



Supporting young people's
right to informed choice

Best Practice Toolkit:

Pregnancy decision-making support for teenagers

The scope and aims of this toolkit

This toolkit aims to help managers and practitioners to understand and implement best practice in pregnancy decision-making support. It provides:

- **A rationale for providing good quality pregnancy decision-making support in a range of settings**
- **A checklist against which practitioners can assess their own practice**
- **A checklist against which service managers can assess their agency's capacity to provide good quality pregnancy decision-making support**
- **Practical ideas about how to support a pregnancy decision**
- **A checklist against which to assess the quality of information and practice provided by other agencies**
- **Useful published and online resources to support this work**
- **Links to current policy and good practice documents**





What is the aim of pregnancy decision-making?

To support a client to explore all her options in relation to pregnancy outcomes; to consider the possible short, medium and long-term implications of those options; and to reach a confident decision that she feels is the right one for her.



Why good decision-making support?

Good quality client-centred support is vital for young women making a decision about their pregnancy. Young women need to be able to access timely, accurate information and support from a professional of their choice and in a setting where they feel comfortable. This can help them explore their options and reach a confident, informed decision that they consider right for them. It can help to ensure that they are referred as quickly as possible to the appropriate service whether that is for abortion or for ante-natal advice and information. Young women may be vulnerable to pressure and coercion and may need support to help them identify their own needs and desires in relation to pregnancy. Research suggests that the outcomes for the woman are more positive if she has had the opportunity to make an informed decision about her pregnancy, to recognise that the decision is hers and to acknowledge responsibility for her decision.



Who is the toolkit for?

Practitioners and managers

This toolkit is aimed at all professionals supporting young people in one to one settings where discussion of pregnancy and abortion may arise, including:

School Nurses – Youth Workers and Youth Work Managers – Social Workers – Foster Carers – Children’s Centre Managers – Connexions Advisors and Managers – Contraceptive and Sexual Health Nurses ... and more

Commissioners

It is also a tool to assess the provision of services in an area for Teenage Pregnancy Co-ordinators and Sexual Health and Health Promotion Leads, Targeted Youth Support Managers, Children’s Services Leads, Youth Service, Looked After Children (LAC) and Leaving Care Managers at local and regional level.

About Education For Choice (EFC)

EFC has 16 years experience of working with young people and professionals to ensure that young people are enabled to make and act on informed choices about pregnancy and abortion. EFC is a member of the Sex Education Forum and the Teenage Pregnancy Non-Statutory Forum. In the past two years EFC has trained more than 900 professionals working in education, health, youth work and social care, equipping them with the confidence, skills and knowledge to discuss pregnancy and abortion with young people in one-to-one and group work settings.

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The importance of pregnancy decision-making support in a range of settings

Young women experiencing unintended pregnancy can find seeking help extremely challenging. They can be reluctant to talk to health professionals in a mainstream service (such as GP or family planning clinic) in the first instance. Young people are most likely to want to talk to someone they already know e.g. a school nurse, youth worker, personal advisor, foster carer or care worker. Many of these trusted professionals are skilled at listening to and talking about personal problems and dilemmas with their clients and those in their care, but feel anxious and unsure about discussing pregnancy choices, even though the topic is one that they are frequently asked to address. Often their automatic response to a request for support on pregnancy is to signpost their client to another service.

This is a missed opportunity. It can take a young woman some time to decide to seek help and often the first professional a young person presents to **is** the one person she feels comfortable with. If this professional can provide some immediate information, reassurance and guidance for a 'supported referral', it can increase the speed with which the young person accesses appropriate health professionals. Some young women fall through the gap between their known and trusted professional and the service to which they have been signposted, leading to the continuation of a pregnancy by default rather than choice, delayed access to antenatal care or delayed access to abortion services.

Some young women have been referred to independently run pregnancy testing and advice services which are sometimes **perceived** as satisfying an unmet need for counselling. However, anecdotal evidence from participants in Education For Choice training groups suggests that some professionals already have established relationships of trust with some of the most vulnerable young people in their areas, and a proven track record of providing client-centred, non-judgmental support, and could meet this need and provide support in a wide variety of settings.

Youth Support

Government guidance on targeted youth support and integrated youth services recommend the provision of advice and guidance in a wide range of settings where and when young people want it. The principle of a single point of initial contact is that there is a clear pathway to identifying and accessing the services or professionals best able to meet the needs of the young person.

Ideal workforce training for all those working with young people includes some of the issues and approaches relating to pregnancy decision-making support **YW 5.2**. For those without access to in-depth training on this issue – and those who need a refresher – this toolkit will provide practical ideas, support and information for a wide variety of professionals with a whole range of expertise and experience.

You're Welcome quality criteria

The You're Welcome quality criteria, published by the Department of Health in 2007, provide guidance for professionals to ensure that young people 'receive appropriate health care wherever they access it'. This symbol '**YW**' followed by the number of the relevant paragraph from You're Welcome is provided throughout the toolkit to demonstrate areas in which the two documents reinforce each other. Some of the You're Welcome criteria give advice on good practice generally. Other parts specifically address the issues raised by this toolkit i.e. **YW 9.1** 'the opportunity to obtain accurate and unbiased information about pregnancy options and non-directive support'.

Pregnancy choices: an entitlement for all

Pregnancy, abortion, religion and culture

Professionals can often feel wary of raising the issue of abortion or adoption with young people from minority communities. Their concerns about a particular culture's views on these issues may stem from familiarity OR ignorance of the culture. Either way it might lead them to avoid the topic, assuming that it is too much of a taboo, or for fear of offending the client or losing their trust. In order to ensure that all service users are offered a non-judgmental and non-discriminatory service, **every client** should be provided with a brief explanation of **all** the options available. This keeps the conversation general before moving to the client specific, and allows the client to identify those that she feels she could consider and those that are unacceptable to her.

Some clients may prefer to talk to someone of their own culture or background who might understand her and the issues her pregnancy raises. Others may feel safer, less judged and more secure about the confidentiality of the conversation when the professional helping them is NOT from their community. It is not always possible to provide each young person's ideal professional for them, though hopefully they will be able to speak to someone of their preferred gender **YW 1.5**. However, all young people should be reassured of the confidentiality of the service, that staff will all provide a consistent non-judgmental service and that their background will not be a barrier to them accessing all relevant information and services.

Provide information on **all** pregnancy options. It is useful to make it clear that this is something staff do with all clients as a matter of course. This provides an opportunity to ensure that a client's decision is not based on any misinformation or misunderstanding.

It may be a client feels she has to end her pregnancy in order to conceal from her family that she has been sexually active. She may come from a community in which abortion is the norm for women who become pregnant outside of marriage. Conversely, she may experience pressure from her family to continue with her pregnancy because of their views on abortion or because early motherhood is the norm in her community. It is essential that she is given an opportunity to consider all the options for herself and that she knows what support there would be for her outside the family for each of the pregnancy options.

Some key points can inform your conversation:

- All young people have an equal entitlement to information and services regardless of social class, ethnicity, or religious background **YW 9.1**
- It is not possible to predict someone's decision about pregnancy on the basis of their social class, ethnicity, or religious background
- Women of all communities in this country experience unintended pregnancy and access abortion services
- Around the world women of all ethnicities, religions and cultures access abortion services
- When making a decision about pregnancy women try to balance their current circumstances, their desires and aspirations, and their values and beliefs. Some women find this decision straightforward and some women find it extremely difficult. This does not necessarily reflect their religious or ethnic background.

Professionals' personal views

Many people have strong personal views on the different pregnancy options because of their religion, culture or personal experience. Additionally professionals might have preconceived ideas about individual clients and how each pregnancy option might impact on them. For example, many people assume that abortion is always traumatic though research demonstrates that abortion rarely leads to psychological illness and most women do not regret their decision.

It is essential that the professional's personal views or concerns are not an obstacle to providing client-centred support to all service-users. Appropriate training, information, support and supervision might help to support non-judgmental, client-centred work. However, if a professional remains unable to provide impartial information and support for all pregnancy options, a protocol must be in place for redirecting the young person to someone who will. **YW 9.5**

Who and what?

Support not counselling

A minority of women need formal counselling when faced with an unintended pregnancy. Counselling may be needed when pregnancy occurs alongside, or as a result of, other complex issues in a woman's life, or when the dilemma of pregnancy exacerbates existing emotional difficulties for her. Pregnancy counselling in this situation can be provided by trained counsellors accessed through a GP, Brook clinic, local NHS or independent (bpas or Marie Stopes) abortion clinic.

Most young women do not need, or consider themselves in need of, counselling which they may associate with mental illness or behavioural problems. However, they will readily identify themselves as needing support to make a decision.

What do professionals need to provide?

- A safe, confidential space in which the young person can identify her own hopes, fears, needs and desires in relation to this pregnancy, her relationships, and her future **YW 2.2**
- A realistic timeframe for making a decision which includes sufficient contact time with the professional or their team
- Accurate, accessible, and young people friendly, evidence-based information about pregnancy, parenthood, abortion and adoption from reputable sources **YW 2.5**
- Decision-making techniques which facilitate a non-judgmental exploration of all the options
- An opportunity to consider the client's existing support networks, and help to identify appropriate people she can talk to
- Support to communicate with parents or carers and partner
- Supported referral into the appropriate medical service **YW 6.1**

Who can provide this support?

- Professionals with non-judgmental listening skills and clearly defined personal and professional boundaries
- Professionals who will provide a supported referral to a trained counsellor or other specialist service if they identify that their clients' complex emotional needs are beyond the scope of their work
- Professionals who have considered their own beliefs and values and feel genuinely able to provide non-judgmental support for all pregnancy options
- Professionals who are familiar with basic facts about all pregnancy options.

Supporting the young person to have confidence in the reasons for her decision

Research suggests that the emotional outcome is more positive for a woman when she has confidence that the decision she has made is right for her.

Some young people will already have decided what they want to do in relation to their pregnancy and may feel reluctant to explore the decision they have made. However they might not actually know about or fully understand all their options or have taken the time to consider them all. Often they will accept the opportunity to consider the degree of confidence they have in the decision reached as long as they understand why the opportunity is offered and are reassured that nobody is going to try to change their mind.

Some people feel they can reach the right decision about their pregnancy. Others find they struggle to have confidence in their decision. Fear of making the wrong decision can lead to no decision being reached. For those who are unable to feel there is a right decision, supportive discussion can give them the confidence that they have at least reached a decision for the right reasons.

Decision-making support in practice

First things first – confirming the pregnancy

Your first priority is to confirm the pregnancy. Has she already had a positive pregnancy test result? If not, find out why she thinks she may be pregnant, when she menstruated last, whether she has had unprotected sex since then, and if so when.

This discussion will help you:

- to establish if her need is for emergency contraception rather than a pregnancy test (sometimes a young person presents believing that a pregnancy test can be carried out within a few days of unprotected sex). Emergency Hormonal Contraception or the 'morning after pill' – available from clinics and chemists – can be taken up to 72 hours after unprotected sex. An IUD can be fitted – in a clinic – up to 5 days after sex.
- to estimate the gestation of the pregnancy in the event that she is pregnant (pregnancy is calculated from the first day of the last menstrual period not from the date that sex occurred)
- to understand her patterns of contraceptive use/lack of use to inform future contraceptive planning

If you are not able to provide a pregnancy test within your service, your client will be able to access one free at a young people's sexual health service such as Brook, at most GP clinics, at family planning clinics, or she can buy one at a chemist or supermarket. It takes approximately 21 days for a pregnancy test to be accurately positive after unprotected sex.

Negative result

If the result is negative, your client should take another test after a week and again if she fails to menstruate after that, as pregnancy tests can show false negatives if taken too early. **In the meantime she should ideally abstain from sex, or use condoms correctly and consistently** until she has a period. If she chooses to use another contraceptive method she should continue to use condoms as well in order to protect herself against STIs.

Whatever the result, your client has been at risk of pregnancy and therefore needs to consider her future contraceptive use. The relief expressed by someone receiving a negative test result is a good starting point for a conversation about accessing and using an effective contraceptive method. A young woman who expresses disappointment at a negative result might be prepared to discuss with you her desire for pregnancy and how that fits into her current relationship, circumstances and life plans.

Timeframe for decision-making

Although making a decision about pregnancy is often a process rather than a one-off discussion, it is necessarily time-limited. Let your client know how often she can be seen and when – allowing two days, ideally, between sessions to give her time to reflect on the discussion/s so far and to read any information leaflets. She can make a booking for an appointment in the local abortion service even if at this stage she is not absolutely sure of her wish to have an abortion and wants to continue discussing it with you. This might be especially appropriate if there is a long waiting time locally either for a first appointment or between initial consultation and abortion procedure. Women can change their mind about having an abortion right up to the time of the procedure.

A pre-abortion consultation will normally entail an ultrasound scan to assess gestational stage. The results of this alongside information about local and national abortion time limits will help to determine the amount of time a young woman has in which to make a decision if she is considering abortion as an option.

Things to discuss

- The client's feelings about her pregnancy
- Whether she knows about the three options: parenthood, adoption or abortion
- Whether she has, or hopes for, support and involvement from her partner
- The potential impact of each option on her relationships with those significant to her
- The client's belief system about parenthood/abortion/adoption and what or who has influenced it
- Her hopes and plans for the future and how they might be affected by each option
- Her current life circumstances
- Who else she has spoken to
- What support she needs in relation to accessing continuing pregnancy/abortion services
- What support she needs in accessing other specialist services
- Future contraceptive planning

Strategies to encourage discussion

All pregnancy options need to be fully considered in order for the client (and professional) to have confidence in the decision. A client might say that she has already decided what to do and doesn't need to think about all the options. A good question to offer the client in this situation is "What has brought you to the decision to...?" and to give them the space to revisit and review their decision making process and assess whether they feel they have made an informed and reasoned decision. Ask what would have to be different for her to make a different decision. Sometimes this can help identify the way in which those around her are influencing her decision or help her further assess the confidence she has in the decision she's reached.

A client may have ruled out one option without discussion. For example, many clients consider adoption the most difficult option of all. Being able to take the time to consider all options and rule out ones that the client feels is not acceptable to her can again contribute to her confidence in decision-making. It can be useful for the client who discounts an option to consider "what is it about this option that makes it unacceptable to me?"

Practical approaches

What would you do? The role of the professional in decision-making

Some young people don't know how they feel about the news that they are pregnant. They may never have had to make an important decision before and don't know where to start. They may want someone to make a decision for them. They might ask 'what would you do?'

For a client who asks '**what would you do?**' it can be useful to ask the young person "if I was to make a decision for you, what would it be important for me to take in to account? What things would you want me to think about to come to a decision?" This can help the young person consider their feelings in a more externalised and less threatening way.

In order to clarify their roles it might be helpful both for the professional and the young person to consider the following analogies for the process of supported decision-making:

■ Weighing scales

The counsellor acts as the fulcrum for the client's scales, helping the client ensure that they have considered all the advantages and disadvantages, gains and losses of all the options. Having done that the client's next step is to consider whether their scales tip in one direction or another and if they do whether they tip far enough for them to be confident about, and act on, their decision.

■ Clothes shopping

If she was clothes shopping would the client let a shop assistant choose what to buy – a dress, jeans or a skirt – decide what colour she should choose, what size it should be or how much money she should spend? Or would she want a shop assistant simply to help her identify the different options and bring her attention to all the things that are available, bring her different combinations of items in different sizes and colours so that she can try them on, see what feels comfortable, what looks ok, and hopefully make her own choice? Which role would she like the professional to take in making this decision?

Decision-making tools

■ Think about how to adapt resources and exercises to make them accessible to those with basic literacy levels, clients with special needs or those without English as a first language. Identify any visual aids that would help clients to identify and express their feelings and comprehend essential information.

■ **A pros and cons list** – this can include everything from the most significant factors to the most trivial: practical factors as well as emotional ones. After completing the list your client can rank the importance of the different factors (from 1 to 5 for example) and add up the points so that the balance of factors in favour of and against maternity at this time starts to emerge. Sometimes in spite of overwhelming evidence against continuing with the pregnancy or having an abortion, it becomes clear that this is what your client wants. Then the pros and cons list can become a useful tool for identifying what support she will need in order to act on her choice.

■ **Envisaging the future.** By annotating simple stick drawings, your client can represent the way, before she became pregnant, she wanted or pictured her life to be in 2 years time and in 5 years time. She can then add to and amend the same drawings to describe her idea of what her future would actually be like if she went ahead with this pregnancy or had an abortion. This can help her to identify the gap between her idealised version of her life and a realistic version of life depending on her decision.

■ **Represent her support networks,** by writing your client's name in the centre of a piece of paper. Then add her friends, family members, partner, and any professionals she is in contact with using the distance away from her on the paper to represent the importance of their influence and their potential for supporting her.

■ Draw a figure with a **head and a heart and a hand** to represent the different aspects of the decision. Any words that represent her feelings about this pregnancy, about abortion, about motherhood, about her relationship with her partner and family can be linked to the heart. Help her to identify whether the thoughts and feelings are hers or whether some of the words are more representative of other people's thoughts and feelings. Any words representing her practical concerns can be attached to the head. Some of the head words will be questions that you can answer or help her find the answer to or problems that have practical solutions. Finally words coming off the hand can represent all the practical things she has to help her deal with the dilemma and the outcome such as her personality and her skills e.g. strong, stubborn, sense of humour, nice, imaginative, positive, good with children, decisive, sensible ... etc

For all the exercises above, be prepared to write or draw yourself unless the client wants to do it herself. It might help to have prepared cards with some of the common words and phrases used in these exercises, simple pictures or symbols to represent different emotions and print outs of stick figures etc.

■ **Using role play** you can rehearse the conversations she needs to have with others around her. This can help her to practice the actual vocabulary she will need in talking to them and to predict a range of reactions.

■ **Telling it as a story.** Using open questions to find out what her thoughts, feelings and actions have been since finding out she's pregnant can elicit a lot of information. Start by considering at what point she started to suspect she might be pregnant? What was she thinking/feeling at that point? When she had decided to take a pregnancy test what did she hope the result would be? At that point was she able to consider 'what if ... ?' How does she feel now? Has anything changed and if so what/what brought about the changes?

■ Some clients find it helpful to write down the reasons for their decision to refer to at a later point in time. The process of **writing down their thoughts** about their current circumstances and how pregnancy fits into this and their plans and aspirations can be a helpful process. It can also leave them with something to look at in future if they begin to doubt or question their decision.

■ It might help for the client to look at some of the **information websites and leaflets** with the professional present as that can help the professional to answer additional questions and to gauge the reactions of the client to the information she is reading.

Print out the pregnancy decision-making flowchart and complete it together (downloadable from the Education For Choice website www.efc.org.uk/Pregnant/Makingadecision)

Information for professionals

In order to provide accurate information, spend some time informing yourself. The resource page at the back of this toolkit provides links to useful sources of information. A supplement to this toolkit with basic information about maternity, abortion and adoption and links to useful websites is available at

<http://www.efc.org.uk/Forprofessionals/Bestpracticeinpregnancydecision-making>

General issues

Advice and treatment for under 16s

Young people and confidentiality

Although the age of consent in England is 16, the law is not intended to prosecute mutually agreed sexual activity between two young people of a similar age. As long as the young person is not deemed to be at risk, health professionals do not need to share information about a young person's request for information, contraceptive treatment or abortion. **YW 3.4**

Many young people assume their parents/carers will not be supportive if they disclose that they are sexually active or pregnant. Some parents/carers are an important source of support, but others may threaten or harm the young person. Health professionals should discuss with the client the risks and benefits of involving her parents or carers in her decision about abortion, but must respect her wishes if she does not want to involve them. If the young woman understands fully the choices she is making, if it is her own choice to have an abortion, and if it is in her best interests to go ahead with an abortion, a doctor can refer her for an abortion without parental involvement.

Some abortions are carried out under general anaesthetic. In this situation the young woman will be asked to identify an appropriate adult to accompany her after the procedure.

Competence to consent

Professionals in all settings should be familiar with the Fraser guidelines so that they can help the young person to consider the benefits of informing her parents and help her to understand the process of assessment that doctors will undertake before referring her for abortion without parental involvement. Professionals supporting a decision-making process in non-health settings should be reassured that the decision about whether or not a client is competent to consent to treatment will be made by a GP or health professional within the abortion service itself. **YW 3.1 3.2**

Best Practice Guidance On The Provision Of Advice And Treatment Of Young People Under 16 On Contraception, Sexual and Reproductive Health was issued by the Department of Health in July 2004
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960

Involving others

Sometimes the client will be accompanied by a friend, partner, or family member. She may or may not be happy to have them involved. Either way the professional will need to speak to the client on her own at some point as it is vital she has an opportunity to express her feelings honestly and without reference to the views of a third person. At the start of the discussion the professional should inform everyone that they will want to see the client alone at a later point and that this is standard practice.

Parents or carers

Many young women believe that their parents or carers will react furiously to the news that they are pregnant or will prevent them from making their own decision. Where the young woman's decision does not match the desires of those around her, the professional may need to play an advocacy role and help her to communicate her feelings to her family and help them to accept her choice. It may be appropriate to have a joint session with her and her family, but it is essential that she and the professional are both satisfied that she has had sufficient time alone first to consider what she wants for herself. Working with the young woman and her family may be beyond the comfort, skills and experience of the professional she has been working with so far in which case the professional should identify a more appropriate service to refer the family to.

Partners

Depending on her relationship with her partner, the young woman may want to involve him in the decision-making process or inform him of her decision. It can be beneficial to him to have his thoughts and feelings about the pregnancy heard. He may want her to have an abortion or to continue with the pregnancy. Either of these may be the opposite of what she wants. Even if they disagree on the decision, her partner may be better able to accept and support her decision if he has had the opportunity to express himself and hear her express her feelings. Without knowing his feelings about the pregnancy, she may not be making a fully informed choice. If she does not want him to attend a joint session, it would be appropriate for him to be given the time to talk to someone on his own about how he feels. As with her parents, she may fear that his influence will undermine her decision and it is important that facilitating his involvement is not interpreted by him as having the right, ultimately, to decide which pregnancy option is appropriate.

Friends

Friends might accompany the young woman to the service and can be a source of support for her. Ensure that she has sufficient time on her own to consider her own feelings about the pregnancy. If she wants to involve her friends, ensure that they have an opportunity to think about and discuss the kind of support she wants, the need to accept her decision and the need to respect her requirements for confidentiality.

Other health issues

Post abortion/post maternity contraceptive planning

It is essential to ensure that the young woman has considered her future contraceptive planning whether she opts for maternity or abortion. Women can ovulate almost immediately after medical or surgical abortion and just 28 days after having a baby. Therefore it is important that a contraceptive method is initiated as soon as possible after abortion and within 21 days of childbirth. In order to ensure this happens, contraception should be discussed with a client as part of the decision-making process.

Some methods of contraception may be available at the time of abortion or maternity. Encourage the client to find out more when she attends consultations at the abortion service or antenatal clinic. fpa and Brook provide patient information on all methods of contraception. A client who has experienced unplanned pregnancy is likely to be sexually active and at ongoing risk of further pregnancy. She may choose to use a long term and highly reliable method such as a long acting reversible contraceptive (LARC). Condoms should be used in conjunction with all other forms of contraception to reduce the risk of STIs.

A client may need help to access ongoing contraceptive support and advice during the post-maternity/post-abortion period from a sexual health outreach worker, family planning nurse etc ... until she is settled and happy with an appropriate contraceptive method of her choice. **YW 9.1**

Sexual health

Anyone who has experienced unintended pregnancy is at risk of having a sexually transmitted infection. Genito-urinary screening should therefore be encouraged, signposted and appointments made if necessary. **YW 9.2**

Women who opt to continue with their pregnancy will be offered an HIV test routinely.

Post-maternity support

In addition to practical help some young women may need an opportunity to discuss the emotional impact of

maternity and identify any ongoing psychological problems. A minority of women suffer from post-natal depression and it is essential that these women are supported to talk to their GP or midwife and to access the appropriate intervention quickly.

Post-maternity support should include enabling the young woman to choose and use a form of contraception that will meet her needs.

Post-abortion support

Most teenagers will have intensive support after maternity from a teenage pregnancy team, reintegration officer and other agencies. The same support doesn't always exist for those who've had an abortion, though they may have had many of the same issues in their lives before becoming pregnant.

Most young women do not need formal counselling following abortion, but can find it useful to have the opportunity to think about their current relationships, their aspirations, things about their lives they would like to change and future support needs. This can be especially helpful where pregnancy was accompanied by, or resulted from, other problems. Staff should be familiar with local specialist agencies so that they can provide a supported referral where appropriate.

A minority of young women need more intensive support to revisit the experience of pregnancy and abortion in order to find strategies to make positive changes and to move on. A young person's counselling service, GP practice-based counsellor, Brook counsellor or counsellor in an independent abortion service such as bpas or Marie Stopes should be able to provide this help.

Post-abortion support should include enabling the young woman to choose and use a form of contraception that will meet her needs.

Post-adoption support

Social services can provide support for birth mothers who have given up a child for adoption. Various national agencies can provide support via helplines for those who want to talk to someone anonymously or outside of their area. Specialist agencies can provide practical help negotiating with social services. They can also provide counselling to help birth mothers express their thoughts and feelings following the adoption.

GPs will have a practice-based counsellor or can refer to an appropriate counsellor for help with feelings of loss or bereavement and for ongoing emotional support.

Post-adoption support should include enabling the young woman to choose and use a form of contraception that will meet her needs.

Quick reference checklists

Anyone working to the standards recommended in the You're Welcome quality criteria produced by the Department of Health and Getting it Right for Teenagers in Your Practice produced by the RCN will already have put many of the practices in checklists 1 and 2 in place.

1. Checklist for staff

| Checklist for those working with young people | Yes / What further action do I need to take? |
|--|--|
| Attitudes | |
| I have considered my own attitudes and values in relation to pregnancy, abortion, maternity and adoption and how they might impact on my work with clients | |
| I have considered my own attitude to this client in relation to my knowledge of her life, her capacity, her family and how this might impact on my work with her | |
| I have identified how I can create an appropriate setting for discussing her pregnancy options YW 4.1 | |
| I am aware of the You're Welcome Quality Criteria and aim to implement its recommendations in my work with young people YW | |
| If I am unable to provide impartial support for any of the three pregnancy options or am unable to support this particular client, I am aware of my duty to refer her to an alternative professional who can provide her with appropriate support to meet her needs. I know who to refer a client to YW 9.5 | |
| Child protection YW 3.1/3.2 | |
| I have received training and can demonstrate knowledge and understanding of how to assess a client's situation and establish that there are no child protection issues, and I know the procedure to follow if there are concerns | |
| I am aware of the procedure for sharing information where appropriate and necessary to safeguard the client | |
| I understand and routinely clarify with clients the scope and limitations of confidentiality i.e. whether all information remains with me or whether I share this with other members of my team or more widely and under what circumstances | |
| I am able to access support and supervision to ensure my practice is appropriate and safe | |

(continued)

| Checklist for those working with young people | Yes / What further action do I need to take? |
|--|--|
| I have received training and can demonstrate knowledge and understanding of legal issues in relation to under 16s (including under 13s), contraception, pregnancy and abortion | |
| I have thought about ways of encouraging the young woman to include her parents/carers in the decision-making process or provide a supported disclosure to parents/carers, giving due regard to any child protection/legal issues relating to her situation | |
| Information and signposting YW 6.1/6.3/2.6/9.1 | |
| I know about the local referral pathway for abortion. I know about or can access information on: what methods of abortion are available at what gestation; where abortions are provided; whether there is funding available for those who need to travel out of area for an abortion; how many different consultations my client will have to attend and where; what provision is available for her to access support after abortion | |
| I know about the local care pathway for a client who will continue with the pregnancy. I know about or can access information on: how to access specialist teenage pregnancy midwives, reintegration and support staff; and where she can get information on financial support, housing and access to education, employment, training and childcare | |
| I know who she will need to contact if she is considering continuing with the pregnancy and putting the baby up for adoption. I know about or can access information on: what the process is; how soon she will have to make a decision; what support there will be during the pregnancy and after the birth to help her decide; what contact, if any, she would be able to have if she did put the baby up for adoption | |
| I have a graphic of local pregnancy care pathways which includes all relevant phone numbers, contact times, clinic and appointment times | |
| Support and follow-up YW 6.1 | |
| I have considered the scope and limitation of support that I can offer a client following abortion, maternity or adoption and can provide a supported referral to a specialist counsellor if necessary | |
| I have thought about ways to help include and support the young woman's partner in the decision-making process and/or subsequent referral, giving due regard to the young woman's preferences | |
| I have considered ways to initiate a conversation about contraceptive planning post-abortion/post-maternity. I can provide written information on different contraceptive methods and signpost the client to contraceptive services which will help her to implement her contraceptive plan | |

2. Checklist for managers and commissioners

| Checklist to assess a local service | Yes / What further action do I need to take? |
|---|--|
| <p>Those staffing this service can answer yes to the questions in checklist 1</p> | |
| <p>Principles and protocols for best practice YW 9.1/9.5</p> | |
| <p>This service and the staff who work within it are committed to the principle of providing non judgmental, impartial support and accurate information to young people making decisions about pregnancy and abortion</p> <p>Protocols are in place to ensure that staff members who are unable to commit to these principles know how to refer a client on to a professional in this or another service who will support her to make an informed choice</p> | |
| <p>Training and staff support YW 5.1</p> | |
| <p>Training has been provided to staff in this service to understand and implement protocols which address:</p> <ul style="list-style-type: none"> ● Client-centred support and You're Welcome ● Child protection YW 3.2 ● Law and DH guidance on confidentiality and consent (including for under 13s) YW 3.1 ● Emergency contraception ● Contraception YW 9.3 ● Pregnancy options YW 9.1 ● Local care pathways ● Referral to CAMHS and other specialist agencies YW 6.1 <p>Formal arrangements are in place to provide support and supervision to staff in this service</p> | |
| <p>Information YW 9.1</p> | |
| <p>All literature provided within the service on contraception, emergency contraception and pregnancy options is evidence-based, accurate, up to date and from reliable sources e.g. NHS, NICE, Brook, fpa, bpas, Marie Stopes, baaf YW 2.5/ 9.1</p> <p>Accurate and up to date information on local care pathways and referral systems for abortion and ante-natal care and other relevant services is available YW 6.3</p> <p>Literature is appropriate and accessible for young people and staff</p> <p>Explicit information about young people's entitlement to confidentiality is clearly displayed in reception, waiting rooms and consultation rooms YW 2.2/3.3</p> | |

Independent pregnancy advice centres

Many voluntary sector organisations run youth centres and advice services which provide free pregnancy testing and decision-making support for young people. Agencies which work on behalf of and closely with their local Primary Care Trust (PCT) often provide excellent, good quality, young people-centred services. However, some pregnancy advice centres are run independently of the PCT and are not subject to scrutiny or bound by agreed standards of practice. Some centres target women with a 'crisis' pregnancy (by definition clients who may be vulnerable and undecided about their preferred pregnancy outcome), but do not provide the impartial support women in this situation need.

Before signposting young people to non-NHS services, it is important that professionals are confident about the quality of services provided by local centres. Particular attention should be paid to:

- The source and accuracy of information provided by the centres through literature and within one to one sessions
- The appropriateness of visual images used by the centres
- Whether there is a genuine commitment to providing support for all three pregnancy choices equally
- What practical steps are taken to support a client to access abortion if that is her choice
- Whether those running the centre are committed to providing support for clients to choose and use contraception
- Whether those running, governing or funding the centre oppose abortion and aim to deter women from seeking abortion.

Problems encountered by women in **some** independent pregnancy advice centres include:

- being shown film or photographs of fetuses in utero to mislead clients about fetal development in relation to abortion
- misinformation on abortion including:
 - literature that overstates the physical and psychological risks of abortion
 - incorrect claims that emergency hormonal contraception (the 'morning after pill') is the same as abortion
 - inaccurate descriptions of abortion methods
 - over-emphasis of abortion methods used in later pregnancy despite their rarity
 - incorrect claims that there is a proven causal link between abortion and infertility
 - incorrect claims that there is a proven causal link between abortion and breast cancer
 - incorrect claims that there is a proven causal link between abortion and mental illness
- a post-abortion counselling model that views abortion as intrinsically wrong and women who have abortions as needing forgiveness
- a belief that contraception is wrong, leading to lack of information or misinformation about contraceptive methods

To avoid subsequent unintended pregnancy, clients who choose to attend independent pregnancy advice centres must be given additional support to attend services which will promote and support contraceptive use.

Research findings on crisis pregnancy centres from the United States Congress and Irish Family Planning Association are available at: <http://www.efc.org.uk/Forprofessionals/Bestpracticeinpregnancydecision-making/Crisispregnancycentres>

In order to identify appropriate pregnancy advice services, the checklist for managers (page 13) can be used alongside the independent advice centre checklist on page (15).

3. Independent advice checklist

Before signposting to an independent advice agency ensure that you know the answers to these questions

| | Comments |
|---|----------|
| What other organisation is the agency run by, funded by, affiliated to, or associated with and what is that organisation's position on abortion and contraception including emergency contraception? | |
| What is the agency's ethical position on abortion and is it stated explicitly? Do staff support clients to access abortion if that is their choice? | |
| Does the agency provide evidence-based information on pregnancy and abortion from reliable sources such as NHS, bpas, Marie Stopes, fpa, Brook, RCOG? | |
| Does the agency or any associated organisation have a website and does it include evidence-based information in relation to contraception, emergency contraception, abortion, maternity and adoption? Does it link to reliable websites such as ruthinking, fpa, brook, bpas, baaf, Marie Stopes, NHS Direct? | |
| What visual resources do agency staff use within discussion with clients? | |
| What training do the staff have? | |
| How does the agency demonstrate commitment to You're Welcome? | |
| Do staff provide contraceptive counselling and advice? | |
| What is the nature of any post-abortion counselling services they provide? | |
| Do staff have an understanding of the local care pathway and know how to put a client in touch with relevant agencies in the area to support their choice? | |
| What does this agency provide that couldn't be provided by my service, or other services run by or in association with the PCT? | |
| When was the centre last mystery shopped? | |
| Are you confident that a young woman attending this centre will receive non-judgmental, non-directive support and impartial information that will enable her to make an informed choice about her pregnancy? | |

Useful resources

Relevant guidance and policy

Getting It Right For Teenagers In Your Practice
http://www.rcn.org.uk/members/downloads/getting_it_right.pdf

You're Welcome Quality Criteria
www.dh.gov.uk

Royal College of Obstetricians and Gynaecologists
Evidence-Based Clinical Guidelines: The Care of Women
Requesting Induced Abortion
www.rcog.org.uk

Youth Matters: next steps
<http://www.dfes.gov.uk/publications/youth/pdf/Next%20Steps.pdf>

Teenage Parents Next Steps: Guidance for Local
Authorities and Primary Care Trusts
Multi-agency working to support pregnant teenagers:
a midwifery guide to partnership working with
Connexions and other agencies
<http://www.everychildmatters.gov.uk/teenagepregnancy/>

Targeted Youth Support: A Guide
<http://www.everychildmatters.gov.uk/resources-and-practice/IG00206/>

Information on the three pregnancy options

For general information about abortion in this country
www.efc.org.uk

For information on contraception and emergency
contraception www.fpa.org.uk or www.brook.org.uk

For information about specific abortion methods
www.bpas.org or www.maristopes.org.uk

For patient information about ante-natal care, maternity
and abortion www.rcog.org.uk

For information and support for women facing a
diagnosis of fetal abnormality www.arc-uk.org

For information on antenatal health
www.nhs.uk/Conditions/Antenatal-health-and-care
or <http://www.direct.gov.uk/en/Parents/HavingABaby/index.htm> or www.nct.org.uk

For information on benefits and support available for
young mums www.oneparentfamilies.org.uk or
www.surestart.gov.uk

For information on adoption and fostering
www.baaf.org.uk or
www.everychildmatters.gov.uk/adoption

For families whose children are involved with,
or require, social care services www.frg.org.uk

Websites for young people

www.efc.org.uk

www.brook.org.uk

www.ruthinking.co.uk

www.likeitis.org.uk

www.talktofrank.com

Information on related issues

For information for young people on education,
training, health, housing etc. www.connexions.gov.uk
or www.everychildmatters.gov.uk

For information on drugs
www.release.org.uk or www.talktofrank.com

For information on rape www.rapecrisis.org.uk

For information on abuse www.nspcc.org.uk

For information on female genital mutilation
www.forwarduk.org.uk

For information on housing www.shelter.org.uk

For information on mental health
www.youngminds.org.uk

Helplines

fpa – **0845 1228690**

Brook – **0800 0185023**

NHS direct – **0845 4647**

Childline – **0800 1111**

National Domestic Violence Helpline – **0808 2000247**

Frank – **0800 776600**

Shelter – **0808 8004444**

Sexwise – **0800 282930**

British Association for Adoption and Fostering –
020 7421 2600

London Lesbian and Gay Switchboard – **020 7837 7324**

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