Crisis Pregnancy Agency annual report 2009

an ghníomhaireacht um
thoirchis ghéarchéime
crisis pregnancy agency

ANNUAL REPORT
2009

Crisis Pregnancy Agency
Services Map

an ghníomhaireacht um
thoirchis ghéarchéime
crisis pregnancy agency

Funded Project

- Crisis pregnancy and post-abortion counselling services
- Post-natal and parenting support services
- Youth-related services
- Contraception-related services
- Post-abortion medical check-ups
- Crisis pregnancy counselling skills course

Event

- Large-scale distribution of resources at events
- 'Think Contraception' health education outreach campaign

CONTENTS

FOREWORD FROM THE CHAIRPERSON

The Crisis Pregnancy Agency was established with all-party support in 2001 as the State's response to decades of debate about the issue of crisis pregnancy. Since its establishment, the Agency has made significant progress in furthering our understanding of the issue of crisis pregnancy, its causes and consequences. The Agency has worked assiduously in addressing this issue by improving and expanding service provision and raising public awareness of the supports that are available during and after crisis pregnancy.

One in five women aged between 25 and 34 has experienced a crisis pregnancy. The prevalence of crisis pregnancy in Irish society and the impact that a crisis pregnancy can have, not only on the woman, but also on her partner and family, make it imperative that the issue is addressed holistically. The Agency has worked with many organisations to provide services and supports at all stages of what can be an immensely traumatic and emotionally fraught time.

Over the past eight years, the Agency has developed two strategies to address the issue of crisis pregnancy, both of which have emanated from three core goals: to reduce the instance of crisis pregnancy, to provide supports for those experiencing the crisis which make choices other than abortion more attractive and also to deliver care and support after crisis pregnancy. Partnership has been key to the Agency's work since its establishment. The Agency's strategies have provided a framework to address the issue of crisis pregnancy, and their implementation has depended on the support and commitment of an array of organisations, including various Government and State organisations, crisis pregnancy service providers, medical practitioners, non-government organisations and commercial organisations.

Much has been achieved as a result of the collective hard work of individuals and organisations. Since 2001:

- Over 30 research reports have been published, improving our understanding of the issue of crisis pregnancy and contributing factors to best practice and policy development.
- Crisis pregnancy and post-abortion counselling services have been expanded by over 55%, with free, trustworthy, State-funded services now available at over 50 centres nationwide.
- Several innovative health education communications initiatives and campaigns have been designed and delivered, which promote positive behavioural and cultural changes and promote the availability of State-funded services.
- The number of women giving Irish addresses at UK abortion clinics has decreased from 6,673 to 4,422 in 2009.
- The number of births to teenagers has declined from 3,087 to 2,426 in 2008.

The President of Ireland, Mary McAleese, acknowledged these achievements in November 2009, at an event to mark the Agency's transition into the Health Service Executive (HSE). The President also noted that the work of the Agency and its partners had done much to reduce the stigma that has been a contributory factor to crisis pregnancy in Ireland for generations.

A significant amount has been achieved by Irish society as a whole in confronting and accepting the issue of crisis pregnancy. As a new generation of children enter their teenage and early adult years, crisis pregnancy prevention

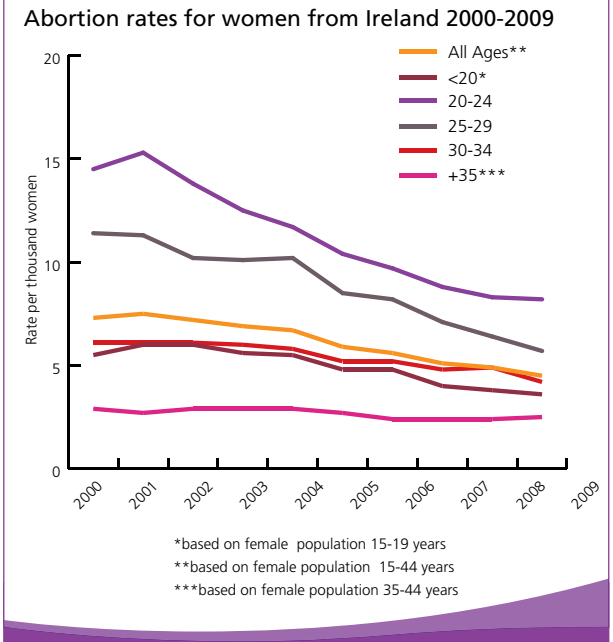
President Mary McAleese, Katharine Bulbulia, Chairperson (R) and Caroline Spillane, Director (L) marking the transfer into the HSE, November 2009.

remains an important task and remains a phenomenon which requires a concerted focus in the coming years. The current strategy provides a blueprint for work to address crisis pregnancy until 2011 and the Agency's transfer to the HSE will allow for closer ties among two organisations that have collaborated closely over the past eight years. The transfer will, over time, lead to a greater integration of crisis pregnancy services into the HSE which will ultimately benefit those experiencing crisis pregnancy.

The transfer to the HSE on January 1st 2010 also brings to conclusion my time as Chairperson of this organisation. In the three years I have held this position I have worked closely with the Agency's Board and I would like to pay tribute to all of those who have served alongside me in this capacity providing guidance to the Agency in its work. I would also like to thank the first Board of the Agency, particularly my predecessor as Chair, Olive Braiden. I would also like to acknowledge the contribution of those who have served on the Agency's specialist subcommittees, particularly Dr. Margret Fine-Davis and Noreen O'Kelly for bestowing their significant knowledge to the Research and Policy Subcommittee and the Finance and Audit Subcommittee respectively.

I would like to express my gratitude to the Agency's Consultative Committee, whose members generously gave their time and expertise to improve the quality of the Agency's work.

On behalf of the Board and staff of the Agency, I would like to acknowledge the steadfast support of the Minister for Health and Children, Mary Harney, T.D., who has supported the Agency to achieve its objectives along with the many officials from the Department of Health and Children who have worked closely with the Agency over the years.



(Note: Figures 2000-2004 UK only; Figures 2005-2009 UK and Netherlands)

Lastly, I would like to thank the Director, Caroline Spillane, and the Agency's staff for their commitment, enthusiasm and continued hard work. The concerted efforts of all of those who have worked both directly for and in partnership with the Crisis Pregnancy Agency have had a significant impact in changing the way in which we as a society respond to the issue of crisis pregnancy. Responding effectively to the evolving needs of a changing society will require a resolute focus on research, service development, communications, partnership and evaluation in the coming years. As part of the HSE, the new Crisis Pregnancy Programme will be in an excellent position to address the issue of crisis pregnancy into the future.

Katharine Bulbulia

Chairperson

INTRODUCTION AND OVERVIEW OF 2009 BY THE DIRECTOR

2009 was a very challenging year for the Crisis Pregnancy Agency and one in which significant progress was made on achieving the objectives set out in the Strategic Plan 2007 – 2011 and the Business Plan 2009. This report outlines the many achievements and the outputs of the organisation over this period.

Throughout 2009 the Agency continued its focus on leading a process of information, education and support. With evidence and knowledge as our foundation, we continued to focus on improving service capacity, influencing both policy and practice and developing strategic partnerships to achieve improvements in sexual health behaviours and outcomes as they relate to crisis pregnancy.

One of the key indicators that the Agency monitors is the abortion rate for women giving Irish addresses, as collated by the UK Department of Health. We note the sustained downward trend in this rate since the Agency's establishment in 2001, from 7.1 abortions per 1,000 women aged 15 – 44 to a rate of 4.4 in 2009. Over this same period the Agency has focused on creating an infrastructure of front-line services for the prevention and management of crisis pregnancy. By the end of 2009 the Agency had in place 35 Service Level Agreements with organisations throughout the country, and funding of such services now accounts for over half of the Agency's annual budget.

The Agency has a stated commitment to work with services to improve quality and standards – particularly in relation to crisis pregnancy counselling. By the end of the current academic year nearly 70 crisis pregnancy counsellors will have undertaken the accredited programme in crisis pregnancy counselling skills through the National University of Ireland, Maynooth. The Agency's plans to further enhance work in this area, by the addition of Alumni Seminars and a series of Master classes, are also well underway.

The commitment of our partners at crisis pregnancy counselling services has been pivotal to the success of the NUI Programme. Since our establishment, the development of alliances and partnerships has been key to the delivery of a wide-ranging and nationally-focused Strategy to address the issue of crisis pregnancy. In 2009 the Agency extended its array of formal partnerships through the development of a Memorandum of Understanding (MOU) with the Pharmaceutical Society of Ireland. The role of the pharmacist is changing and evolving, and an opportunity exists for the community pharmacist to play an increasingly important and visible public role in the provision of advice and education on sexual health matters.

Our ongoing partnership with the Department of Education and Science, under a MOU signed in 2008, facilitated further collaboration on a number of important projects to bring about improvements in the provision of Relationships and Sexuality Education in the context of Social, Personal and Health Education (SPHE) during 2009. Sex education plays a critical role in preventing crisis pregnancy. As can be seen from this report the Agency has based much of its strategic focus on improving knowledge about relationships and sexuality among adolescents.

In parallel with this activity, the Agency also prepared for its transfer to the Health Service Executive, in close collaboration with the Department of Health and Children. I would like to place on record our appreciation and thanks to the Minister for Health and Children, Mary Harney, T.D., and her Officials for the high degree of collaboration and assistance provided in planning for the transition process.

The Board has been hugely supportive as we continued to form effective, compassionate and responsive supports and services for those at risk of or experiencing crisis pregnancy. I would like to mention in particular the Chairperson Katharine Bulbulia and thank her for her guidance, encouragement and highly valued contribution. I would also like to thank each Board member and in particular the various committee chairpersons, all of whose contributions will be clear from this report.

The Agency's Consultative Committee met a number of times in 2009 and on each occasion provided valuable advice and recommendations to improve individual pieces of work. This is much appreciated.

Over the past eight years we have been engaged in implementing significant change in relation to crisis pregnancy services in Ireland and we have done so with the support and input of the many services who engage with women and their families on a daily basis. I wish to pay tribute particularly to those in the crisis pregnancy counselling sector who have worked with us in the past number of years, the advocacy groups, representative bodies, professional representative bodies, universities and colleagues in other healthcare professions.

It has been a personal privilege for me to lead a team that has delivered so effectively in highlighting and addressing an issue of such key national importance. The loyalty and professionalism of the Agency's staff is to be commended.

The Agency is considered by external stakeholders to have made a strong impact on the ground and to have built an authoritative and trustworthy voice in relation to crisis pregnancy. It has done this through a sustained effort to create partnerships to deliver evidence-informed initiatives in the interests of people at risk of crisis pregnancy and those experiencing crisis pregnancy.

Looking to the future, it is clear that issues related to crisis pregnancy and abortion will continue to evolve, and there are a number of more complicated matters on the horizon. We believe our work has a direct positive impact on improving experiences for those at risk of or who have experienced crisis pregnancy. There is much to be done in achieving our goals, and the prevalence of crisis pregnancy in our society is such that it is an issue that affects many

b4udecide.ie campaign poster

in Ireland, either directly or indirectly. We remain focused on reducing the instance of crisis pregnancy in the future through our educational initiatives across all age groups. Through partnership, collaboration and application, we will work to ensure that the highest standard of care and support is available to any woman who is in the midst of a crisis pregnancy so that she is helped through the time of crisis and supported in facing the future.

Caroline Spillane

Director

THE ROLE OF THE AGENCY

The Crisis Pregnancy Agency was established in October 2001 under the Health (Corporate Bodies) Act, 1961, and is governed by the Crisis Pregnancy Agency (Establishment) Order 2001 (S.I. No. 446 of 2001) as amended by the Crisis Pregnancy Agency (Establishment) Order 2001 (Amendment) Order 2007 (S.I. No. 175 of 2007).

The primary function of the Agency, as set down in the Statutory Instrument, is to prepare and implement a Strategy to address the issue of crisis pregnancy, in consultation with relevant Departments of State and with such other persons as are considered appropriate.

The purpose of the Crisis Pregnancy Agency is to bring strategic focus to the issue of crisis pregnancy and so to add further value to the work of existing service providers. The Agency's second Strategy - 'Leading an Integrated Approach to Reducing Crisis Pregnancy 2007 – 2011' - was developed and published in 2007.

The Strategy and Mandates of the Agency

The Strategy is the mechanism by which the Agency achieves the objectives set out in the three mandates specified in the Statutory Instrument.

Mandate 1: A reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services.

Mandate 2: A reduction in the number of women with crisis pregnancies who opt for abortion by offering services and supports which make other options more attractive.

Mandate 3: The provision of counselling services, medical services and such other health services for the purpose of providing support, after crisis pregnancy, as may be deemed appropriate by the Agency.

The Agency's Way of Working

Vision

Through the Strategy the Agency works to achieve its vision for a future where:

- Pregnancy and parenting are a welcomed and positive experience for women, their partners and families.
- Crisis pregnancies are experienced less often, but when they do occur, women can face and manage the crisis without fear for the future because appropriate support is available no matter what choice they make.

Mission

The Crisis Pregnancy Agency was established to:

- Develop and support the implementation of a national Strategy to address the issue of crisis pregnancy, in consultation and partnership with Departments of State and relevant agencies and stakeholders.
- Work in partnership with the appropriate agencies and stakeholders to promote and co-ordinate the attainment of the objectives contained in the Strategy.
- Promote the development by the Departments of State and appropriate agencies of an operational plan to implement the Strategy in its own sphere of responsibility. Monitor and review the attainment of the objectives of such operational plans.
- Produce periodic reports on progress and propose remedial action where required.
- Take such measures and engage in such activities as it considers necessary to address the issue of crisis pregnancy.
- Draw up codes of good practice for consideration by agencies and individuals involved in providing services to women with crisis pregnancies.
- Promote and commission research into aspects of crisis pregnancy as considered necessary.
- Furnish, whenever it is so required by the Minister or on its own initiative, advice to the Minister or other Ministers of the Government on issues relating to crisis pregnancy.
- Perform any other functions in relation to crisis pregnancy that the Minister may from time to time assign to it.

Transition to the Health Service Executive

In Budget 2008 the Government announced that the Crisis Pregnancy Agency was to be transferred to the Health Service Executive (HSE) as part of the overall Programme of Rationalisation of State Agencies. Legislation to give effect to this transfer was passed in July 2009 in the form

of the Health (Miscellaneous Provisions) Act 2009. The Act provides, inter alia, that a number of important functions previously vested in the Crisis Pregnancy Agency are legally vested in the HSE. The Commencement Order, to give effect to the relevant part of the Act, was to be signed so as to come into effect for January 1, 2010.

This significant piece of work was managed by the Director throughout 2009 in parallel with co-ordinating the delivery of the Agency's Annual Service Plan. The principal components related to this activity included the establishment of a number of structures to oversee the transition planning process including:

- a tri-part working group comprising representatives from the Department of Health and Children, the HSE, and the Crisis Pregnancy Agency;
- a specific Sub Committee of the Board of the Crisis Pregnancy Agency to monitor and guide the process internally;
- staff engagement mechanisms such as workshops, presentations and regular meetings;
- formal and informal engagement with staff representative bodies.

Through the generation of a joint Position Paper a specific Model of Integration was developed to ensure agreements were reached in relation to the following critical issues: Strategy Implementation, Reporting Arrangements, Identity, Grant Aid Agreements, HR/IR Agreements, Budgetary Provision and Service Planning.

How the Agency will be transferred to the Health Service Executive

The Health Miscellaneous Provisions Act 2009 provides for the administration and business in connection with the performance of the following functions to be transferred to the HSE. These functions are those vested in the Agency under Article 4 (i), (ii), (v), (vi), (vii), (viii), (ix) and (x) of the Crisis Pregnancy Agency Establishment Order[1].

The functions of the Agency are as follows:

(i) in consultation with Departments of State[2] specified in the schedule and with such other persons as considered appropriate to prepare a strategy to address the issue of crisis pregnancy, this strategy to provide, inter alia, for:

(a) a reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services;

(b) a reduction in the number of women with crisis pregnancies who opt for abortion by offering services and supports which make other options more attractive;

(c) the provision of counselling services, medical services, and such other health services for the purpose of providing support, after crisis pregnancy, as may be deemed appropriate by the Agency.

(ii) to work in partnership with the appropriate agencies to promote and co-ordinate the attainment of the objectives contained in the strategy;

(v) to produce periodic reports on progress and to propose remedial action where required;

(vi) to further the attainment of the objectives specified in Articles 4(i)(a), 4(i)(b) and 4 (i)(c), in co-operation with such other persons as may be considered appropriate by the Agency by:

(a) promoting public awareness

(b) developing, promoting and disseminating information and information material, and

(c) fostering the provision of education and training to include:

(i) the commissioning of media advertising campaigns

(ii) the commissioning of electronic media campaigns

(iii) the development of resource materials, promotional materials and training materials

(iv) the dissemination of these materials and/or

(v) such other methods as to the Agency shall seem appropriate for the purpose of performing its functions under paragraph (vi) of this article

(vii) to draw up codes of best practice for consideration by agencies and individuals involved in providing services to women with crisis pregnancies

(viii) to promote and commission research into aspects of crisis pregnancy, as considered necessary

(ix) to furnish whenever it is so required by the Minister or on its own initiative advice to the Minister or other Ministers of the Government on issues relating to crisis pregnancy

(x) to perform any other functions in relation to crisis pregnancy that the Minister may from time to time assign to it.

[1] S.I. No. 446 of 2001 Crisis Pregnancy Agency (Establishment) Order, 2001

[2] Department of Health and Children, Department of Education and Skills, Department of Environment, Heritage and Local Government, Department of Justice and Law Reform.

STRUCTURE OF THE AGENCY

The Board

The Board of the Crisis Pregnancy Agency comprises representatives of specified Departments of State, key relevant health disciplines and individuals with other specific expertise relevant to the operation of the Agency. The Board is an independent body with funding provided by the Government, as recommended by the All-party Oireachtas Committee on Health and Children.

The Board members, appointed by the Minister for Health and Children, Mary Harney, T.D., began their five-year term on 1st December 2006.

The Board of the Agency met 11 times in 2009.

Subcommittees

The Board and the Executive of the Agency are supported in their work by a range of Subcommittees and these include:

Counselling (Manual and Training)
Oversees the development of the Standardised Framework for 'Crisis Pregnancy Counselling Skills – A Practice Guide' and the delivery of an accredited training course in crisis pregnancy counselling skills.

Finance and Audit
Advises the Board on all matters relating to the financial management of the Agency.

Funding
Advises the Board in relation to the development and management of the Agency's funding programme.

Programmes and Communications
Advises on and oversees the development of the programmes and communications campaigns of the Agency.

Research and Policy
Advises the Board in relation to all matters pertaining to the research and policy function.

Rationalisation
Advises the Board on the integration of the Agency into the Health Service Executive.

Staff
Advises the Board on issues relating to human resource management in the Agency.

Performance/Remuneration
Sets and assesses the performance of the Director of the Agency.

All Board members sit on a number of Subcommittees of the Agency: membership and Chairs are shown on page 9.

Board Members and Subcommittee Membership *at 31 December 2009*

Katharine Bulbulia, *Chairperson*
Programmes & Communications, Staff (Chairperson), Rationalisation (Chairperson), Performance/Remuneration (Chairperson)

Maureen Bohan, *Department of Education and Science*
Research & Policy (Chairperson), Staff

Jimmy Duggan, *Department of Health and Children (Board Member to Nov 2009)*
Funding, Performance/Remuneration (to Dec 2009)

Helen Faughnan, *Department of Social and Family Affairs*
Finance & Audit (Chairperson), Rationalisation

Peter Finnegan, *Businessperson*
Programmes & Communications (Chairperson), Rationalisation

Cllr. Sally-Ann Flanagan
Funding, Programmes & Communications

Dr. Anne Flood, *Health Service Executive*
Counselling (Manual and Training) (Chairperson), Research & Policy, Performance/ Remuneration

Rosemary Grant, *Coombe Women & Infants University Hospital*
Counselling (Manual and Training), Funding (Chairperson), Rationalisation

Geraldine Luddy, *The Women's Health Council*
Consultative Committee (Chairperson), Finance & Audit, Programmes and Communications, Performance/Remuneration

The Subcommittees are supported in their work by two external experts who sit on the Subcommittees:

Dr. Margret Fine-Davis, *Trinity College Dublin*
Research & Policy

Noreen O'Kelly, *Chartered Accountant, Former Group Secretary C&C*
Finance & Audit

The Executive of the Agency provided support to the Subcommittees during the year through attendance at and provision of information, documentation and administrative support to Subcommittee meetings.

The Consultative Committee

The Statutory Instrument provides for the establishment of a 25-member committee, drawing on the expertise of various statutory and non-statutory organisations.

The Consultative Committee members, appointed by the Minister for Health and Children, provide expert advice to the Board of the Agency and the Committee acts as a forum for organisations that have an interest in the work of the Agency to present their views. The function of the Consultative Committee is "to advise the Agency in relation to (a) any matters pertaining to crisis pregnancy as are referred to it by the Agency and (b) any other matters coming within the remit of the Agency."

The Committee is chaired by Geraldine Luddy on behalf of the Board.

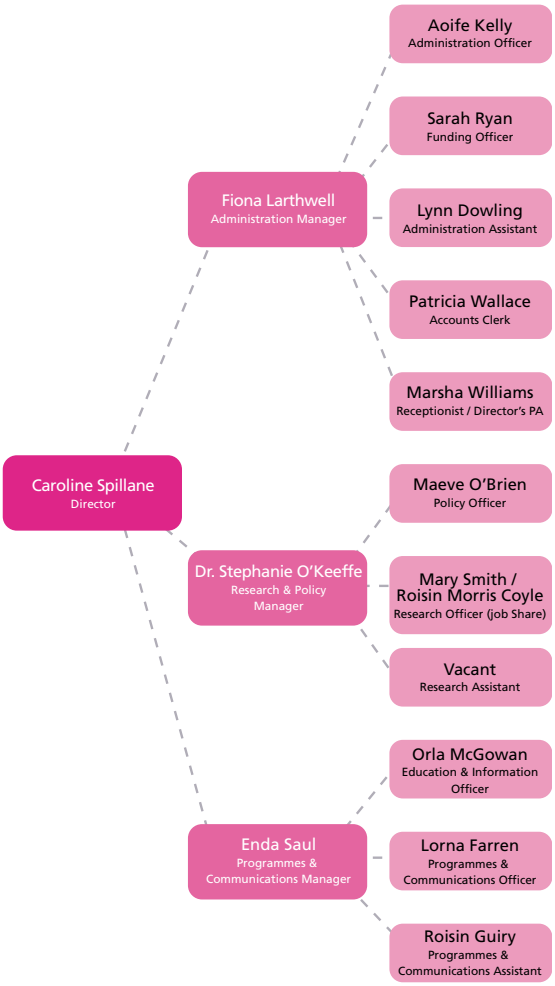
The Consultative Committee met to discuss the following topics during 2009:

- **Cost of Contraception and Crisis Pregnancy Prevention**
  Short-, medium- and long-term policy proposals which the Agency could develop collaboratively with other stakeholders to minimise cost of contraception to facilitate consistent contraceptive use among at-risk groups.
- **Supporting Parents to Provide Relationships and Sexuality Education**
  Actions the Agency could take to assist parents to provide comprehensive and effective education to their children, which will also aid the ongoing work into the b4udecide.ie campaign. This discussion was facilitated by a presentation by Dr. Abbey Hyde, UCD.
- **Supporting Crisis Pregnancy Clients with Intellectual Disability**
  The Agency commissioned a literature review in relation to Crisis Pregnancy and Women with Intellectual Disabilities. The Committee discussed the literature review with a view to informing the development of good-practice guidelines for members of the medical and counselling professions on providing crisis pregnancy counselling services for clients with an intellectual disability. This discussion was facilitated by a presentation by Joan O'Connor, Independent Researcher.
- **Experience of Pregnancy in the Workplace**
  The Agency is currently involved in the development of a study that will look at women's experiences of pregnancy at work with a view to assessing levels of pregnancy-related discrimination. The Committee discussed what actions the Agency could take in order to positively impact the experience of working women and men facing crisis pregnancy in the workplace. This discussion was facilitated by a presentation by Joanne Banks, ESRI.

A full list of Consultative Committee members is given in Appendix 5.

The Executive of the Agency

The Agency has 15 members of staff. The internal structure of the Agency is outlined in Figure 1. Staff members are current as at 31 December 2009.



Details of other staff members who held positions for part of the year are included in Appendix 6.

STRATEGIC OBJECTIVES

In 2007, the Agency developed and launched its strategic plan for how it would address the issue of crisis pregnancy in Ireland, building on the positive work that had been done under the Agency's first Strategy (2004 – 2006).

The approach the Agency took in developing the Strategy was to identify a number of strategic priorities that would help it to address three central objectives which derive from its mandates:

- To reduce the number of crisis pregnancies.
- To reduce the number of women choosing abortion as an outcome of crisis pregnancy.
- To safeguard women's physical and mental health following termination of pregnancy.

President Mary McAleese with Board Members (L-R) Rosemary Grant, Cllr. Sally-Ann Flanagan, Helen Faughnan, Katharine Bulbulia (Chairperson), Maureen Bohan, Dr. Anne Flood, Peter Finnegan and Jimmy Duggan marking the transfer into the HSE, November 2009.

For the five-year period of the Strategy the Agency is focusing its work around seven key priorities:

1. **Knowledge about Relationships and Sexuality for Adolescents**
   Achieving measurable improvements in knowledge about relationships and sexuality among adolescents through home-, school-, and community-based education.
2. **Contraception**
   Improving access to and information on contraception and contraceptive services – particularly for groups at risk of crisis pregnancy.
3. **Communications**
   Conducting effective and innovative communications campaigns to promote positive behavioural and cultural changes regarding sexual attitudes, choices and behaviour.
4. **Crisis Pregnancy Services**
   Improving access to and delivery of crisis pregnancy counselling services and post-abortion medical and counselling services.
5. **Continuation of Pregnancy**
   Improving the range and nature of supports central to making continuation of pregnancy more attractive. Ensuring that women, their partners and families are fully informed about these supports.
6. **Research**
   Strengthening understanding of the contributory factors and solutions to crisis pregnancy. Using research findings to promote evidence-based practice and policy development.
7. **Policy Influence**
   Influencing policy makers and key players regarding prevention of crisis pregnancy, reproductive decision-making and crisis pregnancy outcomes.

Internal Strategic Priorities

The Agency also identified a number of internal strategic priorities to ensure that support systems are in place to deliver the Strategy successfully.

All functions of the Agency (Administration, Funding, Programmes and Communications, Research and Policy) contribute to the development and implementation of projects that fulfil the strategic objectives. The 2009 Annual Report is structured to show how the Agency has made progress against priority areas during the year.

STRATEGIC PRIORITY 1
KNOWLEDGE ABOUT RELATIONSHIPS AND SEXUALITY FOR ADOLESCENTS

To achieve measureable improvements in knowledge about relationships and sexuality among adolescents through home-, school- and community-based education.

Dr. Garret Fitzgerald and Cliona Ni Chiosáin at the launch of the "b4udecide.ie" campaign, December 2009.

Sex education plays a critical role in preventing crisis pregnancy. The Agency has based much of its strategic focus on improving knowledge levels about relationships and sexuality among young people.

The Agency's approach has centred around ensuring that:

- Young teenagers have sufficient high quality information to enable them to delay first sex until they are physically and emotionally prepared.
- Parents are better enabled to deliver comprehensive and effective sex education to their children.
- There is greater implementation of sex education in both school and out-of-school settings.

b4udecide.ie – The Facts without the Lecture

The b4udecide.ie campaign is an education and information initiative, launched in December 2009, which aims to encourage teenagers to make healthy, responsible decisions about relationships and sex.

The campaign was based on research that found that young people who engaged in first sex before the age of 17 were less likely to use contraception and more likely in their lifetime to experience crisis pregnancy, to have an abortion and to contract a sexually transmitted infection (STI). Young people who had sex at an early age were also more likely to express regret, saying they wished they had waited longer. Over 200 young people, 40 adults from a range of organisations and 16 parents were involved at different stages of the project, from the beginning of the project through to the development and production of the materials. The campaign website, www.b4udecide.ie, had

over 15,000 visits in December 2009.

The website, www.b4udecide.ie, features quizzes, polls and video interviews with young people on forming healthy relationships, dealing with peer pressure and why it's better for young people to wait until they are older before having sex for the first time. A section on the website, called "The Facts" deals with the age of consent, contraception, STIs and crisis pregnancy. Visitors to the website can also view interviews with professionals who work in the fields of sexual health, youth work, and counselling.

Materials have been developed for youth workers and teachers to assist them in delivering relationships and sexuality education in the classroom and youth work settings. A supplement has also been developed and disseminated for parents with tips on talking to teenagers about relationships and sex.

> "Sex education plays a critical role in preventing crisis pregnancy. The Agency has based much of its strategic focus on improving knowledge levels about relationships and sexuality among young people."

The Department of Education and Science, HSE Health Promotion, Parentline, the National Youth Council of Ireland and teenagers collaborated with the Agency on the b4udecide.ie campaign.

Role of Outside Facilitators

The Agency has an established partnership with the Department of Education and Science (DES) in commissioning research and developing resources and supports for Relationships and Sexuality Education (RSE) in the context of Social, Personal and Health Education (SPHE). A Memorandum of Understanding between the DES and the Agency underpins ongoing initiatives in this area. Previous research undertaken by the Agency indicates the importance of developing knowledge and practice in relation to the engagement of 'outside facilitators' (or 'visitors') in teaching RSE/SPHE. To this end a phased project focusing on 'visitors' for RSE in post-primary schools was undertaken. The first phase – a review of the relevant international literature – was completed in 2009. Also in 2009, a school survey on the use of 'visitors' for RSE in post-primary schools was commissioned. This survey aims to provide an audit of the use of such supports. Final reports on the audit are expected in 2010. The ultimate aim of the project is to improve coordination and support good practice in this important area.

National Parents Council Primary - 'Team Up' training in RSE

The National Parents Council Primary (NPC) have, through funding provided by the Agency, developed and rolled out nationally the delivery of 'Team Up' training for parents on the 'Relationships and Sexuality Education' programme that forms part of the Social, Personal and Health Education (SPHE) curriculum. The NPC Primary is a nationwide organisation representing parents of children attending early and primary education. The aim of the organisation is to improve and enrich the education of all children and support parents to get involved in their children's learning at home, in the community and at school.

The delivery of 'Team Up' training in RSE for parents is supported by the Agency, as it is relevant to our prevention mandate and links with the first strategic priority, which aims to improve childrens' knowledge about sex and relationships. Specifically, the training helps parents to understand the RSE programme taught in schools and assists them in supporting this work by providing relationships and sexuality education in the home to complement and add value to what is taught in school. The overall aim of this training, as cited by the NPC Primary, is to help parents in their role as relationships and sexuality educators at home and as partners in the school RSE programme.

'Team Up' training is available through a number of different delivery methods, which have been designed to meet the needs of parents. The delivery methods can offer an overview of the programme contents, through a once-off information session for parents or parents can gain a more in-depth understanding of the programme by

attending a series of workshops over the course of two full days, or by attending either three or six two-and-a-half-hour workshops. Whatever option is chosen by parents, the purpose of these workshops remains that of helping parents gain a better knowledge of relationships and sexuality education so that they can talk to their children about sexual health and healthy relationships in order to assist in their children's personal development and to enhance their decision-making skills, which will be of value to them in their lives.

In 2009 71 'Team Up' programmes/information sessions were delivered to 867 parents across the country. The training is continuously evaluated by the NPC Primary.

Ongoing work on Relationships and Sexuality Education (RSE)

The Agency supported a broad range of different projects that provide personal development and relationships education and information on contraception for young people, including, but not limited to:

- Continuing to work with the intra-agency group of the Department of Education and Science and the HSE to roll out the Talking Relationships, Understanding Sexuality Teaching (TRUST) Resource for teachers of senior-cycle students. The resource is available through training to teachers and youth workers and was used as part of the RSE training of 196 teachers in 2009. Feedback from teachers and students, for the 40 minute DVD and the 21 lesson plans, has been very positive.
- Extended Teenage Health Initiatives for Young Men, focusing on personal development, relationships, teenage health issues and sexual health (with Blanchardstown Youth Service).
- The Zone, Exit and Squashy Couch youth cafés, which provide a youth-friendly space with sexual and related health information and a personal development service in Blanchardstown, Tallaght and Waterford (with Foróige and the HSE South).
- The delivery of a comprehensive and holistic sexual health and personal development education pilot programme for young women experiencing social exclusion in Co. Donegal (with Letterkenny Women's Centre, Donegal).
- An RSE programme delivered as part of outside facilitation in RSE in a school setting (with Pact, Dublin).
- Development of pilot projects to upskill trainers and deliver targeted relationship and sexuality education to traveller parents and young travellers (with Pavee Point Traveller Centre, Dublin, with regional delivery).
- Sexual health and relationships education for staff and young people (with Cherry Orchard Integrated Youth Service, Dublin).
- Sexual health and relationships training for those who work with young people in a youth work, out-of-school or non-formal education setting that explores the concept of delaying early sex amongst young people as part of the Agency's b4udecide.ie campaign (with National Youth Council of Ireland, regional delivery).
- Delivery of education and personal development courses for parents on relationships and sexuality matters through the 'Speakeasy Programme' (IFPA, regional delivery).
- The 'Real Deal' sexual health and personal development programme for early school leavers or those at risk of becoming early school leavers delivered nationwide through peer education by former teen parents (Newbridge and Dun Laoghaire Community Training Centres, regional delivery).
- The 'Getting Real' pilot programme, a personal development programme for adolescents who are at risk of becoming early school-leavers or who are early school-leavers (with the SouthWest Counselling Centre, through Youthreach and schools in County Kerry).
- A number of resources for parents were distributed via regional papers, magazines and the freetext service, including:
  Busy Bodies: Booklet for parents of 10-14 year olds (7,585)
  The Facts: DVD for parents of 15-17 year olds (2,275)
  Parents, tips for talking to older teenagers: Supplement for parents of 15-17 year olds (93,258)
  You Can Talk To Me: DVD and booklet for parents of 11-15 year olds (20,313).

The full list of funded services is included in Appendix 2.

STRATEGIC PRIORITY 2
CONTRACEPTION

To improve the access to and information on contraception and contraceptive services, particularly for groups at risk of crisis pregnancy.

Research commissioned by the Agency has informed us that while contraception is relatively widely used in Ireland, there are groups who fail to use it every time they have sex, even though they do not wish to become pregnant. Inconsistent or incorrect use of contraception has been linked to unplanned pregnancies. The key groups who are least likely to consistently use contraception include people who experienced first sex before the age of 17, young people between the ages of 18 and 24, women aged 35 to 55 and individuals with lower educational attainment or who are economically disadvantaged. Knowledge deficits among the population, costs associated with contraception and limited access to services for some people have been identified as barriers to consistent use of contraception. In 2009 the Agency continued to implement initiatives and manage projects with a view to making contraception more accessible and available to these at-risk groups.

'Contraception 35-55' resource

The Irish Family Planning Association/Guide Clinic and the Youth Health Service – New service delivery and models of service delivery

The Funding Programme and the Research and Policy function have provided support to this element of the Agency's strategic objectives by supporting a range of projects that aim to improve access to contraceptive services and to support more consistent use.

The Agency provided grant assistance to the Irish Family Planning Association (IFPA) to develop and deliver a project in partnership with the Young Person's Clinic at St. James's Hospital that would work to better improve coordination of the delivery of sexually transmitted infection services and contraceptive services on the ground for young people accessing these services. The project, which the Agency commenced funding in October 2009, worked on developing appropriate referral pathways between the partners and commenced service delivery in late 2009. The project will run throughout 2010 and will be evaluated on an ongoing basis by both partners. In addition to supporting the provision of contraceptive and sexual health information services the findings from the project will assist the Agency's Research and Policy function in gathering further evidence in relation to the gaps and needs in this area of service provision for sexually active young people who are at risk of STIs and crisis pregnancy.

The Agency also re-commenced support for the HSE South's Youth Health Service Family Planning Project in late 2009. This project provides a comprehensive sexual health, information and counselling service for young people under 25. The project will be supported for a 12-month period, during which time some additional research and evaluation will be conducted by the project, with support from the Agency, to further enhance both the HSE South and the Agency's knowledge in the area of contraceptive service provision and cost-related matters.

Contraception 35-55

The Irish Study of Sexual Health and Relationships identified women aged 35-55 as a group at risk of experiencing crisis pregnancy. The study showed that many women in their late 30s and early 40s assumed that they were

menopausal and had a low risk of pregnancy, so did not use contraception. However, very few women are infertile before the age of 45. The Agency created the 'Contraception 35-55' resource in 2006 to highlight this issue. In 2009, the resource was updated and 130,000 of the resources were disseminated with the 'Women's Health' issue of the RTE Guide in October 2009. In addition to women being able to access the leaflet, the medical professional who collaborated with the Agency on the resource, Dr. Claire McNicholas, was featured in a number of articles in the RTE Guide that covered sexual health, the menopause and fertility. A dedicated section on sexual health for women aged 35-55 was also added to the thinkcontraception.ie website.

Continuing work to promote the use of contraception

The Agency continues to provide grant funding to Dublin Well Woman to provide an emergency contraception clinic, including some hours outside of normal GP hours.

The three-year pilot training programme in the use of 'Long Acting Reversible Contraception (LARC)' which is delivered by the Irish College of General Practitioners (ICGP) through Agency funding, also continued in 2009.

> "Research commissioned by the Agency has informed us that while contraception is relatively widely used in Ireland, there are groups who fail to use it every time they have sex, even though they do not wish to become pregnant."

Reproductive and sexual health information sessions for asylum seekers

The Agency provided funding to AkiDwA, the national network of African and migrant women living in Ireland, to deliver a series of sexual and reproductive health workshops to asylum-seeking women at centres in Dublin, Cork and Galway between June and December 2009. In total, 83 participants from 22 countries of origin took part in the sessions. Topics covered during the workshops included: relationships, myths and facts on reproductive health, fertility, contraception methods, emergency contraception, sexually transmitted infections (STIs), Irish legislation, counselling services and supports. The course leaders also linked the women with local relevant services, including crisis pregnancy services in a culturally sensitive, informed and appropriate manner. As part of the project, a workshop for healthcare professionals working with asylum seekers was conducted in Cork on December 16th to share project learnings and key needs of this client group in relation to women's reproductive and sexual health.

Participants of the AkiDwA Sexual and Reproductive Health Information Sessions in 2009.

In addition, a number of the services that the Agency funds under its first strategic priority, which are aimed at educating and informing young people, also provide age-appropriate information on safer sex.

20,000 'Think Contraception' Protection Packs were distributed at the Oxegen music festival, as part of the Agency's campaign to encourage correct and consistent contraception use among sexually active adults. Each 'Think Contraception' Protection Pack consists of a drawstring bag containing a sexual health education leaflet, an individually boxed condom and the Oxegen site map with safety tips from festival organisers MCD.

See Appendix 2 for list of funded services.

STRATEGIC PRIORITY 3
COMMUNICATIONS

To conduct effective and innovative communications campaigns to promote positive behavioural and cultural changes regarding sexual attitudes, choices and behaviours.

Delivering effective integrated health, education and information campaigns requires active collaboration with a wide-range of stakeholders to assist those at risk of and experiencing crisis pregnancy. All campaigns are evidence-based, non-judgemental and focus on empowering individuals to make informed choices about their sexual health.

During 2009 the main focus of the Agency's Programmes and Communications function was on the development of the b4udecide.ie campaign, creating a number of digital initiatives that resonated with our target audiences and managing a number of launches and events including one at which the President of Ireland, Mary McAleese, was guest of honour, to mark the transition of the Agency into the Health Service Executive in 2010.

Minister for Health and Children, Mary Harney, T.D., Katharine Bulbulia, Chairperson (L) and Caroline Spillane, Director (R) at the launch of the 2008 Annual Report in July.

New Positive Options website

'Positive Options' is the campaign that promotes free, non-judgemental crisis pregnancy counselling. Members of the public can access lists of organisations that offer such counselling by free-texting the word LIST to 50444 or visiting positiveoptions.ie. Independent research indicates that awareness of the Positive Options campaign is at 72% of women aged 15-45, with 8 in 10 saying they would trust the information supplied by the campaign.

In 2009, the Agency redeveloped the positiveoptions.ie site to provide comprehensive details of crisis pregnancy counselling services nationwide that are funded by the Agency. New features added to the site include video interviews with practising counsellors, a searchable map of Ireland indicating the locations of counselling services and a help section for men. The website was shortlisted for an Irish Digital Media Award in the Best Online Social Impact category.

The website's redevelopment led to a marked increase in the number of visitors to the site. There were over 96,000 visits to the website in 2009, an increase of 65% compared to the previous year. In 2009, there were approximately 20,000 SMS requests for information.

To raise awareness of the existence of certain crisis pregnancy services who may attempt to influence a woman's decision surrounding her pregnancy, a dedicated section outlining the tactics used by such agencies was created on the new positiveoptions.ie site. This section provides questions for people to ask before they make an appointment to assess the nature of the service being provided. The section also gives guidance on what to do during a session if people feel they are being pressured or influenced. It provides a mechanism for people to make contact with a State-funded service, a GP or other reputable service and has been one of the most visited sections on the website.

New public awareness campaign

The Agency launched a new public awareness campaign to highlight the fact that some disingenuous crisis pregnancy services may attempt to manipulate a woman's decision surrounding her pregnancy. This campaign, which featured on selected outdoor advertising sites and on websites, carried the message 'Don't allow yourself to be manipulated' and outlined the tactics used by such agencies and encouraged women to attend reputable crisis pregnancy services or a GP.

The Agency continued its programme of placing regionalised advertising in the Golden Pages. It is important the Agency has a strong presence in these directories to promote the availability of reputable crisis pregnancy counselling services under the 'Positive Options' banner.

Abortion Aftercare

As part of the Agency's third mandate to provide health services and supports after a crisis pregnancy, the Agency has continued to roll out a campaign to increase awareness among women that post-abortion services are available in Ireland. The 'Abortion Aftercare' campaign, which consists of targeted online and print advertisements, encourages women who have had an abortion to attend for a post-abortion medical check-up. It is recommended that women receive medical check-ups three weeks after an abortion. Free post-abortion medical check-ups are available through eight services nationwide. The campaign also promotes the availability of free post-abortion counselling, which is available through Agency-funded services nationwide. The campaign provides details of organisations that provide these services via a website - abortionaftercare.ie, a freetext mechanism and a leaflet which is distributed in the Republic of Ireland, the United Kingdom and in the Netherlands.

In 2009, there was an increase of 17% in the number of women attending for post-abortion medical check-ups and an increase of 15% in the numbers attending post-abortion counselling compared to numbers attending in 2008. Independent market research conducted found that this niche campaign with a small advertising budget was recognised by 38% of the target audience who were aware of a campaign that highlighted post-abortion medical and counselling services.

Out-of-home advertisement for new 'Don't allow yourself to be manipulated' public awareness campaign.

Think Contraception Digital Initiative

The 'Think Contraception' health education campaign is primarily aimed at sexually active 18-24 year olds and is the principal communications campaign that addresses the public education component of the Agency's first mandate. The campaign focuses on promoting the thinkcontraception.ie website as a key educational tool which will provide information on all aspects of sexual health, including contraception, fertility and sexually transmitted infections, in an interactive and user-friendly manner.

Late in 2009, the Agency launched a digital initiative to encourage correct and consistent contraceptive use among sexually active adults. The 'Night to Remember' interactive drama aims to encourage sexually active adults to plan for, talk about and ultimately use contraception correctly each and every time they have sex by allowing users to see the potential consequences of choices made regarding

'A night to remember' interactive game, part of the 'Think Contraception' health education campaign.

> "All campaigns are evidence-based, non-judgemental and focus on empowering individuals to make informed choices about their sexual health."

contraception use. In the first three weeks of the campaign, there were 21,000 viewers of the game. The number of website visitors increased in 2009, as over 78,000 visits to thinkcontraception.ie were recorded, an increase of 75% compared with the previous year.

Other communications programmes

The Agency distributed a variety of education and information resources to the general public and to health professionals to support those who deal with the prevention and management of crisis pregnancy in the course of their work.

- The Agency's website, www.crisispregnancy.ie, contains comprehensive information relating to crisis pregnancy and is frequently updated with research reports, press releases and information resources. The website received 48,559 visits in 2009.
- In July 2009, the Minister for Health and Children, Mary Harney, T.D., launched the Agency's 2008 Annual Report.
- The Agency gave inputs into various courses on sexual health including the Teenage Health Initiative and the Masters on Women's Health in the Royal College of Surgeons. The Agency also placed exhibition stands at a number of events including the Irish College of General Practitioners' Summer School, the Institute of Obstetricians and Gynaecologists' Annual Conference, the Institute of Guidance Counsellors' Annual Meeting and the Young Social Innovators' Showcase.
- The Agency engaged in a number of initiatives including the ongoing publication of an e-zine, regularly issuing press releases on the work of the Agency, responding to ongoing media enquiries and briefing journalists and relevant stakeholders on emerging issues with respect to crisis pregnancy. A number of spokespeople were provided to feature on radio and T.V. programmes and to provide comments for print and digital articles.

STRATEGIC PRIORITY 4
CRISIS PREGNANCY SERVICES

To improve access to and delivery of crisis pregnancy counselling services and post-abortion medical and counselling services.

The Agency funds a wide range of organisations to provide free crisis pregnancy counselling, which consists of the provision of counselling, information and support to women (and in some instances their partners and family) who are experiencing a crisis pregnancy. The Agency's aim is to ensure that free crisis pregnancy counselling, which works to reduce the sense of crisis experienced by the woman, is available to a woman to allow her a safe space to make considered and informed decisions. The range of service provision facilitated by the Agency further provides clients with a choice based on the level and type of services provided and based on geographic preferences. Crisis pregnancy counselling services are delivered through a variety of service-delivery models and range from services that operate out of one location to services that have a national spread. The Agency also funds organisations to provide post termination medical check-ups and counselling services to women after they have had a termination abroad.

Graduates of the Certificate Course in Crisis Pregnancy Counselling Skills in the NUI Maynooth, November 2009.

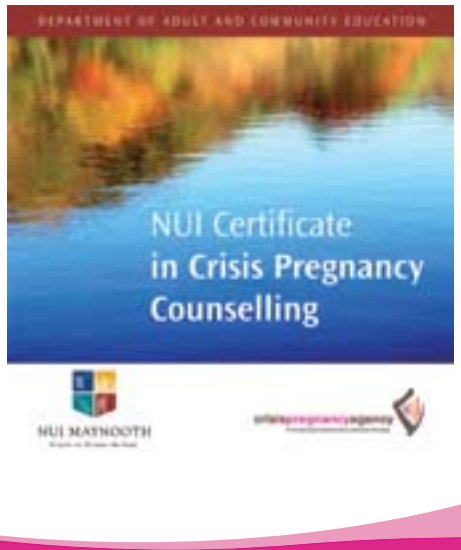
In 2009 it remained a priority for the Agency to ensure that all women who want to use a crisis pregnancy counselling service, post-termination medical and/or counselling service can access a service within a reasonable distance and with limited waiting times, which is particularly important in the case of crisis pregnancy counselling.

The standard of service provision has also remained a focus for the Agency and the services that it works with on the ground. During 2009, the Agency continued to focus on supporting the delivery of existing services, supporting new developments where required, and supporting the enhancement of the skills base of crisis pregnancy counsellors through ongoing supervision and training. In addition, the Funding Programme allocated time and resources in 2009 to supporting the delivery of various research projects that will assist the Agency and the service providers that it works with to continue to deliver quality client-centred services into the future.

Certificate in Crisis Pregnancy Counselling Skills

The Agency has continued to work towards ensuring that crisis pregnancy counselling services are delivered to a high quality standard. The Agency continued its work with the National University of Ireland, Maynooth (NUIM) to see the successful completion of the second year of the pilot in-service certificate-level training course in 'Crisis Pregnancy Counselling Skills' and the commencement of the third year of the course. The aim of the course is to set standards of good practice in crisis pregnancy counselling and to provide an opportunity for accredited counsellors, social workers and specifically trained volunteers to up-skill in crisis pregnancy counselling skills and to network with other Agency-funded services. In year two, the course was delivered to 16 participants from eight crisis pregnancy counselling services in receipt of State

funding. A graduation ceremony took place in November 2009 to mark the successful completion of the course by all participants. To-date, 46 professional counsellors/social workers and trained volunteers currently working in Agency funded counselling services have completed the certificate-level course. Based on the outputs from an evaluation process, the Agency funded the continuation of the course in 2009. A further 17 representatives from seven of the crisis pregnancy counselling services funded by the Agency are due to participate in the course over the academic year 2009-2010. At this juncture the majority of the 14 services funded by the Agency in 2009 have had representatives of their organisations participate in the year-long, part-time course, which also demonstrates the commitment by both individuals and the services they represent to continuing professional development in all areas of their work.



Brochure for NUI Maynooth Certificate in Crisis Pregnancy Counselling

Review and analysis of funding of counselling services

In 2009 the Agency commissioned a review of a number of key areas relating to the funding of crisis pregnancy counselling services as this represents a significant part of the Agency's Funding Programme's budgetary allocation. When it is finalised the review will inform the continued provision of grant assistance in this area both from a strategic and a financial perspective.

The output from the review will be a written report providing holistic information, commentary and analysis in order to further inform the approach to the funding of crisis pregnancy counselling services. The outputs from this review will also be considered alongside other related projects that are ongoing at present. These include outputs of the Agency's Mapping Exercise of Crisis Pregnancy and Post Termination Counselling Services, which examined projected demand for services based on the use of geographical information systems.

The outcomes from both projects will combine to provide a strategic basis for funding of crisis pregnancy counselling services into the future.

The report is due to be finalised in 2010 and the outputs will be utilised by the HSE Crisis Pregnancy Programme to inform any new developments in the field.

Mapping exercise: 'Geographical Information System (GIS) Mapping of Projected Service Demand – Crisis Pregnancy and Post-Termination Counselling Services'

The Agency commissioned a piece of research in late 2008 which utilised geographical information systems to quantify the need for crisis pregnancy and post-abortion services nationally based on a range of criteria such as population data, deprivation indices and other indicators. The results of this technical exercise, which will be compared against the prevailing level of services available through Agency funding, were delivered in November 2009. It is clear from the overall findings of this Mapping Exercise that the current spread of services funded by the Agency allows for very good overall access to services for those who need them and that these services are well placed to meet the majority of this demand. The findings of this exercise will be considered by the Agency to inform any future service developments in the field of crisis pregnancy counselling in relation to key criteria such as need, location, scale and accessibility.

Mayo Crisis Pregnancy Support Service

Mayo Crisis Pregnancy Support Service (Mayo CPSS) is one of 15 service providers contracted by the Agency to provide crisis pregnancy counselling and related supports. Mayo CPSS was established through Agency funding in 2003. The service, which is delivered in partnership with the HSE, is based primarily in Mayo General Hospital, Castlebar, as part of the ante-natal services. The service has also more recently developed an outreach centre in Ballina, Co. Mayo. Mayo

> The Agency's aim is to ensure that free crisis pregnancy counselling, which works to reduce the sense of crisis experienced by the woman, is available to a woman to allow her a safe space to make considered and informed decisions.

CPSS has a broadly based rural catchment area, servicing Mayo and parts of Galway, Sligo, and Roscommon.

The service uses a counselling and social-work model, and as such can engage long term with clients, if required. Crisis pregnancy and post-termination counselling is delivered by a professionally trained social worker who is also a fully trained and accredited psychotherapist, and by a maternity social worker who has completed the NUI Maynooth certificate-level training course in Crisis Pregnancy Counselling Skills. The service, due to its location within the hospital setting, sees clients that are referred from the hospital and community health service providers as well as assisting those who self-refer to the service, which is advertised through the 'Positive Options' campaign. The service has developed close links with the ante-natal and other associated medical services within the Hospital and the wider community.

The service also works with the Young Parents Programme in Mayo General Hospital, which adds value to the services it provides and allows the counsellor to work with those who have experienced a crisis pregnancy and need additional support with their pregnancy and parenting. The development of the outreach service in Ballina, which is available one day per week in conjunction with a community based ante-natal clinic, assists those who need to access the service but may have transport difficulties. The Young Parents Programme is also now available in Ballina.

Ongoing Crisis Pregnancy and Post-Abortion Services

Crisis pregnancy counselling and post-abortion counselling services are provided by 15 voluntary and statutory organisations under contract with the Agency. Details of services delivered through the funded organisations are provided in the 'Positive Options' leaflet, freetext service and on the website. The provision of free post-abortion medical check-up services is also funded by the Agency. These services were provided by the following organisations in 2009:

- Bray Women's Health Service (Pilot project)
- Dublin Well Woman
- Femplus
- Tralee Women's Health and Family Planning Clinic
- Midlands Crisis Pregnancy Counselling Service
- Irish Family Planning Association
- The Sexual Health Centre
- Cork Family Planning Centre
- Limerick Family Planning Centre

The majority of crisis pregnancy counselling service providers in receipt of grant assistance from the Agency have been providing such services for a number of years; however, the Agency always seeks to work with the organisations to find better ways of delivering client-centred services. Recent developments include the opening of new outreach centres with existing providers, and the funding of a pilot crisis pregnancy counselling service in Bray, Co. Wicklow, which also has a post termination medical service attached.

The full list of funded services is included in Appendix 2.

STRATEGIC PRIORITY 5
CONTINUATION OF PREGNANCY

To improve the range and nature of supports central to making continuation of pregnancy more attractive. To ensure that women, their partners and families are fully informed about these supports.

Research in the area of crisis pregnancy counselling and feedback from service providers indicate that there are a broad range of factors that affect whether or not a woman opts to continue with a pregnancy and why the pregnancy is defined as a crisis by her. Issues that can form part of the 'crisis' for the woman can include a perceived inability to cope emotionally with the pregnancy or with parenting, a lack of knowledge as to the choices available to her, concerns in relation to other people's reaction to her pregnancy, relationship issues, concerns in relation to how her pregnancy will affect her work or education, childcare issues and financial concerns.

The availability of non-judgemental and trustworthy crisis pregnancy counselling services for women is a key component of the supports required to help alleviate this sense of crisis. The Agency also works to ensure that women and men experiencing crisis pregnancy, as well as their families, are given access to supports that are aimed at alleviating these concerns, outside the area of direct counselling intervention where possible, in order to add value to this work. The provision of face-to-face supports and information through a variety of mechanisms that are accessible and client centred are an important part of the support system for those who are experiencing or have experienced a crisis pregnancy and need ongoing supports to continue with the pregnancy or to parent.

During 2009, this was primarily addressed by providing grant funding to a number of organisations for existing initiatives and some research relating to the area of supported accommodation service provision. These initiatives included amongst others, information resources on adoption, information services for one-parent families, targeted supports for student parents and other parenting and information supports delivered by a range of services.

Adoption resources

Research commissioned by the Agency suggests that for health professionals to be able to present and discuss adoption to those considering or choosing adoption, resources are required to provide clear written information on adoption as well as effective referral and follow-up systems. The Agency funded the development and production of a series of booklets explaining the adoption process for birth parents and to assist health professionals dealing with birth parents.

'Introduction to Adoption' Resource funded by the Crisis Pregnancy Agency

Produced collaboratively by groups directly involved in providing a service to parents considering adoption, the three booklets provide user-friendly and straightforward information for people who are considering placing their child for adoption. The first booklet provides an introduction to the adoption process, the second outlines the legal process of adoption in detail, while the third is a

workbook for parents who are progressed significantly in the adoption process to consider the implications of the adoption.

The booklets are currently being distributed to health professionals who work with pregnant parents who are considering the outcome of their pregnancy, such as crisis pregnancy counsellors, social workers, general practitioners, public health nurses, and maternity hospital staff.

One Family Information Service

One Family is a national support organisation for people parenting alone and sharing parenting. One Family works to affect positive change and achieve equality and social inclusion for all one-parent families in Ireland. In line with the Agency's strategic priorities in the area of supporting those who continue to parent after a crisis pregnancy the Agency funds part of One Family's information service: 'askonefamily'. This information service consists of a range of contact points to support client interaction, as follows:

- National Helpline with lo-call number
- Email contact
- Face-to-face information sessions
- Information and support booklets

The 'askonefamily' service provides information and support on a range of issues that are relevant to those who are experiencing or have experienced a crisis pregnancy, as well as to those who are parenting in a one-parent-family situation and need additional support and information. Assistance and information are provided in relation to social welfare rights and entitlements, family-law issues, housing issues, health, education, employment, childcare, parenting, counselling services and community supports. The service's helpline staff offer listening support to those who may be experiencing stress or difficulties in their family life.

In addition to providing a number of face-to-face information sessions in 2009 the service responded by telephone and email to over 1,300 queries on a range of issues including parenting and shared parenting issues and more general queries in relation to social welfare, housing and education matters. The service reported a 20% increase in the number of clients in 2009, which they have partly attributed to the changing economic situation in Ireland.

Student Parent Co-ordinator - Mary Immaculate College

This pilot project was one of a number of pilots funded under the Agency's nationally advertised 2007 Funding Call. This pilot was funded under the theme of 'Engaging employers and educational institutions in providing support to women experiencing crisis pregnancy'. This innovative pilot represents the first of its kind in terms of facilitating a post in a third-level college that is specifically designated to provide day-to-day supports for students experiencing crisis pregnancy and student parents. This project commenced in October 2007 and the Student Parent Co-ordinator, who is employed part time for the academic year, completed the second year of this three-year pilot project in 2009.

The Co-ordinator acts as a first point of contact for students experiencing crisis pregnancy and student parents who need support in any area of student life. Practical information and emotional supports are provided by the Co-ordinator, in addition to providing signposting to other key support services, such as crisis pregnancy counselling services and community welfare services. The demand for the service has increased steadily since the start of the project and additional funding is now being provided by the Student Union to support an additional day of service availability. The college is now providing a holistic support structure for student parents, with all areas of the college aware of the new post and the provision of supports for all students. The Co-ordinator describes the work as 'joining the circle' between student supports and college structures. The Co-ordinator has also established links with important outside agencies including crisis pregnancy counselling services, community welfare services, parent support programmes and supported accommodation service providers in Limerick city and other key information and support services at a national level who can assist this target group.

The Student Parent Co-ordinator has assisted over 130 individual clients to the end of 2009, the majority of whom have sought and been provided with support on an ongoing basis. The Agency has committed to support the ongoing delivery of this project to 30th June 2010. An external evaluation of the pilot has recently been completed and this will assist the Student's Union, the College and the Agency in considering the future of this pilot.

> "The availability of non-judgmental and trustworthy crisis pregnancy counselling services for women is a key component of the supports required to help alleviate this sense of crisis."

Supported accommodation research project

The Agency has recently commissioned a project entitled, 'Review of Supported Accommodation Services for Women During and After Crisis Pregnancy'. As part of its current strategy, the Agency committed to undertake a review of demand for initiatives such as supported accommodation, which provide support to women during the timeframe in which they are considering parenting and adoption. The first part of the project commenced in 2009 with the desk and literature review phase. In early 2010 the consultation phase of this project will commence. It is envisaged that the review will encompass, among other objectives, an analysis of the need and demand for the provision of supported accommodation services by the voluntary sector, a review of the range and models of services provided, including referral processes and the development of guidelines to assist service providers operating in this field. The findings from this review will be of relevance to the women who utilise these services, the service providers themselves and those who fund or have other links with supported accommodation services. It is expected that the project will be complete by mid 2010.

Pictured at the Launch of the Father Focus Project (L-R) Fiona Larthwell, Administration Manager, Crisis Pregnancy Agency, Colin Fowler, Men's Health Forum in Ireland, Fiona Kearney, Family Support & Child Welfare Services, HSE Louth Primary, Community and Continuing Care (PCCC), Joanne Murphy, Programme Leader, Teen Parents Support Programme and Jim McGuigan, Child Care Manager, HSE Louth PCCC.

Ongoing services supporting the continuation of pregnancy

The Agency supported a broad range of different projects that provide support, training and information to parents throughout the country, including programmes aimed at supporting:

- Young mothers and fathers in Limerick and Louth (Limerick Social Service Council through the Parent Support Programme, Limerick; Teen Parent Support Programme, Co. Louth).
- Parents, through counselling and information supports (CURA, Cork, Galway and Tralee, Co. Kerry) .
- Parents, through courses (with SouthWest Counselling Centre, Killarney and LIFE Pregnancy Care, Cork and Thurles).
- Parents in third-level education (with Mary Immaculate College, Limerick).
- One-parent families, through counselling, information, education and training (with One Family, Dublin).
- Mothers considering adoption (with Cúnamh, Dublin).
- Teen parents, through support networks and training (Barnardos/TPSP North Wexford and Mountwood Fitzgerald Community Development Park, Dublin).
- Women experiencing crisis pregnancy and needing accommodation and other supports (with Bessborough Centre, Cork, LIFE Galway Supported Accommodation, Limerick Social Service Council (Sonas and Altamira pre- and post-natal supported accommodation) and Spring Gardens Housing Association, Waterford).
- Unmarried parents, through the funding of the production of high-quality resources, including 'Information Pack for parents who are not married to each other', 'Information for Young Parents in Education' and 'The Young Parent Survival Guide' (2nd Edition). Funding was also provided to allow the evaluation of distribution channels to improve information dissemination to their target audiences (Treoir the National Federation of Services for Unmarried Parents and their Children).

The full list of funded services is included in Appendix 2.

STRATEGIC PRIORITY 6
RESEARCH

To strengthen understanding of the contributory factors and solutions to crisis pregnancy; to use research findings to promote evidence-based practice and policy development.

In 2009 the Crisis Pregnancy Agency continued its long-standing tradition of strategically investing in and disseminating high-quality research. The Research Programme enables the Agency to describe and understand emerging trends, assess needs, prioritise areas for action, raise awareness, establish partnerships and implement evidence informed approaches in the funding, service provision, communications, and policy arenas.

Disseminating research and translating research findings into service developments and improvements, health education initiatives, guideline and policy development are at the heart of the Agency's research agenda. Reconfiguring and repackaging research findings to suit diverse target audiences and application of research findings through stakeholder collaboration are core aspects of this work. In 2009 the Research and Policy function managed several research projects and partnerships, commissioned a repeat of the Agency's first tracking survey, redeveloped a research summary for parents, youth workers and health professionals working with young people and published and disseminated several research reports.

Irish Contraception and Crisis Pregnancy Study (ICCP II)

In 2003 the Crisis Pregnancy Agency commissioned the first Irish Contraception and Crisis Pregnancy Study (ICCP I). Fieldwork for the project was conducted in 2003; the report was published in 2004. The aim of the survey was to establish baseline data on key measures of importance to the Agency's work and involved the participation of almost 3,500 respondents – a representative sample of Irish adults aged 18-45 years. At the time of commissioning ICCP I the Agency also identified the need for the final output to be conducive to replication and comparison over time.

Findings from ICCP I and the Irish Study of Sexual Health and Relationships (ISSHR, a more wide-ranging national sexual health survey published by the Department of Health and Children and the Crisis Pregnancy Agency in 2006[1]) have been used consistently by the Agency to directly inform campaigns and initiatives to reduce the incidence of crisis pregnancy, to inform key stakeholders of the profile of crisis pregnancy in Ireland and to inform service and policy development in the area.

The Agency has commissioned Professor Hannah McGee, Dean of the Faculty of Medicine and Health Sciences at the Royal College of Surgeons in Ireland (RCSI) to lead research teams from the RCSI, the Economic and Social Research Institute (ESRI) and Amárach Research to conduct ICCP II. ICCP II will enable the Agency to assess the impact of its work since 2003 on key measures used in the original study, ICCP I, with its narrower and more specific focus on crisis pregnancy and contraception, will be the principal reference point for the new survey but information from ISSHR is also of key importance to the new study.

It is hoped that ICCP II will not only document changes over the intervening seven years since the first ICCP survey, but that it will also identify new phenomena and emerging trends that can enable a continuing assessment of changes over time and across age cohorts. This will facilitate the Agency in the examination of the effectiveness of its work, to draw conclusions about what shapes behaviours over time and to reliably plan into the future. The fieldwork from ICCP II is scheduled to begin in the summer 2010.

Women's Experiences in Paid Work During and After Pregnancy – A National Survey

Since conducting the consultation on its first strategy in 2002, the Agency has reported that the workplace can have an impact on a woman's experience of a crisis pregnancy and her crisis pregnancy decision-making. Linked to this

1 ISSHR's broader remit included surveying sexual identity and practices, risk behaviours and unintended outcomes like STIs as well as issues surrounding crisis pregnancy and contraceptive behaviour.

are anecdotal reports, legal cases and research that some employers sometimes mistreat women who are pregnant. As a means of understanding this phenomenon, at the end of 2008, in collaboration with the Equality Authority and with support from the Department of Social and Family Affairs, the Agency commissioned a research project on women's employment experiences during and after pregnancy. The research is being conducted by the Economic and Social Research Institute and Amárach Research.

The overall aim of the project is to improve understanding of the challenges women face when they are pregnant and in employment and to identify the kinds of services and supports that would help pregnant women and working parents.

In 2009, the Agency began to manage this large-scale project, working very closely with the researchers and with the Equality Authority. The project is being implemented in two phases. The first phase is the development of a literature review, a separate overview of the legislative framework governing Ireland and a review of decisions made by the Equality Tribunal, the Employment Appeals Tribunal and the Labour Court relating to pregnancy-related discrimination between 1998 and 2008. The second phase is the implementation and analysis of a large-scale survey that was sent to 5,000 women on the child benefit register.

(L - R) Maeve O'Brien, Policy Officer, Crisis Pregnancy Agency, Dr. Carol Baxter, Head of Development, the Equality Authority, Dr. Anne-Marie McGauran, Policy Analyst, National Economic and Social Forum and Dr. Stephanie O'Keeffe, Research & Policy Manager, Crisis Pregnancy Agency.

> "A key strategic priority of the Crisis Pregnancy Agency is to promote evidence-based practice and policy development by producing high-quality research into crisis pregnancy and related issues."

In 2009, the Agency fed into Phase 1 and worked with the Department of Social and Family Affairs to assist with the implementation of the survey as part of Phase 2. In September 2009, a questionnaire was sent to 5,000 women registered on the child benefit register who had had a child in the past two years. Over 2,000 women responded to the questionnaire, providing robust data on a range of experiences relating to crisis pregnancy, employment and parenting. Analysis of the data is underway in 2010 and it is anticipated that the reports will be launched in the third quarter of 2010.

Report on sexual responsibility and fatherhood among economically disadvantaged young men in Ireland

A key strategic priority of the Agency is to promote evidence-based practice and policy development by producing high-quality research into crisis pregnancy and related issues. To this end a 'Research Awards Programme' was launched in 2007 and three projects were funded.

In 2009 a report entitled, 'Sexual responsibility, fatherhood and discourses of masculinity among socially and economically disadvantaged young men in Ireland' was accepted by the Board of the Agency. This report will be the second to be published under the Research Awards Programme.

The report explores sexual responsibility, experiences of fatherhood and constructions of masculinity among young men who come from socio-economically disadvantaged backgrounds in Ireland. The study also examines how sexual responsibility, fatherhood and masculinity are represented in the popular media which young men watched, and the possible impact of these representations on young men's ideas and behaviours relating to sexual responsibility and fatherhood.

The report captures the experiences, opinions and attitudes of the study participants in relation to sexual activity, their role as fathers and how they view themselves as men. Men have a big influence on a couple's contraceptive practices, reproductive decision-making and crisis pregnancy outcomes. However, to-date little research in an Irish context has captured perspectives on crisis pregnancy, sexual responsibility and fatherhood among men from lower socio-economic backgrounds. This study aims to address this gap.

The research is also significant in that it focuses on a group of men who are from lower socio-economic backgrounds. Low socio-economic status has been linked to a range of negative sexual health outcomes. The current study's findings reveal early sexual initiation, inconsistent contraceptive use and sexual risk-taking behaviours among many of the young men who participated.

In conducting in-depth research with those from lower-socio-economic backgrounds we can improve understanding of the support and service needs of this at-risk group. These will enable sexual health and parenting supports to develop services that will meet their clients' needs in the most effective way. Design and formatting work toward publishing this report began in late 2009 and the report will be disseminated in 2010.

Other research work ongoing in 2009 included:

- **Male teenagers and crisis pregnancy**
  The Agency provided ongoing support for a research project aiming to explore male teenagers' attitudes and decision-making in relation to an unintended/crisis pregnancy. The research is being conducted by a team of researchers led by Dr. Maria Lohan (Queen's University Belfast). A secondary aim of this study is to develop and pilot an interactive DVD aimed at young boys to explore their attitudes on this topic. The DVD was developed in 2008 and the research is scheduled to be published in 2010.
- **Internal advice and evaluation support**
  In 2009 the Research function worked very closely with the other functions of the Agency to advise and provide research support for new campaigns, project/resource evaluation, media work and research projects on supported accommodation services and crisis pregnancy counselling services. In addition, the Research function provided oversight on a project reviewing the implementation of the Agency's current strategy.
- **Statistical monitoring**
  In 2009 the Agency continued to develop its system of data collection and data management in relation to key baseline figures tracked by the Agency. Key to this is monitoring of numbers of women leaving the State to have an abortion. Data-gathering arrangements were maintained with a range of abortion service providers in the Netherlands.

STRATEGIC PRIORITY 7
POLICY INFLUENCE

To influence policymakers and key players regarding prevention of crisis pregnancy, reproductive decision-making and crisis pregnancy outcomes.

Edward Crean, Senior Policy & Public Affairs Advisor, National Disability Authority and Dr. Roisin Morris Coyle, Crisis Pregnancy Agency

Policy influence and policy development is an important and growing part of the Agency's work. In commissioning research projects on a broad range of topics and acquiring robust quantitative and qualitative data, the Agency has acquired a substantial and robust body of evidence. This body of research provides the Agency with the authority to make evidence-based recommendations on a range of topics relevant to its mandates including sexual health, contraceptive provision, sex education and crisis pregnancy decision-making. In 2009, the Agency continued to build on its policy influencing profile including creating partnerships with statutory bodies and managing projects to inform policies specifically in relation to women with an intellectual disability and crisis pregnancy and issues of accessibility and affordability in relation to crisis pregnancy prevention services. The Agency also met with a wide range of stakeholders and made a number of written inputs to statutory agencies requiring consultation on the development of their strategic plans.

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

The Agency and the National Disability Authority jointly commissioned a piece of research which aimed to describe the key challenges faced by women with intellectual disabilities in accessing health and counselling services if they were experiencing crisis pregnancy. The study also aimed to identify international models of good practice regarding crisis pregnancy counselling and support services for women with intellectual disabilities experiencing a crisis pregnancy.

There are specific challenges in relation to preventing crisis pregnancy for women with intellectual disability, such as lack of knowledge surrounding sexual relationships, increased vulnerability to sexual exploitation and lack of appropriate support services. Sexual health care and relationships for women with intellectual disability are

(L - R) Maeve O'Brien, Crisis Pregnancy Agency, Laurence Bond, Head of Research, Equality Authority, Kate Healy, Press and Communications Manager, Irish Pharmaceutical Union, Dr. Stephanie O'Keeffe, Crisis Pregnancy Agency.

complicated by legal and technical issues surrounding her capacity to consent, both to medical treatment (including contraception) and to sexual intercourse. Negative attitudes to sexual activity among people with disabilities, a desire to protect women from exploitation and lack of specialised care to enable women to participate in healthcare and reproductive decision-making can compromise the level of care a woman with an intellectual disability receives.

The review was completed at the end of 2009. While the review identifies many challenges and barriers faced by women with intellectual disability, it also demonstrates that providing appropriate education and support services supported by an effective legal framework, can improve such women's participation in decisions that affect their lives and lead to better sexual health and reproductive outcomes. It is intended that the review will contribute to the development of national policy and legislative structure, standardised care protocols and accessible, tailored services. It will be disseminated in 2010.

Cost of contraception

In 2009, the Agency investigated the impact of the cost of contraception on contraceptive use and ways to minimise costs in order to increase correct and consistent contraception use. This project originated from research commissioned by the Agency that suggested that the cost associated with the various methods of contraception may be a reason as to why some people who do not wish to become pregnant do not use contraception consistently. The findings identified specific groups for whom cost may act as a barrier including younger men and women and people with lower levels of education and/or who are in manual occupations who have lower than average incomes and are not entitled to a medical card.

In 2009, the Agency carried out a range of actions to develop this project. These included the development of proposals for the Board presenting a set of possible initiatives to make contraception more affordable and accessible to groups for whom cost is a problem. A programme of work was approved by the Board of the Agency. Key players in the fields of nursing, pharmacy and health policy were identified. The Agency held a number

> "The findings identified specific groups for whom cost may act as a barrier including younger men and women and people with lower levels of education and/or who are in manual occupations who have lower than average incomes and are not entitled to a medical card."

of meetings with key stakeholders to discuss the project's aims, to identify barriers and how the organisations might work together to develop and examine the feasibility of these initiatives and to work on them collaboratively. The Agency is continuing its work in this area, with a focus on strengthening relationships with key organisations, in order to minimise the cost of contraception to facilitate consistent contraceptive use among specific risk groups.

Memorandum of Understanding with the Pharmaceutical Society of Ireland

Following consultation with the Pharmaceutical Society of Ireland on possible collaborative sexual health initiatives for pharmacists, in 2009 the Agency and the Pharmaceutical Society of Ireland agreed a Memorandum of Understanding. This will facilitate collaboration between the two organisations to pursue opportunities for co-operation when planning and developing policies of a common interest. Both bodies have committed, where relevant, to sharing and working together on the provision of guidance for pharmacists, other stakeholders and the wider public as appropriate.

Policy submissions 2009

In 2009, the Crisis Pregnancy Agency made the following submissions:

- **Health Information and Quality Authority's (HIQA) Stakeholder Survey**
  The Agency inputted into HIQA's stakeholder consultation survey 2010 – 2012. Some of the key activities put forward by the Agency for HIQA to consider included ensuring that there is a responsibility with care providers, in residential care settings for children and young people and for people with disabilities, to address sexual health needs and relationships through education, information and linking with sexual health services. In the area of crisis pregnancy counselling, it was put forward that HIQA might play an advisory role to assist State organisations in setting up regulatory/assessment frameworks for standards to ensure effective monitoring can take place within the organisations.
- **National Disability Authority's Strategic Plan 2010 - 2012**
  The Agency inputted into the consultation on the National Disability Authority's (NDA) Strategic Plan 2010 – 2012. In its submission the Agency recognised the work of the NDA in generating evidence for policy development. In terms of strategic priorities, the submission called for the development of supports for women with an intellectual disability who experience a crisis pregnancy and supports for women with an intellectual disability to achieve good sexual health.
- **Mental Capacity Bill 2009**
  The Agency prepared a submission for the Department of Justice Equality and Law Reform on capacity to consent to sexual relations in the context of the Scheme of the Mental Capacity Bill, 2009.

SUPPORTING THE STRATEGIC PRIORITIES OF THE AGENCY

As part of the process of producing the Strategy, the Agency's Board and Executive identified a number of key areas where the Agency's systems need to be of a high quality in order to meet the objectives of the Strategy.

The Strategy identifies these areas as:

- Board structures
- Staff structure and skill base
- Core processes and systems
- Monitoring the implementation and impact of the Strategy
- Partnership
- Value for money

A number of projects were identified for the Agency to complete under each area and significant progress was made during the year.

Internal Strategic Priority 1

Ensure the Agency has appropriate Board structures in place to ensure effective delivery of the Strategy

The Agency's governance structures, including the Board and Subcommittee structure reported on page 8 continued to provide the Agency with clear oversight and direction of its work. The Executive of the Agency works closely with the Board and Subcommittees to ensure that they have access to the information and training that they need in order to continue to be highly effective.

Throughout the year, the Board and the Rationalisation Subcommittee worked closely with the Executive to ensure the smooth transition of the Agency into the Health Service Executive (HSE). With the support of the Executive, the Board and the Rationalisation Subcommittee provided advice and guidance in relation to the transfer and ensured that all staff members were made aware of plans, processes and structures put in place to facilitate the integration.

Developments included the updating of the Agency's Corporate Governance Manual in line with recent legislative changes. The updated manual ensures that the Agency carries on operating in a transparent and accountable manner.

The Board continued to oversee operation of the Agency's risk management framework and supported the Executive in its risk management and risk mitigation activities. A detailed Risk Register for the Agency was prepared, to ensure that any circumstances that might prevent the delivery of the Strategy are taken account of and addressed promptly.

The Board also continued to oversee the work of Internal Audit; two audits were completed in 2009 with another scheduled to take place in early 2010.

Internal Strategic Priority 2

Ensure staff structure and skills base enable the priorities in the Strategy to be addressed effectively

The Performance Management Development System (PMDS) aims to support staff and maximise productivity whilst ensuring employee objectives are linked to the Agency's Strategy. This is achieved through the development of individual role profiles that are firmly linked to the objectives of the Strategy. The Agency reviewed the effectiveness of the PMDS through consultation with staff and implemented improvements. Personal Training and Development Plans were drawn up for each staff member and allowed the Agency to identify the training and skills development needs of staff members. These training needs were then addressed through a combination of external training courses, coaching and on-the-job learning.

Through a process of staff consultation, the Agency developed a comprehensive Employee Handbook and Human Resource Policies and Procedures Manual, which provide a clear overview to staff members on the policies

President Mary McAleese, Katharine Bulbulia, Chairperson (L), Caroline Spillane, Director (R) and the Staff of the Crisis Pregnancy Agency

and procedures of the Agency. This information is easily accessible to all staff and is communicated through the staff intranet.

Internal Strategic Priority 3

Strengthen the Agency's core processes and systems and ensure they are sufficient to implement the plan

The Agency continually reviews its core processes and systems to ensure that they reflect good practice and implements external recommendations, such as those made by auditors.

Throughout the year, the Agency continued to manage expenditure and payroll and produce accurate and timely monthly financial reports for the Board.

As part of the ongoing development of the Agency's funding processes and procedures, a self-assessment governance questionnaire was developed and disseminated to all service providers in receipt of grant assistance from the Agency. The responses received formed part of the selection criteria for one to two service providers who were chosen for an internal audit of grant assistance in the 2009 – 2010 period. One of the reviews was carried out in 2009 by the Agency's Internal Auditors, with the other due to be completed in early 2010. The Internal Auditors also conducted the annual review of the Agency's internal financial controls, which encompasses all functions of the Agency. The outcome of each audit was positive.

Information and communications technology systems are key elements in supporting the achievement of the Agency's objectives and were developed throughout the year. The staff Intranet system was reviewed and developed to enhance the Agency's communication and document management processes. The Agency's websites crisispregnancy.ie, abortionaftercare.ie, thinkcontraception.ie and positiveoptions.ie were reviewed and up-dated and a new education and information website www.b4udecide.ie was successfully launched during the year. The review and development of information and communications systems ensure the functions and Strategy of the Agency are supported by effective and consistent communications.

Internal Strategic Priority 4

Enable the Agency to monitor its implementation of the Strategy and to assess the impact of the Strategy on reducing the number of crisis pregnancies in Ireland

The Agency submits an annual Service Plan to the Department of Health and Children which includes a series of detailed objectives and key performance indicators that are derived from the Strategy. The Agency reports on progress against the Service Plan during the year and again at the year end. The Agency continuously implements and monitors evaluation practices across all programmes of work and continues to monitor key indicators and statistics in relation to the prevalence of crisis pregnancy and abortion. The Agency's current strategy includes a commitment to conduct a mid-term evaluation of progress against strategic priorities. This review commenced in 2009.

Internal Strategic Priority 5

Enter into partnerships with complementary organisations to ensure that the full ambition of this plan can be realised

The Agency understands that working in partnership with a range of statutory and voluntary organisations, Departments of State and the HSE plays a central role in the implementation of its strategic objectives. Working in partnership ensures that the experiences and capabilities of organisations, statutory or voluntary, are combined to achieve common goals.

In 2009, the Agency worked on the development of the b4udecide.ie campaign with numerous agencies, including the National Youth Council of Ireland, the Department of Education and Science, the HSE, Donegal Youth Council and Parentline.

The Agency partnered with the National Disability Authority to work on a research project examining service provision and practice issues for GPs/crisis pregnancy counsellors working with women with an intellectual disability experiencing a crisis pregnancy. In addition, the Agency partnered with the Equality Authority to work on a research project examining women's experience of pregnancy and crisis pregnancy in the workplace.

The Agency also agreed a Memorandum of Understanding with the Pharmaceutical Society of Ireland to facilitate collaboration on possible sexual health initiatives for pharmacists.

The Agency also commenced negotiations with the Health Service Executive (HSE) on the development of a special partnership forum for the provision of information on sexual health, crisis pregnancy services and contraception services.

Two learning networks for all Agency-funded crisis pregnancy counsellors to exchange knowledge and information and to find out about the Agency's projects took place during the year.

The Agency also worked with commercial partners such as MCD and Durex in relation to promotional campaigns involving the distribution of contraception advice and condoms at events. Details of partnerships as they relate to strategic priorities are outlined in earlier sections.

Internal Strategic Priority 6

Provide value for money

The Agency is funded by the Government through the Department of Health and Children and continually strives to ensure it is accountable for its funding and to provide value for money to its stakeholders. As in previous years, the Agency prepared detailed budgets in order to enable it to monitor its expenditure carefully during the year. The Agency also produced regular financial reports, both internally for the Board and Subcommittees and externally for the Department of Health and Children.

Crisis Pregnancy Agency staff

The Agency continued to successfully manage its commercial contracts through ongoing performance reviews and monitoring value for money in relation to these contracts. The Agency also continued to review its procurement processes to ensure it achieved value for money in all purchases. Selected employees who received procurement training communicated procurement best practice throughout the Agency to ensure that this aim could be achieved and that public procurement guidelines and regulations are consistently adhered to.

> "Working in partnership ensures that the experiences and capabilities of organisations, statutory or voluntary, are combined to achieve common goals."

The Agency continually worked to achieve a reduction in its administrative costs through negotiating best price contracts, fully utilising internal expertise, deferring recruitment or recruiting internally to ensure the proportion of administrative costs against service provision remained reasonable.

The Agency also continues to monitor closely the use of funding provided through the grant programme to other organisations. The Agency has Service Level Agreements (SLAs) in place with over 30 organisations. All SLAs contain detailed reporting requirements, including financial, statistical and qualitative reporting against key performance indicators. A sample of organisations is also selected each year for review by the Agency's internal auditors as part of this governance process.

Financial Statements 2009

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Board of the Health Service Executive

The Crisis Pregnancy Agency was dissolved with effect from 1 January 2010 under the terms of the Health (Miscellaneous Provisions) Act 2009.

The functions, rights, liabilities, obligations, property and officers of the Crisis Pregnancy Agency were transferred to the Health Service Executive under the terms of the Health (Miscellaneous Provisions) Act 2009.

Under the terms of the Health (Miscellaneous Provisions) Act 2009, the Health Service Executive is responsible for preparing the financial statements for the Crisis Pregnancy Agency (now dissolved) for the year 1 January 2009 to 31 December 2009 which give a true and fair view of the state of affairs of the Crisis Pregnancy Agency and its income and expenditure for the period.

In preparing these statements, the Health Service Executive is required to:

- Select suitable accounting policies and then apply them consistently.
- Make judgements and estimates that are reasonable and prudent.
- Disclose and explain any material departures from applicable accounting standards.
- Prepare the financial statements on the going concern basis unless it is inappropriate to do so.

Responsibilities of the Board of the Crisis Pregnancy Agency

The Board of the Crisis Pregnancy Agency was responsible for:

- Keeping proper accounting records which disclosed with reasonable accuracy at any time, the financial position of the Crisis Pregnancy Agency and enabled the Board to ensure that the financial statements complied with the relevant Order and with the accounting standards laid down by the Minister for Health and Children; and
- Safeguarding the assets of the Crisis Pregnancy Agency and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Chairman
Health Service Executive – *10 June 2010*

STATEMENT ON INTERNAL FINANCIAL CONTROL

Responsibility for the System of Internal Financial Control

As required by the Code of Practice for the Governance of State Bodies, on behalf of the Board of the Health Service Executive, I as Chairman of the Health Service Executive make the following statement based on information certified by the outgoing Director of the Crisis Pregnancy Agency and by the outgoing Chairperson of the Board of the Crisis Pregnancy Agency.

During 2009, the Board members of the Crisis Pregnancy Agency were responsible for reviewing and ensuring the effectiveness of the organisation's system of internal financial control. The outgoing Director of the Crisis Pregnancy Agency and the outgoing Chairperson of the Board of the Crisis Pregnancy Agency have certified that they had these responsibilities for the year ended 31 December 2009.

The Board of the Health Service Executive has relied on the certifications of the outgoing Director of the Crisis Pregnancy Agency and of the outgoing Chairperson of the Board of the Crisis Pregnancy Agency for the purpose of making this Statement on Internal Financial Control.

A system of internal control is designed to reduce rather than eliminate risk and as such a system can only provide a reasonable and not an absolute assurance that assets are safeguarded, transactions are authorised and properly recorded, and that material errors or irregularities are either prevented or would be detected in a timely manner.

Key Control Procedures

The Board of the Crisis Pregnancy Agency took steps to ensure an appropriate control environment was in place by:

- clearly defining management responsibilities and powers;
- establishing formal procedures for monitoring the activities and safeguarding the assets of the organisation; and
- developing a culture of accountability across all levels of the organisation.

The system of internal financial control was based on a framework of regular management information, administration procedures including segregation of duties, and a system of delegation and accountability. In particular, it included:

- a comprehensive budgeting system with an annual budget that was reviewed and agreed by the Board;
- regular reviews by the Board of periodic and annual financial reports that measured financial performance against forecasts;
- setting targets to measure financial and other performance; and
- formal project management disciplines.

Review of the effectiveness of the system of Internal Financial Controls

The internal audit function was overseen by the Finance and Audit Subcommittee of the Board in line with the Framework standards set out in the Code of Governance of State Bodies. The internal audit function provided the Board with a report on the adequacy and effectiveness of the system of internal financial control during the year. No significant concerns were highlighted by this report.

The Finance and Audit Subcommittee also oversaw the work of the senior management within the Agency who had responsibility for the development and maintenance of the financial control framework and for implementing the comments made by the Comptroller and Auditor General in his management letter.

The Crisis Pregnancy Agency carried out a review of the effectiveness of the system of internal financial control for the year 1 January 2009 to 31 December 2009.

Chairman
Health Service Executive – *10 June 2010*

REPORT OF THE COMPTROLLER AND AUDITOR GENERAL FOR PRESENTATION TO THE HOUSES OF THE OIREACHTAS

I have audited the financial statements of the Crisis Pregnancy Agency for the year ended 31 December 2009 under Section 5 of the Comptroller and Auditor General (Amendment) Act 1993.

The financial statements, which have been prepared under the accounting policies set out therein, comprise the Statement of Accounting Policies, the Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and the related notes.

Respective Responsibilities of the Health Service Executive, the Agency and the Comptroller and Auditor General

The Health Service Executive is responsible for preparing the financial statements in accordance with the Health (Miscellaneous Provisions) Act 2009. The Agency was responsible for ensuring the regularity of transactions. The Health Service Executive prepared the financial statements in accordance with Generally Accepted Accounting Practice in Ireland as modified by the directions of the Minister for Health and Children in relation to accounting for superannuation costs. The accounting responsibilities of the Boards of the Health Service Executive and the Agency are set out in the Statement of Responsibilities.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

I report my opinion as to whether the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland. I also report whether in my opinion proper books of account have been kept. In addition, I state whether the financial statements are in agreement with the books of account.

I report any material instance where moneys have not been applied for the purposes intended or where the transactions do not conform to the authorities governing them.

I also report if I have not obtained all the information and explanations necessary for the purposes of my audit.

I review whether the Statement on Internal Financial Control reflects the Agency's compliance with the Code of Practice for the Governance of State Bodies and report any material instance where it does not do so, or if the statement is misleading or inconsistent with other information of which I am aware from my audit of the financial statements. I am not required to consider whether the statement covers all financial risks and controls, or to form an opinion on the effectiveness of the risk and control procedures.

I read other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements.

Basis of Audit Opinion

In the exercise of my function as Comptroller and Auditor General, I conducted my audit of the financial statements in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board and by reference to the special considerations which attach to State bodies in relation to their management and operation. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures and regularity of the financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgments made in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Agency's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations that I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In compliance with the directions of the Minister for Health and Children, the Agency recognises the costs of superannuation entitlements only as they become payable. This basis of accounting does not comply with Financial Reporting Standard 17 which requires such costs to be recognised in the year the entitlements are earned.

Except for the non-recognition of the Agency's superannuation costs and liabilities which is not in accordance with Financial Reporting Standard 17, the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the Agency's affairs at 31 December 2009 and of its income and expenditure for the year then ended.

In my opinion, proper books of account have been kept by the Agency. The financial statements are in agreement with the books of account.

Gerard Smyth

For and on behalf of the Comptroller and Auditor General

June 2010

STATEMENT OF ACCOUNTING POLICIES

1 Basis of Accounting

The financial statements are prepared in accordance with generally accepted accounting principles under the historical cost convention and the accounting policies directed by the Minister for Health and Children. The accounting and reporting standards recommended by the recognised accountancy bodies are adopted as they become operative, except as indicated below.

2 Grant Income (Revenue Grants)

Grant Income represents the total amount of revenue funding from the Department of Health and Children recognised on a cash receipts basis for the year.

Grant Income applied for capital purposes resulting in additions to fixed assets are capitalised in the Capital Account.

3 Programme Expenditure

The Agency provides a wide range of services through funded programmes and research activities which includes the commissioning of certain services from external provider agencies.

Grants to external service providers are recognised in the financial statements based upon amounts payable under the conditions set down in signed service level agreements approved by the Board.

4 Fixed Assets

All fixed assets acquisitions, regardless of the source of funds, are capitalised with the exception of assets funded from Revenue (Non-Capital) grants with a value below the following thresholds :

- Office Equipment / Furniture and Fittings etc. - less than €3,810
- Computer / ICT Equipment - less than €1,270

Tangible Fixed Assets are stated at their historical cost or valuation less accumulated depreciation.

Depreciation is provided on a straight line basis at rates which are calculated to write off the assets, adjusted for estimated residual value, over their expected useful lives as follows :

(i)	Leasehold Improvements	10%	Straight line
(ii)	Furniture and Fittings	12.5 - 25%	Straight line
(iii)	Computer Equipment	33.33%	Straight line

5 Capital Account

The capital account represents the unamortised amount of income allocated for the purchase of fixed assets.

6 Superannuation

The Agency has established a Superannuation Scheme with the consent of the Minister for Health and Children and the Minister for Finance in accordance with Article 20 of Statutory Instrument No. 446, 2001, as amended by the Crisis Pregnancy Agency (Establishment) Order 2001 (Amendment) Order 2007 (S.I. No. 175 of 2007). The Main Scheme is based upon the Model Superannuation Scheme for State-sponsored bodies which provides for a contributory defined benefit pension scheme for all employees.

Superannuation entitlements arising under the pension scheme are funded out of current income of the Agency. Pension payments are charged to the Income and Expenditure Account in the year in which they become payable.

Contributions from employee salaries under the scheme are credited to the Income and Expenditure Account when received.

By direction of the Minister for Health and Children, no provision is made in the financial statements in respect of future pension benefits payable.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2009

	Note	2009	2008
		€	€
Income			
Grant Income	1	8,178,000	8,706,132
Other Income	2	44,824	45,669
		8,222,824	**8,751,801**
Transfers from Capital Account	10	38,069	38,155
Total Income		**8,260,893**	**8,789,956**
Expenditure			
Staff Costs	3	900,668	942,770
Service Programmes	4	6,603,525	7,054,927
Research Projects	5	331,220	334,713
Office and Administration Expenses	6	412,314	382,785
Board Expenses	11	18,057	39,318
Loss on Disposal of Fixed Assets	10	-	381
Total Expenditure		**8,265,784**	**8,754,894**
(Deficit) / Surplus for the year		**(4,891)**	**35,062**
Accumulated Surplus / (Deficit) at 1 January		4,940	(30,122)
Accumulated Surplus at 31 December		**49**	**4,940**

All recognised gains and losses for the year ended 31st December 2009 have been dealt with through the Income and Expenditure Account.

The Statement of Accounting Policies together with Notes 1 to 17 forms part of these financial statements.

Signed:

Chairman
Health Service Executive

Chief Executive Officer
Health Service Executive

BALANCE SHEET AS AT 31 DECEMBER 2009

	Note	2009	2008
		€	€
Fixed assets			
Tangible Assets	7	27,615	65,684
Current Assets			
Debtors and Prepayments	8	34,257	23,773
Cash at Bank and in Hand		39,982	46,585
		74,239	70,358
Current Liabilities			
Creditors (Amounts falling due within one year)	9	74,190	65,418
Net Current Assets		**49**	**4,940**
Total Assets less Current Liabilities		**27,664**	**70,624**
Reserves – representing Net Assets transferred to the Health Service Executive			
Capital Account	10	27,615	65,684
Income and Expenditure Surplus		49	4,940
		27,664	**70,624**

The Statement of Accounting Policies, together with Notes 1 to 17 forms part of these financial statements.

Signed:

Chairman
Health Service Executive

Chief Executive Officer
Health Service Executive

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2009

	2009	2008
	€	€
Reconciliation of (Deficit) / Surplus to Net Cash Flow from Operating Activities		
(Deficit) / Surplus for the year	(4,891)	35,062
Transfer from Capital Account	(38,069)	(38,155)
Depreciation charge	39,569	42,178
Loss on disposal of fixed assets	-	381
(Increase) in Debtors	(10,484)	(991)
Increase / (Decrease) in Creditors	8,772	(494,114)
Net Cash (Outflow) from Operating Activities	**(5,103)**	**(455,639)**
Cash Flow Statement		
Net Cash (Outflow) from Operating Activities	(5,103)	(455,639)
Capital Expenditure		
Payments from Revenue Grant to acquire Fixed Assets	(1,500)	(4,404)
Net Cash (Outflow)	**(6,603)**	**(460,043)**
(Decrease) in Cash in the Year	**(6,603)**	**(460,043)**
Reconciliation of Net Cash Flow to Movement in Net Funds		
(Decrease) in Cash in the Year	**(6,603)**	**(460,043)**
Net Funds at Start of the Year	46,585	506,628
Net Funds at End of the Year	**39,982**	**46,585**

Chairman
Health Service Executive

Chief Executive Officer
Health Service Executive

NOTES TO THE FINANCIAL STATEMENTS

Note 1: Grant Income

	2009	2008
	€	€
Department of Health and Children – Oireachtas Grant	**8,178,000**	**8,706,132**

Note 2: Other Income

	2009	2008
	€	€
Superannuation Contributions	44,824	35,624
Miscellaneous Income	-	10,045
Balance as at 31 December	**44,824**	**45,669**

Note 3: Staff Costs

	2009	2008
	€	€
Wages & Salaries	821,657	856,387
Social Welfare Costs	79,011	86,383
	900,668	**942,770**
Staff Numbers		
Senior Management	4	4
Administration	4	4
Service Programmes	4	4
Research and Policy	3	3
	15	**15**

The total of staff employed at the 31st of December 2009 was 15 (2008:15), representing 13.8 whole time equivalents (WTE) (2008: 14.8).

The total of staff employed at 31st December 2009 comprised 7 (6.3 WTE) permanent employees; 7 employees on long-term contracts (7 WTE); and 1 employee on a short-term temporary contract (0.5 WTE).

Pension Related Deduction

The amount of €41,149 of pension levy has been deducted from staff and paid over to the Department of Health and Children in 2009. There was no pension levy deducted in 2008.

Note 4: Service Programmes

	2009	2008
	€	€
(a) Funding Programmes*		
Core funding	1,673,211	1,616,483
Services and supports for women experiencing crisis pregnancy	954,346	1,126,417
Counselling services	850,660	838,623
Prevention of crisis pregnancy	530,775	875,049
Post crisis pregnancy services and supports	190,531	96,273
Crisis Pregnancy Counselling Skills course	88,719	67,010
New developments	77,371	55,006
	4,365,613	**4,674,861**
(b) Programmes and Communications*		
Prevention of crisis pregnancy	1,084,358	1,242,928
Services and supports for women experiencing crisis pregnancy	900,731	905,289
Communication services	90,655	88,312
Post crisis pregnancy services and supports	88,696	40,450
Communications partnerships with external agencies	73,472	103,087
	2,237,912	**2,380,066**
Total	**6,603,525**	**7,054,927**

*Appendices 2 and 3 to the Annual Report analyse the above in further detail.

Note 5: Research Projects

	2009	2008
	€	€
Research grants, bursaries and commissions	213,004	190,053
Policy and partnerships	56,696	26,046
Evaluation of communications initiatives	32,112	63,126
Dissemination / report production	11,624	29,753
Mid-term evaluation of the Strategy	10,100	-
Research services	5,132	5,636
Guidelines	2,552	20,099
	331,220	**334,713**

*Appendix 4 to the Annual Report analyses the above in further detail.

Note 6: Office and Administration Expenses

	2009	2008
	€	€
Rent	115,864	115,864
Professional fees	89,358	44,210
Utilities and insurance	58,846	56,950
Office supplies	40,327	42,750
Depreciation	39,569	42,178
Fixtures, equipment & ICT - not capitalised	24,954	27,992
Staff-related expenses	23,042	27,714
Audit fee	13,000	12,750
Building repairs	5,529	10,567
Miscellaneous	1,825	1,810
	412,314	**382,785**

Note 7: Fixed Assets

	Furniture & Equipment	ICT Hardware & Software	Leasehold Improvements	Total
	€	€	€	€
Cost				
Balance as at 1 January	125,715	174,774	121,503	**421,992**
Additions	-	1,500	-	**1,500**
Balance as at 31 December	**125,715**	**176,274**	**121,503**	**423,492**
Accumulated Depreciation				
Balance as at 1 January	116,939	154,380	84,989	**356,308**
Charge for the year	7,993	19,426	12,150	**39,569**
Balance as at 31 December	**124,932**	**173,806**	**97,139**	**395,877**
Net Book Value				
Balance as at 31 December 2009	**783**	**2,468**	**24,364**	**27,615**
Balance as at 31 December 2008	**8,776**	**20,394**	**36,514**	**65,684**

Note 8: Debtors and Prepayments

	2009	2008
	€	€
Sundry debtors	7,460	-
Prepayments	26,797	23,773
	34,257	**23,773**

Note 9: Creditors and Accruals

	2009	2008
	€	€
Trade creditors	31,384	17,488
Accruals	42,806	47,930
	74,190	**65,418**

Note 10: Capital Account

	2009	2008
	€	€
Balance as at 1 January	65,684	103,839
Transfer to/(from) Income and Expenditure Account:		
Funds allocated to acquire Fixed Assets (capitalised)	1,500	4,404
Amount amortised in line with Asset Depreciation	(39,569)	(42,178)
	(38,069)	(37,774)
Disposals	-	(381)
Balance as at 31 December	**27,615**	**65,684**

Note 11: Disclosure of Director's salary and Crisis Pregnancy Agency Board members' fees and expenses

Due to a requirement in the revised Code of Practice, the Director's remuneration package and all Crisis Pregnancy Agency Board member fees and expenses are disclosed. Comparative figures are also stated for the year 2008.

(a) Director's remuneration package

The remuneration package of the Director of the Crisis Pregnancy Agency for the year ended 31 December 2009 is as follows:

Remuneration package	Director	2009	2008
		€	€
Basic annual salary	Caroline Spillane	103,085	97,475
Performance related award	Caroline Spillane	13,084	-
		116,169	**97,475**

The performance related award in 2009 was relating to performance for the year 2008. The Director's pension entitlements do not extend beyond the standard entitlements in the model public sector defined benefit scheme.

(b) Crisis Pregnancy Agency Board member fees and expenses

Crisis Pregnancy Agency Board member fees:

The Chairperson of the Crisis Pregnancy Agency, Katharine Bulbulia, received an honorarium for the year 2009 of €12,660. In 2008, she received an honorarium of €12,660. There were no other Crisis Pregnancy Agency Board members in receipt of any fees apart from travel and subsistence.

Crisis Pregnancy Agency Board member expenses:

Expense Category	Crisis Pregnancy Agency Board Member	2009 €	2008 €
Subsistence	Katharine Bulbulia	472	1,526
Subsistence	Sally Ann Flanagan	654	1,445
Subsistence	Anne Flood	1,016	2,028
Subsistence	Other Committee members	-	70
		2,142	**5,069**
Travel	Katharine Bulbulia	4,776	6,357
Travel	Sally Ann Flanagan	3,306	3,711
Travel	Anne Flood	2,799	5,200
Travel	Other Committee members	218	659
		11,099	**15,927**

Crisis Pregnancy Agency Board member expenses cont'd

The following information is disclosed for the purpose of clarity.

Expense Category	2009 €	2008 €
Catering Costs for Board meetings & other committee meetings	4,238	2,877
Legal fees	-	7,414
Accommodation, catering & room hire fees relating to an external Board meeting	-	3,783
Professional Service fees	-	2,286
Training	-	1,063
Printing	-	351
Chairpersons Forum annual membership fee	300	300
Other overhead expenses	278	248
Total Board Expenses	**18,057**	**39,318**

Note 12: Contingent Liabilities

The Agency's lease for office premises was due for review on the 15th June 2006. The review was expected to take place in 2009 but this has not yet taken place. An entitlement exists whereby the increase may be backdated to the date on which the review was due.

The increase is not expected to be greater than 10%; however, at this time both the amount of the increase and the exercising of the option to backdate the increase remain uncertain. The Agency has therefore elected to disclose this as a contingent liability, in accordance with Financial Reporting Standard 12, Provisions, Contingent Liabilities and Assets.

Note 13: Capital and Other Commitments

(a) There were no capital commitments as at the 31st of December 2009.

(b) The Agency has commitments under an operating lease for office accommodation in respect of the property at Capel Street, Dublin with an annual rental of €115,864 (2008: €115,864) which is due to expire in 2021. This lease provides for rental reviews every five years.

Note 14: Disclosure of Crisis Pregnancy Agency Board Members' Interests

The Board of the Crisis Pregnancy Agency has adopted procedures in accordance with guidelines issued by the Department of Finance in relation to the disclosure of interests by Crisis Pregnancy Agency Board members and these procedures were adhered to in the year.

There were no transactions in the year in relation to the Crisis Pregnancy Agency Board's activities in which Crisis Pregnancy Agency Board Members had any beneficial interest.

Notes to the Financial Statements cont'd

Note 15: Related Parties

The Minister for Health and Children is a related party as she underwrites the assets and liabilities of the Agency and appoints all members of the Board of the Agency.

Note 16: Transfer on Dissolution to the Health Service Executive

The *Health (Miscellaneous Provisions) Act 2009* provides for the dissolution of the Agency and the transfer of its assets, liabilities and staff to the Health Service Executive as at the date of the commencement order for the Act, which is the 1st of January 2010.

Part 6 of the Act makes it clear that the activities previously undertaken by the Crisis Pregnancy Agency are explicitly transferred to the Health Service Executive, with two minor exceptions. As, such, the activities of the Crisis Pregnancy Agency will be ongoing, albeit under the aegis of the Health Service Executive.

On this basis, it is considered appropriate to continue to prepare the financial statements on a going concern basis.

Note 17: Approval of the Financial Statements

The Financial Statements were approved by the Board of the Health Service Executive on 10th June 2010.

APPENDICES

Appendix 1: Code of Ethics

The purpose of this Code of Ethics is to articulate the principles that guide the Crisis Pregnancy Agency's decision-making in light of its responsibilities towards its diverse constituencies. These principles will guide the decisions that are made regarding the development, funding and support of projects and the Crisis Pregnancy Agency's research (including the research it funds). The principles will form part of the frame of reference when proposals for funding are being assessed.

In its approach to its work, and in supporting the work of others, the Agency will:

- be respectful of and non-judgmental regarding the choices made by women who face crisis pregnancy;
- be respectful of a woman's autonomy and her right to privacy (within the constraints of the law);
- be guided by reliable research and good practice in all areas of our work;
- endeavour to work collaboratively with agencies working in the field;
- strive to promote policies that are respectful of the diverse experiences and viewpoints that exist on this issue;
- be supportive of agencies which:
    - use professional approaches to counsel, educate and provide information to the public;
    - fully inform clients of their organisation's ethos;
    - promote informed decision-making in resolving issues regarding crisis pregnancy and related sexual health matters;
    - use reliable research and responsible monitoring and evaluation methods to ensure accountability and good practice;
    - work to promote equity of access and quality for clients;
    - provide referrals when the information or service requested by the client is not available.

Appendix 2

Detailed Listing of Funded Projects Analysed by Strategic Priority

	Priority	2009 €	2008 €
Services and supports for women experiencing crisis pregnancy			
CURA - Regional Co-ordinator	5	62,584	64,058
CURA - Post-Natal Support Service (Pilot project)	5	30,800	6,600
Life Galway - Accommodation	5	99,576	101,920
Life Galway - Rent	5	4,792	4,905
Life Galway - Fathers and Family Room	5	6,057	7,000
Life Cork - Administrator	5	62,316	63,783
Life - National Co-ordinator	5	15,043	15,397
Life - Tullamore service	5	-	7,280
One Family - Information Manager	5	64,812	66,338
One Family - Adult Education Manager	5	64,812	66,338
One Family - Crèche service	5	30,482	31,200
One Family - Receptionist	5	36,984	37,855
Pact - 0.5 Social Worker[1]	5	-	51,238
Sexual Health Centre Cork - Receptionist	5	43,031	44,044
Sexual Health Centre Cork - Medical service	5	3,026	2,370
Treoir - Information Officer and support grant	5	73,259	117,984
Cúnamh Short-term Fostering	5	102,370	106,180
Spring Gardens - Care Worker	5	48,317	49,455
Spring Gardens - Workshops	5	680	674
HSE West - Family Support Worker	5	-	49,870
Limerick Social Service Council - Sonas Pre-natal	5	51,109	52,312
Limerick Social Service Council - Parenting course	5	1,154	740
Limerick Social Service Council - Altamira Post-natal	5	50,906	53,104
Limerick Social Service Council - Outreach	5	8,129	8,320
Limerick Social Service Council - City Slickers (Pilot project)	5	5,500	5,020
Teen Parents Support Programme Louth - Young Fathers (Pilot project)	5	-	47,250
Youth Work Ireland Galway - Young Mothers in Education (Pilot project)	5	-	30,667
Mary Immaculate College - Student Parent Co-ordinator (Pilot project)	5	22,403	19,300
South West Counselling Centre - Parenting Support Programme (Pilot project)	5	16,400	16,840
Mountwood Fitzgerald Park Community Development Project - Parenting Skills Programme (Pilot project)	5	5,590	-

1 - Re-classified under 'Prevention of Crisis Pregnancy' and 'Post Crisis Pregnancy Services and Supports' from 2009

Appendix 2 cont'd

Services and supports for women experiencing crisis pregnancy cont'd

	Priority	2009 €	2008 €
Youthreach Roscommon (Pilot project)	5	-	(1,625)
Barnados/Teen Parent Support Programme, North Wexford 'Supporting the Supporters' (Pilot project)	5	8,614	-
Bessborough Centre - Residential Therapeutic Interventions in Crisis Pregnancy (Pilot project)	5	35,600	-
		954,346	**1,126,417**
Core funding			
CURA - Core counselling	4	662,264	637,322
CURA - Outreach (Dingle, Gorey, Drogheda)	4	27,356	14,000
IFPA - Core counselling	4	333,551	341,403
Life - Core counselling	4	172,690	177,779
Well Woman - Core counselling	4	201,985	207,920
One Family - Core counselling	4	158,898	162,638
PACT - Core counselling	4	116,467	75,421
		1,673,211	**1,616,483**
Counselling services			
IFPA - Monaghan, Gorey	4	73,158	56,160
IFPA - Counselling co-ordination	4	74,022	75,765
IFPA - Training & supervision	4	12,161	12,448
Life - Counselling 2/3 post	4	35,688	36,528
Life - Counselling 1/3 post	4	18,123	9,275
Life - Volunteer workers supervision	4	15,241	15,600
Life - Accreditation training	4	5,080	5,200
Life - Counselling post (full time)	4	41,309	18,742
One Family - Training and supervision	4	9,917	10,150
PACT - Training and supervision	4	12,977	13,283
PACT - Cavan pilot	4	26,158	39,355
Portiuncula - Counselling (Ballinasloe Crisis Pregnancy Support Service)	4	121,930	124,080
Mayo General - Counselling (Mayo Crisis Pregnancy Support Service)	4	89,348	91,452
Sexual Health Centre Cork - Counselling	4	60,431	61,854
Sexual Health Centre - Training and supervision	4	3,048	3,120

Appendix 2 cont'd

Counselling Services cont'd

	Priority	2009 €	2008 €
HSE Midlands - Counselling (Midlands Crisis Pregnancy Support Service)	4	84,131	86,112
HSE Midlands - Pilot Crisis Pregnancy Counselling for Men	4	-	5,133
HSE South - West Cork Crisis Pregnancy Counselling Service	4	45,499	43,748
HSE South - Kerry Crisis Pregnancy Counselling Service	4	23,378	23,928
HSE South - Youth Health Service Counselling (YHS)	4	67,261	69,300
Cúnamh - Training and supervision	4	3,048	3,120
Femplus Medical Clinic - Counselling and Medical Service	4	25,402	34,270
Bray Women's Health Centre - Crisis Pregnancy Counselling Service (Pilot project)	4	3,350	-
		850,660	**838,623**
Prevention of crisis pregnancy			
HSE South - Youth Health Service Family Planning (YHS)	2	60,000	141,450
HSE SE - Squashy Couch Project	1	78,160	224,752
Blanchardstown Youth Service - Youth Health Advice Cafés	1	56,553	76,277
Tallaght Youth Service - Exit Youth Health Advice Café	1	17,413	75,890
Blanchardstown Youth Service - Male Teenage Health Initiative (Pilot project)	1	35,253	66,188
Carrick on Suir Neighbourhood Youth Project (Pilot project)	1	-	57,323
Sexual Health Centre - Parents' Education (Pilot project)	1	-	37,734
Newbridge & Dun Laoghaire Community Training Centres - 'The Real Deal' (Pilot project)	1	36,750	24,500
Letterkenny Women's Centre (Pilot project)	1	33,955	43,466
Limerick Youth Service (Pilot project)	1	-	6,800
Limerick Social Service Council - SHRE Programme	1	560	709
Well Woman - Emergency contraception	2	6,096	6,240
Southwest Counselling Centre - 'Getting Real' programme for ESLs (Pilot project)	1	21,500	25,720
Irish College of General Practitioners - LARC training programme (Pilot project)	2	14,655	40,000
IFPA - Speakeasy programme (Ext.)	1	-	30,000
National Youth Council of Ireland - 'Let's Leave it Til Later' Delay training (Pilot project)	1	55,000	-
Cherry Orchard Integrated Youth Service - Sexual Health and Relationships Education training (Pilot project)	1	13,080	-
IFPA and Guide Clinic - 'Co-ordination of STI and Contraceptive Services' (Pilot project)	2	10,000	-

Appendix 2 cont'd

Prevention of crisis pregnancy cont'd

	Priority	2009 €	2008 €
HSE South - Development of Sexual Health Resource Library for IDS sector (Pilot project)	1	15,000	
Pavee Point Travellers' Centre - Relationships and sexual health education training (Pilot project)	1	20,447	-
Pact - 0.5 Social Worker post - Outside facilitation of RSE	1	25,492	
National Parents Council (Primary) - 'Team up' training	1	30,861	18,000
		530,775	**875,049**
New Developments			
Counselling Module roll-out	4	88,719	67,010
Toolkit for Establishing and Managing a Crisis Pregnancy Counselling Service	4	3,157	33,012
Mapping exercise	4	-	17,253
Review of Supported Accommodation Services for Women Experiencing Crisis Pregnancy	5	49,792	
Miscellaneous related costs	Int	-	4,741
Review and analysis of funding of counselling services	4	24,422	-
		166,090	**122,016**
Post crisis pregnancy services and supports			
IFPA - Medical check (Post termination)	4	23,220	21,285
IFPA - Post-termination counselling	4	46,923	48,027
Well Woman - Medical check (Post termination)	4	8,640	11,520
Well Woman - Post-termination counselling	4	14,936	15,288
Sexual Health Centre Cork - Medical check (Post termination)	4	180	108
HSE Midlands - Medical check (Post termination)	4	225	45
Bray Women's Health Centre (Post termination)	4	720	-
CURA - Post-termination Counselling Training Project (Pilot project)	4	71,120	-
Pact - 0.5 Social Worker Post-termination counselling	4	24,567	-
		190,531	**96,273**
Total Funding by the Agency		**4,365,613**	**4,674,861**

Appendix 3

Programmes & Communications Analysed by Strategic Priority

		2009	2008
	Priority	**€**	**€**
Prevention of crisis pregnancy			
Think Contraception campaign	3	596,680	599,989
Think Contraception campaign developments	3	68,836	310,581
Ongoing work on RSE resources	1	70,758	127,064
Other prevention communications programmes	3	218,269	116,800
Dissemination of resources[1]	3	-	59,095
Think Contraception health education outreach campaign	2	109,815	26,676
Busy Bodies	1	-	2,723
Sexual Health-Asylum seekers	3	20,000	0
		1,084,358	**1,242,928**
Services and supports for women experiencing crisis pregnancy			
Positive Options campaign and text service	3	875,854	871,479
Other communications programmes	3	24,877	33,810
		900,731	**905,289**
Communications services			
Developing the Agency's communication channels	3	34,967	35,271
Internal communications services	Int	19,396	53,041
Dissemination of resources	3	36,292	0
	3	**90,655**	**88,312**
Post crisis pregnancy services and supports			
Abortion Aftercare campaign	3	88,696	40,450
		88,696	**40,450**
Communications partnerships	5	**73,472**	**103,087**
Total Programmes & Communications		**2,237,912**	**2,380,066**

1 - Re-classified under 'Communications Services' from 2009.

Appendix 4

Research & Policy Projects Analysed by Strategic Priority

	Priority	2009 €	2008 €
Grants, Bursaries, Commissions			
Report on economically disadvantaged young men	6	-	56,913
Parents' Approaches to Educating their Pre-adolescent and Adolescent Children about Sexuality	6	12,054	60,000
Concealed Pregnancy Bursary	6	16,000	16,000
Crisis pregnancy and employment / workplace policy	7	184,950	57,140
		213,004	**190,053**
Guidelines			
Concealed Pregnancy Guidelines	6	-	8,135
Guidelines for Crisis Pregnancy Counsellors	6	2,552	11,964
		2,552	**20,099**
Dissemination/report production			
Sub-reports of ISSHR	2	-	29,753
Other dissemination	-	11,624	-
		11,624	**29,753**
Evaluation of communications initiatives	**6**	**32,112**	**63,126**
Policy & partnerships			
Implementation of RSE in schools (DES partnership)	1	35,625	15,289
Cost of contraception	2	5,250	7,986
Internal policy costs	Int	15,821	2,771
		56,696	**26,046**
Internal research budget	Int	**5,132**	**5,636**
Strategy development (2007-2011) and evaluation (2004-2006)	**-**	**10,100**	-
Total Research & Policy		**331,220**	**334,713**

Appendix 5: Membership of the Consultative Committee

In accordance with the Statutory Instrument, the function of the Consultative Committee is "to advise the Agency in relation to (a) any matters pertaining to crisis pregnancy as are referred to it by the Agency and (b) any other matters coming within the remit of the Agency".

Chairperson

Ms Geraldine Luddy	Director, the Women's Health Council and Board Member, Crisis Pregnancy Agency

Members

Ms Ursula Byrne	Education Officer and representative of An Bord Altranais
Reverend Bruce Pierce	representative of Church of Ireland Bishops
Ms Julie Kerins	Senior Social Worker, Cúnamh, and representative of Council of Irish Adoption Agencies
Ms Louise Graham	National Co-ordinator and representative of CURA
Ms Alison Begas	Chief Executive and representative of Dublin Well Woman
Ms Frances Shearer	RSE National Co-ordinator and representative of the education sector
Ms Catherine Duffy	National Planning Specialist and representative of Primary Care, HSE West
Dr. Mary Condron	General Practitioner and representative of Irish College of General Practitioners
Ms Rhonda Donaghy	Chair and representative of ICTU Women's Committee
Ms Sunniva McDonagh	Barrister at Law and representative of Irish Episcopal Conference
Ms Rosie Toner	Director of Counselling and representative of the IFPA (to November 2009)
Ms Kay Garvey	Nurse and representative of Irish Nurses' Organisation
Ms Karen Dent	member and representative of National Parents' Council Post Primary
Ms Salome Mbugua	National Director, AkiDwA, and representative of non-Irish nationals
Ms Sherie de Burgh	Director of Counselling and representative of One Family
Ms Noelle Shannon	Tániste's representative (to November 2009)
Ms Rosaleen McDonagh	Project Officer, Pavee Point, and representative of the Traveller community (to March 2009)
Ms Tessa Collins	VAW Officer, Pavee Point, and representative of the Traveller community (from March 2009)
Ms Margot Doherty	Assistant CEO and representative of Treoir
Mr David Simpson	Training Consultant and men's health representative
Dr. Helen McMillan	Representative of Institute of Obstetrics and Gynaecology
Ms Roisin Dermody	Disabled Women's Working Group member and people with disabilities representative
Mr Anthony Muldoon	Welfare Officer, USI and representative of third-level students (to November 2009)
Mr Ciaran Fitzpatrick	Welfare Officer, USI, and representative of third-level students (from November 2009)
Ms Jessica Dempsey	Press and Communications Officer, the Chambers of Commence of Ireland and employers representative

Appendix 6: Staff members not in post at year end

Sarah Murphy held the position of Research Assistant until February 2009.

Crisis Pregnancy Agency
4th Floor
89-94 Capel Street
Dublin 1.

www.crisispregnancy.ie

Tel: 353 1 8146292
Fax: 353 1 8146282

an ghníomhaireacht um
thoirchis ghéarchéime
crisis pregnancy agency

Design by Baseline CS