



## **Submission to the Senate Inquiry into Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005**

The Caroline Chisholm Society is a Pregnancy and Family Support Service formed in 1969 to support pregnant women and families with children under primary school age. For over 35 years, the Society's focus has been on providing practical and emotional support throughout pregnancy, the transition to parenthood and early parenting concerns. The Society recognises that the adjustment to parenthood and its demands can be very stressful and taxing, and has long recognised and championed the importance of emotional, practical and physical support during this most vulnerable time for mothers and their babies.

The services of Caroline Chisholm Society include: pregnancy counselling, on all options; ongoing support throughout pregnancy and early parenthood; pregnancy loss and post-abortion counselling; short-term supported accommodation; in-home family support; casework and counselling; state-wide toll free telephone information and counselling; post-natal depression programs; material aid; parenting skills education groups and community education programs.

The Society is an independent non-profit, charitable organisation providing all services free of charge. The Society's material aid program and toll-free telephone counselling have a state-wide focus, while other services are offered through our offices in Moonee Ponds, Shepparton and Bacchus Marsh.

The Society employs a team of qualified health professionals to provide counselling and support for pregnant women. All staff adhere to the Australian Association of Social Workers (AASW) Code of Ethics. The Society provides regular supervision of all staff to ensure good practice and is interested in women being supported with honest, clear information about pregnancy options, ensuring that women are given the opportunity to explore all options without pressure and time to think through consequences.

While the Caroline Chisholm Society welcomes the Federal Government's interest in reviewing the funding across Australia for the pregnancy counselling sector to ensure women and families have access to independent quality counselling, to improve quality standards, and to regulate the work undertaken in this area, the Society does not believe that any of this would be achieved by the measures proposed by this Bill.

The Caroline Chisholm Society opposes the Bill presently before the Senate, which it views as fundamentally flawed, based upon the following concerns:

- ◆ The Bill defines “*non-directive* pregnancy counselling services” as services that offer counselling, information, referral and support on all 3 options, AND provides referral for termination of pregnancy.

Services are defined as being directive, if they do not provide referral for termination of pregnancy, and non-directive if they provide referrals for termination. Being non-directive in counselling has little to do with whether or not referral is provided, indeed it can be argued that providing a referral to a distressed client constitutes pressure to take a certain path. Non-directive counselling allows a client to be self-determining in their decision making process. At the Caroline Chisholm Society (CCS), counsellors suggest that the client take time to think through the issues raised and discussed, so that client can make her own choice, having explored what supports are available to her.

- ◆ Role of Counselling vs Referral for Termination

Referral for termination is the role of a medical practitioner who assesses the woman’s medical reasons for termination of pregnancy. The role of a counselling service is to assist a woman to be fully informed of her options, the consequences of those options, and the supports available to her if she were to continue with any of these options. Counselling should be about exploring options, with time given for the client to make a decision based upon her own values and beliefs, and supports offered. Other elective surgeries are dealt with in this way, with transparent, independent counselling provided, and time taken to consider options.

- ◆ Independent Counselling vs Vested Interest Providers

The Bill defines non-directive counsellors as those who provide referrals for termination. Most commonly services that provide referral for termination are also termination providers, or with connected business interests. This counselling can at best be seen as pre-abortion counselling, and certainly not independent counselling to explore all options regarding the decision whether or not to continue with a pregnancy. There are strong practice arguments for not referring to medical practitioners who work within termination clinics. Counsellors have an obligation to ensure that their clients receive both independent counselling services and independent medical advice.

*94% of Australians think a woman should consider all alternatives prior to deciding whether or not to have an abortion, and that information and counselling should be independent of abortion provider. (Give Women Choice: Aust speaks on Abortion; SCBI).*

- ◆ Societal Pressures vs Real Choice

Many women, when first presented with a positive pregnancy result, are shocked, surprised, and anxious. They often express a statement regarding abortion in the first instance. Many women think there is no way forward when first told about their pregnancy, and need time to think through what this may mean for them and for their family. In our experience, from professional practice, this statement very often has more to do with societal pressure and expectation than real choice. It is very often an expression of the feeling that they have no other choice available to them, due to lack of financial and emotional support.

The reality is that if you offer a pregnant woman a neutral space, time to explore what this pregnancy means to her, possible supports which are available to her, she wants time to think. Caroline Chisholm Society workers would state "we are a counselling service, not a medical service, and as such cannot refer you for a termination. However, I'd be happy to explore your options with you, if that's what you'd like" It is vitally important that a good counsellor explores the issues with a woman surrounding her pregnancy decision. Issues such as: practical supports, financial situation, poverty, violence, cultural issues, etc must all be addressed in the counselling framework. Some termination providers, who falsely claim to "counsel", often offer that counselling with an immediate appointment for the termination procedure that same day, whilst a woman is in a distressed state, and with no time given for consideration of the options. This would not meet ethical frameworks for quality counselling provision under the Australian Association of Social Workers Code of Ethics.

- ◆ Recognition that all Counsellors have values; their role is to provide ethical, non-directive, independent counselling.

The campaign associated with this Bill implies a simplistic position where counsellors are value free. All counsellors come to their role with a value and belief system. There is no such thing as a value neutral or value free counselling environment. In acknowledgement of this, health professionals who offer counselling, such as Social Workers and Psychologists, are required to reflect within their supervision on their personal value and belief systems, to ensure that they do not engage in directive counselling. The view expressed in the Bill of what is seen as directive counselling is simplistic in terms of its understanding of values in the counselling environment.

At Caroline Chisholm Society all staff are trained to adhere to Australian Association of Social Workers (AASW) Code of Ethics, especially in relation to values. The role of counsellor is to be ethical and not pressure a client or imply which way the counsellor would want the client to choose. Often a client will ask "what would you do" A responsible counsellor will not give his or her personal thoughts, but rather say "this is about you, and the best decision for your situation".

It is a false position of this Bill to imply that only pro-life counsellors bring a value to their counselling. Pro-abortion counsellors equally bring strong personal values into the counselling environment. Often that potential bias is compounded by their employment status, as they are employed by businesses which provide terminations and so have a vested financial interest in the outcome of the counselling session.

- ◆ Misleading Advertising and the Jurisdiction of the Trade Practices Act 1974.

The Trade Practices Act 1974 is not the best means for regulation of counselling services, and it is highly reprehensible to suggest that “non referral for abortion” constitutes “misleading advertising”, which would be illegal under the Act. The Trade Practices Act 1974 requires business firms to advertise the services they do provide, not that there are some goods or services which they do not provide. To seek to regulate advertising of pregnancy counselling in this way is a gross misinterpretation of the Trade Practices Act. Further, the Trade Practices Act is designed to capture business transactions, not services provided free to the community. The proposed Bill extends the scope of the Act into areas in which it does not currently have jurisdiction and opens the way for services provided free to the community on many issues to be captured unreasonably.

The Caroline Chisholm Society believes that the Senate should reject the approach proposed in this Bill as inappropriate, flawed and not reflective of good practice in the area of pregnancy counselling. Caroline Chisholm Society believes that the Senate should look to the professional counselling sector to develop quality standards and training, drawn from professional practice wisdom in the area of independent counselling, to regulate and monitor quality service provision. Such improved regulation should address inappropriate pregnancy counselling practice in all its forms.