek assistance without judging them or adding to their crisis. The project has been developed in co-operation with: Cherish, Cura, Dublin Well Woman, Irish Family Planning Association, Life, Pact and Treoir.

Phase one of the Positive Options campaign included media placement, a pilot text messaging service (SMS) project in Dublin and Galway third level colleges, an information leaflet, posters, a website and dedicated crisis pregnancy web pages on service provider sites. Additional elements such as supports for ethnic groups and other communication channels are being explored.

Further initiatives will include intensive advertising of each campaign element and targeted promotions within particular settings such as third level colleges and the workplace.

Crisis Pregnancy Prevention

The prevention of crisis pregnancy in the first instance is a primary goal of the Crisis Pregnancy Agency. Preventative issues concerning the education of young adults, as well as services appropriate to their needs and lifestyles are viewed as priority areas to be addressed. Programmes undertaken will be informed by research commissioned by the Agency and directed by a Prevention sub-group.

In the short-term it is intended to develop national awareness campaigns on the broad themes of: sexual risk taking, the role of alcohol and addressing barriers to consistent contraceptive use.

The campaign will target young females 18 – 25 years, with males in the same age group as a secondary target. Once again, it will be orientated towards particular settings such as the work place and entertainment and social outlets.

APPENDICES

Appendix One:

Board of the Crisis Pregnancy Agency

Chairperson:

Olive Braiden

Members:

Ms Rosemary Grant, Principal Social Worker, Coombe Womens' Hospital

Dr Linda Hogan, Theologian, Irish School of Ecumenics

Mr Martin Larkin, Public Representative

Ms Geraldine Luddy, Director, Women's Health Council

Ms Pauline Moreau, Childcare Directorate, Dept of Justice, Equality and Law Reform

Mr Brian Mullen, Principal Officer, Dept of Health and Children

Mr Anthony O'Gorman, School Inspector, Dept of Education and Science

Ms Margaret Ryan, Counsellor

Crisis Pregnancy Agency Executive in attendance at Board meetings:

Sharon Foley, Director

Appendix Two:

Members of the Consultative Committee to the Crisis Pregnancy Agency as appointed by Michael Martin T.D., Minister for Health and Children.

Chairperson:

Ms Linda Hogan, Theologian, Irish School of Ecumenics and Board Member, Crisis Pregnancy Agency

Members:

Ms Mairead Curran, National Coordinator, CURA national office.

Ms Dolores Daly, Representative, National Parents Council pp

Dr Seán Daly, Master, Coombe Women's Hospital.

Dr Michael Darling, Consultant Obstetrician, Church of Ireland Bishops

Ms Margaret Dromey, Director, Treoir.

Ms Catherine Duffy, A/Development Officer, Primary Care, Western Health Board.

Ms Fiona Dunne, Chairperson, Congress Women's Committee

Ms Catherine Heaney, Chief Executive, Irish Family Planning Association.

Mr David Hughes, Irish Nurses Organisation.

Ms Julie Kerins, Senior Social Worker, Cunamh.

Ms Karen Kiernan, Director, Cherish.

Ms Margaret McCarthy, Education Officer, An Bord Altranais.

Ms Marian Moylan, Board member, Dublin Well Woman.

Dr Ailis Ni Riain, Director, Women's Health Programme, Irish College of General Practitioners.

Ms Noelle Ryan, Taoiseach's nomination.

Ms Ann Power, Representative, Irish Bishop Conference.

Further nominees will be appointed in the areas of Traveller health, Asylum seekers, Disability and the education sector.

REFERENCES

1. Statutory Instrument No. 446 of 2001, Crisis Pregnancy Agency, Establishment Order, 2001. (available on www.crisispregnancy.ie and Government websites).
2. The All-Party Oireachtas Committee on the Constitution: Fifth Progress Report: Abortion (November 2000). Dublin: The Stationery Office.
3. Mahon, E. Conlon, C & Dillon, L. (1998). Women and Crisis Pregnancy. Dublin: The Stationery Office.
4. Green Paper on Abortion. (1995). Dublin: The Stationery Office.
5. Formal discussion with the Health Promotion Unit of the Department of Health and Children on the Evaluation of Sexual Health Campaigns.

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