Irish Family Planning Association submission on direct provision to the Oireachtas Committee on Justice and Equality

May 2019

Introduction

The Irish Family Planning Association (IFPA) submits these remarks on the basis of our many years of experience as a provider of sexual and reproductive health services. Since 1969, the IFPA has worked to promote and protect basic human rights in relation to reproductive and sexual health, relationships and sexuality. The IFPA provides the highest quality sexual and reproductive healthcare at its two medical clinics in Dublin and ten pregnancy counselling centres across Ireland. In 2017, the IFPA clinics provided over 11,000 sexual and reproductive health services. Our services include non-directive pregnancy counselling, contraceptive and abortion services, screening for sexually transmitted infections (STIs), cervical screening, menopause health checks and treatment for female genital mutilation (FGM). We provide medical training for doctors and nurses, and sexuality education and training programmes for young people, parents, teachers, youth workers and carers.

As the leading provider of sexual and reproductive health services in Ireland, the IFPA sees many clients who are in direct provision. Serious concerns about women asylum seekers' access to quality sexual and reproductive healthcare led the IFPA to initiate the Majira Project in 2009, aimed at improving the sexual and reproductive health of asylum seekers and refugees living in Ireland. This project concluded with the publication of Sexual Health and Asylum: Handbook for People Working with Women Seeking Asylum in Ireland.[1] In 2014, the IFPA opened the country's first specialist treatment centre for women who have experienced FGM, funded by the HSE Social Inclusion Unit.[2] To raise awareness about this free service, the IFPA engages in sexual and reproductive health outreach with asylum-seeking women living in direct provision centres around the country – as a result, what began as a dedicated FGM clinic has become an entry point to free, comprehensive sexual and reproductive healthcare for asylum-seeking women, which includes the provision of interpreting services when required. In response to the needs of asylum-seeking women, the IFPA has developed information materials about sexual and reproductive health services in seven languages: English, French, Arabic, Georgian, Albanian, Spanish and Portuguese.

The IFPA has a long track record of highlighting issues in relation to sexual and reproductive health and asylum – including in relation to access to abortion services outside the State –

with policy makers and international human rights bodies. In response to the Committee's call for information on what can be done in the short to medium term to improve the welfare and conditions of people living in the direct provision system, the IFPA makes the following observations and recommendations with respect to the sexual and reproductive health and rights of asylum seekers.

Sexual and reproductive health needs of women and girls in direct provision

Sexual and reproductive health and rights are integral to individual health and well-being. Physical and mental health are closely interlinked and there is substantial overlap between mental health and reproductive health in particular.[3] Inadequate access to quality sexual and reproductive healthcare can cause harms to the physical and mental health and well-being of women, girls and families arriving in Ireland seeking international protection. Reproductive life events such as a lack of choice in reproductive decisions, unintended pregnancy, unsafe abortion, sexually transmitted infections, infertility and pregnancy complications such as miscarriage can all contribute to poor mental health and well-being.[4]

The IFPA is deeply concerned about the harms caused by inadequate sexual and reproductive health services to the physical and mental health and well-being of women, girls and families who are living in direct provision. A combination of factors makes accessing services and information particularly difficult for these groups. Migrant women in Ireland experience a number of barriers in accessing healthcare. Research indicates that a woman's legal status has strong bearing on her access to and use of health services.[5] Additional access barriers include lack of knowledge about health services, cost, and language difficulties. Migrant women also report a need for greater awareness and expression of cultural sensitivity amongst healthcare professionals and a need to pay more attention to language and communication difficulties that patients from migrant backgrounds might experience.[6] For asylum-seeking women, the isolation of direct provision centres from the wider community can mean that the physical location of health services is an additional access barrier.

Women and girls may live in direct provision during significant periods of their life course, during which time access to quality sexual and reproductive healthcare and information is of critical importance to their physical and mental health and well-being. Many women and girls go through the international protection process during some of the most critical years of their reproductive lives, including the onset of puberty, first sexual experience, short and long-term relationships, marriage, and pregnancy. It is critical that women and girls of reproductive age have the information and means to protect themselves from unplanned pregnancy and sexually transmitted diseases (STIs), and to control their fertility and plan the number and spacing of their children.

The experience of IFPA staff in their outreach activities to direct provision centres is that significant gaps remain in terms of awareness about and access to sexual and reproductive healthcare amongst the asylum-seeking population. In our experience, women living in direct provision are frequently unaware of: free screening programmes such as CervicalCheck and BreastCheck; the availability of abortion services and different methods of long-term contraception; and where and how to seek treatment for sexually transmitted infections and

issues relating to menopause, fertility and menstruation. To further illustrate these issues, we highlight below some key areas of sexual and reproductive health where the needs of asylum-seeking women are not being met.

Abortion care

Prior to the repeal of the Eighth Amendment, the IFPA knew from our services of women who were pregnant, and had made a decision that they could not continue the pregnancy, but were unable in spite of all their efforts to access abortion services outside the State. We know of women who attempted to gain entry to another state without a visa and were refused entry, women who resorted to illegal and potentially unsafe methods to end the pregnancy, and women who were forced to parent against their will. Despite significant abortion law reform in 2018, this will still be the case for asylum-seeking women who fall outside the new legislative framework. Even for asylum-seeking women who are legally eligible for abortion services, the IFPA remains concerned that care pathways are not clear, may be unduly burdensome and involve infringement of women's dignity and privacy.

Abortion services became available free of charge in Ireland in January 2019. Women can access early medical abortion (abortion using medication) from a general practitioner or specialist reproductive healthcare provider such as the IFPA up to 9 weeks and 6 days of pregnancy. This model of care involves home self-management of medical abortion. The IFPA is concerned that the living conditions in direct provision centres are not appropriate to enable a woman to go through a medical abortion in a manner that respects her dignity and privacy. Many women are sharing one room with their partner and children; others share a bedroom with strangers. Many have access only to shared bathroom facilities. This is not an appropriate or acceptable environment for a woman to experience cramping and bleeding over several hours. While the direct provision system remains in place, women in these situations must have access to a care facility where they can go through a medical abortion with dignity. At all times, the woman's choice as to whether she remains in her accommodation or is admitted to a care facility should be respected.

Women seeking access to abortion between 10 and 12 weeks of pregnancy and women who make the decision to end a pregnancy due to a fatal foetal anomaly or because of a risk of serious harm to her health or a risk to her life can only be treated in a hospital setting. Only 10 of Ireland's 19 maternity units are currently providing the full range of legal abortion services. The remote location of many direct provision centres may make travel to these hospitals challenging for women. For women seeking abortion between 10 and 12 weeks of pregnancy, the pathway can be particularly cumbersome and involve significant travel between different service providers (e.g. initial consultation with community provider, referral to ultrasound scanning provider, second consultation with hospital-based provider). Women must also endure a mandatory waiting period of three days, regardless of how close they are to the 12-week gestational limit for legal abortion services. Asylum-seeking women are among a cohort of vulnerable people who will face the most challenges in navigating the abortion service due to issues such as geographical isolation, language barriers and lack of familiarity with the Irish health system.

There is no care pathway for women who wish to end a pregnancy that exceeds 12 weeks but does not pose a risk to her life or of serious harm to her health and does not involve a diagnosis of fatal foetal anomaly. Doctors can refer their patients to abortion care providers in other jurisdictions, however referral in this context may be outside the scope of practice and experience of community providers. Furthermore, all treatment and travel costs for abortion services abroad must be covered by the patient themselves. The uncertain legal status of asylum-seeking women, coupled with the restrictions on their right to work and the low level of the weekly allowance for people in direct provision mean a woman's ability to travel abroad for abortion care if she is not eligible under the law is severely restricted – these barriers may be insurmountable for some women who will be forced to either seek abortion illegally in Ireland or parent against their will.

Contraceptive care

We know from our services that some women and couples who wish to limit their family size, often in the interests of the wellbeing of their children, have been unable to do so. Having access to contraceptive methods at a location and time that meets the needs of women is vital to minimising the risks and consequences of unplanned pregnancies. However, in 2012 research by the Crisis Pregnancy Programme (CPP) highlighted that some migrant women still experience problems accessing contraception. This is due to cost, lack of information, problems with changing GPs or a refusal to prescribe contraception. The women consulted by the CPP felt that the Irish health care system does not fully meet their needs, either because they do not know about the services available or how to access them.[7]

In response to concerns raised with us by asylum-seeking women about the lack of access to and information about contraception, the IFPA has sourced free condoms and sachets of lubricant from the HSE National Condom Distribution Service for distribution during sexual and reproductive health outreach. However, this is only a stopgap measure and those living in direct provision require access to a choice of contraceptive methods. Several women have asked if the IFPA can provide female condoms free of charge. These are not currently available through the HSE distribution service.

Furthermore, it is crucial that women living in direct provision have a choice of healthcare provider, including access to a female healthcare provider. For some women, receiving sexual and reproductive healthcare from a male will be culturally inappropriate and may deter women from seeking care. Women may be reluctant to express problems, ask questions or consent to physical examinations such as insertion of an intrauterine device (IUD) with a male healthcare provider.

FGM treatment

The IFPA provides a free FGM Treatment Service in its Dublin city centre clinic, delivering medical and psychological care to women who have experienced FGM. We are concerned that women in the direct provision system who have been subjected to FGM are unaware that a free treatment service is available in Ireland, including referral to secondary care for deinfibulation when required. Risk of FGM must be incorporated into the general medical

history intake process and clinical staff should receive training in order to be able to recognise FGM and provide appropriate care or referral.

For asylum-seeking women who attend the IFPA for counselling services, poor conditions in direct provision accommodation centres are a consistent theme. These difficulties include the lack of privacy associated with living alongside strangers in cramped conditions, noise pollution, poor diet and nutrition, lack of control over their own lives, marginalisation from broader society, social isolation, and uncertainties relating to the asylum-seeking process, the latter being a particular stressor. There are childcare issues for women in direct provision who wish to access counselling support, particularly if they are travelling from outside Dublin. IFPA clients on several occasions have had to bring small children with them to appointments because they had no other option. Some clients who have travelled from direct provision centres outside Dublin to attend the FGM Treatment Service have encountered difficulties with local social protection offices when seeking an Exceptional Needs Payment to cover transport costs. This has been particularly challenging for clients attending repeat appointments. We know of women who have been forced to cancel appointments on several occasions due to their inability to pay for public transport. In the absence of decentralised FGM treatment services, there must be protocols in place to ensure that any woman who wishes to access the Dublin clinic is supported in doing so.

Additionally, a number of serious issues have been brought to the attention of IFPA staff either through counselling sessions or outreach work. These included heating not being turned on in communal areas unless non-residents were in the centre and the withdrawal of certain food items from the menu with the explanation from management that they were “too expensive”.

Recommendations

The IFPA is of the view that the provision of sexual and reproductive healthcare to people in direct provision falls short of the right to health requirements of accessibility and acceptability of health information and services. We believe that it is not possible to realise the reproductive rights of asylum seekers in this environment. Furthermore, the IFPA is cognisant of the testimonies of asylum seekers[8] and the evidence provided by non-governmental organisations[9] which make it clear that direct provision marginalises and isolates a vulnerable cohort, depriving them of privacy, dignity and the ability to make basic choices and decisions about their lives. The IFPA therefore supports calls for the abolition of the direct provision system.

In the interim, the IFPA reiterates below many of its 2015 recommendations to the Working Group on the Protection Process,[10] which have not been implemented. We also make additional recommendations in the context of the new legal framework with respect to abortion services.

- Accessible sexual and reproductive health information should be developed and disseminated to people seeking asylum in a number of languages and formats.
- Clear care pathways and protocols must be established for asylum-seeking women who wish to access termination of pregnancy services to ensure they are not denied

access to care due to geographical, linguistic or other barriers. This includes women seeking access to abortion up to 12 weeks of pregnancy, in situations of fatal foetal anomaly and where there is a risk to the pregnant woman's life or of serious harm to her health.

- Clear care pathways and protocols must be established for asylum-seeking women who are ineligible for abortion services under the Health (Regulation of Termination of Pregnancy) Act 2018 and must travel abroad to access care.
- Ensure choice of healthcare providers for asylum seekers, including access to a female healthcare provider. Healthcare providers who are assigned to direct provision centres should receive training on interpersonal and intercultural communication, including working with interpreters.
- Protocols in relation to dispersal to accommodation centres around the country should include procedures for referral, with a person's consent, to a new healthcare provider. Such referral must respect a person's right to a choice of healthcare provider and their rights to confidentiality and privacy. The onward referral and transfer of medical records should be done with the consent of the person.
- A confidentiality protocol should be in place in direct provision centres to prevent the disclosure of any personal information of asylum seekers, unless patient consent is provided. To prevent inappropriate disclosure, consent to any transfer of patient information should be obtained.
- Asylum seekers should be provided with information explicitly assuring them that all services provided are confidential; that accessing health services will not impact on their asylum application and that their health status is not relevant to their asylum claim.
- Work practices within reception centres should ensure people's privacy is respected, particularly with regard to correspondence. A privacy protocol should be in place in all direct provision centres and all working staff should receive training in its implementation.

References

[1] Irish Family Planning Association (2009) *Sexual Health & Asylum: Handbook for People Working with Women Seeking Asylum in Ireland*. Available at: https://www.ifpa.ie/sites/default/files/documents/media/publications/sexual_health_and_asylum_handbook.pdf

[2] See here for more information on the FGM Treatment Service: https://www.ifpa.ie/get-care/free-fgm-treatment-service/

[3] World Health Organization/UNFPA (2009*) Mental health aspects of women's reproductive health: A global review of the literature*. Available at: https://apps.who.int/iris/handle/10665/43846

[4] *Ibid*

[5] Crisis Pregnancy Programme Report No. 25 (2012) *Attitudes to Fertility, Sexual Health and Motherhood amongst a Sample of Non-Irish National Minority Ethnic Women Living in Ireland*, 106. Available at: https://www.sexualwellbeing.ie/for-professionals/research/research-reports/migrant-women-report_.pdf

[6] *Ibid*

[7] *Ibid*

[8] Movement of Asylum Seekers in Ireland (2019) *Opening Statement to the Oireachtas Committee on Justice and Equality*. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_justice_and_equality/submi

ssions/2019/2019-05-29_opening-statement-mr-lucky-khambule-group-coordinator-movement-of-asylum-seekers-in-ireland-masi_en.pdf

[9] Irish Refugee Council (2019) *Opening Statement to the Oireachtas Committee on Justice and Equality*. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_justice_and_equality/submissions/2019/2019-05-29_opening-statement-nick-henderson-chief-executive-officer-irish-refugee-council_en.pdf

[10] Irish Family Planning Association (2015) *Submission to the Working Group on the Protection Process*. Available at: https://www.ifpa.ie/sites/default/files/documents/submissions/ifpa_submission_to_direct_provision_wg_march_2015.pdf