

Audit of crisis pregnancy counselling services provided by the HSE and HSE funded agencies following alleged breaches of crisis pregnancy counselling practice

Foreword

This report contains the findings of an audit of State-funded crisis pregnancy counselling services provided by the HSE and HSE funded agencies carried out by HSE Quality and Patient Safety audit team and overseen by Ms. Brigid McManus former Secretary-General, Department of Education and Skills.

The audit was undertaken in response to allegations concerning certain crisis pregnancy counselling practice that emerged when a group of women visited a number of State-funded crisis pregnancy counselling services posing as genuine clients, secretly recorded the counselling sessions and provided the recordings to the Irish Independent.

The Irish Independent printed an article in October 2012 alleging that breaches in the law relating to crisis pregnancy counselling practice had taken place, citing transcripts of the counselling sessions.

The audit took place between January and June 2013 and involved a high level desktop examination of all 15 service policies and guidelines and site visits to six crisis pregnancy counselling services. Four services of the six services chosen were those against which the allegations were made. The audit report includes 11 recommendations.

This document includes the main audit report including an executive summary, a cover note on the audit by Ms. McManus, a set of actions taken to enhance the delivery of crisis pregnancy counselling services incorporating the various recommendations from the audit report.

Publication of the report has been delayed at the request of An Garda Síochána while they completed their investigation into alleged malpractice at crisis pregnancy counselling services. An Garda Síochána sent a file to the Director of Public Prosecutions (DPP). The DPP has now decided that there will be no prosecution arising from the case. Even though the report was not published in October 2013 the HSE Crisis Pregnancy Programme has been working with all Service Providers on implementing the recommendations outlined in the audit report.



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Health and Well Being Division
December 2014

FINAL AUDIT REPORT

Audit Title:	Audit of crisis pregnancy counselling services provided by the HSE and HSE funded agencies following alleged breaches of crisis pregnancy counselling practice		
Audit Number:	QPSA 023/2012		
Audit Period:	Audit conducted from January - May 2013 Site visits conducted in March - April 2013		
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Audit Sponsor:	Ms. Edwina Dunne, Director of Quality and Patient Safety Audit Services		
Source of Evidence	Type	Location	Date
	Review of: <ul style="list-style-type: none"> Service Arrangements, Service Level and Grant Aid Agreements Policies, Procedures, Protocols and Guidelines 	Desktop for all 15 HSE and HSE funded crisis pregnancy counselling services	From 30/01/13
	Site Visits Ballinasloe Crisis Pregnancy Support Services	Portiuncula Hospital	7/03/13
	Midlands Crisis Pregnancy Counselling Services	Tullamore	14/03/13
	Here2Help	Rathfarnham, Dublin	21/03/13
	Irish Family Planning Association	Cathal Brugha St., Tallaght and Dundalk (conducted at Head Office, Pearse St, Dublin)	16/04/13
	Life Pregnancy Care	Thurles, Tipperary	24/04/13
	Sexual Health Centre	Cork	30/04/13

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EXECUTIVE SUMMARY

Audit of crisis pregnancy counselling services provided by HSE and HSE funded agencies following alleged breaches of crisis pregnancy counselling practice

AUDIT OBJECTIVES

1. To review 2012 service level arrangements between the HSE and the services and agencies included in the audit with regard to regulation, compliance and quality assurance.
2. To identify the current reporting, monitoring and oversight arrangements in place within the HSE with the crisis pregnancy counselling services and agencies subject to a service level arrangement.
3. To provide assurance to the HSE for a sample of HSE and HSE-funded crisis pregnancy counselling services and agencies:
 - a. That protocols in place for the provision of crisis pregnancy counselling services and information are in accordance with relevant legislation and in line with current good practice.
 - b. To validate evidence to confirm that these protocols are operational and adhered to by the services and agencies included in the audit.
 - c. To validate evidence to assess whether existing protocols adequately address all of the alleged breaches of crisis pregnancy counselling practice.
 - d. To identify the approach to training and supervision of crisis pregnancy counsellors by the services and agencies included in the audit.
4. To identify any gaps and make recommendations to improve practice.

SIGNIFICANT FINDINGS

Objective 1:

- The 15 services that currently provide crisis pregnancy and post termination counselling are subject to a service arrangement (SA), grant aid agreement (GAA) or service level agreement (SLA) depending on the threshold of funding involved.
- No regulatory body exists for crisis pregnancy counselling services.
- The need to comply with the provisions of the Abortion Information Act 1995 is clearly stipulated in each type of arrangement/agreement. In addition, schedules for reporting data and information to the Crisis Pregnancy Programme (CPP) are clearly set out.
- The detail in the three types of arrangements/agreements relating to quality and good practice is in the main generic and, in the SLAs and GAAs, very limited in nature.

Objective 2:

- The CPP Funding Programme allocates funding to a range of services, projects and initiatives that are linked to the priorities of its national strategy and mandates.
- The CPP has standard reporting templates to capture key financial, statistical and qualitative data (quarterly or annually) for services providing crisis pregnancy and post abortion counselling.
- All funded services are required to develop a set of relevant Key Performance Indicators (KPIs) to be agreed and included in the relevant arrangement/agreements. KPIs assist the CPP in monitoring and measuring compliance and performance against service arrangements/agreements. Services report on progress against KPIs every 6 months and the CPP validates and reviews reported information and data.
- Routine meetings are held with all service providers under the terms of their contractual arrangement/agreement to review service delivery targets, quarterly and six monthly statistical

and qualitative reports (including KPIs) etc.

- All 15 HSE and HSE funded service providers are invited to attend regular network meetings with the CPP.
- The CPP also supports services to enhance practices and up skill counsellors by providing funding for supervision and training. The CPP also monitors uptake of the National University of Ireland Maynooth (NUIM) Certificate Course in Crisis Pregnancy Counselling Skills and associated masterclasses.

Objective 3 (a):

- A high level desk top examination of all 15 services' policies, protocols, procedures and guidelines (PPPGs) found strong evidence of a PPPG in place for confidentiality, complaints, a code of practice/ethos/client charter, and the reporting of alleged child abuse. However, the performance in relation to other PPPGs was less satisfactory, particularly in relation to quality assurance, supervision and the Abortion Information Act. In addition, there was concern in a small number of cases in relation to the insufficient level of detail contained in PPPGs currently in place on the Abortion Information Act and supervision.
- However in the six services selected as validation sites for a more detailed examination, the audit team can confirm that there was reasonable evidence that the information contained within the PPPGs was in accordance with the provisions of the Abortion Information Act, where applicable.
- All six services were aware of and referred to the draft Standardised Framework for Crisis Pregnancy Counselling Skills – A Practice Guide¹ in their delivery of crisis pregnancy counselling practice. Some services also identified other good practice documents from which they drew guidance when formulating their PPPGs.

Objective 3 (b):

- The audit team can confirm that there was reasonable evidence that the current PPPGs at five of the six services were operational and adhered to. While there was some evidence in the sixth agency that its PPPGs were operational and adhered to, it was limited.
- There was reasonable evidence that PPPGs were reviewed by each of the six services.

Objective 3 (c):

The issues identified in advance of this audit relating to crisis pregnancy counselling practice are as follows:

- Establishing the counselling contract and outlining the role of the counsellor in providing 3-option information counselling.
- Understanding the role of the CPP in this area.
- Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting.
- Consistency in outlining the risks associated with abortion.
- Provision of information in accordance with the Abortion Information Act.
- Clarity on the role of the service in providing information on clinics abroad, if applicable, and the limits of this role.
- Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland).
- All six services set out reasonably clear detail of how the counselling contract should be established in the context of a counselling session in the content of their PPPGs.
- The audit team found evidence that the role of the CPP is covered with counselling staff in various ways by each of the six services.

¹ The Standardised Framework is a training manual which was developed by the CPP in 2007 to support the development of the NUIM Certificate Course in Crisis Pregnancy Counselling Skills. It was informed by the findings and recommendations from research commissioned by the then CPA in the area of crisis pregnancy counselling and was developed in consultation with service providers in the field. It is not a 'stand alone' model for crisis pregnancy counselling.

- None of the current PPPGs from the six services adequately address the issue of disclosure of a possible termination in the future in a medical setting should a woman experience complications post abortion.
- Four services can point to the use of appropriate information when discussing the risks associated with abortion with clients in the context of a face to face counselling session.
- Five services adequately address the issues of (a) provision of information in accordance with the Abortion Information Act and (b) clarity in the role of the service in providing information on clinics abroad. The remaining service acknowledged that these issues need to be clearly addressed in its PPPGs.
- Only one service adequately addressed the issue of accessing abortifacients through on line sources in Ireland in its PPPGs.

Objective 3 (d):

- Internal supervision takes place in all six services and this is generally provided through a peer supervision system.
- Evidence that counsellors participated in external supervision was provided by all six services.
- Evidence of counsellors' qualifications and accreditation was provided by all six services.
- Funding is provided by the CPP directly and indirectly to services to support access to supervision and training as part of continuing professional development.
- Training needs are generally identified by the services through internal team meetings, supervision, peer support and self evaluation.
- All services have an induction training process and some have a performance appraisal system which incorporates a training and development plan for their counsellors.

Objective 4:

- This objective focused on identifying any gaps and is dealt with through the recommendations presented for the audit overall.

MAIN CONCLUSIONS

Objective 1:

- The audit team concluded that regulation and compliance are adequately addressed within each type of arrangement/agreement in so far as they can be in the absence of a national or legislative regulatory framework for counselling practice or specific standards for the provision of crisis pregnancy and post termination counselling.
- The audit team is of the opinion that service providers should be required to outline the good practice, standards and/or guidelines utilised by them in the delivery of crisis pregnancy and post abortion counselling in their SA, SLA or GAA as appropriate.
- All services should be required to develop a quality and safety development plan under the terms of their arrangement/agreement for submission to the CPP.

Objective 2:

- The audit team concluded that the CPP has a broad range of oversight measures in place to monitor the provision of crisis pregnancy counselling in HSE and HSE funded services.
- The audit team concluded that the development of a robust self assessment process as identified in the CPP National Strategy is required to provide assurance that services have processes and procedures in place that are based on good practice, framed within the parameters of the Abortion Information Act, and that PPPGs in place are operational and adhered to.

Objective 3 (a-d):

- All HSE and HSE funded crisis pregnancy counselling services should be required to have a specific protocol on the services and information to be provided in the following areas as identified in the Standardised Framework or they should address them clearly in the context of existing PPPGs:

- Abortion Information Act, 1995
- Supervision (internal and external)
- Quality assurance
- Code of good practice
- Client charter
- Ethos
- Reporting of alleged child abuse
- Asylum seekers/non Irish nationals.

- The CPP should seek assurance from all crisis pregnancy counselling services that the identified issues relating to practice are appropriately addressed in the PPPGs of crisis pregnancy counselling services funded by them. The audit team notes that information from the Abortion Aftercare section of the CPP website and Crisis Pregnancy: A Management Guide for General Practice as published by the Irish College of General Practitioners (ICGP) can assist service providers in addressing gaps in their PPPGs. However, the team is of the opinion that the CPP will need to develop additional guidance on particular issues, e.g. disclosure, to ensure consistency across the system.
- The issue of training was discussed during the site visits and the team found reasonable evidence of the approach to and training undertaken by all six validation sites.
- While some services do not have a specific PPPG on supervision the team found reasonable evidence that external and internal supervision was undertaken in each of the six validation sites.

RECOMMENDATIONS

Service Arrangements and Service Level and Grant Aid Agreements

The CPP should ensure that:

1. Each service provides details of good practice, standards and/or guidelines recognised by them in the provision of crisis pregnancy and post termination counselling services for inclusion in the relevant agreement/arrangement.
2. SLAs and GAAs are amended to include the requirement by the HSE to develop and implement a quality and safety development plan.
3. All services develop and implement a quality and safety development plan for submission to the CPP under the terms of the service arrangement, service level or grant aid agreement applicable to them.

Oversight and Governance

The CPP should ensure that the:

4. Self assessment framework identified in its National Strategy is designed and implemented for crisis pregnancy counselling services as soon as is practicable.
5. Design of the self assessment process should take account of the need for crisis pregnancy counselling services to provide assurance that they are operating on the basis of good practice and within the provisions of the Abortion Information Act, 1995.
6. Results of self assessment from crisis pregnancy counselling services are 'spot checked' or tested to provide assurance that the information reported is robust and reliable.
7. HSE crisis pregnancy counselling services that sub-contract to non statutory agencies for the provision of crisis pregnancy counselling provide assurance that:
 - (a) they have appropriate agreements/arrangements in place with such agencies and
 - (b) such agencies have appropriate PPPGs in place in line with good practice and the provisions of the Abortion Information Act, 1995.
8. Funded crisis pregnancy counselling services are required to participate in a periodic forum to discuss issues related to management, governance and accountability on a periodic basis.

Policies, Procedures, Protocols and Guidelines (PPPGs)

The CPP should:

9. Seek assurance that crisis pregnancy counselling services have appropriate PPPGs in the following areas:
 - Abortion Information Act, 1995

- Supervision (internal and external)
 - Quality assurance
 - Code of good practice
 - Client charter
 - Ethos
 - Reporting of alleged child abuse
 - Services and information provided to asylum seekers and non Irish nationals.
10. Develop additional guidance on the following issues in order to guide services in the development of their PPPGs:
- Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting, and
 - Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland).
11. Seek assurance that crisis pregnancy counselling services have adequately addressed the following issues in the context of their PPPGs:
- Establishing the counselling contract and outlining the role of the counsellor in providing 3-option information counselling.
 - Understanding the role of the CPP in this area.
 - Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting.
 - Consistency in outlining the risks associated with abortion.
 - Provision of information in accordance with the Abortion Information Act.
 - Clarity on the role of the service in providing information on clinics abroad, if applicable, and the limits of this role.
 - Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland).

1. BACKGROUND / RATIONALE

In 2010 the Crisis Pregnancy Agency (the Agency) transferred to the Health Service Executive (HSE) under the Health (Miscellaneous Provisions) Act 2009 and is now known as the HSE Crisis Pregnancy Programme (CPP). The Act provides for the administration and business in connection with the performance of its functions to be transferred to the HSE. Part 6 of the Act provides, inter alia, that a number of important functions previously vested in the Agency are now legally vested in the HSE. The Act places a legal requirement on the HSE to undertake formulation and implementation of a national strategy on crisis pregnancy to achieve three core objectives, which are those formerly vested in the Crisis Pregnancy Agency (CPA). The CPP's current national strategy covers the period 2012-2016 and outlines the following three mandates:

1. A reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services.
2. A reduction in the number of women with crisis pregnancies who opt for abortion by offering services and supports that make other options more attractive.
3. The provision of counselling services, medical services and other such health services for the purpose of providing support after crisis pregnancy, as may be deemed appropriate by the Crisis Pregnancy Programme.

The CPP currently funds a mix of 15 statutory and non statutory services to provide crisis pregnancy counselling services across Ireland. Six of these services are HSE-provided and the remaining nine are non statutory agencies which are funded by the HSE. In the case of the statutory services, three services are directly provided through an existing HSE service (e.g. hospitals, adult counselling service). The remaining three services are subcontracted to an appropriate local non statutory service by respective HSE areas.

These services are subject to a mix of service arrangements, service level and grant aid agreements depending on the funding thresholds concerned and categorised into what the CPP describes as 2 and 3-option information services, as follows:

- 2-option information services are those which provide counselling on all options open to a woman with a crisis pregnancy but do not provide contact details for abortion services outside of Ireland.
- 3-option information services are those which provide counselling on all options (parenting, adoption and abortion) open to a women with a crisis pregnancy and will on request, within the context of a face to face counselling session, provide contact details for abortion services outside of Ireland.

All 15 services provide crisis pregnancy and post termination counselling and eight of these provide access to free post abortion medical check-ups.

In addition to funding the provision of crisis pregnancy counselling services and supports after crisis pregnancy (including parenting supports), the CPP supports and works with service providers and members of the public through education, information and communication initiatives that have both a prevention and support dimension. The CPP also strategically invests in research to implement evidence based approaches to communications and information campaigns; to support long term planning and evaluation of the work of the Programme and its strategy; to contribute to evidence informed interventions and service improvement and to build a case for policy change and stimulate public debate.

Following allegations in 2012 against certain HSE and HSE-funded crisis pregnancy counselling services regarding the manner in which counselling sessions were conducted, the HSE asked Ms. B. McManus, former Secretary General Department of Education and Skills to oversee a review of issues arising. Ms. McManus and the National Director of Quality and Patient Safety (NDQPS) requested that an audit be undertaken to provide assurance that HSE and HSE-funded crisis pregnancy counselling services have appropriate arrangements in place for the delivery of counselling services and the provision of information:

- In accordance with relevant legislation - The Regulation of Information (Services Outside the State for the Termination of Pregnancies) Act 1995 (hereafter referred to as the Abortion Information Act), and
- To meet good practice – for this purpose the draft Standardised Framework for Crisis Pregnancy Counselling Skills – A Practice Guide (October 2011 edition) will be taken as reflecting what is known of current good practice in this area (hereafter referred to as the Standardised Framework).

The Standardised Framework is a training manual which was developed by the CPP in 2007 to support the development of a Certificate Course in Crisis Pregnancy Counselling Skills. It was informed by the findings and recommendations from research commissioned by the then CPA in the area of crisis pregnancy counselling, and was developed in consultation with service providers in the field. It is not a 'stand alone' model for crisis pregnancy counselling.

The allegations in question are those which appeared in the Irish Independent in October 2012 and/or were made directly to the HSE by the journalist prior to the publication of the article along with the submission of transcripts of six crisis pregnancy counselling sessions. A review of the transcripts by the CPP highlighted a number of issues as follows:

- Establishing the counselling contract and outlining the role of the counsellor in providing 3-option information counselling.
- Understanding the role of the CPP in this area.
- Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting.
- Consistency in outlining the risks associated with abortion.
- Provision of information in accordance with the Abortion Information Act.
- Clarity on the role of the service in providing information on clinics abroad, if applicable, and the limits of this role.
- Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland).

It should be noted that the HSE does not investigate or make findings in relation to matters that come within the remit of other authorities. Quality and Patient Safety Audits contribute to continuous quality improvement by identifying the measures to be taken in so far as is reasonably practicable for the delivery of safe, high quality health and social services.

2. OBJECTIVES AND SCOPE

The objectives for this audit as determined by the audit requesters are as follows:

1. To review 2012 service level arrangements between the HSE and the services and agencies included in the audit with regard to regulation, compliance and quality assurance.
2. To identify the current reporting, monitoring and oversight arrangements in place within the HSE with the crisis pregnancy counselling services and agencies subject to a service level arrangement.
3. To provide assurance to the HSE for a sample of HSE and HSE-funded crisis pregnancy counselling services and agencies:
 - a) That protocols in place for the provision of crisis pregnancy counselling services and information are in accordance with relevant legislation and in line with current good practice.
 - b) To validate evidence to confirm that these protocols are operational and adhered to by the services and agencies included in the audit.
 - c) To validate evidence to assess whether existing protocols adequately address all of the alleged breaches of crisis pregnancy counselling practice.

- d) To identify the approach to training and supervision of crisis pregnancy counsellors by the services and agencies included in the audit.

4. To identify any gaps and make recommendations to improve practice.

3. METHODOLOGY

3.1 General

The Assistant National Director (AND), Integrated Service Directorate (ISD) – Health Protection with responsibility for the HSE CPP was informed of the intention to conduct this audit on 10 December 2012.

An audit request was signed by the audit requesters on 19 December 2012 and assigned to the audit team. An audit plan was formulated by the audit team in consultation with the audit requesters.

3.2 Method of Data Collection

On 22 January 2013, correspondence was issued from the audit team to all 15 crisis pregnancy services requesting the following by 30 January 2013:

- Confirmation of a nominated liaison person to work with the audit team for the duration of this audit.
- Copies of all policies, protocols, procedures and guidelines (PPPGs) currently in operation within their service relating to the provision of crisis pregnancy counselling.
- Confirmation of whether their current PPPGs addressed or had been changed, clarified or updated on foot of the issues raised in the allegations made against certain HSE and HSE funded crisis pregnancy counselling services.
- An outline of policy and practice for providing training and continuing professional development (CPD) for crisis pregnancy counsellors.
- The number of complaints made by clients or staff relating to crisis pregnancy counselling services and practice in 2012.

Responses to the above were received by the audit team from all 15 service providers.

Following an examination of the PPPGs and other information submitted six crisis pregnancy counselling services were identified to proceed as validation sites for this audit. At the direction of the audit requesters, the group included the four services against which the allegations were made.

A request for evidence (RFE) was developed for each of the selected services. The RFEs were framed in the context of audit Objective 3. The purpose of the RFE was for the selected services to:

- Indicate how identified protocols (a) were in line with relevant legislation and (b) met what is known of current good practice using the information set out in the Standardised Framework 2011 or any other standard of practice recognised by the service concerned.
- Give a detailed description of the evidence that would be available (documentary and/or non documentary) to demonstrate that the selected protocols were operational and adhered to.

The date of return for each RFE was 28 February 2013.

3.3 Site Visits

Site visits were scheduled with the six services selected to participate in full with this audit on mutually agreed dates during March and April 2013 as follows:

Validation Sites	Date of Site Visit
Ballinasloe Crisis Pregnancy Support Service	7 March 2013
Midlands Crisis Pregnancy Counselling Service	14 March 2013
Here2Help (Rathfarnham)	21 March 2013
Irish Family Planning Association (Cathal Brugha Street, Tallaght)	16 April 2013

and Dundalk)	
Life Pregnancy Care (Thurles)	24 April 2013
Sexual Health Centre (Cork)	30 April 2013

The purpose of the site visits was to discuss the information returned with the RFE and to view any documentary and non documentary evidence identified by the service concerned that was only available on site. A draft report was prepared for each site which focused on Objective 3 (a-d) as it was specific to the services chosen as validation sites. The draft report was issued to the service concerned to check for factual accuracy and provide management comment. Once finalised, each report was issued to the service concerned, the audit requesters, the AND – ISD Health Protection and the Director of Quality and Patient Safety Audit.

4. MAIN FINDINGS

The findings, conclusions and recommendations of the audit team in relation to each of the audit objectives are set out below.

Objective 1: To review 2012 service level arrangements between the HSE and the services and agencies included in the audit with regard to regulation, compliance and quality assurance.

The review carried out under Objective 1 focused on the detail set out in the service arrangements, service level and grant aid agreements for all 15 crisis pregnancy counselling services. Information contained in the arrangements/agreements relating to service delivery, funding and human resources was outside the scope of the audit and is therefore excluded.

General findings-

Section 39 of the Health Act 2004 provides for the funding of non statutory services that do not come within the Employment Control Framework. The HSE Governance Framework provides a standard set of documentation to be used to formalise the provision of a quantum of services for an agreed level of funding. The nine non statutory services that provide crisis pregnancy and post termination counselling are subject to either a service arrangement or grant aid agreement depending on the level of funding involved. Since merging with the HSE, the CPP has continued the practice of the then CPA of funding the remaining six HSE services on the basis of a service level agreement. The table below sets out the type of arrangement or agreement that applies to all 15 services funded by the CPP.

Service Arrangements:	Service Level Agreements:	Grant Aid Agreements:
Arabella Counselling T/A Here2Help**	HSE West: Kerry Crisis Pregnancy Counselling Service *	Bray Women’s Health Centre
One Family	HSE South: West Cork Crisis Pregnancy Counselling Service*	Femplus
Dublin Well Woman**	HSE Dublin Mid Leinster: Midlands Crisis Pregnancy Counselling Service	
Irish Family Planning Association	HSE West: Mayo Crisis Pregnancy Support Service	
CURA	HSE West: Ballinasloe Crisis Pregnancy Support Service	
Sexual Health Centre**	HSE South: Youth Health Service*	
Life Pregnancy Care		

* Denotes Regional HSE crisis pregnancy counselling services that have subcontracted the provision of services to a local non statutory agency.

** Denotes services which were moved to the more complex Service Arrangement by the CPP as the annual grant received is close to the €250,000 per annum threshold for such a funding arrangement.

The following provides a brief description of each type of contract for services:

- Service arrangements (SAs) apply to services in receipt of funding for a defined period in excess of €250,000 per annum and consist of two parts. Part one contains 34 standard clauses which are generic for all agencies subject to this type of arrangement. Part two consists of 10 schedules for the provision of non acute services. The schedules include details of services to be provided, reporting requirements, Key Performance Indicators (KPIs) and service delivery targets. A short description of the content of each schedule is outlined in Appendix B to this report. These agreements can run for a period of two years.
- Grant aid agreements (GAAs) apply to services in receipt of less than €250,000 per annum and are used for small agencies where the HSE is of the opinion that the use of an SA or SLA is not appropriate. They consist of 13 sections with individual clauses and one reporting schedule that includes details of services, reporting requirements, KPIs and service delivery targets. These agreements can run for 12 months.
- Service level agreements (SLAs) are used by the CPP for HSE services formerly funded by the CPA. These agreements cover a defined period for services in receipt of less than €250,000 per annum. It is noted that HSE provided services are not normally subject to a service level agreement. SLAs are made up of 12 generic sections with individual clauses and three reporting schedules (1) Details of Service (2) Details of Reporting and (3) KPIs and Service Delivery Targets.

The non generic/service specific content of all three agreement types is completed by the CPP in consultation with the service providers concerned.

The table at Appendix C provides a comparison of the generic content of each type of agreement/arrangement in place with crisis pregnancy counselling services. The table below compares the schedules contained within the agreement/arrangement.

Service Arrangement Part II (10 Schedules)	Service Level Agreements (3 Schedules)	Grant Aid Agreements (1 Schedule)
Contact Details	Details of the Service (including overall service and specific service details)	Schedule Service Specification: <ul style="list-style-type: none">• Organisational Overview• Purpose/use of grant funding (including overall service and specific service details and key performance indicators and service targets)• Legislation and protocols• Client group• Reporting Schedule (Timetable)• Contract Change Note• Guidelines
Quality and Safety	Details of Reporting	
Service Delivery Specification	Key Performance Indicators and Service Delivery Targets	
Performance Monitoring		
Information Requirements		
Funding		
Insurance		
Complaints		
Staffing		
Change Control		

Specific findings -

Regulation:

No regulatory body² exists for crisis pregnancy counselling services. In 2005, the main professional accrediting bodies came together as a body called the Psychological Therapies Forum (PTF)

² Definition of a Regulator: A 'regulatory body' has been defined as one that has statutory recognition, and has functions in at least two of the following three areas of activities: (1) The formulation of goals, the making of rules, [and/or] the

representing the professions of counselling and psychotherapy. The PTF devised a set of principles for statutory regulation which was submitted to the then Department of Health and Children in 2008.

- **Service Arrangements and Service Level and Grant Aid Agreements**

Part I of the SA document is divided into 34 clauses. The references to regulation found in Part I are entirely generic in nature, apply to all services and consist of broad statements in relation to legal obligations, i.e., planning regulations, health and safety regulations, security requirements, licensing, employment and labour regulations, governance, complaints and confidentiality. Schedule 2 (Quality and Safety) of Part 2 of the SA also refers to the issue of regulation which sets out the obligations of service providers to work with relevant regulatory bodies *‘to promote and implement structured programmes of quality assurance to ensure that standards of quality and service user safety are adopted by and embedded within the service, and that value for money in the delivery of health and personal social services is achieved’*. Appendix 1 of this schedule lists the generic and care group specific legislation and regulation that the HSE considers relevant to services subject to this type of arrangement. This includes the Regulation of Information (Services Outside the State for the Termination of Pregnancies) Act 1995. In addition, Section 3 (c) of Schedule 3 (Service Delivery Specification) includes the following statement developed by the CPP with regard to the Abortion Information Act:

“Any service provider providing “Act Information”, within the meaning of the Regulation of Information (Services Outside the State for the Termination of Pregnancies) Act 1995, will do so strictly in accordance with the terms of that Act.

Under the terms of the Act, any service provider wishing to exercise a conscientious objection to the provision of this information may do so. Where a pregnant woman, or a person acting on her behalf, requests ‘Act Information’ an appropriate referral must be made. In this context, appropriate referral is referral, in a timely fashion, to a State-funded crisis pregnancy counselling agency that disseminates such information, or to a GP or other medical practitioner, or to an individual counsellor, who gives crisis pregnancy support, or to literature (such as HSE Crisis Pregnancy Programme literature written or electronic) whereby she may establish for herself where such information may be furnished if she requests it. Such information shall be furnished within the context of further counselling and the constraints of the law”.

SLAs and GAAs do not refer specifically to regulation. The statement above is also included by the CPP in the SLA under Section 7 (Governing Statute and Legislation) and under Section 11 (Special Conditions) in the GAA.

Compliance:

In addition to working in accordance with relevant legislation, the following common compliance measures are stipulated for all 15 crisis pregnancy counselling services in some part of the arrangements/agreements concerned.

- Financial, Statistical and Qualitative Reporting: The CPP requires each service to report on a range of financial, statistical and qualitative information on a quarterly or six monthly and annual basis. Details of these reporting requirements are similar for all State funded crisis pregnancy counselling services (see Appendix D to this report). However, the content is tailored to each service based on the type and range of services funded under each arrangement/agreement.
- Key Performance Indicators (KPIs): Each arrangement/agreement contains a set of KPIs for the service concerned that are agreed with the CPP for the defined period of the contract. Each set of KPIs reflects the service provision profile for the service concerned.
- Review Meetings: Services subject to a SA or GAA are required to attend review meetings

setting of standards; (2) Monitoring, gathering information, scrutiny, inspection, audit and evaluation; (3) Enforcement, modifying behaviour, applying rewards and sanctions. In addition to its regulatory role, to qualify for inclusion a regulatory body also has to have the following features: it is an independent organisation, separate from any other body; it has some capacity for autonomous decision-making; there is some expectation of continuity over time; it has some personnel and financial resources. (*Bodies in Ireland with Regulatory Powers. As of February 2007. Department of An Taoiseach* (<http://www.taoiseach.gov.ie> Accessed 28.02.2013).

during the defined period of the arrangement/agreement to discuss service delivery targets, content of reports required by the CPP and future funding. Those subject to an SA are required to attend review meetings every 6 months and those under a GAA attend such meetings at the start of the agreement and prior to the renewal of the next agreement. The audit team was also informed that services subject to an SA or GAA are required to complete the HSE's Governance Self Evaluation Questionnaire prior to the renewal of funding agreements. While the requirement to have review meetings is not specifically stipulated in SLAs, it is the practice of the CPP to hold such meetings with services prior to the renewal of any funding agreement.

- Protocols: The protocols detailed in the Standardised Framework that are considered to be beneficial to those providing crisis pregnancy counselling services are stipulated as compliance measures by the CPP in the schedules attached to SAs and GAAs. While to date SLAs have not contained this list, the team understands that the next set of SLAs to be agreed from July 2013 will include them.

SAs also require services to comply with HSE quality assurance programmes and quality initiatives at set out in Schedule 2 (Quality and Safety), as applicable. A large range of quality assurance processes and initiatives are detailed in this schedule but the majority of them do not apply to crisis pregnancy counselling services (e.g. medication safety programme). However, the need to comply with Quality and Patient Safety (QPS) audits, national and serious incident management processes, risk register processes, the HSE Performance Indicator Initiative and HSE Complaints Policy, if required, is stipulated in this schedule.

SLAs and GAAs do not set out the requirement to comply with QPS audits, risk management processes etc. This relates to the design and parameters of the different types of arrangement/agreements under the HSE Governance Framework for Non Statutory Services. The omission of this information in the SLAs is not of concern to the audit team as the HSE services subject to this type of agreement have to comply with all HSE processes and procedures, as applicable.

In addition to the common compliance requirements set out earlier additional measures contained in the SLAs and GAAs are described below.

SLAs require the service concerned to comply with evaluations of pilot projects and on-going services as agreed with the CPP. The services must allow the CPP access to their premises including access to records, if required. It also requires services to comply with audit, and agree performance indicators and service targets with the CPP. In addition, it also is clear that the services concerned must participate in the development of CPP resources and attend training, networking and consultation events, as required.

GAAs are the most limited in detail of all the standardised governance documentation but in a similar way to SLAs they also require the service concerned to permit reasonable access to premises, records etc. and comply with any HSE enquiries, visits or inspections as required and keep records of complaints.

Quality Assurance:

In addition to the compliance measures above that relate to quality assurance (e.g. qualitative reporting requirements, KPIs etc.) each type of arrangement/agreement addresses best practice and service quality to varying degrees of detail.

The SA contains the most detail as it has a specific schedule dedicated to quality and safety. It specifically states *'The service provider must strive for an environment that enables a governance system that clearly specifies, delegates and integrates corporate and clinical governance....it is unambiguous about who has overall executive accountability for the safety and quality and the services delivered'*. It requires each service subject to this type of agreement to supply information to be included in the schedule as follows:

- A description of the corporate and clinical governance structures in place, and
- An overview of how quality and standards are monitored within the service.

In addition, under this agreement the HSE has the option to require a service to develop and implement a quality and safety development plan which includes details of how it should be developed and what it should address. The audit team notes that the CPP has not placed this requirement on services subject to an SA to date.

As noted above the SAs and GAAs list the protocols that are considered appropriate for a crisis pregnancy counselling service one of which is a quality assurance protocol that sets out how quality will be addressed within the service. SLAs and GAAs do not go into the same level of detail as the SAs in terms of what is required of a service in relation to quality assurance. In addition to compliance measures on evaluation of services, SLAs have a general statement on good practice that stipulates that any practice, guidelines and quality standards endorsed by the CPP should be applied within the service concerned. The only reference made in relation to quality in the case of GAAs (within the generic section of the agreement) is that the service should be able to demonstrate to the HSE, if required, that it is providing a quality service.

Conclusions -

The audit team concluded that regulation and compliance are adequately addressed within each type of arrangement/agreement in so far as they can be in the absence of a national or legislative regulatory framework for counselling practice. In addition, there are no specific standards for the provision of crisis pregnancy and post termination counselling. The team notes that all 15 funded services have access to the Standardised Framework through training funded by the CPP and adhere to the standards of the professional bodies (e.g. counselling, psychotherapy and social work) to which they are accredited.

Most importantly, adherence to the provisions of the Abortion Information Act is stipulated in each type of agreement. In addition, schedules for reporting data and information to the CPP are clearly set out.

The detail in the three types of arrangements/agreements relating to quality and good practice is in the main generic and, in the SLAs and GAAs, very limited in nature. Through conducting this audit, the audit team is aware that all services consider that they provide crisis pregnancy and post abortion counselling services utilising various good practice documents (e.g. the Standardised Framework, Toolkit: Establishing and Managing a Crisis Pregnancy Counselling Service, Royal College of Obstetricians and Gynaecologists (RCOG) Clinical Guidelines, Irish Association of Counsellors and Psychotherapists (IACP) Codes of Ethics and Practice etc.). The team is of the opinion that service providers should be required to outline the good practice adhered to by them in the delivery of crisis pregnancy and post abortion counselling in their SA, SLA or GAA as appropriate.

Finally, the option for the HSE to require services subject to a SA to develop a quality and safety development plan has not been put in place to date. This is most likely because SLAs and GAAs do not provide for this measure and to impose this requirement on one group of services would be inconsistent. The team is of the opinion that this has the potential to be of value to the CPP, alongside the range of oversight measures (set out below), in identifying what service providers are doing at the frontline to address quality and safety in the provision of services and information.

Recommendations -

The CPP should ensure that:

1. Each service provides details of good practice, standards and/or guidelines recognised by them in the provision of crisis pregnancy and post termination counselling services for inclusion in the relevant agreement/arrangement.
2. SLAs and GAAs are amended to include the requirement by the HSE to develop and implement a quality and safety development plan.
3. All services develop and implement a quality and safety development plan for submission to the CPP under the terms of the service arrangement, service level or grant aid agreement applicable to them.

Objective 2: To identify the current reporting, monitoring and oversight arrangements in place within the HSE with the crisis pregnancy counselling services and agencies subject to a service level arrangement.

General Findings -

During the course of this audit the audit team gathered a range of information relating to the current governance arrangements in place within the CPP to oversee the provision of crisis pregnancy and post abortion counselling.

The CPP works to achieve its national objectives (i.e. mandates) through a number of functions and has a budgetary allocation of €6.740m in 2013. It is guided by its current national strategy (2012-16) in its work and support of crisis pregnancy counselling services.

The CPP is responsible for administering a national funding programme for the provision of crisis pregnancy and post termination counselling and other associated health and social services related to parenting and information supports after a crisis pregnancy, relationships and sexuality, education, training and support services for young people at risk of crisis pregnancy and other negative sexual health outcomes. Education, information and communication initiatives to promote safer sexual health and the availability of resources and support services to the public and resources to support and assist service providers in the delivery of services (e.g. Think Contraception, B4Udecide, Positive Options, Abortion Aftercare, key contact desk references, Standardised Framework, Toolkit: Establishing and Managing a Crisis Pregnancy Counselling Service etc.) are also an aspect of its work.

The CPP is the primary commissioner of research in the area of crisis pregnancy. It has published over 35 reports (see Appendix F) including *The Irish Contraception and Crisis Pregnancy Study 2010*. This body of research has provided an evidence base for interventions to support and inform the development of services, resources and communication initiatives since the establishment of the then CPA in 2001.

As outlined in the CPP Business Plan 2013 the delivery of the national programme requires an appropriate staffing complement and skills mix. The current staffing ceiling for the CPP as approved by the National Employment Monitoring Unit (NEMU) at the time of the merger is 13.8 whole time equivalents (WTEs). The number of staff working in the CPP has significantly diminished since 2010 and it is currently carrying a number of vacancies, including the Director's post and three general manager posts at the next level. The actual number of staff working in the CPP at the start of 2013 was six. The most senior person on site is the Funding Officer (grade VII) who is acting up to grade VIII level to reflect the additional financial and administrative responsibilities, including acting as a key contact for the AND – ISD Health Protection (see Appendix E for chart illustrating current staffing levels).

Equally the AND – ISD Health Protection has had to become more involved in the day to day delivery of the Programme in light of the post of CPP Director currently being unfilled. Each week a meeting, mostly in the form of a teleconference is held by the AND - ISD with senior staff from the various functions. In addition, the AND holds a monthly meeting with the current staff in situ on finance and service delivery issues and a monthly report is prepared by the CPP in advance of this meeting.

Specific Findings -

In addition to having an appropriate arrangement/agreement in place with all 15 HSE and HSE funded services the main oversight mechanisms currently in place are related to reporting and monitoring arrangements under the funding programme, for example statistical and qualitative reporting, review meetings and evaluation of pilot and on-going services.

The following sets out key details relating to the CPP oversight measures in place for services that provide crisis pregnancy and post abortion counselling that are deemed within the scope of this audit (i.e. excluding financial and HR arrangements).

- **Funding Programme**

The CPP Funding Programme allocates funding to a range of services, projects and initiatives that are linked to the priorities of its national strategy and mandates. In 2013, the Programme was overseeing approximately 60 projects governed by 34 existing arrangements/agreements with a range of statutory and non statutory service providers.

As set out under audit objective 1, the CPP has a contractual arrangement/agreement in place with all 15 HSE and HSE-funded crisis pregnancy counselling services. These set out the nature of the services to be delivered, administrative criteria, agreed performance indicators, service targets and reporting requirements. The CPP engages with service providers prior to signing the relevant contract with the service concerned. The content of the arrangements/ agreements are reviewed with all service providers as part of the renewal process and at defined periods in between (see section below on Review Meetings).

The CPP would appear to be conscious of the need to review its processes and procedures as related to the funding programme with a view to enhancing good practice. For example, an external evaluation of the funding programme (2005), an external review of CPP processes and procedures (2007) and a review and analysis of grant funding of counselling services (2009-10) see Appendix H – Information Note 1 for further detail.

Following the transfer of the CPA to the HSE, work was undertaken by the then Director and Funding Officer with the HSE National Business Support Unit to align the funding processes of the CPP with the National Governance Framework of the HSE.

In the past, the CPP allocated funding in response to a number of funding calls based on its strategic objectives and on receipt of ad hoc proposals from new and existing service providers. Services seeking funding are required to comply with a standard application process using the HSE application form and funding proposals are reviewed and checked against the programme mandates and strategic objectives to ensure a match in the relevant area. As an outcome of this process a list of suitable funding proposals is submitted for sanction to the Director or at present the AND-ISD Health Protection, if applicable.

- **Reporting Requirements (as overseen by the Funding Programme)**

The CPP has standard reporting templates to capture key financial, statistical and qualitative data for services providing crisis pregnancy and post abortion counselling. Reporting requirements are designed, where required, to particular services reflecting any individual service models or funding streams (e.g. reports capture if a service uses volunteers or are funded for post termination medical check ups). The statistical and qualitative reports required are as follows:

- Client Profile: This provides quarterly details of the number of clients who presented for counselling and their profile including age range, region of origin, source of referral and onward referral.
- Statistical: This provides quarterly details of the number of clients seen for crisis pregnancy and post termination counselling, contracted counselling hours versus actual hours provided, explanations for variances, average waiting time for appointment and number of women reporting having had an abortion etc.
- Statistical and Narrative: This annual report is in two parts. The statistical report provides details of the number of counsellors working in the service, the relevant training undertaken by such staff, external supervision and results of evaluation activities, internal reviews etc. This is accompanied by a narrative report covering service issues, positive developments, challenges identified and main client support activities (counselling and non counselling) undertaken by staff funded by the CPP.

The team viewed the most recent set of returns for all 15 HSE and HSE funded services and can confirm that a review form on receipt of all returns from individual services which notes receipt of returns, trends and key issues etc. The team notes that the release of quarterly funding allocated to the services is dependent on the receipt of relevant returns (including financial) for the previous quarter.

Periodic site visits were conducted by the funding officer and other members of the CPP, as required during the period 2004-09. The purpose of site visits was to discuss performance, challenges, monitoring, quality issues and any evaluations required. Visits have not been carried out since 2010 due to staffing levels in the CPP and the current HSE travel restrictions. These matters are now covered by the funding officer during review meetings with relevant services.

- **Progress against KPIs (as part of the Funding Programme)**

All HSE and HSE funded services have a set of KPIs that are agreed with the CPP and included in the relevant arrangement/agreements. The KPIs assist the CPP in monitoring and measuring compliance and performance against their service arrangement/agreements. Services report on progress against KPIs every six months and the CPP validates and reviews reported information and data. Significant issues arising from this process are discussed in the context of review meetings and addressed, if possible. The team saw evidence of reports against KPIs in the most recent set of qualitative reports submitted to the CPP.

- **Review Meetings (as part of the Funding Programme)**

As mentioned earlier, routine meetings are held with all service providers under the terms of their contractual arrangement/agreement. The seven HSE-funded services under an SA are required to meet with the CPP every six months to review service delivery targets, quarterly and six monthly statistical and qualitative reports (including KPIs) etc. These issues are reviewed with the remaining eight service providers subject to an SLA or GAA at the beginning and conclusion of their agreement.

- **Governance Self Evaluation**

As noted earlier, services subject to an SA or GAA that are in receipt of funding greater than €50K per annum are required to complete the HSE's Governance Self Evaluation Questionnaire prior to the renewal of funding agreements. The audit team was informed that as part of this process services are required to review their governance procedures and policy documents including policies relating to complaints, codes of practice and risk management amongst others as part of their quality assurance framework. This questionnaire is also issued by the CPP to services in receipt of grant funding below the recommended threshold. The team found reasonable evidence of these completed questionnaires on file.

- **Evaluation of pilot and on-going projects and initiatives (as part of the Funding Programme)**

All service providers delivering pilot projects must submit an independent evaluation report within three months of the conclusion of the pilot. This is required by the CPP to ensure that independent information on the delivery of the project is captured to inform future decisions on the funding of services. Established services are encouraged to evaluate themselves on an on-going basis and can request funding to conduct external evaluations on the basis of a proposal to the Programme. The CPA established a research panel in 2008 to assist services in selecting external evaluators.

- **Network Meetings**

All 15 HSE and HSE funded service providers are invited to attend regular network meetings with the CPP. In the main, the CPP encourages frontline counselling staff to attend these meetings which are defined by the needs of the services, to present the outcomes of relevant research and discuss emerging issues.

During the course of the site visits these meetings were mentioned in a positive light to the audit team by service providers. However, some service providers were of the opinion that a meeting with CEOs and directors and managers of overall services where issues of governance, management, oversight, accountability etc. could be discussed would be beneficial.

- **Advisory Group Meetings**

This is a multidisciplinary forum made up of a wide range of stakeholders from various government departments, the HSE, State funded service providers and representatives from relevant health and social sectors. It is a forum “to advise the CPP in relation to (a) any matters pertaining to crisis pregnancy as referred to it by the CPP and (b) any other matters coming within the remit of the CPP”. It is chaired by a member of the National Economic and Social Council and met to discuss a range of topics during 2012 (e.g. findings from the ‘Irish Contraception and Crisis Pregnancy Study’ – 2010).

- **Business Plan 2013**

In March 2013 the CPP agreed a business plan with the AND–Health Protection which was submitted to the HSE–Dublin North East (DNE) and the Department of Health (DoH)–Social Inclusion Division. Monthly meetings are held with the AND–ISD Health Protection to monitor implementation progress against the plan and address any risks arising. Meetings also cover issues relating to the HSE Service Plan, National Operational Plan, risk management and other associated reporting requirements.

- **National Strategy**

The current national strategy has five strategic objectives, one (No. 3) of which is aimed at the provision of crisis pregnancy services as follows: *‘Improve access to consistent, high quality crisis pregnancy counselling and post abortion services and promote the availability of community based post natal and family supports’*. There are 11 priority actions associated with this objective including four actions related to Quality and Standards as follows:

1. Develop and implement a self assessment framework for use by crisis pregnancy services and post abortion counselling services. The CPP Business Plan 2013 indicates that requirements for a self assessment framework will be scoped out (including plan to tender) by December 2013.
2. Develop a standards framework and training programme to standardise delivery of high quality post abortion counselling services. The CPP Business Plan 2013 indicates that work will be initiated on a standards framework for post abortion counselling practice (including associated training) during January-December 2013.
3. Support the development of standards regarding the provision of post abortion medical check ups.
4. Identify, in collaboration with the ICGP and other relevant stakeholders, training requirements for healthcare professionals regarding the provision of post abortion medical check ups.

The CPP Business Plan 2013 outlined above indicates that work on all of the above will be subject to additional staffing resources being in place within the funding function. The following update on 1-4 above was provided to the audit team.

- Work in the form of a scoping exercise has commenced in relation to the development of a self assessment framework for HSE and HSE funded crisis pregnancy and post abortion counselling services. The audit team notes that this was deferred from 2012 due to staffing vacancies.
- A scoping exercise has been completed for the provision of HSE and HSE funded post abortion counselling services, to inform the development of good practice guidelines/training initiatives in this field. Service providers participated in this work and the results were disseminated at a network meeting in February 2013. Discussions have started as to the optimal approach for developing a framework for post abortion counselling practice (including options for training).
- The remaining actions identified under this strategic objective are scheduled for 2014 and will be addressed subject to sufficient staffing resources being available to the CPP.

- **Supervision and Training (Continuing Professional Development)**

In addition to supporting the availability of face to face counselling for crisis pregnancy and post termination counselling, the CPP supports services in enhancing practice and up skilling counsellors through providing funding for supervision and training.

In 2012, the CPP allocated €162,000 across 15 service providers for this purpose. Funding is provided directly and indirectly to services to support access to supervision and training as part of continuing professional development. Expenditure is tracked in both areas based on financial returns. Services are requested to sign an annual statement that they have provided supervision for their counsellors (paid or unpaid) in line with the requirements of the IACP.

The CPP monitors uptake of the National University of Ireland Maynooth (NUIM) Certificate Course in Crisis Pregnancy Counselling Skills and associated masterclasses. The Certificate Course was also evaluated twice, most recently in 2012 and the results of this were shared with service providers.

The CPP also provides funding to One Family to provide a course on parenting supports for State funded Crisis Pregnancy Counselling Services. The aim of this training is to provide Crisis Pregnancy Counsellors with information and skills to provide services to people who decide to parent on foot of an unplanned or crisis pregnancy. This course was piloted in 2012 and was positively reviewed by participants. Funding has been provided this year to roll this training out to all State funded crisis pregnancy counselling service providers (See Appendix H – Information Notes 2 and 3 for more detail on CPP funded training courses, continuing professional development and guidelines and resources for service providers).

Conclusions -

The audit team concludes that the CPP has a broad range of oversight measures in place to monitor the provision of crisis pregnancy counselling in HSE and HSE funded services. Most importantly, it has a clear service contract in the form of an SA, SLA or GAA in place with each service as appropriate. There is a clear statistical and qualitative reporting schedule (including KPIs) that services must comply with in order for the Programme to release agreed levels of funding on a quarterly basis. The team found evidence that these reports are examined by the CPP and was informed that the information is used in the context of day to day interaction and review meetings with services to discuss the delivery of the terms of their arrangement/agreement. In addition the CPP has supported service providers in the field by providing funding for training and supervision.

However, mechanisms to ensure good oversight, governance and accountability can always be improved and strengthened. The audit team is of the opinion that the following initiatives would enable the Programme to gain more insight into the provision of services on the ground:

- Development of a robust self assessment process as identified in the national strategy would enable the Programme to gain more information through basic assurance that services have processes and procedures in place that are based on good practice and framed within the parameters of the Abortion Information Act.
- In light of the rationale for the audit, it would be prudent for the CPP to ensure that the design of a self assessment process places responsibility on providers to prove that in addition to having appropriate PPPGs in place, they are operational in the service and that relevant staff adhere to them.
- The results of self assessment should be tested periodically to gain assurance, based on site evidence, that services are adhering to and operating within their PPPGs.
- The team notes that some regional HSE crisis pregnancy services do not directly provide services but subcontract to local non statutory services. The self assessment process should take account of this and the CPP should seek assurance from the relevant HSE region that there are (a) appropriate agreements with and (b) clear PPPGs in local services for the delivery of crisis pregnancy and post termination counselling services.
- Under objective 1, the audit team has recommended that each service provider develop a quality and safety development plan as part of the terms of its SA, SLA or GAA as appropriate. The audit team is of the opinion that it would be good practice for such plans to include quality initiatives, for example, periodic checking of client records to ensure that counselling information is appropriately recorded and that services are provided in line with good practice and within the strict provisions of the Abortion Information Act.

- While network meetings are extremely important and viewed positively in the system, it would be useful for the CPP to introduce a forum aimed at CEOs and service managers that is focused on governance and accountability for the management of services that deliver crisis pregnancy counselling and post termination services.

The audit team is of the opinion that implementation of the recommendations below in conjunction with those outlined under Objective 1 would strengthen the current oversight arrangements of the CPP with HSE and HSE funded crisis pregnancy counselling services.

Recommendations -

The CPP should ensure that the:

1. Self assessment framework identified in its National Strategy is designed and implemented for crisis pregnancy counselling services as soon as is practicable.
2. Design of the self assessment process should take account of the need for crisis pregnancy counselling services to provide assurance that they are operating on the basis of good practice and within the provisions of the Abortion Information Act, 1995.
3. Results of self assessment from crisis pregnancy counselling services are 'spot checked' or tested to provide assurance that the information reported is robust and reliable.
4. HSE crisis pregnancy counselling services that sub contract to non statutory agencies for the provision of crisis pregnancy counselling provide assurance that:
 - (a) they have appropriate agreements/arrangements in place with such agencies and
 - (b) such agencies have appropriate PPPGs in place in line with good practice and the provisions of the Abortion Information Act, 1995.
5. Funded crisis pregnancy counselling services are required to participate in a periodic forum to discuss issues related to management, governance and accountability on a periodic basis.

Objective 3: To provide assurance to the HSE for a sample of HSE and HSE funded crisis pregnancy counselling services and agencies:

(3a) That protocols in place for the provision of crisis pregnancy counselling services and information are in accordance with relevant legislation and in line with current good practice.

The findings set out below relate to:

- A high level desk top examination of PPPGs submitted to the audit team by all 15 HSE and HSE funded crisis pregnancy counselling services;
- An in depth review of PPPGs in the six services selected as validation sites, and
- Information provided in the request for evidence (RFE) which was developed for each of the six validation sites. The RFE required the selected services to indicate how the identified protocols (a) were in line with relevant legislation and (b) meet what is known of current good practice using the information set out in the Standardised Framework 2011 or any other standard of practice recognised by the service concerned.

- Specific Findings

The following table sets out the findings of the audit team from the desk top examination of the PPPGs submitted by all 15 crisis pregnancy counselling services. Appendix G contains a list of all documentation including the PPPGs submitted by the 15 services.

- The team's high level examination concluded that, as illustrated in the table below, there was strong evidence of PPPGs for confidentiality, complaints, a code of practice/ethos/client charter, and the reporting of alleged child abuse. However, the performance in relation to other PPPGs was limited, particularly in relation to quality assurance, supervision and the Abortion Information Act. In addition, there was concern in a small number of cases in relation to the insufficient level of detail contained in PPPGs currently in place on the Abortion Information Act and supervision.

The audit team also asked all 15 services to indicate the number of complaints made by clients or staff specifically related to crisis pregnancy counselling services and practice in 2012. Twelve service providers responded to the audit team on this issue and only one service had received a complaint in 2012. The remaining 3 services did not make a written response on this issue. However, one of these services was a validation site and during the course of the site visit confirmed that they had not received any complaints during 2012.

The following commentary focuses on the main gaps in PPPGs as identified by the audit team.

Audit Team Findings from High Level Examination of PPPGs							
Service	Specific PPPG						
	Abortion Information Act	Quality Assurance	Supervision	Confidentiality	Complaints	Code of Good Practice /Ethos/ Client Charter	Reporting Alleged Child Abuse
Service A	✓	✓	✓	✓	✓	✓	✓
Service B	✓	✓	✓	✓	✓	✓	✓
Service C	✓	X	X	✓	✓	X	✓
Service D	✓	X	✓	✓	✓	✓	✓
Service E	X	X	X	✓	✓	✓	✓
Service F ³ :							
○ Service F1	✓	✓	✓	✓	✓	✓	X
○ Service F2	✓	✓	✓	✓	✓	✓	✓
○ Service F3	✓	X	✓	✓	✓	✓	✓
Service G	X	X	X	✓	✓	✓	✓
Service H	✓	X	X	✓	✓	✓	✓
Service I	X	X	✓	✓	✓	✓	✓
Service J	X	X	✓	✓	✓	✓	✓
Service K	X	✓	X	✓	✓	✓	✓
Service L	✓	✓	✓	✓	✓	✓	✓
Service M	X	X	X	✓	✓	✓	✓
Service N	✓	X	X	✓	✓	✓	✓
Service O	✓	✓	✓	✓	✓	✓	✓

Source: Audit team analysis of PPPGs submitted by crisis pregnancy counselling services

³ Service F is a HSE service that subcontracts the provision of crisis pregnancy counselling to three centres listed in the table. PPPGs were received from the three centres. For the purpose of this analysis, the total number of crisis pregnancy counselling services will continue to be referred to as 15.

- **Service C:** This service does not have a specific PPPG on quality assurance, supervision or a code of good practice/ethos/client charter. The service agreed with the audit team during the course of the site visit that the entire suite of PPPGs would be reviewed against the draft Standardised Framework 2011.
- **Service D:** This service does not have a specific PPPG on quality assurance, however, the suite of PPPGs provided to the team include quality measures such as guidance on good record keeping and the management of client feedback.
- **Service F:**
 - Service F1: While this service appears to have the majority of the PPPGs in the above table, what was submitted to the audit team was a two page document presenting a summary of their suite of PPPGs. The audit team requested full copies of the PPPGs listed in this document from the nominated audit liaison in Service F and was informed that the document submitted constituted the PPPGs. This service does not appear to have a protocol on reporting alleged child abuse. This issue was followed up with Service F by the CPP who informed the audit team that they have written confirmation from the service that they have adopted a policy on the reporting of non consensual sexual activity in accordance with Children First and a specific policy adopted by their local community care area.
 - Service F3: While this service does not have a specific protocol on quality assurance, the suite of PPPGs provided to the team addresses issues such as client evaluation, accountability and record keeping.
- **Service E:** This service does not have a specific PPPG on the Abortion Information Act, quality assurance or the supervision of crisis pregnancy counsellors. In a written response to the audit team submitted with their PPPGs, Service E stated that they work within the parameters of the Act, that they adhere to the IACP Code of Ethics and Practice for Supervisors of Counsellors and Psychotherapists, and referred to their KPIs in relation to quality assurance.
- **Service G:** This service does not have a specific PPPG on the Abortion Information Act, nor does it reference the Act within its current PPPGs. Equally, the service does not have a PPPG on the supervision requirements for crisis pregnancy counsellors or quality assurance.
- **Service H:** This service does not have a specific PPPG on quality assurance or the supervision of crisis pregnancy counsellors. However, issues of quality and assurance are addressed in its code of good practice/ethos and its counselling service protocol. The policy for safeguarding children incorporates some guidance on induction training and supervision but this is not specific to crisis pregnancy counsellors. The service also highlights adherence to the IACP Code of Ethics and Practice for Supervisors of Counsellors and Psychotherapists.
- **Service I:** This service does not have a specific PPPG on or makes reference to the Abortion Information Act. However its Ethical Policy outlines its philosophy on abortion. In addition, Service I does not have a specific PPPG on quality assurance.
- **Service J:** This service does not have a specific PPPG on the Abortion Information Act or quality assurance. However, during the site visit the team was informed that Service J had recently reviewed its suite of PPPGs which were signed off in March 2013. The team can confirm that a specific protocol on Abortion Referral Policy is now included, setting out its interpretation of the Act. Equally, while the service does not have a specific quality assurance PPPG, the suite of PPPGs provided to the team includes quality measures such as guidance for volunteer performance standards and volunteer counselling induction training.
- **Service K:** This service does not have a specific PPPG on the Abortion Information Act or the supervision of crisis pregnancy counsellors. However, one of the counselling service protocols refers to some of the strict conditions underpinning the Abortion Information Act. In addition supervision is referred to in the Quality PPPG which notes adherence to IACP requirements.
- **Service M:** This service does not have a specific PPPG on the Abortion Information Act or quality assurance. However, the audit team notes that on foot of recommendations in the audit site report, a PPPG on the Abortion Information Act will be put in place and supervision arrangements will be made more explicit. While Service M does not have a specific protocol on

quality assurance, the suite of PPPGs provided to the team include quality measures such as procedures for appointment booking and general record keeping etc. The audit team also notes that Service M adheres to the IACP Code of Ethics and Practice for Supervisors of Counsellors and Psychotherapists.

- **Service N:** This service does not have a specific PPPG on quality assurance or the supervision of crisis pregnancy counsellors. In a written response to the audit team submitted with the RFE and their PPPGs, Service N stated that all counsellors receive internal and external supervision. In relation to quality assurance, this service has a client feedback form.

The examination of PPPGs also highlighted to the audit team that only six services currently have a protocol addressing the provision of crisis pregnancy counselling practice to non Irish nationals. The audit team is of the opinion that all services should ensure that they have a PPPG that specifically addresses the provision of services and information to this client group. In the case of 3-option counselling and information services, this PPPG should address the support to be provided to women in relation to obtaining emergency travel documentation.

The following table sets out the findings of the audit team from a more in depth review of the PPPGs in relation to the Abortion Information Act and the information set out in the Standardised Framework in the services selected as validation sites.

Audit Team Findings in Validation Sites		
Service	In accordance with the Abortion Information Act	Content of the Standardised Framework
Site 1	✓	Reflected Content
Site 2	✓	Limited Content
Site 3	✓	Reflected Core Elements
Site 4	✓	Reflected Core Elements
Site 5	✓	Limited Content
Site 6	✓	Reflected Content

Source: Audit team analysis of findings

The audit team can confirm that there was reasonable evidence that the information contained within the PPPGs submitted by the six services was in accordance with the provisions of the Abortion Information Act, where applicable.

All six services were aware of and referred to the Standardised Framework in their delivery of crisis pregnancy counselling practice. Some services also identified other good practice documents from which they drew guidance when formulating their PPPGs.

There was reasonable evidence that the information set out in the Standardised Framework for the delivery of crisis pregnancy counselling practice was well reflected in the PPPGs from two of the selected services. For two further services, there was reasonable evidence that the core elements of the information from the Standardised Framework were reflected in the relevant PPPGs.

For the two remaining services, the audit team was of the opinion that the content of the current PPPGs was limited when compared with the detail set out in the Standardised Framework. For these services, it was recommended in the site reports concerned that the PPPGs should be reviewed to reflect more of the detail contained within the Standardised Framework.

(3b) To validate evidence to confirm that these protocols are operational and adhered to by the services and agencies included in the audit.

On foot of the site visits, the audit team can confirm that there was reasonable evidence that the current PPPGs at five of the six services were operational and adhered to. While there was some evidence in the sixth service that its PPPGs were operational and adhered to, it was limited.

However, the team notes that the service would appear to be aware of this and a good deal of information provided during the site visit was based on changes to be introduced to improve systems to support and oversee service provision.

There was reasonable evidence that PPPGs were reviewed by each of the six services. However the period between reviews varied considerably from every five years to every six months. It would be prudent for all services to review their PPPGs at appropriate intervals to ensure that they reflect new developments and best practice. In addition, all services should ensure that their PPPGs are clearly approved (i.e. signed and dated) by the senior most accountable person for the service and indicate a date of next review.

(3c) To validate evidence to assess whether existing protocols adequately address all of the alleged breaches of crisis pregnancy counselling practice.

The CPP conducted an examination of transcripts from six counselling sessions conducted in certain HSE and HSE-funded crisis pregnancy counselling services and identified a number of potential issues relating to practice based on and related to a number of allegations made to the HSE. As noted earlier in this report the HSE does not investigate or make findings in relation to matters that come within the remit of other authorities. Quality and Patient Safety Audits contribute to continuous quality improvement by identifying the measures to be taken in so far as is reasonably practicable for the delivery of safe, high quality health and social services.

It was highlighted to the audit team by the CPP that the review of transcripts allowed only for an analysis of the verbal communication process and that a counsellor relies heavily on observational skills, such as assessing the client's capacity to understand or cope with the information given in the session and their reactions (verbal and non verbal).

As part of the site visits, the audit team discussed the identified issues of practice with the objective of clarifying whether they were adequately addressed in the PPPGs underpinning the service concerned.

The identified issues relating to crisis pregnancy counselling practice are as follows:

1. Establishing the counselling contract and outlining the role of the counsellor in providing 3-option information counselling.
2. Understanding the role of the CPP in this area.
3. Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting.
4. Consistency in outlining the risks associated with abortion.
5. Provision of information in accordance with the Abortion Information Act.
6. Clarity on the role of the service in providing information on clinics abroad, if applicable, and the limits of this role.
7. Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland).

Audit Team Assessment of Identified Issues Relating to Crisis Pregnancy Counselling Practice						
Identified Issues	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6
1	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓
3	X	X	X	X	X	X
4	✓	X	X	✓	✓	✓
5	✓	X	✓	✓	✓	✓
6	✓	X	✓	✓	✓	✓

7	X	X	X	X	X	✓
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Source: Audit Team analysis

- All six services set out reasonably clear detail of how the counselling contract should be established in the context of a counselling session within the content of their PPPGs.
- Equally, the team found evidence that the role of the CPP is covered with counselling staff in various ways by each service (e.g. training materials and/or content of PPPGs etc.). The team also notes attendance of counselling staff at CPP Network meetings in support of understanding of the role of the Programme.
- None of the current PPPGs from the six services adequately address the issue of disclosure of a possible termination in the future in a medical setting should a woman experience complications post abortion. It is noted by the team that one service provider covers this issue in its PPPGs. However some of the content in the PPPGs concerned is under discussion with the CPP.
- Four services can point to use of appropriate information when discussing the risks associated with abortion with clients in the context of a face to face counselling session. One further service addresses the risks associated with abortion but some of the content of the PPPG concerned is under discussion with the CPP. The remaining service acknowledged that this issue needs to be addressed in its PPPGs.
- Five services adequately address the issues of (a) provision of information in accordance with the Abortion Information Act and (b) clarity in the role of the service in providing information on clinics abroad. The remaining service acknowledged that these issues need to be clearly addressed in its PPPGs.
- Only one service adequately addressed the issue of abortifacients in its PPPGs. One further service addressed the issue in its PPPGs but some of the content, as noted above, is under discussion with the CPP.

(3d) To identify the approach to training and supervision of crisis pregnancy counsellors by the services and agencies included in the audit.

During the site visit, the audit team discussed with the six services their approach to training and supervision for crisis pregnancy counsellors. The following provides an overview of the team's key findings:

- The CPP provide grants for supervision and/or training to five of the validation sites through the service arrangements or grant aid/service level agreements for training and/or external supervision.
- Two of the six services do not have a specific policy on supervision for crisis pregnancy counsellors. However, these services adhere to other recognised external supervision policies and codes of practice, i.e. IACP.
- Internal supervision takes place in all six services and this is generally provided through a peer supervision system.
- Evidence that counsellors participated in external supervision was provided by all six services.
- Three services have a formal contract in place with external supervisors. A further service is finding it difficult to find a local, appropriate external supervisor who will enter into such an agreement with the organisation in conjunction with an individual supervisee. On foot of recommendations from the audit site reports the two remaining services have indicated that they will develop a supervision policy specifically for crisis pregnancy counsellors.
- Evidence of counsellors' qualifications and accreditation was provided by all six services.
- Services have access to a broad range of training opportunities, some of which are directly funded by the CPP (e.g. NUIM Certificate Course, Masterclasses and Parenting Supports Course provided by One Family). The team found evidence that such courses/initiatives are availed of to varying degrees in each service.

- Training needs are generally identified by the services through internal team meetings, supervision, peer support and self evaluation.
- All services have an induction training process and some have a performance appraisal system which incorporates a training and development plan for their counsellors.
- Services are required to report to the CPP on training and supervision as part of the statistical and qualitative reporting requirement under the terms of their SA, SLA or GAA.
- All services participate in the CPP network meetings where they avail of the opportunity to discuss emerging issues, outcomes of research, etc.
- All services are consulted, where appropriate, by the CPP in the development of resources etc. in light of their frontline experience in the provision of crisis pregnancy counselling services.

Conclusions –

The audit team concludes the following for objective 3 (a-d):

- The high level examination of the PPPGs from all 15 crisis pregnancy counselling services identified gaps that need to be addressed. All HSE and HSE funded crisis pregnancy counselling services should be required to have a specific protocol on the services and information to be provided in the following areas as identified in the Standardised Framework or they should address them clearly in the context of existing PPPGs:
 - Abortion Information Act 1995
 - Supervision (internal and external)
 - Quality assurance
 - Code of good practice
 - Client charter
 - Ethos
 - Reporting of alleged child abuse
 - Asylum seekers/non Irish nationals.
- All services need to provide assurance to the CPP that the PPPGs for their service are based on good practice, meet the provisions of the Abortion Information Act 1995 and are operational. The audit team is of the opinion that this can be addressed through the implementation of a robust self assessment framework.
- It was clear that all services selected as validation sites addressed the following issues in the context of their PPPGs: (a) establishing the counselling contract and outlining the role of the counsellor in providing 3-option information counselling and (b) understanding the role of the CPP in this area. Assurance should be sought from the remaining nine services that they adequately address these issues.
- The issue of disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting needs to be addressed in the PPPGs of all 15 crisis pregnancy counselling services. The team notes that aftercare information on the CPP website and the recent ICGP publication can assist service providers in addressing this issue. The audit team is of the opinion that the CPP should develop additional guidance in consultation with the relevant services to ensure a consistent approach to this matter.
- The issue of consistency in outlining the risks associated with abortion needs to be adequately addressed by two validation sites. Assurance on this issue needs to be established with the remaining nine crisis pregnancy counselling services. The team is also of the opinion that there is reasonable documented good practice available on this issue.
- All services need to provide assurance that they are explicit regarding the provision of information in accordance with the Abortion Information Act in their PPPGs. This was the case in five of the six services selected as validation sites and the remaining service has confirmed that this will be addressed. Assurance needs to be established on this issue for the remaining nine services and the desk top examination under objective 3 (a) highlights current gaps in PPPGs.

- All services need to be explicit in the role of the service in providing information on clinics abroad, if applicable, and the limits of this role. This was the case for five of the six validation sites and the remaining service has confirmed that this will be addressed on foot of the recommendations of the site report concerned. Assurance needs to be established for the remaining nine services.
- The issue of the provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland) was addressed by one service selected as a validation site. This deficit in PPPGs was addressed as appropriate in the site reports for the remaining five validation sites. The audit team is of the opinion that the CPP will need to guide all services funded by them in addressing this issue.
- The team found reasonable evidence of the approach to and training undertaken by all six validation sites. The team notes that training is in part funded by the CPP and that the NUIM certificate course and masterclasses are accessible to all counsellors working within HSE and HSE funded crisis pregnancy counselling services.
- The team found reasonable evidence that external and internal supervision was undertaken in each of the six validation sites.

Recommendations-

The CPP should:

1. Seek assurance that crisis pregnancy counselling services have appropriate PPPGs in the following areas:
 - Abortion Information Act, 1995
 - Supervision (internal and external)
 - Quality assurance
 - Code of good practice
 - Client charter
 - Ethos
 - Reporting of alleged child abuse
 - Services and information provided to asylum seekers and non Irish nationals.
2. Develop additional guidance on the following issues in order to guide services in the development of their PPPGs:
 - Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting, and
 - Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland).
3. Seek assurance that crisis pregnancy counselling services have adequately addressed the following issues in the context of their PPPGs:
 - Establishing the counselling contract and outlining the role of the counsellor in providing 3-option information counselling.
 - Understanding the role of the CPP in this area.
 - Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting.
 - Consistency in outlining the risks associated with abortion.
 - Provision of information in accordance with the Abortion Information Act.
 - Clarity on the role of the service in providing information on clinics abroad, if applicable, and the limits of this role.
 - Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland).

5. RECOMMENDATIONS

Service Arrangements and Service Level and Grant Aid Agreements

The CPP should ensure that:

1. Each service provides details of good practice, standards and/or guidelines recognised by them in the provision of crisis pregnancy and post termination counselling services for inclusion in the relevant agreement/arrangement.
2. SLAs and GAAs are amended to include the requirement by the HSE to develop and implement a quality and safety development plan.
3. All services develop and implement a quality and safety development plan for submission to the CPP under the terms of the service arrangement, service level or grant aid agreement applicable to them.

Oversight and Governance

The CPP should ensure that the:

4. Self assessment framework identified in its National Strategy is designed and implemented for crisis pregnancy counselling services as soon as is practicable.
5. Design of the self assessment process should take account of the need for crisis pregnancy counselling services to provide assurance that they are operating on the basis of good practice and within the provisions of the Abortion Information Act, 1995.
6. Results of self assessment from crisis pregnancy counselling services are 'spot checked' or tested to provide assurance that the information reported is robust and reliable.
7. HSE crisis pregnancy counselling services that sub contract to non statutory agencies for the provision of crisis pregnancy counselling provide assurance that:
 - (a) they have appropriate agreements/arrangements in place with such agencies and
 - (b) such agencies have appropriate PPPGs in place in line with good practice and the provisions of the Abortion Information Act, 1995.
8. Funded crisis pregnancy counselling services are required to participate in a periodic forum to discuss issues related to management, governance and accountability on a periodic basis.

Policies, Procedures, Protocols and Guidelines (PPPGs)

The CPP should:

9. Seek assurance that crisis pregnancy counselling services have appropriate PPPGs in the following areas:
 - Abortion Information Act, 1995
 - Supervision (internal and external)
 - Quality assurance
 - Code of good practice
 - Client charter
 - Ethos
 - Reporting of alleged child abuse
 - Services and information provided to asylum seekers and non Irish nationals.
10. Develop additional guidance on the following issues in order to guide services in the development of their PPPGs:
 - Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting, and
 - Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland).

11. Seek assurance that crisis pregnancy counselling services have adequately addressed the following issues in the context of their PPPGs:
- Establishing the counselling contract and outlining the role of the counsellor in providing 3-option information counselling.
 - Understanding the role of the CPP in this area.
 - Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting.
 - Consistency in outlining the risks associated with abortion.
 - Provision of information in accordance with the Abortion Information Act.
 - Clarity on the role of the service in providing information on clinics abroad, if applicable, and the limits of this role.
 - Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland).


6. ACKNOWLEDGEMENTS

The audit team wishes to acknowledge the efforts of all 15 services that provide crisis pregnancy and post termination counselling services for their prompt responses to requests for information during the course of this audit. We also wish to note the cooperation, courtesy and openness afforded to us from the nominated liaisons and other staff in the services selected as validation sites. Finally, we wish to thank the CPP and in particular Ms. Sarah Ryan, Funding Officer for the strong support offered throughout this process.

Audit Report Sign-Off

Lead Auditor Name: Suzanne Kirwan

Signature:



Date:

10 /10/2013

Director QPSA: Edwina Dunne

Signature:



Date:

10 /10/13

APPENDIX A: SCHEDULE OF RECOMMENDATIONS AND MANAGEMENT RESPONSE

RECOMMENDATION	LOCATION (National, Regional, Local)	MANAGEMENT RESPONSE	SUBMITTED BY:	TARGET COMPLETION DATE
The CPP should ensure that:				
1. Each service provides details of good practice, standards and/or guidelines recognised by them in the provision of crisis pregnancy and post termination counselling services for inclusion in the relevant agreement/arrangement.	National	The CPP is requesting that all funded Services provide details of such documentation for inclusion in the relevant Schedules of their agreements. This process commenced in June 2013 with agreements due for renewal at this time (6/15) and will be completed by year end as part of the renewal process of all relevant agreements (remaining 9 due for renewal by 1 st January 2014).	Dr. Kevin Kelleher	31 st December 2013
2. SLAs and GAAs are amended to include the requirement by the HSE to develop and implement a quality and safety development plan.	National	This is a requirement in HSE Service Arrangements (7). The CPP will include this as a new requirement under the 'Special Conditions' section of the relevant GAAs (2). The CPP has already included this as a specific requirement in the relevant Schedule of the SLAs with HSE based Services as part of the renewal process (6 - completed June 2013).	Dr. Kevin Kelleher	31 st December 2013
3. All services develop and implement a quality and safety development plan for submission to the CPP under the terms of the service arrangement, service level or grant aid agreement applicable to them.	National	The requirement to submit such a plan annually as part of a Self Assessment process is being included in the reporting requirements set out in all agreements as part of the renewal process. This commenced in June 2013 (6) and is due to be completed by 31 st December 2013.	Dr. Kevin Kelleher	31 st December 2013
The CPP should ensure that the:				
4. Self assessment framework identified in its National Strategy is designed and implemented for crisis	National	The CPP has commenced work on the development of a Self Assessment	Dr. Kevin Kelleher	30 th June 2014

RECOMMENDATION	LOCATION (National, Regional, Local)	MANAGEMENT RESPONSE	SUBMITTED BY:	TARGET COMPLETION DATE
pregnancy counselling services as soon as is practicable.		Framework as per Strategic Objective 3 in its Strategy 2012-2016. This project will go to tender in September 2013. The target completion date is June 2014. All funded Services will be utilising this framework by the end of 2014.		
5. Design of the self assessment process should take account of the need for crisis pregnancy counselling services to provide assurance that they are operating on the basis of good practice and within the provisions of the Abortion Information Act, 1995.	National	The development of a Self Assessment process will include a method to gain and test assurances in all areas relating to good governance and good practice. This project will be developed and delivered as per the timelines above.	Dr. Kevin Kelleher	30 th June 2014
6. Results of self assessment from crisis pregnancy counselling services are 'spot checked' or tested to provide assurance that the information reported is robust and reliable.	National	The CPP will request assurances from funded Services that PPPGs are robust as part of the next phase of the agreement renewal process due to take place with non statutory Services from October to December 2013. Copies of PPPGs will be reviewed by the CPP as part of this process. Evidence as to how PPPGs are being implemented will be sought as part of this review process. This work will be augmented as part of the Self Assessment process as a mechanism to facilitate spot checking/testing results will form part of the scope of the Self Assessment project.	Dr. Kevin Kelleher	30 th June 2014
7. HSE crisis pregnancy counselling services that sub contract to non statutory agencies for the provision of crisis pregnancy counselling provide assurance that: (a) they have appropriate agreements/arrangements in place with such agencies and (b) such agencies have appropriate PPPGs in place in line with good practice and the provisions of the Abortion Information Act, 1995..	National	This requirement will form part of all relevant SLAs as they fall due for renewal from 1 st July 2013. This will then be further augmented and in due course tested as part of the Self Assessment process.	Dr. Kevin Kelleher	31 st December 2013

RECOMMENDATION	LOCATION (National, Regional, Local)	MANAGEMENT RESPONSE	SUBMITTED BY:	TARGET COMPLETION DATE
8. Funded crisis pregnancy counselling services are required to participate in a periodic forum to discuss issues related to management, governance and accountability on a periodic basis.	National	A forum of Crisis Pregnancy Counselling Service Managers is being established and will meet on a periodic basis. The first meeting is scheduled for September 2013.	Dr. Kevin Kelleher	30 th September 2013
The CPP Should:				
9. Seek assurance that crisis pregnancy counselling services have appropriate PPPGs in the following areas: <ul style="list-style-type: none"> ○ Abortion Information Act, 1995 ○ Supervision (internal and external) ○ Quality assurance ○ Code of good practice ○ Client charter ○ Ethos ○ Reporting of alleged child abuse ○ Services and information provided to asylum seekers and non Irish nationals. 	National	Copies of all relevant PPPGs will be sought from funded Services as part of the renewal process of all relevant agreements by year end. The CPP is ensuring that any gaps in PPPG's identified by the audit team as part of their desk top review and site visits are being addressed by the relevant services as part of this process. This work commenced in June 2013.	Dr. Kevin Kelleher	31 st December 2013
10. Develop additional guidance on the following issues in order to guide services in the development of their PPPGs: <ul style="list-style-type: none"> ○ Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting, and ○ Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland). 	National	Correspondence in relation to these areas issued to Service Providers in August 2013. The relevant sections of the CPP's websites have been updated to include additional information in relation to medical disclosure and the attention of Services have been drawn to this. Further guidance in both these areas will be provided to Services through information sharing at seminars and meetings shortly (September 2013). A copy of the revised 'Standardised Framework for Crisis Pregnancy Counselling – A Practice Guide' which includes guidance in relation to both these areas will be disseminated to all funded Services through training that will cover these	Dr. Kevin Kelleher	30 th September 2013

RECOMMENDATION	LOCATION (National, Regional, Local)	MANAGEMENT RESPONSE	SUBMITTED BY:	TARGET COMPLETION DATE
		issues shortly (commencing September 2013). This will assist with protocol development in this area. These areas will also be addressed further as part of the Certificate Course in Crisis Pregnancy Counselling Skills and the associated Masterclasses. A Practitioners Guide for using Counselling Skills in the context of crisis pregnancy, which addresses these and other issues, will also be developed based on the case study approach that underpins this training and this will be disseminated to all funded services on completion in 2014.		
<p>11. Seek assurance that crisis pregnancy counselling services have adequately addressed the following issues in the context of their PPPGs:</p> <ul style="list-style-type: none"> ○ Establishing the counselling contract and outlining the role of the counsellor in providing 3-option information counselling. ○ Understanding the role of the CPP in this area. ○ Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting. ○ Consistency in outlining the risks associated with abortion. ○ Provision of information in accordance with the Abortion Information Act. ○ Clarity on the role of the service in providing information on clinics abroad, if applicable, and the limits of this role. ○ Provision of information concerning clinical matters raised by the client (e.g. access to abortifacients through online sources/in Ireland). 	National	<p>Leadership Seminars covering these areas amongst others are due to take place with funded Services in September 2013. These will be rolled out through regional seminars to all those working in funded Services from late 2013-2014. All Services will be requested to review the relevant PPPGs as part of the agreement renewal process which is due to take place by year end (October to December 2013). All PPPGs will also be reviewed by the CPP as part of this process. A mechanism to facilitate the seeking of further assurances regarding the review and development of PPPGs in these areas and the testing of the same will form part of the scope of the Self Assessment Framework process.</p>	Dr. Kevin Kelleher	31 st December 2013

APPENDIX B: PART 2 OF THE SERVICE ARRANGEMENT FOR NON ACUTE SERVICES – BRIEF DESCRIPTION OF THE CONTENT AND PURPOSE OF SCHEDULES 1-10

Schedule 1: Sets out key contact details for both Executive and Service Provider concerned.

Schedule 2 Quality and Safety

This specifies the quality service standards and service assurance that must be adhered to by the service provider in consideration for the funding. In addition to the mission statement and principles of the service provider it covers the following in terms of the obligations of both parties.

- Regulation and Compliance,
- Corporate/Clinical Governance,
- Quality Assurance/Monitoring,
- HSE Initiatives (including Standards and Guidance), and
- Quality and Safety Development Plan.

Schedule 3 Service Delivery Specification

This specifies the functional details of the health and personal social services which will be provided by the service provider in consideration of the funding. It is based on the following 4 sections:

1. General service overview.
2. Service location, description, scope, quantum, service user numbers and catchment areas.
3. Information on service outcomes, staff qualifications, access, referrals, safeguarding, admission and discharge procedures, performance indicators and third party contracting.
4. Additional services to be provided to increase the quantum and scope of the services already agreed in the arrangement.

Schedule 4 Performance Monitoring

This sets out the agreed performance management requirements developed with reference to the performance indicators detailed in Schedule 3 and reporting requirements of the provider with regard to financial activity, service activity, client profiles, health statistics etc.

A reporting schedule is also outlined and details of the CPP reporting requirements are set out in detail in Appendix C.

Schedule 5 Information Requirements

This sets the wider information requirements for the service and the obligation to provide the Executive with critical business information e.g. annual reports, audited accounts etc.

Schedule 6 Funding

This specifies the details of agreed funding, payments, financial monitoring responsibilities of the service provider.

Schedule 7 Insurance

This sets out the mandatory minimum requirement that the service provider must have in relation to insurance and liability cover.

Schedule 8 Complaints

This specifies the requirements for the service provider to have in place a complaints policy in compliance with Part 9 of the Health Act, 2004 and the Health (Complaints) Regulations 2006 (S.I. 652 of 2006).

Schedule 9 Staffing

The purpose of this is to ensure that there is an effective monitoring process in place to maintain employment numbers within agreed levels for the delivery of services.

Schedule 10 Change Control

This allows for a contract change note to be appended to the arrangement.

**APPENDIX C: COMPARISON OF THE GENERIC CONTENT IN EACH TYPE OF CONTRACT
IN PLACE FOR SERVICES**

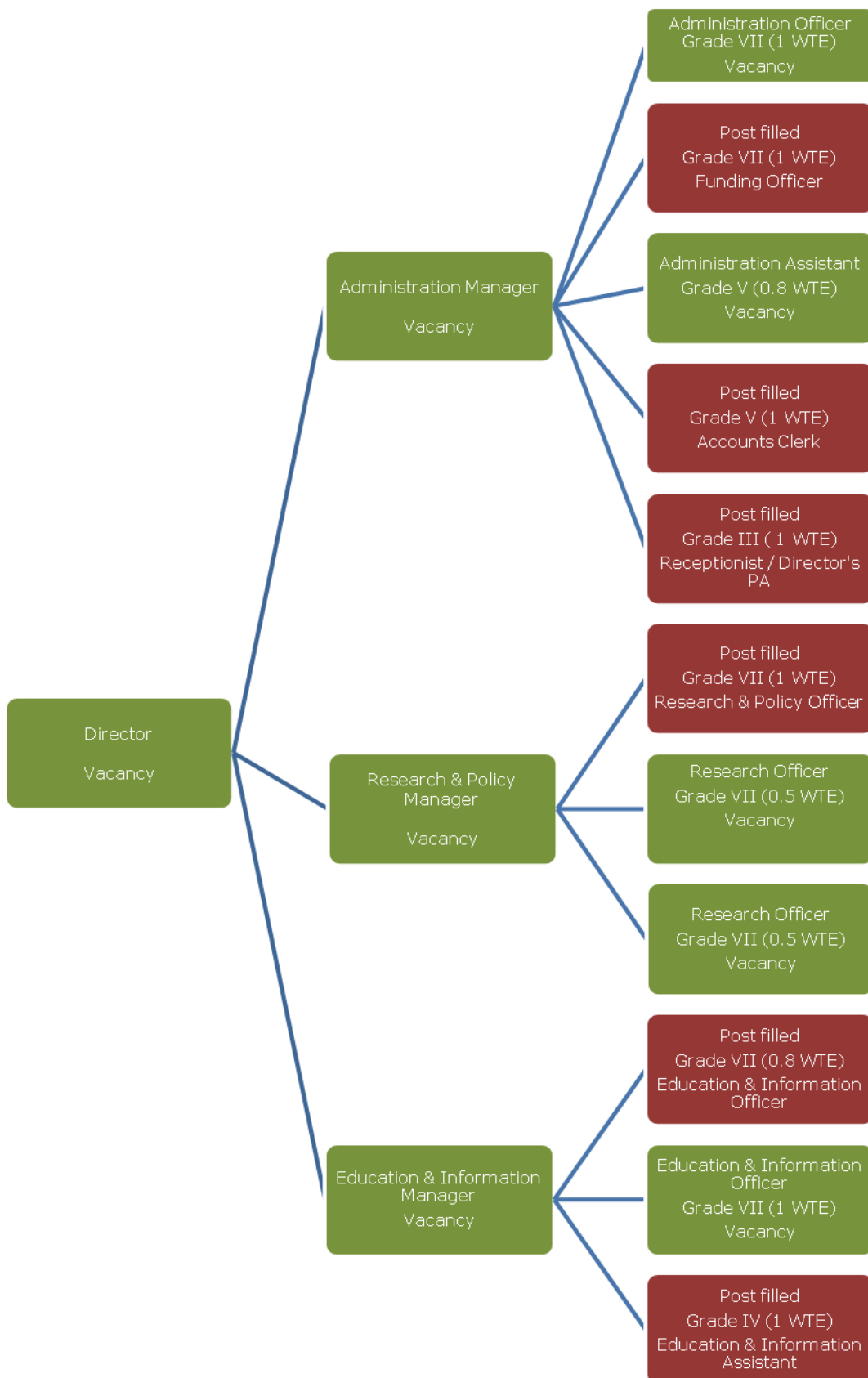
Service Arrangements Part I (34 Clauses)	Service Level Agreements (12 Sections)	Grant Aid Agreements (13 Sections)
Definitions and Interpretations	Grant Funding	Introduction
Principles of Arrangement	Services (to be provided and good practice)	About the Grant
Roles and Responsibilities (of the Executive and the Provider)	Governance and Monitoring	Governance requirements general
Funding	Funding Arrangements	Governance requirements financial
Capital Funding	Participation	Governance requirements equality
Set-Off	References to the HSE Crisis Pregnancy Programme	Governance requirements employment practices
Procurement and Value for Money Initiatives	Governing Statute and Legislation	Governance requirements Data Protection and Freedom of Information
ICT	Grievance Procedures	Monitoring and accounting for the activities
Information Requirements	Confidentiality	Contacts and review
Monitoring Review and Evaluation	Termination of Agreement	Payment and Indemnity
Access Rights	Indemnification	Special conditions
Review Process	Administrative Arrangements	Variation
Performance Issues		Confirmation and execution
Insurance		
Governance Arrangements		
Provider Personnel		
Third Party Contracting		
Service User Centred Care		
Complaints		
Access, Referrals, Admissions & Discharge Procedures		
Risk Management		
Quality and Standards		
Clinical Governance and Audit		
Information and Confidentiality		
Announcements and Communications		
Freedom of Information		
Data Protection		
Control of Strategic Claims		
Major Incidents		
Force Majeure		
Dispute Resolution		
Termination		
Representation and Warranties of the Provider		
General		

APPENDIX D: QUARTERLY AND ANNUAL STATISTICAL REPORTING REQUIREMENTS

Report Heading	Frequency of Reporting
Staffing: Number of paid counsellors full time Number of paid counsellors part time Number of other staff whose posts are supported by funding from the HSE CPP on a part time or full time basis	Annually
Training: Number of counsellors undergoing HSE CPP funded training Number of counsellors undergoing HSE CPP funded accreditation training Number of counsellors participating in HSE CPP certificate in crisis pregnancy counselling skills, as delivered by National University of Ireland, Maynooth.	Annually
Supervision: Statement in relation to provision of appropriate levels of supervision as required.	Annually
*Crisis pregnancy counselling service provision (face to face counselling only): Number of hours crisis pregnancy counselling available per quarter through HSE Crisis Pregnancy Programme funding Number of hours crisis pregnancy counselling provided per quarter Explanation for variance in hours provided versus hours funded – to include as applicable for both crisis pregnancy and post termination counselling <i>Number of appointments made and number of no shows and appointments not taken up including cancellations</i> <i>Total number of 'other' hours used for -</i> <i>Staff Training and Continuing Professional Development</i> <i>Supervision</i> <i>Promotional work and networking</i> <i>Administrative work relating to service provision</i> <i>Other Client Supports [non counselling]</i> <i>Leave</i> Number of individual clients attending per quarter Number of new clients attending per quarter Average waiting time for appointment Client profile - to be broken down by attendance pattern; gender, age profile; region of origin; fluency of English; source of referral and onward referral point where known.	Quarterly
*Post termination counselling service provision (face to face counselling only): Number of hours post termination counselling available per quarter through HSE Crisis Pregnancy Programme funding Number of hours post termination counselling provided per quarter Number of individual clients attending per quarter Number of new clients per quarter Client profile - to be broken down by gender, family relationship, nationality and/or country of origin and age ranges Number of new clients per quarter Average waiting time for appointment Number of appointments made and number of no shows/Appointments Not Taken Up per quarter including Number of cancellations.	Quarterly
*Information on countries women are travelling to for abortion: Total number of women reporting having had an abortion in the quarter Number of women reporting having had an abortion in the UK Number of women reporting having had an abortion in country other than UK (country of destination to be identified)	Quarterly
Other funding associated with this agreement: Reports on pregnancy testing service and post termination medical service, including uptake.	Quarterly
Non face to face Counselling – Telephone and other Support: If applicable number of hours telephone counselling provided in the quarter and number of individuals receiving same If applicable number of hours online support provided in the quarter and number of individuals receiving same.	Quarterly

<p>Progress against Key Performance Indicators and Service Targets: Reports will be required every second quarter under this heading and should reflect progress in relation to the KPIs outlined in Schedule 3 of this agreement and if relevant indicate any changes that may be required in relation to the objectives associated with these KPIs. Reports to be provided presenting an analysis of progress made in relation to meeting service targets as set out in Schedule 3 including details on the mechanisms used to achieve the same.</p>	Every Second Quarter
<p>Qualitative Service Information: Reports will be required every second quarter under this heading. Such reports should identify any issues arising around service delivery either of a positive or challenging nature and may take the form of case studies where appropriate. Significant trends in relation to client profiles and service delivery should be indicated in such reports.</p>	Every Second Quarter
<p>Annual Report: Report outlining the key activities of the service reflecting an internal evaluation of the same. Can encompass qualitative information and progress against KPIs when the requirements for producing such reports coincide with the annual report. It should also contain any other information requested by the HSE Crisis Pregnancy Programme on an annual basis.</p>	Annually

APPENDIX E: DETAILS OF CURRENT CPP STAFFING LEVELS AND VACANCIES



APPENDIX F: LIST OF CPP COMMISSIONED RESEARCH REPORTS, RESEARCH SUMMARIES AND RESOURCES FOR PROFESSIONALS AND MEMBERS OF THE PUBLIC

2013

2010 Review of Supported Accommodation Services for Women During and After Pregnancy (May 2013)

2012

If I were Jack? Adolescent males' attitudes and decision-making in relation to an unintended pregnancy (September 2012)

Attitudes to Fertility, Sexual Health and Motherhood amongst a Sample of Non-Irish National Minority Ethnic Women Living in Ireland (May 2012)

Irish Contraception and Crisis Pregnancy Study 2010 (ICCP-2010) A Survey of the General Population (May 2012)

2011

Pregnancy at Work – A National Survey (June 2011)

Pregnancy Discrimination in the Workplace – Legal Framework and Review of Legal Decisions 1999 to 2008 (May 2011)

Pregnancy and Employment – A Literature Review (May 2011)

2010

Literature Review on Provision of Appropriate and Accessible Support to People with an Intellectual Disability who are Experiencing Crisis Pregnancy (September 2010)

Sexual Responsibility, Fatherhood and Discourses of Masculinity among Socially and Economically Disadvantaged Young Men in Ireland (June 2010)

2009

A Review of the International Literature on the Role of Outside Facilitators in the Delivery of School Based Sex Education (December 2009)

Parents' Approaches to Educating their Pre-adolescent and Adolescent Children about Sexuality (July 2009)

2008

Irish Study of Sexual Health and Relationships Sub-report 3 (April 2008)

Irish Study of Sexual Health and Relationships Sub-report 2 (April 2008)

Irish Study of Sexual Health and Relationships Sub-report 1 (April 2008)

2007

Psychological Effects of Abortion on Women – A Review of the Literature (December 2007)

Improving Knowledge Regarding Abortions Performed on Irish Women in the UK (August 2007)

Men, Sexuality and Crisis Pregnancy – A Study of Men's Experiences (June 2007)

Relationships and Sexuality Education in the Context of Social Personal and Health Education (SPHE) (February 2007)

Relationships and Sexuality Education in the Context of Social Personal and Health Education – Summary (February 2007)

Relationships and Sexuality Education in the Context of Social Personal and Health Education – Irish (February 2007)

2006

Crisis Pregnancy Agency Statistical Report 2006 – Revised Teenage Pregnancy Data (December 2006)

A Follow-up Project on Perceptions of Women about Fertility, Sex, and Motherhood – Probing the Data Further (December 2006)

Irish Study of Sexual Health and Relationships – Main Report (October 2006)

Irish Study of Sexual Health and Relationships – Summary Report (October 2006)

Literature Review of Issues Related to Work-life Balance, Workplace Culture and Maternity and Childcare Issues (June 2006)

Concealed Pregnancy – A Case-study Approach From an Irish Setting (April 2006)

2005

Is Alcohol a Factor in Unsafe Sex Among Women Seeking Emergency Contraception? A Two-part Study (December 2005)

Scoping Study for Knowledge, Attitudes and Behaviours Survey Towards Relationships Sexual and Reproductive Health Among Young People in Ireland (July 2005)

A Summary of Research on Economic Factors Affecting Women's Decision-making in Crisis Pregnancy Situations (October 2005)

Crisis Pregnancy Agency Statistical Report 2005 – Fertility and Crisis Pregnancy Indices (April 2005)

Mixed Method Adoption Research (June 2005)

Mixed-methods Research of Crisis Pregnancy Counselling and Support Services (January 2005)

2004

Sexual Health of the Irish Adult Population – Findings from SLAN (November 2004)

Teenagers and the Media – A Media Analysis of Sexual Content on Television (November 2004)

Understanding Teenage Sexuality in Ireland (November 2004)

A Study of Sexual Health Issues, Attitudes and Behaviours – The Views of Early School-Leavers (November 2004)

Irish Contraception and Crisis Pregnancy [ICCP] Study (September 2004)

Irish Contraception and Crisis Pregnancy [ICCP] Study – Summary (September 2004)

Irish Contraception and Crisis Pregnancy [ICCP] Study – Questionnaire

Understanding How Sexually Active Women Think About Fertility, Sex and Motherhood (September 2004)

Contraceptive Needs – The Evidence. A Literature Review (July 2004)

Crisis Pregnancy Counselling in Ireland (July 2004)

Crisis Pregnancy and Pregnancy Decision-making – An Outline of Influencing Factors (July 2004)

Promoting Positive Adolescent Sexual Health and Preventing Teenage Pregnancy – A Review of Recent Effectiveness Research (July 2004)

Research Summaries:

Research Summary on Teenage Sexuality (October 2012)

Research Summary – Intellectual Disability and Crisis Pregnancy (September 2010)

Research Summary – Teenage Sexuality (December 2009)

Research Summary – Crisis Pregnancy, Parenting and Employment (November 2007)

Research Summary – Sexual Health for Practice Nurses and GP's (January 2007)

Research Summary – Crisis Pregnancy Counselling for Crisis Pregnancy Counsellors 2 (Jan 2006)

Research Summary – Crisis Pregnancy for Crisis Pregnancy Counsellors 1 (Dec 2005)

Resources for Professionals/Parents/other members of the public

Key Contact – Supported Accommodation Directory 2012

Key Contact – Responding to Crisis Pregnancy – Information and Service Directory for Community and Health Professionals, HSE West

Key Contact – Responding to Crisis Pregnancy – Information and Service Directory for Community and Health Professionals – Dublin North East

Key Contact – Responding to Crisis Pregnancy – Information and Service Directory for Community and Health Professionals – HSE Dublin Mid Lenister

Key Contact – Primary Care Guidelines for the Prevention and Management of Crisis Pregnancy

Key Contact - Prevention

Key Contact – Reproductive Health Information for Migrant Women

Guidelines for Health Professionals Working in Maternity Settings in the Care of Women with Concealed Pregnancy

Abortion Aftercare Leaflet

Abortionaftercare.ie

B4Udecide Resource Pack for Teachers

B4Udecide Resource Pack for Youth Workers

Trust Resource Pack for Youth Workers and Teachers

b4decide.ie

Your Guide to Emergency Contraception

Contraception 35-55 Leaflet

Think Contraception Leaflet

Thinkcontraception.ie

Positiveoptions.ie
Positive Options Leaflet
Positive Options II – Childcare
Positive Options II – Becoming a Parent
Positive Options II – When a Relationship Ends
Positive Options II – Having a Baby
Positive Options II – Getting into Employment
Positive Options II – Returning to Education
Busy Bodies (English version)
“You can talk to me” Booklet
Parents, Tips for Talking to Older Teenagers
The Facts DVD and Booklet

APPENDIX G: DOCUMENTATION RECEIVED FROM ALL 15 SERVICES

Ballinasloe CPSS

Code of Practice/Client Charter
 Commitment to Core Principles of Crisis Pregnancy Counselling
 Complaints Protocol
 Confidentiality Protocol
 Guidelines for managing Child Protection & Welfare Referrals
 Guidelines for Responding to Crisis Pregnancy Helpline
 How to Respond to Concerns or Suspicions of Child Abuse
 HSE Confidentiality Policy regarding Personal Information and Records
 Intake/Assessment Form
 Leaflet – Are You Troubled by an Unplanned Pregnancy
 Leaflet – Having Chosen a Termination
 Leaflet - Pregnant & Unsure whether or not to continue with your pregnancy
 National Contacts for HSE Children & Family Services
 Policy for the Management of Complaints in the Health Service Executive (HSE)
 Protocol on the Abortion Information Act
 Protocol on Ethos of Agency
 Quality Assurance Protocol
 Quality Improvement Plan
 Role of the HSE Crisis Pregnancy Programme
 Social Work Department – Child Protection Policy
 Social Work Department – Guidelines on Record Keeping
 Supervision Protocol
 Supervision Record Sheet
 Underage Pregnancy Guidelines

Bray Women's Health Centre

Three page document with very short pieces on the following
 Available services
 Child Protection
 Crisis Pregnancy Counselling including Post Termination
 Data Protection
 Ethos
 Quality

CURA

Code of Ethics
 Confidentiality
 Child Protection Policy & Procedures
 Complaints Policy
 Counselling after an Abortion Policy and Practice Guidelines
 Dignity at Work Charter
 Initial Crisis Pregnancy Training Programme - Trainers Manual
 Initial Crisis Pregnancy Training Programme – Trainee Manual
 Post Natal Support Service Practice & Guidelines
 Post Natal Support Training
 Procedure for setting up an appointment for Post Abortion Counselling
 Recruitment & Selection of New Volunteer Counsellors Policy & Procedure
 Revised Initial Training Programme – Summary Document
 Schools Awareness Programme Introductory Training
 Supervision Policy
 Training input on Cura Policies & Procedures

Dublin Well Woman

Advice (leaflet)
 Counselling Session Record Form
 Explanatory Document on Performance Management in Well Woman
 Issues for Reception Staff
 Issues for Counsellors
 Issues for Doctor's and Nurses

Post Termination Counselling Record Form
 Protocol on Crisis Pregnancy Counselling
 Protocol on Complaints & Feedback
 Protocol on Confidentiality
 Protocol on Continuing Professional Development
 Protocol on Minors
 Protocol on Referral Pathways to Counselling
 Protocol on Quality Management
 Scan of text from Well Woman Counselling Guide (leaflet)
 Scan of Text from Well Woman Post Termination Care: Medical & Counselling

Femplus

Abuse Protection Policy
 Abortion Care – RCOG February 2012
 After Care leaflet
 Before You Travel Leaflet
 Clinic Description of Crisis Pregnancy Service
 Counselling Protocol
 Complaints Procedure
 Confidentiality Policy
 Health & Safety Policy
 Letter of Introduction
 Mission Statement

Here2Help

A statement of the ethos of Crisis Pregnancy Service of Here2Help
 Confidentiality Policy
 Ethos – taken from the Here2Help website
 Here2Help Child Protection Policy
 Here2 Help's Complaints Procedure
 Here2Help Code of Good Practice in Professional Supervising & Mentoring Policy
 Information
 Policy for Working with Clients with a concealed pregnancy
 Policy & Procedures governing the provision of Pregnancy Counselling/Abortion Information
 Protocol for Here2Help Frontline Staff
 Protocol for working with clients who are non nationals
 Protocol for maintaining Quality Assurance
 Protocol for working with clients with a concealed pregnancy
 Referral Admission and Discharge Policy & Individual Care Plan for Here2Help's Crisis Pregnancy & Post Abortion Services
 Testimonials from the Here2Help website

Irish Family Planning Association

Appointment Booking Procedures
 Assessment for all young people under 18 years
 Child Protection
 Client Information Sheet – Travel Restrictions & Visa Information – Netherlands Visa
 Client Information Sheet – Travel Restrictions & Visa Information – UK Visa
 Client Information Sheet Continuing With A Pregnancy – Adoption
 Client Information Sheet Continuing With A Pregnancy – Parenting
 Client Information Sheet – Termination of Pregnancy Travelling from Ireland
 Client Post Abortion Care
 Clients with Travel Restrictions
 Complaints Procedure
 Counsellor Self Care
 Confidentiality Guidelines
 Confidentiality Policy – Extract from the Staff Handbook
 Continuing With A Pregnancy – Adoption
 Continuing With A Pregnancy – Parenting
 Counselling Database Information
 Counselling Session Record Form
 Counsellor's Performance Review

Couples Counselling
 Crisis Pregnancy Counselling
 Early Medical Abortion
 General Record Keeping Guidelines
 IACP Code of Ethics & Practice for Counsellors/Psychotherapists
 IACP Code of Ethics and Practice for Supervisors of Counsellors and Psychotherapists
 IFPA/ IPPF Client Charter
 Letter of Attendance
 Letter of Introduction
 Manual Vacuum Aspiration Abortion Method (MVA)
 Monthly Counselling Narrative
 Pro Forma Letter of Attendance
 Referral Pathways
 Rogue Agencies
 Staff Training & Development Policy – Extract from the Staff Handbook
 Staff Appraisal & Probation Policy – Extract from the Staff Handbook
 Statistical Reporting – Overview
 Vision & Mission
 Working With Young People & Minors – Critical Incident Report Document

Kerry CPCS

Tralee Family Planning and Women's Health Centre

A one page document which includes very brief details on the following:-

Abortion Information Act
 Client Charter
 Code of Practice
 Complaints Procedure
 Confidentiality
 Ethos
 Supervision
 Quality Assurance

Kerry CPCS

Tralee Women's Resource Centre

Abortion Information Act 1995
 Avoidance of Harm
 Client Contract & Assessment Areas
 Code of Practice/ Client Charter
 Competence
 Complaints Process
 Continuity of Care
 Confidentiality Policy
 Crisis Pregnancy Counselling
 Ethos
 Protocol for Support Staff Receiving Calls/Visits from Crisis Pregnancy Clients
 Protocol for Supporting Clients with Concealed Pregnancies
 Provision of Sign Language Interpreters
 Quality Assurance & Clinical Governance
 Tralee Women's Resource Centre Evaluation Form
 Women in the Asylum Seeking Process Wishing to Access Abortion Services

Kerry CPCS

South West Counselling Centre

South West Counselling Centre Manual – with the following sections

Accountability
 Board of Directors
 Child Protection Policy
 Client Services
 Code of Ethics & Practice/Client Charter
 Complaints Procedure
 Confidentiality
 Collaboration with Other Agencies

Flow Chart of Organisational Structure
 HSE Crisis Pregnancy Programme/; Counselling Service
 Introduction
 Mission & Vision Statement
 Professional Service
 Record Keeping
 Supervision
 Training
South West Counselling Centre Manual Appendices –
 Abortion Information Act 1995
 Code of Ethics & Practice
 Complaints Procedure
 Guidelines for Record Keeping
 Positive Options Counselling: Client Profile Report
 Positive Options Counselling: Evaluation Form
 Protocol on Abortion
 Supervision Policy
 Working through an Interpreter

Life Pregnancy Care

Child Protection Policy Statement
 Volunteer Handbook which includes the following
About Volunteering
Life Property
 Life Policies as follows
Bullying
Child Protection
Complaints
Harassment
Health & Safety
 and also the Code of Ethics & Practice for LIFE Volunteers using Counselling Skills which includes the following sections
Application Form for Volunteers
Complaints
Confidentiality
Confidentiality Statement
End of Year Supervision Report Cover Sheet
Introduction
Issues of Competence
Life Offices
Management of Work
Reference Request Form
Supervision Record
The Code of Ethics
Volunteer Application Form
Volunteer Declaration Form
Volunteers using Counselling Skills

Mayo CPCS

Confidentiality Guidelines
 Guidelines for Answering Crisis Pregnancy Lo Call Phone
 Guidelines for Good practice in working with Clients
 Guidelines for Working with Suicidal Clients
 Key Principles that underpin Crisis Pregnancy Counselling
 Mayo General Hospital – Medical Social Work Department – Supervision Policy
 Philosophy & Ethos
 Protocol on the Abortion Information Act 1995
 Protocol on Confidentiality
 Qualitative Evaluation
 Service Evaluation Form

Midlands CPCS

Assisting Asylum Seekers to Travel Abroad for Termination
Confidentiality Policy in Relation to the Counselling Relationship
Letter of Introduction
Management of Client Information & Client Upkeep
Management of Complaints made to the staff of the MCPCS regarding Rogue Agencies
Management of Freephone
The Provision of Three Option Information

One Family

Complaints Policy
Counselling Service – Procedure Policy which includes the following
Mandatory Reporting
Minors and Abortion Information
Confidentiality in certain circumstances
Irish Law & Abortion Information - Crisis Pregnancy Counselling Staff Information
Principles & Procedures in Non Directive Pregnancy Counselling
Rights of the Client including how to make a complaint
Structure of the Crisis Pregnancy Counselling Session at One Family – Procedures for Service Delivery & Overview of the service

Sexual Health Centre

Articles of Association
Board of Directors Handbook which includes the following sections
Code of Governance
Governance & Responsibilities in principle
Recruitment & Selection
Terms of engagement
The Role of the Board
Employee Handbook which includes the following sections
Code of Conduct
Compensation & Benefits
Communications & Consultation
Conditions of Employment
Dignity & Respect
General Company Information
Health & Safety Policy
Introduction
Leave of Absence
Performance Management
Recruitment & Selection
Termination of Employment
Strategic Plan – 2010 – 2013
Policies & Procedures Manual – Support Services which includes the following sections
Appendix 1 – Regulation of Information Act 1995 Confidentiality
Confidentiality
Core Information – Special Issues
Disclosure, Boundaries & Reporting
Evaluation & Complaints Procedure for Clients
HIV Services
Introduction
Quality Assurance & Quality Improvement
Rapid HIV Testing
Referral Mechanisms
Services for under 17's
Support Services

Youth Health Service

Code of Practice including the code of ethics Lone Working Policy
Complaints Procedure
Equal Opportunities & Dignity & Respect Statement
Confidentiality Information Agreement

Guardian Consent Form
Irish Association of Counselling & Psychotherapy – Code of Practice
Key Performance Indicators for Jan1st 2012 to June 30th 2013
Letter of Introduction
Lone Working Policy
One Page document on what is the YHS their services location and details of opening times and how to make an appointment
Parent Consent Form
Procedure for the receipt of social work generated referrals
Protocol for Youth Health Service referrals from Social Work Departments and Care Homes (special care residential units)
Role of the Crisis Pregnancy Counsellor
Underage Pregnancies and Pregnancy Tests for Minors

West Cork Counselling and Support Services Ltd

Operational Policy Handbook – which states the policies governing the delivery of Services and includes the following sections
Counselling Service Policies
General Policies
Handbook Overview
Support Services

Information Note 1:**Review and Analysis of Funding of Counselling Services by the CPA (2009-2010):**

The CPA commissioned a review of a number of key areas relating to the funding of Crisis Pregnancy Counselling Services in 2009. The aim of the review was to inform the continued provision of grant assistance in this area both from a strategic and a financial perspective. This review built on work undertaken as part of the external evaluation of the CPA's Funding Programme conducted in 2005. The review was also cognisant of research undertaken by the CPA in 2002/2003 on the provision of crisis pregnancy counselling services. The outcomes from both projects combined to provide a strategic basis for funding of Crisis Pregnancy Counselling Services. All State funded CPC services were consulted with as part of this project and the findings shared with the CPA/CP.

Information Note 2:**Certificate Course in Crisis Pregnancy Counselling Skills:**

The CPP has made available training, developed in partnership with the Department of Adult and Community Education, NUI, Maynooth through the Certificate Course in Crisis Pregnancy Counselling Skills (level 8). This skills based programme aims to support individuals to further enhance their counselling skills in this unique field of counselling and to set standards of good practice in the area. This is a 100-hour course over one academic year which consists of four modules totalling 20 credits. The course is delivered over seven two-day workshops. Over 100 professionals including counsellors, social workers and specifically trained volunteers working in services funded by the CPP have completed the course to date.

Course Aims

- To define and explore key aspects of Crisis Pregnancy Counselling
- To enhance Crisis Pregnancy Counselling skills in the context of a reflective practice model of learning
- To situate Crisis Pregnancy in an intercultural context
- To explore core professional issues underpinning Crisis Pregnancy Counselling
- Ethical, legal and professional issues in Crisis Pregnancy Counselling.

The Certificate course is underpinned by the draft 'Standardised Framework in Crisis Pregnancy Counselling – A Practice Guide' which is available through training and copies are provided to all relevant funded services who participate in the same. Over 180 copies have been disseminated to date. The development of this and other resources in this unique field of counselling has been informed by research in this area (see Research Reports No 4 and 12 on crisispregnancy.ie) and consultation with the State funded crisis pregnancy counselling service providers working on the ground in this area. The Course was broadened out in 2010-2011 to facilitate uptake of this course by Counsellors/Social Workers and other health care professionals employed in the HSE, in addition to being available to services funded by the CPP. This allowed for the further sharing of practice within the health sector and provided an important networking opportunity to support inter-referrals between providers in the broader health care setting, which is important in the provision of supports to those experiencing or who have experienced a crisis pregnancy.

Other CPD supports made available directly to State funded Crisis Pregnancy Counselling Services:**Series of Masterclasses: Supporting an unplanned pregnancy**

Organised by the Department of Adult and Community Education, National University of Ireland Maynooth in conjunction with HSE CPP.

The HSE CPP in conjunction with NUI, Maynooth and a number of professionals working in the area developed a series of Masterclasses in 2011. 12 such Classes have been delivered to date to a range of health care professionals including crisis pregnancy counsellors funded by the CPP. The aim of these Masterclasses is to create an opportunity for professionals to gain more in-depth

knowledge and skills to resource them in managing the challenges that present around unplanned pregnancy. The Masterclasses provide a supportive informative space for dialogue and reflection to help to strengthen professionals' work in the broad field of crisis pregnancy. Opportunities are created as part of these Classes for participants to share experiences and knowledge as part of this learning process. Topics covered in these classes to date include the following;

- Termination – A Complex Issue
- The role of the father in an unplanned pregnancy, where is he?
- The minor and unplanned pregnancy – the law and child protection
- Young migrants and ethnic minority women in Ireland – sexual wellbeing and unplanned pregnancy

These Masterclasses are linked to CPD points. These Masterclasses further support the work of the Programme in the area of quality and standards development in the broad field of supporting clients with a crisis pregnancy.

Information Note 3:

Guidelines and Resources for Service Providers:

The Programme through training materials and resources has recommended that Service Provider's in receipt of funding for this work be cognisant of guidance provided by Royal College of Obstetrics and Gynaecology in this regard (RCOG, UK, The Care of Women Requesting Induced Abortion (most recent version November 2011)). The Programme has also funded the development of guidelines for Health Care Practitioners working in this area as part of its 'Key Contact' suite of resources. A new resource, developed by the ICGP and funded by the Programme that is a combination of the two resources 'Key Contact - Primary Care Guidelines for the Prevention and Management of Crisis Pregnancy (2004) and 'Key Contact: Care of a woman after abortion' (2007) was published in March 2013. This is entitled 'Crisis Pregnancy: A Management Guide for General Practice'. The aim of the document is to ensure that all women with crisis pregnancies receive high quality care when they present to general practice. This guideline provides evidence-guided information and recommendations to support GPs when providing this care. The Guideline is available to all GPs through the ICGP. The HSE CPP has promoted the availability of this updated Guideline to all State funded Crisis Pregnancy Counselling Services with copies disseminated to all services in March 2013.

Other Published Resources:

The HSE CPP commissioned the development of a 'Toolkit: Establishing and Managing a Crisis Pregnancy Counselling Service' (2008). This is a companion piece to the Course and the supporting Manual. The rationale for the commissioning of this resource was based on the findings of research conducted with existing service providers and on feedback from newly established services which indicated the need for a comprehensive information and support tool to assist with service development and delivery. The role and aim of the 'Toolkit' is to assist both existing and newly established crisis pregnancy counselling services funded by the former Agency with planning, management, service delivery and operational processes and procedures in order to enhance and support service delivery. While the 'Toolkit' is not intended as a 'one-stop-shop' for service set up and delivery its content provides information, pointers and support on a range of relevant matters from governance to strategic planning, evaluation including client feedback mechanisms and promotion of Services. It aims to support services to be well informed and equipped to deliver a crisis pregnancy counselling service on a day to day basis in line with good practice. This resource was made available to all the crisis pregnancy counselling Services funded by the HSE CPP. Multiple copies were requested by some services for distribution to all funded centres. Over 75 copies of this resource have been disseminated to date. The resource is particularly useful to services who are in the establishment phase or who are setting up new services/centres. Longer established services find the resource useful in assisting with ongoing evaluation and review of services as part of their overall quality assurance mechanisms.

Examples of consultation processes that CPC services participated in

Development of the 'Positive Options campaign' (2003 with ongoing consultation re changes to campaign)
Participation in research on crisis pregnancy counselling (commissioned 2002 and 2003)
External Evaluation of Funding Programme with specific focus on CPC Services (2005)
Development of draft 'Standardised Framework in Crisis Pregnancy Counselling – A Practice Guide' and associated Certificate Level Course in Crisis Pregnancy Counselling Skills (2005-2006)
Participation in Course Advisory Board by a number of CPC Services (ongoing)
Two evaluations of the Certificate Level Course in Crisis Pregnancy Counselling Skills (2009 and 2012)
Review of statistical/financial and qualitative reporting requirements (2007)
Development of the 'Toolkit' (2008)
Review and Analysis of Funding of Counselling Services by the CPA (2009-2010)
Development of a reporting mechanism re 'Disingenuous CPC Services' in partnership and HSE Children and Families (2010)
Development of Masterclasses (2011 and 2012)
Development of National Sexual Health Strategy from CPC perspective (2012)

Developing Referral Pathways:

Ensuring that the general public, and particularly those at higher levels of risk of crisis pregnancy, are aware of the various services in place is a continuous challenge for the HSE CPP. A key related focus is the clarification and improvement of pathways between services both during and after a crisis pregnancy. The goal of the HSE CPP is to ensure that all people experiencing crisis pregnancy are directed to services that can best support their needs at a given time. Supports need to be responsive to women's needs and the needs of their partners and families and it is critical that women, health professionals and those coming into contact with women are aware of supports available to them.

The campaigns, resources and services listed below form part of the HSE CPP's response to this identified need and further augment the HSE CPP's quality assurance framework.

Information Campaigns - Supports for Service Providers and members of the Public:

Positive Options

Positive Options is a gateway offering easy access to a range of high quality, state-funded organisations specialising in crisis pregnancy services. Positive Options provides neutral information, presented in a non-judgmental way, on the range and nature of services provided by each organisation thus allowing the woman, at the centre of the crisis, freedom of choice in accessing information and help.

The Positive Options brand was developed in partnership with crisis pregnancy counselling services in 2003. The brand was developed to raise awareness of free, non-judgemental, supportive crisis pregnancy counselling services among women. In 2007 and 2010 the Programme, in collaboration with crisis pregnancy counselling services re-developed the campaign. The most recent re-developed aimed to highlight the fact that there is always a supportive listener available to help during a crisis pregnancy, in the form of highly trained crisis pregnancy counsellors. It was acknowledged by the Programme and crisis pregnancy counsellors that while the campaign was trusted by the target audience, it needed to shift its focus to clearly communicate the benefits of counselling and the support it can provide to women experiencing a crisis pregnancy.

The campaign elements include; TV, Radio, OOH posters, online advertising and leaflets, wallet cards and posters. The 'call to action' on all advertising materials direct women to access further information about the services via the positiveoptions.ie website or the SMS freetext service – LIST to 50444. The crisis pregnancy counselling services are updated on media planned via email and also during service provider network meetings.

The HSE CPP supports the crisis pregnancy counselling services in the development of materials that aim to promote the services they provide. The HSE CPP provides guidance on the development, including content and design and also the dissemination of these materials.

In 2012, 69% of the target audience were aware of the Positive Options campaign and its message that 'talking to a counsellor can help'. Approximately 92,000 Positive Options leaflets and 14,000 Positive Options wallet cards were distributed directly to women mainly through the Women's Mini Marathon goodie bags and Studentcents.ie fresher week goodie bags. The website positiveoptions.ie received approx 50,000 visits and over 7,000 text messages were received requesting crisis pregnancy counselling information.

Development of high quality information materials:

The HSE CPP supports a range of projects concerned with developing and improving information for people experiencing a crisis pregnancy and those that work to support them with a focus on State funded crisis pregnancy services.

Positive Options Phase II

Positive Options Phase II aims to ensure that those availing of crisis pregnancy counselling receive quality information on their options and further available supports during a counselling session. The CPP sought to fill the gaps reported by women in the range of existing information resources produced by various organisations. Mapping of existing resources under Positive Options was carried out by the former CPA in 2004/5. Representatives from all crisis pregnancy organisations participated in a discussion to explore possibilities for Positive Options Phase II. In response to the gaps identified the following materials were developed by One Family and funded by the CPP:

- Having a baby
- Becoming a Parent
- When a Relationship ends
- Getting into Employment
- Childcare – finding what works for you and your child.

These resources/guides were published by One Family and disseminated to relevant Services.

Key Contact

'Key Contact' is a term that is used by the CPP to describe a person or Agency that may be contacted by a woman in need of information on crisis pregnancy support services. This assistance can also be extended to the woman's partner and family. The CPP has developed and funded a series of resources under the Key Contact banner to help support crisis pregnancy counsellors and health professionals in the prevention and management of crisis pregnancy.

The *Key Contact - Information and Service Directory for Community and Health Care Professionals* resource in the series provides all the relevant information in one place so the service provider can better help a client to cope and to make informed decisions. This resource enables 'key contacts' to respond more effectively in a crisis pregnancy situation by providing all the necessary factual information and details of local services so that the woman can be helped without delay.

The following four titles have been published under this title.

- Information and Service Directory for Community and Health Care Professionals (developed in conjunction with the HSE South).
- Information and Service Directory for Community and Health Care Professionals (developed in conjunction with the HSE Dublin North City and County/HSE North Eastern Area).
- Information and Service Directory for Community and Health Care Professionals (developed in conjunction with the HSE West)
- Information and Service Directory for Community and Health Care Professionals (developed in conjunction with the HSE Dublin Mid-Leinster)

The *Key Contact - Primary care guidelines for the prevention and management of crisis pregnancy* provides information for health professionals on crisis pregnancy counselling, support and information plus referral procedures and information on ante-natal and post-abortion care

The *Key Contact - Directory of supported accommodation for women experiencing crisis pregnancy* is a directory of temporary accommodation centres for pregnant young girls and women or lone mothers who may be without a home as a result of crisis pregnancy.

The *Key Contact - Reproductive health information for migrant women* is a guide to reproductive health care, including crisis pregnancy, and support services in six languages – Arabic, Chinese, English, French, Polish, Romanian and Russian. This resource was developed by Treoir and funded by the HSE CPP.

The *Key Contact - Care of a woman after abortion* provides guidelines on assisting a woman after an abortion and directory of helpful services. This resource was developed by the ICGP in collaboration with the HSE CPP.

Treoir, the national federation of services for unmarried parents and their children

Treoir is the National Specialist Information Service for unmarried parents and their children providing clear and up-to-date information **free of charge** to parents who are not married to each other and to those involved with them. Treoir has a national information line, the staffing of which is funded by the HSE CPP. This information line which is also promoted under 'Positive Options' is used by crisis pregnancy counselling services, other health care professionals and members of the public.

The HSE CPP also provides funding to Treoir to develop and disseminate high quality information materials that are in line with the CPP's mandates. These materials, particularly the *Information Pack for unmarried parents*, are used by crisis pregnancy counsellors and disseminated to women experiencing crisis pregnancy on a regular basis.

The following materials were developed by Treoir and funded by the CPP.

- Information Pack - for unmarried parents provides information on Guardianship, Custody, Maintenance, Paternity, Shared Parenting, financial information and much more.
- Being there for them - for grandparents of children whose parents are not married to each other.
- Reproductive Health Information for Migrant Women available in Arabic, Chinese, English, French, Polish, Romanian, and Russian. This resource is available in a manual or CD format.
- Young Parent Survival Guide - a great magazine for young mums and dads.
- Information for Young Parents in Education - this resource provides accurate up-to-date information to young parents on educational opportunities and associated topics.
- Adoption booklets for birth parents considering adoption.
 - Introduction*
 - Adoption in Ireland today
 - Workbook

*Also available online in Latvian, Lithuanian, Mandarin Chinese, Polish, Romanian and Russian

- Legal information for unmarried migrant parents available in Arabic, Chinese, English, French, Polish, Romanian and Russian.

Post Abortion Services:

Abortion Aftercare

In 2008 the former CPA, in collaboration with State funded crisis pregnancy counselling service providers, developed and implemented a new 'Abortion Aftercare' campaign. The campaign promotes the availability of free post-abortion medical and counselling services to women in Ireland in State funded crisis pregnancy services, general practitioners and family planning centres. Access to free post-abortion medical checkups is currently available through eight CPP funded services nationwide.

In 2012, 30% of women were aware that post-abortion services are available in Ireland to women who had an abortion. The free text service received approximately 500 messages requesting information on post-abortion services, and the website abortionaftercare.ie received 8,791 visits in 2012. Approximately 1,700 Abortion Aftercare leaflets were distributed in 2012.

Reviewers Note

Audit of State-funded Crisis Pregnancy Counselling services provided by the HSE and HSE -funded agencies.

I attach a report of an audit of Health Service Executive (HSE) -funded crisis pregnancy counselling services undertaken under my oversight by the Quality Patient and Safety Audit service of the HSE. I also attach a list of actions prepared by the Crisis Pregnancy Programme of the HSE to implement the audit recommendations and more generally to support quality improvement in these services.

Background

The Health Service Executive conducted an initial review in October/November 2012 of matters raised by an Irish Independent journalist in relation to allegations that certain pregnancy counselling services could be in breach of the Regulation of Information (Services outside the State for the Termination of Pregnancies) Act 1995. This involved a review by the Crisis Pregnancy Programme of transcripts provided by the journalist of six counselling sessions recorded without the knowledge of the counsellors involved. While recognising the limitations of a review of transcripts and the positive aspects of the sessions recorded the HSE initial review identified some potential issues of concern in relation to practice, based on and related to a number of the allegations made, including what appeared to be some inappropriate clinical guidance/practice. In the light of these concerns the HSE decided to have a review of crisis pregnancy counselling services. I was asked to provide independent oversight for this review.

Audit Terms of Reference

The HSE National Director of Quality and Patient Safety decided that this review would be undertaken by way of a full audit by the Quality and Patient Safety Audit services of the HSE. I agreed with him the following terms of reference for this audit:

1. *To review 2012 service- level arrangements between the HSE and the services and agencies included in the audit with regard to regulation, compliance and quality assurance.*
2. *To identify the current reporting, monitoring and oversight arrangements in place within the HSE with the crisis pregnancy counselling services and agencies subject to a service- level arrangement.*
3. *To provide assurance to the HSE for a sample of HSE and HSE-funded crisis pregnancy counselling services and agencies:*
 - (a) *That protocols in place for the provision of crisis pregnancy counselling services and information are in accordance with the relevant legislation and in line with current good practice.*
 - (b) *To validate evidence to confirm that these protocols are operational and adhered to by the services and agencies included in the audit.*
 - (c) *To validate evidence to assess whether existing protocols adequately address all of the alleged breaches of crisis pregnancy counselling practice.*
 - (d) *To identify the approach to training and supervision of crisis pregnancy counsellors by the services and agencies included in the audit.*
4. *To identify any gaps and make recommendations to improve practice*

Audit Recommendations

The audit recommendations are set out in Section 5 of the Final Audit Report. Appendix A of the report sets out a schedule of recommendations and the Management Response by the Crisis Pregnancy Programme of the HSE to these recommendations. The Management Response addresses the implementation of all the recommendations. Recommendations in relation to specific services arising from site visits are included in the relevant site reports. Services have committed to implementing these recommendations. Two issues raised in an audit alert prior to a site visit have been resolved.

The HSE has prepared a document outlining actions being taken to enhance crisis pregnancy counselling services incorporating the various recommendations from the audit.

Other Actions

While not specifically part of the audit overseen by me I note that the HSE referred its initial review of transcripts to the relevant services. All services have informed the HSE of actions being taken following each service's review of issues arising. The Crisis Pregnancy Programme is monitoring implementation of these actions.

Implementation

Some audit recommendations have been implemented, others are in course of implementation and all recommendations should be implemented by 30 June 2014. By the end of 2014 all services should be using the new self-assessment framework. Leadership seminars were held with all funded services in September 2013 and, along with regional seminars for all pregnancy counselling service staff planned for late 2013 and early 2014, will provide an opportunity to address issues covered in the audit report findings and recommendations.

I recommend that the Crisis Pregnancy Programme should make quarterly reports on implementation to HSE Senior Management to ensure that any implementation difficulties that may arise are addressed speedily. I recommend also that a follow-up audit be conducted at the end of 2014 to provide assurance on implementation

Acknowledgements

I thank the Audit Team for their work on the Audit, the staff of the Crisis Pregnancy Programme for their input to me in my oversight role and the Crisis Pregnancy Counselling Services for their cooperation with the work of the audit.

Brigid McManus
10 October 2013

Actions to support the delivery of Crisis Pregnancy Counselling Services

The purpose of the HSE Crisis Pregnancy Programme (the CPP), formerly the Crisis Pregnancy Agency, is to bring strategic focus to the issue of crisis pregnancy and so to add further value to the work of existing service providers. The CPP's work in the area of supporting Crisis Pregnancy Counselling Service provision is governed by the following mandates;

- 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.
- The provision of counselling services, medical services and such other health services for the purpose of providing support after crisis pregnancy, as may be deemed appropriate by the Crisis Pregnancy Programme.

In its current National Strategy 2012-2016 entitled 'Participating in a National Approach that promotes good sexual health, Informed Decision-making, evidence-based practice, and access to High Quality Services', which was developed based on a consultative process, the CPP is guided by a number of strategic objectives in order to add value to the work of service providers in the field of crisis pregnancy counselling including the following;

Strategic Objective 3: Crisis Pregnancy Counselling Services

'Improve access to consistent, high-quality crisis pregnancy counselling and post-abortion services and promote the availability of community-based post-natal and family supports'.

This Action Plan has been prepared by the CPP in order to outline ongoing work in the area of Crisis Pregnancy Counselling and related services over the time period 2012-2016, which has been built on work undertaken under two previous national strategies. This Action Plan also sets out the CPP's response to the recommendations of the HSE Quality and Patient Safety functions 'Audit of Crisis Pregnancy Counselling Services provided by the HSE and HSE funded agencies following alleged breaches of crisis pregnancy counselling practice'.

All actions detailed in this Action Plan are the responsibility of the HSE Crisis Pregnancy Programme.

Guidance Note

Actions listed in this plan based on the recommendations from the audit report have been grouped under specific headings due to their interconnectedness and relevance to the overall area of quality assurance and the specific sub headings included in this document, namely 'Funding Programme Processes and Procedures', 'Policies, Procedures, Protocols and Guidelines' (PPPGs) and 'Good Governance and Quality Assurance'.

There are a number of existing systems and controls in place that will need to be maintained and resourced in addition to new initiatives taking place over the time period July 2013 – June 2014 and onwards. These are set out under the sub heading 'Overview of Existing Systems and Controls'. Other ongoing work that will also continue to feed into the overall quality assurance framework for the support and delivery of Crisis Pregnancy Counselling and related services nationally is also included in this Plan and is integrated in these responses.

Staffing:

A Head of the CPP is currently being appointed and will be in post shortly. There has been no Director in post since July 2012.⁴

Funding Programme Processes and Procedures**Overview of Existing Systems and Controls**

The Funding Programme of the CPP is part of the HSE's Governance Framework for Non Statutory Agencies. Non statutory services that the CPP funds sit under the Section 39 processes and procedures. The documentation relevant to this Framework can be found on the HSE's website at the following link

http://www.hse.ie/eng/services/Publications/Non_Statutory_Sector/.

The CPP has signed agreements in place with all funded Services that contain requirements in relation to good practice and specific legislation. All Crisis Pregnancy Counselling Services must complete a HSE 'Governance Self Evaluation' questionnaire prior to the renewal of funding agreements which is reviewed by the CPP.

The content of agreements are reviewed with all relevant Services as part of the review and renewal process. The current versions set out in addition to the services to be provided, and the level of financial assistance; requirements in relation to good practice and legislative requirements, detailed reporting requirements, a set of agreed key performance indicators and service targets.

The CPP has standard reporting templates for services. The content of templates is tailored to the specific services funded under each agreement as required. Services are required to submit financial and statistical reports quarterly and qualitative reports bi-annually as part of the CPP's monitoring processes. These reports are reviewed and used to inform review meetings with the relevant Services.

The CPP meets with funded Services individually and collectively at various times under the duration of agreements. As part of the review meeting process facilitated by the CPP information in relation to management, governance and accountability is currently shared with and between funded Services as required.

The audit has made a number of recommendations to further augment the HSE's governance process in this area.

Improvement Required:

1. Each service to provide details of good practice, standards and/or guidelines recognised by them in the provision of crisis pregnancy and post termination counselling services for inclusion in the relevant agreement/arrangement.
2. SLAs and GAAs are amended to include the requirement by the HSE to develop and implement a quality and safety development plan.
3. HSE crisis pregnancy counselling services that sub contract to non statutory agencies for the provision of crisis pregnancy counselling provide assurance that:
 - (a) they have appropriate agreements/arrangements in place with such agencies and
 - (b) such agencies have appropriate PPPGs in place in line with good practice and the provisions of the Abortion Information Act, 1995.

⁴ The Funding Officer took on day to day management responsibility for the work of the CPP in the absence of a Director. The Assistant National Director for Health Protection took over the responsibility of providing more direct oversight of the work of the Programme in the intervening period.

Actions Planned to improve quality in this area:

- a) The CPP is requesting that all funded Services provide details of documentation relating to good practice, standards and/or guidelines recognised by them in the provision of crisis pregnancy and post termination counselling services for inclusion in the relevant Schedules of their agreements. This process commenced in June 2013 for agreements due for renewal at this time (6/15) and will be completed by year end as part of the renewal process of all relevant agreements (remaining 9 due for renewal by 1st January 2014). **Update (February 2014)- This process has now been completed for all 15 services as at 31st December 2013.**
- b) The requirement to develop and implement a quality and safety development plan is a requirement in HSE Service Arrangements (7). The CPP will include this as a new requirement under the 'Special Conditions' section of the relevant GAAs (2). The CPP has already included this as a specific requirement in the relevant Schedule of the SLAs with HSE based Services as part of the renewal process (6 - completed June 2013). The CPP will ensure that this requirement is placed on all relevant Services annually as part of the relevant reporting processes. **Update (February 2014) - This is now an agreed addition to all 15 service agreements as at 31st December 2013.**
- c) The content of existing Service Level Agreements due for renewal at present that cover sub contracting of service provision have been further augmented to provide assurances to the HSE in this regard (July 2013). Existing clauses relating to 'Good Practice' and 'Governance and Monitoring Arrangements' have been amended to more explicitly articulate these requirements. This will be further augmented and in due course tested as part of a 'Self Assessment' process (see Action under 'Governance and Quality Assurance'). **Update (February 2014) - All 15 service agreements have been amended to reflect these requirements as at 31st December 2013.**

Timeframe:

1st July 2013 - 31st December 2013

Policies, Procedures, Protocols and Guidelines (PPPGs)**Overview of Existing Systems and Controls**

The CPP has signed agreements in place with all non statutory funded Services that contain requirements in relation to the development of and adherence to relevant policies, procedures, protocols and guidelines. This information is also set out in the 'Toolkit – Establishing and Managing a Crisis Pregnancy Counselling Service (2008) (the 'Toolkit') which was disseminated to all funded Services (statutory and non-statutory) in 2008. The role of the 'Toolkit' is to assist both existing and newly established crisis pregnancy counselling services with planning, management, service delivery and operational processes and procedures in order to enhance and support service delivery. While the 'Toolkit' is not intended as a 'one-stop-shop' for service set up and delivery, its content provides information, pointers and support on a range of relevant matters from governance to strategic planning, evaluation and promotion. The 'Toolkit' will be reviewed and updated following the piloting of the revised 'Standardised Framework for Crisis Pregnancy Counselling – A Practice Guide' (2013). This Practice Guide was updated in 2013 and takes account of issues arising in the context of the audit.

Improvement Required:

4. Seek assurance that crisis pregnancy counselling services have appropriate PPPGs in the following areas:
 - Abortion Information Act, 1995
 - Supervision (internal and external)
 - Quality assurance
 - Code of good practice
 - Client charter
 - Ethos
 - Reporting of alleged child abuse
5. Seek assurance that crisis pregnancy counselling services have adequately addressed the following issues in the context of their PPPGs:

- Establishing the counselling contract and outlining the role of the counsellor in providing 3-option information counselling.
 - Understanding the role of the CPP in this area.
 - Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting.
 - Consistency in outlining the risks associated with abortion.
 - Provision of information in accordance with the Abortion Information Act.
 - Clarity on the role of the service in providing information on clinics abroad, if applicable, and the limits of this role.
 - Provision of information concerning clinical matters raised by the client (e.g. access to Abortifacients through online sources/in Ireland).
6. Develop guidance on the following issues in order to guide services in the development of their PPPGs:
- Disclosure of a possible termination in the future by the client in the case of complications or the need for care in a medical setting
 - Provision of information concerning clinical matters raised by the client (e.g. access to Abortifacients through online sources/in Ireland).

Actions Planned to improve quality in this area:

d) Copies of all relevant PPPGs have been sought from funded Services as part of the renewal process of all relevant agreements, which is due to be completed by year end. The CPP is working to ensure that any gaps in PPPG's identified by the audit team as part of their desk-top review and site visits are being addressed by the relevant services as part of this process. This work commenced in June 2013 following receipt of the draft audit report.

e) Leadership Seminars covering areas set out under point 5 above, amongst others, are due to take place with funded Services in September 2013. These will be rolled out through regional seminars to all those working in funded Services from late 2013-2014.

All Services will be requested to review the relevant PPPGs as part of the agreement renewal process, which is due to be completed by year end (July to December 2013). All PPPGs will also be reviewed by the CPP as part of this process. This process has already commenced.

A mechanism to facilitate the seeking of further assurances regarding the review and development of PPPGs in these areas and the testing of the same will form part of the scope of the Self Assessment Framework process.

f) Correspondence in relation to these areas issued to Service Providers in August 2013. The relevant sections of the CPP's websites have been updated to include additional information in relation to medical disclosure and the attention of Services have been drawn to this. Further guidance in the areas set out under point 6 above will be provided to Services through information sharing sessions that will commence in September 2013. A copy of the revised 'Standardised Framework for Crisis Pregnancy Counselling – A Practice Guide' ('Practice Guide') which includes guidance in relation to both these areas, amongst others, will be disseminated to all funded Services through a learning and development process that will cover these issues shortly (commencing September 2013). A comprehensive review of the 'Practice Guide' has taken place over a number of months from a counselling, medical and legal perspective. The content of the revised 'Practice Guide' will assist with further protocol development in a range of areas including those referenced under point 6.

The CPP funded the development of this 'Practice Guide' (first published as a training manual in 2007). This document contains the national standards for good practice in crisis pregnancy counselling, which are delivered through training. The training manual covers aspects of crisis pregnancy counselling practice and specific information relevant to the field including information on parenting, adoption and abortion along with addressing a range of other specialist issues including working with minors, child protection requirements and supporting asylum seekers. The development of this and other resources in this unique field of counselling was informed by research

commissioned by the CPP to address knowledge gaps in the area of crisis pregnancy counselling (see Research Reports No 4 and 12 on crisispregnancy.ie) and consultation with the State funded crisis pregnancy counselling service providers working on the ground.

The relevant sections of the CPP's websites will be updated to include additional information in relation to medical disclosure and the attention of Services will be drawn to this.

Areas set out under points 5 – 6 will also be addressed further as part of the ongoing Certificate Course in Crisis Pregnancy Counselling Skills and the associated Masterclasses. Course content and the Masterclass topics have been reviewed to ensure that they cover emerging issues identified as part of this process and broader work in this area. Specific Masterclasses in the areas of 'Termination'; 'Legal issues in crisis pregnancy counselling'; 'Advanced Counselling Skills Practice' and 'Ethics and Supervision' will take place in 2013-2014. Content is reviewed annually to respond to any emerging issues identified by Services or through training.

A Practitioners Guide for using Counselling Skills in the context of crisis pregnancy, which addresses these and other issues, will also be developed based on the case study approach that underpins this training and this will be disseminated to all funded services on completion in 2014.

Timeframe:

1st July 2013 – 31st December 2013

Good Governance and Quality Assurance

Overview of Existing Systems and Controls

The CPP has signed agreements in place with all funded Services that contain requirements in relation to good practice and specific legislation.

In the specific area of quality assurance the CPP has commenced work on the development of a 'Self Assessment Framework' as per Strategic Objective 3 in its National Strategy 2012-2016.

This project will build on other initiatives by the CPP to date including but not limited to the development and delivery of training (including the Certificate Course and associated Masterclasses) supported by the 'Standardised Framework for Crisis Pregnancy Counselling – A Practice Guide', and the dissemination of the service management resource 'Toolkit – Establishing and Managing a Crisis Pregnancy Counselling Service'.

The hosting of network meetings to facilitate the sharing of research findings, information and practice relevant to this area with this sector will also continue.

The CPP supports supervision of and ongoing professional development for counsellors, social workers and specifically trained volunteers working in State funded Crisis Pregnancy Counselling Services. This is demonstrated through funding provided direct to Service Providers to assist with ongoing training, CPD, internal and external supervision for those providing crisis pregnancy counselling services and requiring additional supports in this regard.

Funding is provided to support services in accessing supervision and relevant training as part of CPD both directly in the form of training grants and indirectly through the funding of access to the NUI, Maynooth approved Certificate Level in-service training course in Crisis Pregnancy Counselling Skills (20 credits – level 8). The CPP funds the registration fees for all those who accept places on this course annually. This Course is the first of its kind in Ireland.

Access to training was further augmented in 2011 through the development and delivery of NUI, Maynooth approved Masterclasses on key crisis pregnancy related topics which also have CPD points allocated. Representatives from all funded Crisis Pregnancy Counselling Services have either participated in/applied to participate in the year long part time

course/Masterclasses at this juncture. Over 100 individuals working in State funded services have completed the 100 Hour Course in Crisis Pregnancy Counselling Skills to year end 2012. Over 160 places have been taken up to year end 2012 by Health Care Professionals, including Crisis Pregnancy Counsellors, on the series of Masterclasses which commenced in 2011.

Building on the work to date an international expert in the area of supervision and counselling has been requested to develop and deliver a Masterclass on supervision and the ethics associated with this work and how it can support organisations and individual counsellors in the ongoing monitoring of counselling services as part of the quality assurance process. This Masterclass will take place in 2014 and will be repeated as required.

Improvement Required:

7. All services develop and implement a quality and safety development plan for submission to the CPP under the terms of the service arrangement, service level or grant aid agreement applicable to them.
8. Self assessment framework identified in its National Strategy is designed and implemented for crisis pregnancy counselling services as soon as is practicable.
9. Design of the self assessment process should take account of the need for crisis pregnancy counselling services to provide assurance that they are operating on the basis of good practice and within the provisions of the Abortion Information Act, 1995.
10. Results of self assessment from crisis pregnancy counselling services are 'spot checked' or tested to provide assurance that the information reported is robust and reliable.
11. Funded crisis pregnancy counselling services are required to participate in a periodic forum to discuss issues related to management, governance and accountability on a periodic basis.

Actions Planned to improve quality in this area:

- g) The requirement to submit a quality and safety development plan annually as part of a Self Assessment process is being included in the reporting requirements set out in all agreements as part of the renewal process. This commenced in June 2013 (6) and is due to be completed by 31st December 2013. Plans will be required to be submitted annually from this date as part of the year end reporting processes currently in place (annual reports fall due by 31st January of each year).
- h) The CPP has commenced work on the development of a Self Assessment Framework as per Strategic Objective 3 in its Strategy 2012-2016. This project is due to go to tender in September 2013. The target completion date is June 2014. All funded Services will be utilising this framework by the end of 2014.

A Self Assessment Framework will facilitate Services and funders in articulating clearly the national standards that govern their work in this area. It will facilitate measurement of progress in terms of Services meeting or exceeding these standards and will allow the Service Provider and funder to assess progress, identify any gaps and allow for evidence informed service enhancement in order to fill such gaps if required. The Self Assessment Framework will assist Services in supporting and monitoring counselling practice in their services and will support funders in identifying any further supports required in this area.

- i) The development of a Self Assessment process will include a method to gain and test assurances in all areas relating to good governance and good practice. This project will be developed and delivered as per the timelines above.

- j) The CPP will request assurances from funded Services that PPPGs are robust as part of the next phase of the agreement renewal process. This is due to be concluded by year end. Copies of PPPGs will be reviewed by the CPP as part of this process. Evidence as to how PPPGs are being implemented will be sought as part of this process of reviewing PPPGs. This work will be augmented as part of the Self Assessment process as a mechanism to facilitate spot checking/testing results will form part of the scope of the Self Assessment project.
- k) The CPP will establish and facilitate a forum of Crisis Pregnancy Counselling Service Managers on a periodic basis. This was identified as a need by the CPP based on communications with funded Services. The first such meeting is scheduled to take place in September 2013. The existing network meeting forum of Directors of Counselling/Lead Counsellors will continue to be facilitated to meet a number of times throughout the year. A meeting of this forum is also scheduled to take place in September 2013.

Timeframe:

1st July 2013 - 30th June 2014

Additional Actions planned in the area of 'Quality/Standards' and 'Building on the Evidence Base' 2012-2016

The CPP strategic consultation process identified a need for the development of further guidelines and training will take place as part of the work to deliver on two actions under Strategic Objective 3 'Crisis Pregnancy Services' under 'Quality/Standard'. They are currently planned to commence in early 2014.

- 'Support the development of standards regarding the provision of post-abortion medical check-ups'
- 'Identify, in collaboration with the ICGP and other relevant stakeholders, training requirements for healthcare professionals regarding the provision of post-abortion medical check-ups.'

In order to develop these standards and to identify training requirements in this area, the issue of medical disclosure amongst others will be again considered and addressed from a clinical perspective. Work in this area will be particularly relevant to Crisis Pregnancy Counselling Services that also provide access to Post Termination Medical Checks-Ups along with GPs and Hospitals. Any standards/guidelines produced will be shared with all Crisis Pregnancy Counselling Services as with other such Guidelines. The CPP has funded the development of and developed a number of resources and guideline documents to assist Services working in this area such as the Key Contact resources including the *Key Contact - Primary care guidelines for the prevention and management of crisis pregnancy* and the *Key Contact - Care of a women after abortion*. The CPP provided funding to update these guidelines in early 2012 which have been combined in the recently published ICGP guideline entitled 'Crisis Pregnancy: A Management Guide for General Practice' (March 2013). The aim of the document is to ensure that all women with crisis pregnancies receive high quality care when they present to general practice. This guideline provides evidence-guided information and recommendations to support GPs when providing this care. The Guideline is available to all GPs through the ICGP. The CPP has disseminated this updated Guideline to all State funded Crisis Pregnancy Counselling Services.

There are a number of other actions planned to deliver against Strategic Objective 3 Crisis Pregnancy Counselling Services during the lifetime of the current Strategy, which are as follows;

Responsiveness

- Support the planning and development of crisis pregnancy services in Ireland through the structured assessment of supply and demand, service user preferences and other associated variables.
- Apply this assessment to reconfigure service provision on a continuous basis to ensure that the evolving needs of service users are met.

Awareness

- Implement new initiatives to improve awareness levels of post-abortion services available in Ireland.
- Leverage relationships with post-natal, parenting and family support services to promote appropriate referrals and awareness of crisis pregnancy and crisis pregnancy services.

Access

- Review referral pathways between healthcare service providers and crisis pregnancy services (and vice versa) in order to identify and remove any blockages / inefficiencies.
- Continue to fund the provision of crisis pregnancy counselling services by statutory and non-statutory providers in a manner that meets the needs of service users.
- Continue to support initiatives that assist those who need additional supports to continue with the pregnancy and with parenting.

Work to deliver against these strategic actions commenced in 2012 and will be ongoing to 2016 at a minimum. The anticipated targeted outcomes from this work including all other work set out in this Action Plan are set out below.

Target Outcomes:

- Increased level of cohesiveness between healthcare professionals in terms of cross-referrals and information sharing.
- Increased awareness amongst the general public and healthcare professionals regarding the availability and remit of crisis pregnancy services in Ireland.
- Consistent satisfaction levels amongst service users in relation to their overall experience.
- Service provision is responsive to the changing demands and preferences of service users.

Strategic Objective 5 'Knowledge Transfer and Research'

Building on the Evidence Base

Under Strategic Objective 5 'Knowledge Transfer and Research' the Programme is committed to building on the existing research base in relation to the field of crisis pregnancy counselling. Specific projects in this area that will be commissioned under the lifetime of this Strategy include;

- Patterns in Crisis Pregnancy Counselling Service use among women experiencing a crisis pregnancy.
- Crisis pregnancy and other public health issues.
- Crisis pregnancy and intellectual disability.

Ongoing Monitoring and Review:

Meeting or exceeding these strategic actions where possible will further enhance the delivery of crisis pregnancy counselling services and related supports nationwide. Delivery against all actions, both current and new will be monitored by the CPP and AND, Health Promotion and Improvement as part of the CPP's annual Strategy and Business Plan monitoring, including monthly and the mid year review processes. All new actions relevant to this area as set out in the auditor's recommendations will be incorporated into the CPPs Business Plan for 2013 as part of the mid year review process.

In addition updates on progress against the delivery of actions set out in this plan will be provided by AND, Health Promotion and Improvement to the Health and Wellbeing Directorate and onwards as appropriate.

Ends