

## **Snapshot of Crisis Pregnancy Centres operating in England**

### **Executive Summary**

#### **What are 'Crisis Pregnancy Centres'?**

Crisis Pregnancy Centres (CPCs), are organisations independent of the NHS that offer some form of discussion around pregnancy choices for pregnant women. Their services are aimed at women who are uncertain about continuing with a pregnancy and need some support with decision-making. Sometimes they also offer free pregnancy testing and other services. Some of these centres specifically market their services to young or vulnerable women and it is likely that someone without support networks may find them via an online listing site such as Yell.com.

Widespread anecdotal evidence in the UK, and full-scale research reports from the United States<sup>i</sup>, Ireland<sup>ii</sup> and Canada<sup>iii</sup>, indicate that some CPCs do not provide impartial pregnancy decision-making support and that many are formed with a specific anti-abortion agenda.

For this report EFC mystery shopped 8 crisis pregnancy centres in England (8 visits to centres and 3 phone calls to helplines) to determine the quality of service they offered to women facing an unplanned pregnancy.

#### **Why the need for this report?**

Education For Choice is often asked by public health commissioners, those running teenage pregnancy partnerships, and health and education practitioners attending our training, whether their local CPC offers an acceptable service. Currently public spending cuts mean that free services will be attractive to commissioners; and the shape of commissioning is changing rapidly which may open up funding opportunities for local community organisations to provide services traditionally provided within the health service. Moreover, two MPs, Nadine Dorries and Frank Field, are proposing an amendment to the Health and Social Care Bill<sup>iv</sup>, which aims to cast doubt on the service provided by independent abortion providers, and to direct women towards 'independent' counselling. Local areas may be concerned about whether or not to signpost young women to CPCs or whether they should provide these organisations with the funding or publicity they are, increasingly, requesting. It seems timely to provide some guidance in this area.

Although research has been carried out looking at CPCs in other countries, the situation in the UK is less transparent. A [Channel 5 news report](#)<sup>iv</sup> in 2005 exposes a couple of CPCs in the UK and gives a shocking account of the kind of false information which may be given to women seeking help and advice with pregnancy. EFC has undertaken a small scale mystery shopping project to gather some more up to date information on the advice and information being offered to pregnant women who visit CPCs in England. All the CPCs featured were found using internet searches and listings sites like Yell.com, with many appearing under the category 'abortion advice and services'.

Centres were visited (or their helplines called) anonymously and the mystery shopper presented herself as someone with an unwanted pregnancy who was considering abortion, but required additional information and support to make up her mind.

## Summary of findings

Mystery shoppers felt that many of the 'counsellors' were genuine and well-meaning, but were prevented from doing a really useful job by:

- lack of good basic listening or counselling skills – for example several talked more than they listened and used anecdotes from their own or friends' lives to illustrate a point they wanted to make;
- lack of practical and accurate information – for example not knowing anything about the referral route, care pathway, abortion methods, abortion time limits;
- or, an ethos that made facilitating access to abortion in any way unacceptable to them or their organisation – for example, an inability or unwillingness to name any abortion providers or to suggest any ways in which the woman could access abortion.

Some centres were clearly focused on deliberately deterring the mystery shopper from having an abortion at any cost, with no care for her feelings or for the impact of the decision on her wellbeing. For example, giving dramatic misinformation, such as that 100% of women who have abortions will get cancer; biased or judgmental statements: *'At the end of the day, this is still human life, it's still a baby, whether you want to think that way or not'*; or by using manipulative tactics such as bringing baby clothes out to show to a young woman who was asking about abortion.

By contrast two centres provided straightforward and impartial advice which the mystery shoppers reported would have helped them to access abortion if that is what they wanted. However, in these centres there was a mismatch between the attitude of the 'counsellor' and the statements on their websites some of which paint a very negative picture of abortion. The mystery shoppers also wondered what, if anything, they got from these interventions that they would not have got had they gone straight to an abortion provider for a consultation or counselling.

At most centres mystery shoppers had to wait several days for an appointment which would have added anything from a few days to two weeks to the process of accessing an abortion. This should be a significant concern for public health commissioners given the range of benefits associated with accessing abortion as early as possible and the increasing risks associated with abortion as pregnancy progresses.

## Conclusion

This report presents a snapshot of practice. Only a small proportion of the CPCs operating around the UK were mystery-shopped. However, most of the other CPCs in the UK belong to the same networks as those that were visited for this report and there is no reason to believe that these centres are unrepresentative.

Practice varies widely between centres. At worst CPCs are operating in ways which are unethical, and go against good practice principles that guide public health – including providing evidence-based information and impartial, client-centered support. At best what they offer is acceptable, if not necessarily valuable. Practice varied markedly even between centres in the same network so that it was not possible to generalise about the practices of a whole network or national organisation.

It may be productive to get a more complete picture by investigating further CPCs. However, it is also worth assessing whether a woman who may want an abortion has anything to gain by attending even an acceptable counselling session in an independent centre. It may be that this visit just adds an unnecessary additional stage, and delay, for a woman to go through before accessing abortion or ante-natal care, especially if they are referred to these centres by someone who could have provided the same kind of basic support themselves i.e. youth workers, school nurses, sexual health clinic staff.

### **Recommendations for Commissioners**

What this report makes clear is that there is currently no well-regulated network of independent pregnancy advice centres or practitioners to offer good quality, consistent, support to women outside of conventional NHS and abortion service-provider settings. Health commissioners and those signposting women to pregnancy services should investigate fully their local service before recommending, promoting or funding them in any way. In doing so they should be aware of any inconsistencies between the counselling practice, the literature they provide, the information on their websites, and the ethos and information provided by their parent or umbrella organisations. Commissioners should ensure that CPCs meet good standards of practice, and are transparent in what they believe and what they provide. Finally, with substantial cuts to public funds and an encouragement to turn to non-professionalised community organisations, commissioners should be mindful that free is not always good value or good quality.

### **Recommendations for further research**

This report did not assess other services offered by CPCs or their umbrella organisations such as post-abortion services or abortion education. Most CPCs offer post-abortion services. Further, research should be done to establish the nature and quality of this counselling. The three national organisations who run some of the CPCs investigated also take an active role in providing speakers in schools to provide sex education and/or information on abortion; and at least one is involved in the new SRE Council. It is likely that their education programmes encourage young people to access support at their centres and further research should be carried out on the nature of their education programmes and links between education and counselling services.

### **The complete report**

The complete report includes examples of information given by a range of CPCs including direct quotes taken from transcripts of mystery shopping interviews. Please contact [lisa@efc.org.uk](mailto:lisa@efc.org.uk) if you would like to discuss the content of the report further.

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<sup>i</sup> See United States House of Representatives Special Investigations Division 'False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers' <http://www.chsourcebook.com/articles/waxman2.pdf> and NARAL Pro-Choice America Foundation 'The Truth about Crisis Pregnancy Centers' <http://www.prochoiceamerica.org/media/fact-sheets/abortion-cpcs.pdf>

<sup>ii</sup> Irish Family Planning Association 'Rogue Crisis Pregnancy Agencies in Ireland' <http://www.ifpa.ie/eng/Media-Info/Publications/Publications-Reports/Rogue-Crisis-Pregnancy-Agencies-in-Ireland>

<sup>iii</sup> Pro-Choice Action Network 'Exposing Crisis Pregnancy Centres in British Columbia' (2009) <http://www.prochoiceactionnetwork-canada.org/Exposing-CPCs-in-BC.pdf>

<sup>iv</sup> <http://www.publications.parliament.uk/pa/cm201011/cmbills/132/amend/psc1323103p.1833.html#top>

<sup>v</sup> [http://youtu.be/-ecV\\_qVr4FU](http://youtu.be/-ecV_qVr4FU)