A review of counselling service provision for women facing an unintended pregnancy in Reading

Sally Lloyd-Evans on behalf of Reading LINk - January 2013

A review of current counselling service provision for women facing an unintended pregnancy in Reading:

Aims of the Review: to what extent does current service provision meet the needs of local women?

Following a referral to the Reading LINk, that highlighted a concern over the lack of comprehensive crisis pregnancy counselling[1] in Reading, the LINk Board decided to set up a Task and Finish Group in 2010 to explore whether current service provision was fully meeting the needs of local women. There were also two underlying objectives that informed the development of this research project. Firstly, the widespread introduction of the personalisation agenda in local healthcare provision led us to question whether there were adequate **choices** offered to women seeking information and counselling in Reading. Secondly, we wanted to explore the extent to which women were able to access specialist services provided by trained and **qualified counsellors** when needed. It is important to note that although many professionals working in healthcare, youth and voluntary services are trained to use counselling skills to help support women facing an unintended pregnancy, the majority are not trained counsellors that are able to deal with more specialist cases.

The research project had three main aims:

- The first was to explore the current level of provision of information and counselling for women facing an unplanned or unintended pregnancy in Reading, and to understand what constitutes best practice in this area.
- The second was to shed light on the experiences of service providers, community practioners/health professionals and the women themselves, in order to understand the extent to which current service provision meets the needs of local women.
- The final objective was to identify ways of enhancing the provision of care for women in the Reading area and suggest ways in which local service providers and commissioning bodies might address these issues.

Methodology

Following a review of national reports, local secondary data and a comparative mapping exercise, which highlighted service provision in a sample of towns and cities across Southern England, we undertook a series of 1 hour in-depth qualitative interviews with three main groups of stakeholders[2]

[1] 'Crisis pregnancy' is a term associated with a pregnancy which is neither '**planned nor desired by the women concerned**', and which represents a '**personal crisis'** for her. In the United States 'crisis pregnancy' is a term often associated with pro-life and anti-abortion groups and the term can contribute to the level of stress experienced by some women. Many UK professionals prefer to talk about an 'unplanned' or 'unintended' pregnancy and these definitions have been used in this report.

[2] Copies of the interview schedules can be found in the Appendices

1. In 2011-12, we interviewed **all organisations in Reading that provide information, signposting and counselling services to local women facing an unintended pregnancy**, including (i) the local Pregnancy Advice Bureaux (PAB)[3] who are the PCT commissioned service provider in Reading and (ii) a voluntary sector Crisis Pregnancy Centre that specialises in crisis pregnancy counselling for women facing unintended pregnancy and (iii) other public and voluntary organisations that provide general counselling and support services and who may see women facing an unintended pregnancy from time to time.

2. Using a snowballing technique to identify key informants that have everyday experience of working with women in this field, we interviewed **five community health practioners/public sector specialists**, including representatives from youth, teenage pregnancy and contraceptive and sexual health services (CASH). Some participants were interviewed twice between June 2011 and July 2012. In this report we will refer to these professionals as '**community informants'**.

3. We undertook **eleven in-depth interviews** with women who had experienced an unintended pregnancy during their life course. Despite strenuous efforts on behalf of the research team and Reading LINk to recruit local woman through a range of strategies from February to May 2012 (including networking with local public and voluntary sector organisations, snowballing techniques and word-of-mouth), only **three Reading** women were willing to share their stories with us. This is not surprising due to the sensitivity and perceived stigma attached to unintended pregnancy and abortion, and the fact that many women are afraid to be seen accessing services near home. The three participants had undergone a termination in Reading between 2007 and 2009, and they were aged in their late teens, mid-twenties and mid-thirties at the time of their terminations.

   In order to offer complete anonymity, we found it easier to recruit women from a wider geographical spread across Berkshire and Wiltshire. From the mapping exercise, which identified the services provided in other towns and cities to be extremely similar to those in Reading, we felt that the experiences of non-Reading residents were still valid. Including the voices of a small sample of women allows us to gain insight into the generic issues that have concerned them in seeking care and support. In total, we spoke to **eight** non-Reading women of different ages who had experienced an unintended pregnancy in the last 10 years, six of whom had undergone terminations and two who had continued with their pregnancies. In order to explore the views of young women, CASH professionals provided us with comments made by **young women under 18** in one to one consultations and we conducted one

[3] In order to register as a PAB, an organization must comply with a core set of principles that include: pregnancy testing; information on all options including abortion; offer impartial advice on terminations options and all pregnancy/contraceptive matters.

focus group with female students aged 19 – 22 about their perceptions of accessing services in Reading, should they need them in the future.

In the interests of ethical best practice, we invited all organisations and individuals who participated in this research to comment on this report before final circulation. Moreover, the anonymity of community informants and individuals has been protected in this report via the use of aliases.

The report is divided into three sections. The first provides a brief discussion of the national context, highlighting recent political and media attention on the provision of Termination of Pregnancy Services (TOP) and counselling for unintended pregnancy in the UK. In the second section, we analyse and discuss the qualitative data and findings from the interviews with service providers, community informants and female participants in order to understand whether the current system is best serving the needs of women. Drawing on this evidence, the final section makes some policy recommendations for future service provision in Reading.

National Context: Key Debates over Service Provision for '1 in 3'

National statistics on unintended pregnancy and abortion

Despite a recent surge in political and media interest in the experiences of women facing an unplanned or unintended pregnancy in the UK, there has been little published research that seeks to understand an issue that may affect 1 in 3 women over their life course[4]. An unintended pregnancy ranks as one of the most difficult and traumatic dilemmas that a woman may face in her lifetime (Fergusson et al, 2009), and yet reports indicate that many women are still unaware of how to access information, advice or counselling. Whilst young women facing an unintended pregnancy are more likely to access Contraceptive and Sexual Health Services (CASH) than GP services (Lee et al, 2004), older women are less likely to be aware of how to access information and support. According to the Royal College of Obstetrics and Gynaecology (RCOG, 2011), one of the most significant risk factors of post termination distress is ambivalence and lack of informed decision-making before abortion. This emotionally sensitive issue still remains hidden within everyday debates on reproductive health and well being in the UK, a situation that led the international charity Marie Stopes to launch the first ever TV advertisement of their services in an attempt to 'destigmatise the issue'[5]. In a recent report for Marie Stopes, Bury and Ngo (2009) stated that the UK has one of the highest rates of

[4] There is a small body of academic and policy research from social policy, health and medical anthropology (Lee et al, 2004; Lee, 2005; Lee and Ingham, 2010; Rowlands; 2008; YWCA, 2006; Ingham et al, 2008; Lie et al, 2008; Fordyce, 2012)

[5] Marie Stopes' TV advertising campaign 'Are you late?', which was launched in May 2012, provoked outrage by pro-life supporters and commentators.

unintended pregnancy in Europe (nearly 50%), a fact that is evidenced by the 350,000 calls to their 24-hour helpline in the UK each year. These figures also correspond with the fact that the UK has relatively high termination rates within Europe, whereby around 1 in 5 pregnancies will end in termination each year in England and Wales alone. The extent of abortion in the UK can best be summed up by the RCOG who state that 'at least one third of British women will have had an abortion by the time they reach the age of 45 years' (Abortion Review, 2012; RCOG 2011).

The 2011 figures reveal that there were 196, 082 abortions in England and Wales, and 208,000 if Scotland is included, although 6,151 were for 'non-residents', principally from Northern Ireland and the Irish Republic (Department of Health, 2012). The age-standardised abortion rate was 17.5 per 1,000 women of reproductive age (15 –44) living in England and Wales, which means that of every 1,000 women of reproductive age, seventeen and a half of them can be expected to have an abortion. Most abortions are carried out for women between the ages 18 and 29, and 55,909 women aged 20 to 24 had abortions in 2011 (a rate of 30 per 1,000) with the highest rate of 33 per 1000 for 20 year olds. One interesting development is the fact that the number of women having an abortion in their 40s has risen by almost a third in a decade (Abortion Review 2012), whilst women under 15 or over 45 have rates of less than 1%. In terms of ethnicity, 76% of women were White or White British, 10% were Asian or British Asian and 9% were Black or Black British. In summary, whilst rates of abortion for younger women have fallen, a fact that reflects recent policy emphasis on reducing teenage pregnancy rates, there has been a notable increase in abortion rates for women aged 25 and above. Reasons for the increase in abortion rates amongst older women may include a lack of access to CASH services, the economic and social pressures facing British women in an era of austerity, and the impact of career aspirations on women's plans to start a family.

Unintended pregnancy and abortion: national service provision and best practice: 'does one size fit all'?

A woman's decision to either continue with or terminate an unplanned pregnancy reflects the social, economic and cultural forces that shape her life but research indicates that easy and timely access to unbiased and impartial advice during the decision making stage, and beyond, can minimise the impact of trauma and distress on their well being and mental health. BMC research published by Lie et al (2008) states that women who are well informed and supported in their choices experience good psychosocial outcomes and the RCOG (2011) argue that women should have access to clear, impartial information and support in a format that best meets their personal needs as women who feel ownership over their decision-making will have better emotional and health outcomes. One of the main reasons women seek advice and/or counselling is to gain information on the options available to them, but many also need someone with whom they can talk through their options in a safe and trusted space (CPA, 2007; O'Keefe, 2004). This is particularly important for women who lack the support of family and friends, those who wish to keep their pregnancy secret or women who may be particularly vulnerable or at risk from

domestic violence (Aston and Bewley, 2009). In a review of research on counselling for unintended pregnancy in the UK, Lee (2011) states that there is still disagreement around the use of the term 'counselling' and the form that any pre-decision counselling should take (Rowlands, 2008). As many women decision-make in private settings (Kumar et al, 2004), women are more likely to need impartial information and advice rather than specialist therapeutic counselling (Hodson, 2002), but it is widely recognised that specialist support should be easily accessible if required.

In England and Wales, women experiencing an unintended pregnancy can access NHS funded advice, counselling and termination of pregnancy services (TOP) via a registered Pregnancy Advice Bureaux (PAB). Many PCTS, including Berkshire West[6], commission their services to independent specialist providers. In 2011, 61% of terminations were carried out by independent providers like BPAS or Marie Stopes but publically funded (ONS, 2011). PCTs are encouraged to provide termination services that meet the needs of their local communities (RCOG, 2011), but in many areas the designated termination clinic remains the only designated provider of specialist TOP services, which include pre-decision/post-termination counselling in many areas. GPs, Contraceptive and Sexual Health Services (CASH), Brookes Advisory Services, youth services, and voluntary organisations will also provide additional information and support, particularly for the under 25s, although the majority of these organisations are unable to provide specialist post-termination counselling. In addition, there are also a large number of voluntary sector Crisis Pregnancy Centres (CPCs) or Independent Pregnancy Advice Centres that offer counselling and pregnancy services around the UK, who advertise locally and nationally via the Internet and telephone helplines. There are two main independent pregnancy advice networks – *Life* and *CareConfidential*. *CareConfidential* offers specialist crisis pregnancy counselling through 140 centres across the UK. At present, there is no regulated network of independent pregnancy advice centres in the UK although *CareConfidential* has been certified as a provider of safe, reliable, high quality health and social care information by the *Information Standard,* an independent quality scheme supported by the Department of Health[7].

In September 2011, the backbenchers Nadine Dorries and Frank Field tabled an Amendment to the Health and Social Care Bill[8] that would introduce a mandatory requirement that women seeking termination should be offered free access to an independent counsellor. Their 'Right to Know' campaign[9]' argues that women should have the right to 'independent' counselling during the pre-decision stage that is offered on separate premises by a group that does not carry out abortions. This change was largely supported by pro-life organisations, who believe that the move could reduce the UK abortion rate by a third, but pro-choice charities argued that it would lead to thousands of delayed terminations that would not be in the best

[6] Since this research commenced, NHS Berkshire West and East PCTs have been merged into NHS Berkshire in order to respond to national changes in the commissioning of healthcare services from April 2013

[7] www.theinformationstandard.org

[8] www.dh.gov.uk/health/2012/06/act-explained

[9] www.righttoknow.org

interests of British women. Commentators were also concerned that the under the present system women's only choice of alternative counselling would largely be restricted to the CPCs operated by charitable religious organisations. The question as to which organisations are best placed to 'counsel women' has provoked a series of media and policy reports which accuse providers of poor practice and factually incorrect advice (Education for Choice, 2011; Quinn, 2011; Stocks, 2011; Lee, 2011). The Dories-Field amendment, which was defeated in the House of Commons on 7th September 2011, prompted the Department of Health to launch a review of counselling and TOP services for women in England and Wales. In a controversial move, The Secretary of State instructed the Care Quality Commission (CQC) to undertake a programme of unannounced individual inspections of TOP providers in March 2012 in order to ensure that practioners were complying with the 1967 Abortion Act[10] following allegations of misconduct. The findings from 249 inspections provided evidence of pre-signing of forms at 14 locations, all of which were NHS trusts[11] (CQC, 2012) but the policy implications of these findings have yet to be published.

Whilst many organisations believe that the current NHS system of embedding services in abortion clinics works well (Education for Choice, 2012), there have been calls for improved access to early 'pre-decision' information and support as the current system is often surrounded by confusion, fear and a shortage of information (Inghram *et al*, 2009). Similar shortcomings have also been cited by a comprehensive review undertaken by Lie et al (2008), who argue that the process of seeking abortion in the UK is sometimes confusing because of inconsistent information and extended periods of delays in referrals. Moreover, it has been argued that the current system may be inadequate in providing choice to those women who prefer to seek support from an organisation independent from a termination clinic or a faith-based charity during the decision-making process and beyond. The politicisation of the debate by the media has served to further sensitise an already delicate issue, and draws attention away from the more fundamental question of whether the current 'one size fits all' strategy provides sufficient choice to ensure that the needs of different women are being met.

Local Service Provision in Reading: meeting local needs

This section of the report analyses and discusses the findings of the secondary data collection and interviews with service providers, community informants and female participants who had experienced an unintended pregnancy in the past. Following a brief overview of service provision in the town, the report discusses four key themes that emerged from the research.

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[10] The 1967 Abortion Act requires a form (HSA1) certifying that the requirements of a termination have been met to be signed by two doctors before the procedure takes place. Some commentators and practioners argue that two signatures are unnecessary and can result in delaying women's access to early terminations

[11] The inspections found that all TOP services in NHS Berkshire were meeting current regulations

Mapping services in Reading: where can women go?

Reading Unitary Authority has a population of 155,700, including 44,3000 women of reproductive age (defined as between 15 – 45 years). Of these, 12,400 are aged 24 and under. Reading has a diverse ethnic population that comprises of 74.8% 'White', 3.9% 'Mixed', 13.6 % 'Asian', 6.7 % 'Black' and just under 1% 'Other' [12](ONS, 2012), a factor that highlights the need for diversity in healthcare delivery. The 2011 figures on terminations in Berkshire West show that the PCT have a lower than average abortion rate than England and Wales (15.5 per 1,000 women of reproductive age) but slightly higher than the South Central Strategic Health Authority average of 14.8. As shown in Table 1, the highest rates of abortions are found amongst women aged 20 to 24, which follow national trends, but the rates of abortion for the over 25s are now similar to the 18-19 cohort. The 2011 abortion rates for Reading UA are not yet available, but in 2010 the percentage of conceptions leading to abortions in Reading in for women of all ages was nearly 20% (19.5), with 41.1% of conceptions amongst the under 18s leading to abortions in the town.

Table 1 – Abortions rates by Selected Strategic Health Authorities in England and Wales, 2011 (DoH, 2012)

SHA/PCT	Total No. of abortions	Rate per 1,000 women resident (15-44)[13]	Under 18	18-19	20-24	25-29	30-34	35+
Eng/Wales Average	189,931	17.5	15.0	28.8	30.1	22.9	17.2	6.9
South Central SHA	12,002	14.8	11	24	25	20	15	6
Berks East	1,457	17.1	9	26	29	24	17	8
Berks West	**1,509**	**15.4**	**13**	**20**	**25**	**20**	**17**	**7**
Hampshire	3,040	14.1	11	25	26	18	13	5

The local mapping exercise concluded that although there were several places where women under 25 could access information and signposting to support their decision making for an unintended pregnancy in Reading, there were only **two specialist** service providers in the town, a situation that replicated in many towns and cities across Southern England including Reading' Nearest Neighbours[14]:

[12] The abbreviations used to denote different ethnic groups in the data follow the summary categories used by the Office for National Statistics Census 2011

[13] In 2011, the age-standardised abortion rate was 17.5 per 1,000 women residents aged 15-44 in England and Wales. This means that of every 1,000 women of reproductive age, seventeen and a half of them can be expected to have an abortion.

[14] Nearest Neighbour Analysis is a tool that can be used to identify towns and cities of similar size and demographics that can be useful for comparative research.

1. Berkshire West PCT currently commissions the not-for-profit organisation **Marie Stopes International**[15], which advocates '*child by choice, not by chance'* to provide information and counselling to women facing an unplanned pregnancy in Reading through a comprehensive self-referral system via a central telephone line, GP or Contraceptive and Sexual Health (CASH) services. Members of the integrated youth service, Connexions and voluntary organisations may also signpost young women to these services. This provision is more comprehensive than that offered by other local PCTs, and includes a range of sexual health screening services and advice on contraception and pregnancy. It is important to note that as CASH services in Reading are specifically targeted at the under 25s, older women may be unaware of the fact that they can access information and support via CASH clinics. The barriers faced by older women in accessing service provision will be discussed in further detail elsewhere.

   At present, a woman seeking a termination must undergo a medical consultation but she is not required to receive counselling unless she is under 16 years of age. Under 16s considering a termination must undergo counselling with a trained counsellor at the clinic. The Reading clinic can only provide terminations for women whose pregnancy is less than 14 weeks; women seeking later terminations must travel to Ealing, West London. Travelling to Ealing can be particularly difficult and traumatic for young women who have decided to keep their termination secret from family and friends. There is evidence that Marie Stopes regularly engage with other NHS practioners and youth workers in Reading, particularly in an attempt to provide comprehensive care for young and vulnerable women.

   Women of all ages can also access information and counselling from **Reading Lifeline -** an independent voluntary organisation affiliated to *CareConfidential* (see page 6) that provides dedicated crisis pregnancy counselling services in Reading. In 2007, Reading Lifeline transferred to the management of the Mustard Tree foundation and since 2009 has been staffed with newly trained counsellors, trained with the *CareConfidential* accredited courses[16]. The centre seeks to 'provide and promote excellence in the area of pregnancy choices counselling, post-abortion counselling and support those with pregnancy loss and abortion-related concerns. Reading Lifeline aims to provide the space and support that women need, and equip them with the knowledge and confidence to make the best decision for the future or come to terms with decisions made in the past'.

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[15] Marie Stopes in Reading is contracted to provide information and counselling for unplanned pregnancy, and terminations, by the NHS via Berkshire West PCT.

[16] Reading Lifeline work to the published values and ethos of CareConfidential http://www.careconfidential.com/AboutUs.aspx and our publicly available policies, monitoring client satisfaction using feedback sheets,.

The centre is open for part-time hours most weeks, and they have recently applied for funding to extend their opening hours to Monday to Friday, 10.00 to 16.00.

Additional information and support for women facing an unplanned pregnancy is provided by a range of public sector and voluntary organisations in Reading, but access to these can be limited by age:

- **Women under 19 or under 25** are able to seek assistance from Reading Borough's teenage pregnancy and youth teams, and those under 25 can access the town's CASH services as well as local GP practices. The system for dealing with vulnerable youth and teenagers seems to work well between all elements of this service. Young women may also gain information and support for Connexions and youth-based voluntary organisations, and general counselling from trained practioners via the No.5 Youth Counselling service[17].
- **Women aged over 25** have a narrower range of options that include GPs, Marie Stopes, Reading Lifeline and private counselling. Although CASH practioners are able to advise and refer women over 25 if they come to the clinic, the availability of this service is not widely promoted to older women due to the current Reading CASH under 25 remit.

Understanding best practice in local service provision

There was widespread agreement amongst the service providers, key informants and female participants over what constitutes best practice in the delivery of information, support and counselling for women facing an unintended pregnancy:

INDEPENDENCE and IMPARTIALITY

Women facing an unintended pregnancy should have free, easy and timely access to reliable, unbiased and independent **information and signposting** that outlines the options available. If required, pre-decision counselling should by **unbiased** and **non-judgemental,** with the aim of explaining all available options so that women can make their own decision, irrespective of age. Many women, particularly those with good social and family support networks, will not require any additional counselling so mandatory counselling wasn't seen as desirable or necessary by the majority.

[17] No. 5 is a voluntary organization that provides general counseling for the under 24s by a staff of approximately 40 trained counsellors. As well as their self-referral system, referrals come from GPs and CAMS. Although they are not specialist providers, they will signpost women to the teenage pregnancy teams, CASH and Maries Stopes. Due to a recent restructuring, they are considering extending their services to older clients in the future.

DELIVERED in SAFE and TRUSTED SPACES THROUGHOUT THE JOURNEY

There is also widespread consensus amongst service providers, community informants and participants that information and counselling should be provided in an impartial, safe and trusted place where women can access accurate and full information on the range of options open to them at any stage of their journey. Good advice and information often reduces the need for post-termination counselling later in life. Women should be offered the opportunity to explore their options in a space that they **personally** regard as**:**

Safe
Honest
Discrete and Confidential
Accessible
Timely
Appropriate and Flexible

However, there were **some differences in opinion** as to what constitutes a safe and trusted space as this in an individual preference. The report will return to this issue in the next section.

COMPREHENSIVE, SEAMLESS AND CONSISTENT CARE

Provision of care should be **comprehensive, seamless and consistent**, as *"women find it traumatic to tell their story over and over again*", although it is recognised that different stages of care may present particular opportunities and challenges. For example, the decision making stage of the process may require information and pre-termination support in a timely manner, whilst post-termination counselling may requires a more long-term approach. If women are unable to access help with their first unplanned pregnancy, then not only are they more likely to have other unplanned pregnancies but they may experience trauma and mental health issues later in life.

Do specialist service providers think that their services are delivering best practice and meeting the needs of local women and communities?

- Both Reading's specialist providers do their best to provide a range of quality services that they believe meets the needs of local women, although they argued that their services can be overstretched at times. In particular, more could be done to provide **wider access to post-termination counselling** in the town and they would welcome additional specialist support to complement their own services. This finding is supported by a national survey of GPs, which found that 9 out of 10 GPs believed post-abortion services in their local area to be less than satisfactory (Marie Stopes, 2007).

- They both agreed that there are gaps in provision for women from different BME groups in Reading, particularly from Asian, Muslim and migrant communities, and they would support efforts to enhance the provision of culturally sensitive services to Reading's diverse communities.

- They did not wish to comment on the services delivered by other organisations.

Do community informants, non-specialist organisations and female participants think that current services are meeting local needs?

There was a consensus amongst the community informants and non-specialist organisations that *Marie Stopes* offered a range of quality services that adhered to ethical guidelines and their own organisational codes of best practice. The organisation was staffed by teams of hard-working, dedicated and trained individuals who each strive towards providing a service that they believe meets the needs of local women but there was widespread agreement that an abortion clinic should not be the sole choice for women seeking support.

Whilst the community informants and wider service providers respected the work undertaken by *Reading Lifeline*, none of them would regularly signpost women for counselling due to centre's affiliation with a faith-based organisation. However, we are aware that Reading Lifeline receives referrals from some GPs and other medical professionals in the town. Positive written feedback from previous clients, including women from different or non-faith backgrounds, shows that many local women have found the counselling services offered by Reading Lifeline to be extremely valuable. One of our female participants had received post-termination counselling from the Reading Lifeline in 2008-9, and she had found the service helpful and effective but had felt uncomfortable about some of the religious references made during the sessions. In a recent interview, Reading Lifeline stated that since 2009:

"we have been conscientiously working at providing a service that suits everyone from every cultural, social, ethnic and religious background to ensure that everyone receives the help and support needed in a time of great pressure. We do not except any prejudice, pressure or persuasion to be put on anyone, but work solely to the clients agenda and requests" (Reading Lifeline, 2012)

Whilst the quality of current services was perceived as good, the community informants and female participants highlighted a number of shortcomings of current provision:

- **Information on local service provision** is still insufficiently advertised and signposted at the local level. Women are often confused about where they can go to access existing service pathways in Reading. Many believed that the sensitivity and stigmatisation surrounding unintended pregnancy at both the national and local levels were undermining the best interests of women.

- Although current provision may be sufficient in meeting the needs of many women, the system lacks choice and diversity which can restrict accessibility. Community informants and female participants **did not always perceive** current service providers to be **independent** or impartial, and the spaces in which they offer their services were frequently defined as inflexible, clinical, indiscrete and stigmatised. For example, it was widely agreed by participants

that a termination clinic is often an inappropriate place to receive post-termination counselling.

- Current provision could be more sensitive to **meeting women's needs across the life-course.** There was widespread agreement that choice was particularly limited for women over the age of 25 due to the fact that they are unable to access support from the Reading sexual health and youth teams, or voluntary sector services such as No. 5 Counselling. Given the increase in termination rates for women between 25 and 30, the needs of older women were likely to increase.

- Although existing services endeavoured to provide good quality care, all of the respondents we spoke to highlighted a gap in the provision of long-term **post-termination counselling**, particularly in instances where women require help several years after their termination. Once again, it was argued that post-termination support should be provided in a number of different formats and accessible spaces. Several community informants and female participants described the gap as 'massive'.

These four themes will now be discussed in depth.

1. Increasing access to information and support for a stigmatised issue

All the community stakeholders and eight of the eleven participants felt that the stigmatisation and sensitivity surrounding unplanned pregnancy and abortion were preventing an open and frank discussion that could help drive positive change in increasing access to information for both pre-decision support and post-termination counselling in Reading:

> "people are scared of talking about this issue or not stepping on people's toes and therefore we can't move on…we need to find better ways of providing information to women of all ages and backgrounds " (Community Informant 2)

> "we need honesty and openness around an issue that affects so many women over their lives. The secrecy and contentions surrounding unplanned pregnancy and abortion undermines the quality of the service that should and could be provided for women in Reading" (Community Informant 4)

> " I was so upset by the abortion that I could barely hold my job down any longer. Someone told me that I could return to the termination clinic for help but I couldn't face going back to the place where it had all happened, not because they weren't helpful at the time, but because it would bring all those feelings back. It was hard to find any information on where I could get help, apart from Reading Lifeline but I'm not religious and I felt that it wasn't appropriate. My GP put me on anti-depressants and told me to pull myself

> together – his attitude was 'well, what do you expect – it was your choice'. (Natasha, aged 28 who had a termination 2 years ago)

Natasha's experience is not unfamiliar and highlights the difficulties that women face in accessing support at a traumatic time. Whilst PCTs believe that older women are well served by their GPs, this is not always the case as Amanda illustrates from her experience of becoming pregnant at 17:

> "My Mum made me go to our local GP and I found myself feeling the need to lie about why I had gotten pregnant as he'd known me since I was small. I felt that he was cross with me for being stupid and he was adamant that my only option was a termination so I could continue my A levels. I wanted to talk to someone else about my feelings but he couldn't suggest anywhere to go other than the abortion clinic" (Amanda, 25, who decided to continue with her pregnancy)

However, not all women face these dilemmas and for some like Jane, who underwent a termination 4 years ago, current services are entirely adequate:

> "I knew that I wanted to have a termination from the start and I didn't want to spend hours being forced to talk about my decision or be persuaded otherwise. I found that national helplines were very informative and the clinic efficient and supportive" (Jane, aged 38)

Independent information on where and how to access support is crucial in assisting women in the pre-decision making stage of their journey, but there still seems to be shortcomings in the timely signposting of women to a range of services. We asked a group of female students, aged 19 – 22, about Reading's sexual health services and where they might go if they found themselves facing an unintended pregnancy and they were extremely unsure as the issue is never discussed:

> "what would I do if I needed to speak to someone about an unplanned pregnancy? I would have no idea, not a clue…it's never spoken about, it's underground, almost seen as a dirty thing, shameful" (Clare, Focus Group)

2. Accessing the 'right space for me': safe, impartial and trusted spaces

Current service providers are not always seen to be independent or impartial. Although we found no evidence to support these claims, the fact that both Marie Stopes and Reading Lifeline are perceived by some to be aligned to pro-choice or pro-life beliefs prevents women from accessing their services. Perceptions of impartiality and bias, whether ill founded or not, **limits access for some women in need.**

Whilst community informants believed that organisations involved in service provision have the right to express their own interests, many stressed the need for them to make any affiliations with charities or religious groups explicit when they advertise their services to women:

> "Service providers need to take out the hidden agendas. If you are an organisation with a particular viewpoint, or you are funded by a religious organisation, then make that clear at the outset in your advertisements" (Community Informant 2)

> "Information, advice and counselling needs to be more accessible, discrete, confidential, unbiased and not just linked to organisations with a vested interest, even if those organisations do not pass judgement, there should be an alternative" (Community Informant 3)

In response to an initial draft of this report, Reading Lifeline stated that they have been working:

> "to provide a readily available service of excellent quality, working with other service providers to ensure that women receive the help and support they need. We operate without prejudice or partiality and aim to be transparent to other agencies who wish to access our services. We hope that our specialised and focused service will continue to enable GPs, midwives and other partners to confidently make referrals. We believe Reading Lifeline can play a significant part in the provision of services essential to the health and wellbeing of women and families in the Reading area" (Reading Lifeline, 2012)

Ten of the eleven female participants also felt strongly that they should be more choice in accessing publically funded support than an abortion provider in the pre-decision stage, not least because these services are delivered in stigmatised spaces that are not discrete, clinical and often frightening, particularly for teenagers.

All the women we spoke to felt that services should be provided in discrete, anonymous, non-clinical and emotionally 'safe' space. The important point is that the nature of that space **may differ according to age, ethnicity, disability, sexuality or other socio-cultural factors**. Whilst current service providers endeavour to provide a safe and trusted space for everyone, the reality is that some women face several barriers in accessing current services due to the lack of choice in provision:

> " many women feel that it is wrong to seek information and counselling from an organisation that offers terminations as it feels wrong, not that they offer a bad service, it's just that there should be more choice" (Community Informant 5)

> "who wants to walk back into the clinic where they terminated their pregnancy to discuss their grief afterwards, it's not the best space" (Community Informant 1)
>
> "You should have a choice to have counseling where you want to and in a place that you feel most comfortable" (Voluntary Organisation)
>
> "What if someone sees you? I kept my pregnancy secret so I was afraid of being seen walking into an abortion clinic, particularly as I didn't know whether I definitely wanted an abortion at that stage" (Jess, 38)

All the community informants and wider service providers, such as No.5, stated that women should be offered an alternative source of publically funded support by an independent and impartial organisation **in addition** to the current services on offer:

> "Counselling works best when women are removed from the spaces that they have feelings about and that's particularly important when those feelings are negative" (Trained counsellor, Voluntary Organisation).

These services should be provided in a range of non-clinical and appropriate spaces according to need, and they may include schools, outreach, non-stigmatised spaces such as walk-in health centres or rooms in Connexions:

> "Unplanned pregnancy and termination is still largely a stigmatised and hidden issue in the UK which makes it very difficult for some women to seek support and counselling from an organisation that undertakes terminations and I think we should respect that" (Community Informant 4)

3. Current provision could be more sensitive to meeting women's needs across the life-course

As we stated earlier, provision of care should be **comprehensive, seamless and consistent** for women through the reproductive life course. However, evidence suggests that access to services in Reading varies considerably by **age:**

The Under 25s:

- Young women under 25 can access independent information and support from a variety of community services provided by the NHS and Reading Borough Council, including integrated youth services, the teenage pregnancy team, Connexions, CASH services and a variety of dedicated NHS and voluntary professionals working in outreach, although some of this provision is ad hoc. Where necessary young women will be to referred to Marie

Stopes, and the clinic maintains a good relationship with community workers.

- Whilst general support for young women facing an unintended pregnancy in Reading was regarded as good, there was concern that when specialist counselling was required the input of integrated youth services/teenage pregnancy teams and CASH was limited. For example, whilst CASH and teenage pregnancy professionals use counselling skills to support young people, they are not trained counsellors able to provide specialist support or post-termination counselling. Other regional studies have called for better post-abortion support for teenagers[18].

- Marie Stopes was not always seen as the most appropriate space for young women to receive counselling due to the fact that teenagers find it 'scary', 'formal' and 'clinical'. Community informants felt that young women in Reading would be better served by an **outreach system** that provided information, support and counselling in a variety of more appropriate, discrete and accessible spaces such as those used by the youth services. Connexions; schools and youth centres; possibly the NHS walk-in-centre. Whilst community healthcare and youth workers do their best to help younger woman experiencing post-abortion trauma, pressures on resources and lack of specialist training means that they would welcome greater provision of a youth focused service elsewhere in Reading. They were particularly concerned about the lack of appropriate and flexible post-termination counselling as *"it's a very adult thing to go to one place for counselling over a sustained period of time*".

- Concerns were also raised over the difficulties faced by some young women who needed to travel to Marie Stopes in Ealing for a post 14-week termination in secret using public transport. Some of the Reading professionals we interviewed were the only support that these women had, and they often received distress calls from women who were scared and unwell after the procedure, and in need of help to get home. Greater consideration over the support mechanisms in place for young women needing a termination in Ealing would help reduce the stress and trauma faced by some.

The Over 25s:

As this report has shown, there are more significant gaps in the provision of choice for older women are they are unable to access youth provision in the town. Although the over 25s can be seen at CASH clinics, older women are largely unaware of this provision as Reading CASH services are currently advertised and promoted as a young people's service. None of the older women we spoke to had thought about going to CASH clinics for information and support.

[18] Hoggart and Phillips (2010)

- Women over 25 can only access counselling via the two main providers, regardless of whether they feel that these organisations provide a service that they feel is appropriate for them, a point made by Jackie:

  "you need to talk to someone but you either go to the abortion clinic, which I felt was wrong as I hadn't made that decision yet and I was concerned that they would put pressure on me to terminate, or Organisation X which everyone knows might pressure me to keep the baby. I didn't do anything for weeks, until my choices had almost run out" (Jackie, aged 25)

- All the community informants and female participants felt that the lack of choice in service provision was undermining access for older women, particularly as access to CASH services are limited for this age group

- Termination rates for women aged 25-30, and over 40 are increasing, and the demand for a wider choice in services, particularly post-termination counselling, is likely to increase.

- Improving accessibility to BME and migrant communities and women with additional needs, such as the disabled, was seen as a priority for all participants including Marie Stopes and Reading Lifeline.

- It was also widely agreed that counselling for unplanned pregnancy needs to be undertaken as part of a wide range of services that support the health and emotional well being of women, irrespective of age, throughout their reproductive lives.

4. There needs to be greater choice in the provision of post-termination counselling

All community informants and female participants highlighted the lack of choice in the provision of post-termination counselling as problematic, particularly in instances where women require help several years after their termination. Some described this gap as 'significant' and 'massive'. Whilst both Marie Stopes and Reading Lifeline endeavour to provide a good service, it is recognised this provision may not meet the needs of all women:

- **Appropriate Space** - Women experiencing emotional trauma and distress as a result of a termination rarely want to return to the place where that procedure took place. Many will have negative associations with the clinic and they may be scared of being seen accessing their services: *"many women feel that it is wrong to seek information and counselling from an organisation that offers terminations as it "feels wrong", not that they offer a bad service, it's just that there should be more choice".*

It is also argued that some local women, particularly those from other faith communities, may not wish to receive post-termination counselling via Reading Lifeline due to its Christian affiliation. However, in a recent interview, Reading Lifeline stated that they "*have been conscientiously working at providing a service that suits everyone from all and every cultural, ethnic and social, religious background to ensure that everyone receives the help and support needed in a time of great pressure (early pregnancy or serious grief/shock). We do not except any prejudice, pressure or persuasion to be put on anyone, but work solely to the clients agenda and requests*."

Young women often need someone to talk to about their experiences of abortion but current provision often falls short of their needs as the following extracts from consultations with CASH professionals in Reading highlight:

"Afterwards I didn't want to talk to anyone but I needed to know that there was someone who cared about how I felt" (Female, aged 18)

"I don't want to go back to the place where I had the operation, I need to talk to someone who understands what it's like afterwards" (Female, aged 15)

"Afterwards I needed someone to listen, I needed to be somewhere safe where the person would listen and be interested in how I felt as a whole person not just someone who had had a termination" (Female, aged 17)

"I know I did the right thing but even though I keep telling myself it was the right thing it hurts and I feel I have let everybody down, I suppose that is just how it is" (Female, aged 16)

- **Hours and Flexibility** - Respondents have highlighted the difficulties facing women in accessing these services on a regular basis during working hours, particularly if the woman wants to keep her counselling confidential from employers or family. Similar concerns have been highlighted for teenagers. All would welcome a more flexible, centrally funded service that complements existing services in the town.

- **Timeframe** - Marie Stopes offers post termination counselling for women immediately after their termination, but they acknowledge the fact that some women will not need this service for years, if not decades. Many women facing trauma in their later life do not know where to go for counselling.

Policy Recommendations – the need for 'access pathways' that provide a seamless, comprehensive and adaptable system for all women

Despite much evidence of good practice, and the dedicated hard work of all the individuals who work in the field, there is evidence to suggest that current service provision could be enhanced in two main ways:

1. Building Access Pathways.

Current service provision could be improved by offering a number of different access pathways that provide a seamless service to women through their life course:

a. Initial advice and signposting for an unplanned pregnancy
b. Additional support and counselling for women who want additional support during the decision-making phase.
c. Long-term post-termination counselling for women of all ages, including the under 25s, and at any stage of their life course irrespective of when the termination was undertaken.

Effective information and support should be embedded in a more **comprehensive** approach to women's health and well being, encompassing a range of issues such as contraception and sexual health. Further consultations could be undertaken with Public Health teams and the new Clinical Commissioning Groups.

Increased education is paramount and further guidance on approaches to supporting women with an unplanned pregnancy would benefit all health and social care professionals who might come into contact with women facing this decision. This information should be widely disseminated amongst NHS practioners, GPs and community nurses, integrated youth and CASH teams; school nurses; voluntary and community support groups. The information should be of high quality and publically funded by NHS Berkshire/Clinical Commissioning Groups[19].

2. Greater Accessibility and Choice of Services in Appropriate Spaces to Complement Existing Provision.

Our report has highlighted the fact that prevailing perceptions and cultural attitudes towards current services can act as barriers to women in need of help. Given the current focus on providing local healthcare services than meet individual needs, current service provision could **offer greater choice in how and where** women access support. As a result, there is a need for a more flexible range of independent and publically funded services in spaces that meet the diverse needs of local women:

1. **Outreach for under 25s**. Despite the efforts of current service providers in this area, the current provision of counselling isn't always accessible for

[19] The commissioning of NHS healthcare services is currently undergoing rapid change in preparation for April 2013.

young and vulnerable women. Access to post 14-week terminations at Ealing can be particularly stressful for teenagers. Community healthcare professionals would like to see a more formal and holistic system of flexible support and outreach for young women, and they suggest that Reading's youth and domestic violence teams already provide good examples of hub and spoke services that could also be applied to unplanned pregnancy counselling and support. Services should be further embedded within existing youth support services.

2. **Greater Choice of Independent and Discrete Spaces for the Over 25s** that *"empowers women to make an informed decision in a trusted and protected space*". Information and counselling needs to be more tailored to women's individual needs and provided in a wider range of independent, discrete, confidential and safe spaces that supplement current provision. Older women would also benefit from some publically funded outreach opportunities to access out of hours care, and these should include non-clinical spaces and rooms in discrete locations. Current providers should consider using existing public sector or community spaces in Reading for some services, particularly post-termination counselling. Any extension of the current provision should also adopt a simple referral system that complements the self-service TOP provision currently adopted by NHS Berkshire.

Reading LINk's recommendations for further action

Although current service provision may be meeting the needs of some women in Reading, this research has highlighted shortfalls in access to, and choice of, information, advice and counselling for women facing an unplanned pregnancy and beyond. Given national figures that suggest that an unplanned pregnancy may affect 1 in 3 women in the UK, investment in counselling is likely to have a significant impact in reducing long-term costs to the NHS.

This report recommends that NHS Berkshire should consider undertaking **a review of its commissioning strategy** for unplanned pregnancy information, advice, support and counselling in order to ensure that future services provide women with timely **access to a choice of services** in spaces that **fully meet their needs and expectations**. Particular attention should be given to:

- the commissioning of advice, support and counselling for the over 25s
- extending outreach provision to complement current services for the under 25s, including support for women undergoing terminations in Ealing
- greater provision of counselling services in independent, safe and discrete spaces, which might include the use of existing public facilities such as

schools, community centres, walk-in-clinics, information and advice centres such as Connexions

- widening the provision of free specialist pre-decision and post-termination counselling for women across the life course

- ways of enhancing access through improved signposting to local services for women facing an unintended pregnancy and existing community workers, GPs, nurses and other public and voluntary sector professionals in Reading, particularly for the over 25s.

- finding ways of building access pathways that offer a choice of flexible, discrete and independent services for women across their reproductive life course. Hub and spoke models currently employed in CASH and integrated youth services, and discrete services provided by the domestic violence support teams in Reading, could be used as models of good practice.

- providing accessible, clear and transparent information on the services offered by organisations in a variety of formats in order to meet the diverse needs of Reading women, including those from BME and non-English speaking communities, and women with disabilities

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Appendices

Appendix 1: Unintended Pregnancy Counselling and Advice Services in Reading, Interview Schedule for Service Providers

1. Introduction to the Research - including confidentiality/ethics

2. Background to the Organisation
Please could you tell me about the services provided by your organisation?
What the key aims/objectives of the organisation?
How are your services delivered? e.g. internet, appointments, phone helpline, drop-in clinics?
How many paid and unpaid/voluntary staff do you have, and what are their roles?

Our research is specifically concerned with crisis pregnancy counselling and advice so I'd like to talk you in more detail about this aspect of your service.

3. Levels of Service Provision by Organisation

How many hours a week are you able to offer these services? How are they delivered, where and by whom? How many clients are seeking information or signposting vs counselling?
How many trained counsellors do you have? How are they trained?
How do clients find out about your services (e.g. GP referrals, adverts etc)? What is the average waiting time for someone to see a counsellor?
Please could you give me an indication of how many clients you see every week/month?

3. Attitudes towards Counselling for Unintended Pregnancy

How does your organisation define an unintended or unplanned pregnancy?
Please could you describe what you consider **proper** crisis pregnancy counselling to be? What are the key elements? Is this likely to be the same for all women?
Are there any regulations or guidelines that define good practice in this area?
How important is adequate counselling to the well being of women facing unplanned pregnancies in Reading?
Are you able to tell me some of the most common reasons why women seek your services and at what stage of their pregnancy (early pregnancy or post-termination)?
How does your organisation deal with women who are experiencing an unintended pregnancy?
Perhaps you could you talk me through a typical counselling progamme - how many times would you see a client; length of appointments; long-term support etc.
Are you able to comment on whether your clients are more likely to be from a particular age/ group, lifestage or ethnicity? Do you offer counselling to men?

4. Organisation's Views on Reading Services

Do you feel that your organisation is currently meeting the level of demand for your services?
Are there any aspects of your service that you would to improve? Do you think Reading women face any barriers in accessing local services? Are any particular groups that lack access to CPC in Reading?
What is your view on the quality of services currently available in Reading? Is there adequate provision for women experiencing an unintended pregnancy or can you identify any gaps? How would you address these?
Based on your experience, how does Reading's provision compare to other local authorities?

Is there anything else that you would like to say on the subject that we have not discussed?

Appendix 2: Unintended Pregnancy Counselling and Advice Services in Reading, Interview Schedule for Community Informants

1. Introduction to the Research - including confidentiality/ethics

2. Background to the Respondent's Role and Experience

3. Understanding the Wider Context: Information and Counselling for women facing an unintended pregnancy in Reading

How would you define crisis pregnancy and could you describe what you consider proper crisis pregnancy counselling and advice to incorporate? What are the key elements?

Are you able to comment on recent trends in the levels of unplanned pregnancy (and terminations) in Reading? Are there any particular issues of concern in Reading that you encounter as a health professional (prompt sexual health; education; gender issues)?

In your professional capacity, do you regularly encounter women/families who are experiencing a crisis pregnancy? Are you able to provide any advice in this area?

Without breaking confidentiality, are you able to talk about the general experiences of local women (and men) that have needed advice/counselling or accessed local services (positive and negative)?

4. Knowledge of, and Attitudes to the Provision of Information, Advice and Counselling Services in Reading

In your opinion, who are the main providers of crisis pregnancy and advice services in Reading? How do women access these services? How do they find out about them?

In your experience, is there adequate service provision for all women experiencing a crisis pregnancy or can you identify any gaps? Are you aware of waiting lists or are any particular services over-subscribed? How would you address these?

Are there any particular groups of women that are facing barriers in accessing the crisis pregnancy services that they need (prompt age; socio-economic background; ethnicity)?

Based on your experience, how does Reading's crisis pregnancy service provision compare to other local authorities?

Are there any aspects of local service provision in Reading that you would like to see improve? Are there important issues that need to be addressed in the local context?

Is there anything else that you would like to say on the subject that we have not discussed?