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# PRO LIFE CAMPAIGN PRE-BUDGET SUBMISSION 2021





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## INTRODUCTION

This submission is made on behalf of the Pro Life Campaign (PLC). The PLC is a non-denominational human rights organisation, drawing its support from a cross-section of Irish society. The PLC promotes pro-life education and defends human life at all stages, from conception to natural death. It also campaigns for resources to support and assist pregnant women and those in need of healing after abortion.

In the course of its work in the monitoring and advancement of human rights law in Ireland, the PLC seeks at all times to ensure that the dignity and innate worth of every human being in Irish society is recognised and defended, regardless of age, creed, ability or social standing. We have been to the forefront of contributing to the ongoing debate on the human rights of all members of Irish society for over 30 years.

The PLC makes this submission in response to the annual invitation by the Department of Finance for submissions from interested parties, and as part of the continuing work of the PLC to seek improved supports and resources for those members of Irish society who may be facing challenges relating to unplanned or difficult pregnancies.

We note the Government's intention that the Budget will focus on assisting the economy in light of the threats caused by COVID-19 and Brexit, and that other measures will be targeted at three other areas - health, housing and climate change.

Most of our recommendations relate to health and housing. In particular, the PLC believes that the budget must take account of the following key areas:

- Women in unplanned pregnancy
- Women dealing with homelessness in pregnancy
- Improved family benefits, paternity/maternity entitlements
- The provision of palliative care
- Young mothers and student mothers





## POSITIVE ALTERNATIVES FOR WOMEN



### ALTERNATIVES TO ABORTION

For too many women, abortion is the only option presented to them when they face an unplanned pregnancy.

For decades, the PLC has called for increased supports for women in the forms of intervention through counselling, financial supports and assistance to other alternatives such as adoption. Interventions in these areas from 2002 onwards saw a substantial decline in the numbers travelling to England for abortions, falling from approximately 6,000 per annum at that time to around 3,500 in recent years.

In advance of the 2018 referendum, we called for investment in this area to be redoubled so that the number of abortions could be reduced even further. Instead, legislation which allowed abortion on demand was introduced in 2018. In 2019, the first full year of this legislation, a total of 6,666 lives were ended by abortion, a huge increase on the number of abortions in recent years.

This is a tragedy for Irish women and for Irish society. These huge numbers can only be reduced by a concerted investment in counselling and providing women with alternatives to abortion.

The HSE claim to offer services including a freephone line, webchat, information on what to expect at unplanned pregnancy counselling sessions, how to use recognised counselling agencies. These claim to be non-directive and non-judgemental, however at least nine of the agencies counselling agencies which the HSE refer women to are pro-choice organisations.

It is in the State's interest that the number of abortions should be as low as possible. As such, women need positive options presented to them at the earliest possible stage.

### ABORTION REGRET AND PERINATAL MENTAL HEALTH CARE

The huge increase in the number of abortions has inevitably led to a surge of post-abortion trauma and grief, an internationally recognised effect of abortion on women, the existence of which is disputed by politicians and pro-choice campaigners in Ireland. Last year, a clinic in Cork recorded a 50% increase in demand for counselling post-abortion.<sup>1</sup>

The State should be supporting organisations such as Women Hurt, who provide vital support in assisting women who are afflicted with post abortion-trauma and regret.

Particular focus needs to be given to issues surrounding antenatal and perinatal mental health care, arising from the diagnosis of a life-limiting condition for the baby in the womb which can lead to significant grief and mental health difficulties for parents.

The Programme for Government includes a commitment to continue to resource the national roll out of the model care for Specialist Perinatal Mental Health, and to expand mental health supports to both parents and parents of adopted children. We welcome this and call for these commitments to be progressed in the Budget.

### RECOMMENDATIONS

We reiterate our call for increased investment in non-directive counselling and alternative options for women in crisis pregnancy which allow them to see abortion as a last resort, and not the default option.

We reiterate our support for the HSE National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death. There needs to be continued ring-fenced funding to ensure the full use of these Standards.

We urge the Government to provide funding to organisations which provide vital assistance at a traumatic point in the lives of parents and their children. Groups such as One Day More and Every Life Counts are already providing enormous assistance to the Department of Health by supporting families in times of grief and loss.

The Government should continue to resource the national roll out of the model care for Specialist Perinatal Mental Health, and to expand mental health supports to both biological and adoptive parents.

<sup>1</sup><https://www.irishtimes.com/news/ireland/irish-news/cork-clinic-records-50-increase-in-women-seeking-counselling-after-pregnancy-termination-1.4367430>



## PREGNANT WOMEN DEALING WITH HOMELESSNESS

### HOMELESSNESS

In its submission to the National Strategy for Women and Girls, the PLC noted the crisis of homelessness in Irish society as it affected women. In particular, homelessness of women during pregnancy has not been addressed in any meaningful way despite the alarm being raised many years ago about the major escalation in the number of pregnant women experiencing homelessness.<sup>2</sup>

While the overall homelessness crisis may have abated marginally during 2020, with overall homelessness falling by about 10%, the overall numbers are still shocking. Accordingly to the August 2020 Report from the Department of Housing, Planning and Local Government, a total of 6082 were homeless for the last week of August, of which 2,154 were women. 1,120 families are homeless, over half of which are single-parent families.<sup>3</sup> These figures may not include the 'hidden homeless', which includes women and children staying in domestic violence refuges, or women who are sleeping rough.

Anew, an organisation which provides support to pregnant women with specific housing and welfare issues, have pointed out that there is no specific data collection method to count the numbers of women who are pregnant and homeless.<sup>4</sup>



### DOMESTIC VIOLENCE

We also reiterate a call we made in our Budget 2018 submission in relation to the connection between domestic violence and homelessness.

The Programme for Government commits to implementing "a plan for future refuge space on the publication of a review of domestic violence accommodation provision".<sup>5</sup> This commitment needs to be urgently progressed in the interests of women in crisis, and in particular pregnant women who face homelessness due to domestic violence. Through our work, we know that the serious problems in this area have been greatly exacerbated by the COVID-19 crisis. Evidence has long suggested that homelessness remains linked to the problem of domestic violence perpetuated against women which increases the need to ensure that funding cuts to refuge provision or other support services are halted immediately in order to avoid a "trickle down" effect into housing.

### RECOMMENDATIONS

We are calling on the Government to:-

Establish a dedicated inter-departmental unit which will prioritise the care of homeless pregnant women and their families as well as the reversal of capital funding cuts to existing refuge providers.

Develop a means of quickly identifying women who are homeless and pregnant, to allow intervention at the earliest possible stage.

Provide funding for organisations such as Anew who directly assist pregnant women who are homeless

Urgently progress the Programme for Government commitment to expand services for pregnant and post-natal women affected by substance use and their children.

<sup>2</sup><https://www.rte.ie/news/2015/0722/716378-homeless-pregnant-women/>

<sup>3</sup>[https://www.housing.gov.ie/sites/default/files/publications/files/homeless\\_report\\_-\\_august\\_2020.pdf](https://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_august_2020.pdf)

<sup>4</sup><http://anew.ie/index.php/housing-homelessness/>

<sup>5</sup>Programme for Government, at page 98. [https://www.finegael.ie/app/uploads/2020/06/ProgrammeforGovernment\\_Final\\_16.06.20-1.pdf](https://www.finegael.ie/app/uploads/2020/06/ProgrammeforGovernment_Final_16.06.20-1.pdf)

<sup>6</sup><https://www.rte.ie/news/ireland/2019/1202/1096421-addiction-babies/>

### DRUG AND ALCOHOL ADDICTION

Drug and alcohol addiction are also a problems facing young mothers, with the result that at least 110 babies have been born each year for the last 5 years who are either addicted to drugs or have had their health seriously compromised by alcohol or drugs.<sup>6</sup>

The Programme for Government makes commitments to address the fact that women face barriers to accessing treatment for addiction, and to expand service for pregnant and post-natal women affected by substance abuse. We welcome these commitments and call for them to be urgently addressed.



## A NEW DEAL FOR PARENTS

### MATERNITY AND PATERNITY LEAVE

Research published earlier this year shows that birth rates continue to fall internationally, with many countries facing a demographic crisis in the years to come.<sup>7</sup> In Ireland, our birth rate is still comparatively high, but is still below replacement rate and is continuing to fall.

Against this backdrop, Ireland needs to begin to think of ways to help parents to feel that society values them and their children. Financial considerations should not act as a bar towards building a family.

In Ireland, maternity benefit is available at full rate is €245 a week for 26 weeks. While this still substantially exceeds the OECD average, which is just over 18 weeks, it compares poorly with many other countries. In the UK mothers can take up to nine months paid maternity leave.

In terms of payment level, our system doesn't compare favourably by international standards, and is less generous than that of most other OECD countries. The OECD report on Parental Leave Systems<sup>8</sup> has found that the majority of OECD countries provide payments that replace over 50% of previous earnings, with 13 OECD countries offering a mother on average earnings full compensation across maternity leave. Payment rates are lowest in Ireland and the United Kingdom, where less than one-third of gross average earnings are replaced by the maternity benefit.

In Ireland, fathers are entitled to two weeks paid paternity leave. On average, OECD countries offer eight weeks of paid paternity leave. At least 20 OECD countries offer better paternity leave entitlements than Ireland.

The Government should begin to address this deficit, and strive to make Ireland one of the best countries in Europe in which to have children.



### ONE PARENT FAMILIES

CSO figures for 2019 indicate high levels of "enforced deprivation" in one-parent households with children under 18, which means that the household experiences two or more of a list of 11 indicators of deprivation listed by the CSO.<sup>9</sup> The 2019 survey found that 45% of one parent families fell into this category.

At present, the One-Parent Family Payment is €203 per week, plus the rate for any qualifying children, with a cut of age of seven applying in most cases. In view of the particular needs of this group, as highlighted by the CSO, the Government should try to improve these rates to the extent possible, while remaining conscious of the need to avoid the creation of welfare traps for these families.

### CHILD BENEFIT

The financial costs of child-rearing do not begin at birth, and in fact begin almost from the moment a mother learns she is pregnant. The costs of rearing children are also more acute in the early years of a child's life.

For that reason, the PLC believes that Ireland is long past the point at which we should consider extending child benefit so that payments begin before birth, and applying increased rates in the early years of a child's life.

### RECOMMENDATIONS

Notwithstanding the economic challenges brought about by COVID-19, Ireland is a developed country and should strive to offer gold standard benefits to parents and families.

To that end, the PLC is calling on the Government to:-

Increase paid maternity leave by six weeks, to bring it more in line with other developed countries, and an increase in the weekly payment.

Increase paid paternity leave by six weeks in duration and increase the payment in line with the increase to maternity benefit.

Provide maternity and paternity benefits tax-free, which would again improve our relative standing in comparison with many OECD countries. At present, these benefits are taxable.

Increase the One-Parent Family Payment to address the particular levels of poverty which exist among one-parent households.

Extend child benefit to begin payments during pregnancy, and increase rates for the first three years of each child's life.

<sup>7</sup><https://www.bbc.com/news/health-53409521>

<sup>8</sup>Last updated in August 2019

<sup>9</sup><https://www.cso.ie/en/releasesandpublications/ep/p-smdep/surveyonincomeandlivingconditionssilcenedforceddeprivation2019/introductionandsummaryofmainfindings/>



## INVEST IN PALLIATIVE CARE – NOT EUTHANASIA

The PLC is very concerned at the recent emergence of euthanasia on the political agenda once again. The timing of this, in the middle of the COVID-19 pandemic where so many chronically ill and elderly people have seen their standard of their lives deteriorate, is deeply questionable.

The recent suggestion by the Government that the matter should be referred to a special Oireachtas committee suggests that the coalition has no principled opposition to euthanasia. This proposal is particularly curious given that the Oireachtas Committee on Justice already examined this issue in 2018 and compiled a comprehensive report into the issue. It found that there was no political consensus to legislate for euthanasia, and very strong opposition to the proposal among representative groups of doctors and those working in palliative care.<sup>10</sup> The Irish Palliative Medicine Consultants Association has recently reiterated its opposition to the proposals.

Instead of focussing on ending lives, the Government should be doing everything it can to allow people to live as well as they can, for as long as they can, through increased provision for palliative care.

Ireland is an outlier in Europe, in that it does not have any specific statutory framework in relation to palliative care. 76% of European countries include palliative care as a mandatory service, as a right of the patient, or even as a human right.<sup>11</sup>

The Programme for government makes a number of commitments in relation to end of life care, including an increase in the number of specialist palliative care beds, and hospice coverage of every region of the country, and increased provision for children's palliative care. These commitments are most welcome, but there is much more to be done to assist those at the end of their lives, and to recognise the role of private providers and volunteers who are heavily involved in the provision of palliative care in Ireland.



### RECOMMENDATIONS

We support the position of the Irish Hospice Foundation that the Government should adopt a “whole of government” approach to end of life care. This would take into account the best models of healthcare, including the Palliative Care Services Model of Care. Such a strategy would be supported by all government departments and all agencies of state.

We support calls for a statutory home care scheme, to assist those who want to live the remainder of their lives at home to do so. This would involve providing for discharge from hospital for patients as they reach the end of their lives, and a structured system of support from GPs, public health nurses and other health care providers to assist and provide end of life care.

A new national approach should also place a particular focus on nursing homes, and a sustained effort to improve the end of life and palliative care offerings in these environments.

A national strategy of investment should acknowledge that the needs of those at the end of their lives extend beyond their medical needs. Their financial, psychosocial, and spiritual needs should also be supported, in line with their own particular circumstances.

We also call for a particular focus on the needs of care-givers, particularly those drawn from the family of the person who is terminally ill. Specific funding for appropriate training should be ring-fenced for this group.

## SUPPORTING YOUNG MOTHERS AND STUDENT MOTHERS



The PLC has long called for greater provision of subsidised childcare places for parents in second and third level education. We reiterate those calls.

It is in the interests of society that young parents should not be compelled to interrupt or end their education owing to their parental responsibilities. By assisting them during their education we can enable them to do better in life for themselves and for their children.

In particular, there needs to be additional support for the Teen Parents Support Programme (TPSP), which operates in 11 locations across the country. Sufficient funding in this area will help ensure that students are not prevented from achieving their educational goals due to a lack of assistance. At present, however, many teenage parents do not have access to the TPSP, and a large area comprising counties Mayo, Sligo, Leitrim Roscommon and Longford appears to have little or no coverage from this programme.

### RECOMMENDATIONS

We are calling on the Government to:-

A significant increase in subsidised childcare places for parents in second and third level education.

Increased support for the TPSP in regions such as the West which would allow all teenagers across all areas of the country the country to access the service

<sup>10</sup>[https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint\\_committee\\_on\\_justice\\_and\\_equality/reports/2018/2018-06-25\\_report-on-the-right-to-die-with-dignity\\_en.pdf](https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_justice_and_equality/reports/2018/2018-06-25_report-on-the-right-to-die-with-dignity_en.pdf)

<sup>11</sup>European Association of Palliative Care, EAPC Atlas 2019, p. 57 [https://www.eapcnet.eu/Portals/0/PDFs/Atlas%20Europa%202019\\_DEF.pdf](https://www.eapcnet.eu/Portals/0/PDFs/Atlas%20Europa%202019_DEF.pdf)

## CONCLUSION

2020 has been an incredibly difficult year for Ireland.

Thousands of families have lost love ones or have seen their livelihoods evaporate as a result of COVID-19 pandemic. The elderly in particular have had their lives upended, but vulnerable women and children are also at risk of being badly affected by the COVID fallout, without strong intervention by the Government.

The Budget should do all it can to restart the economy, while at the same time doing as much as possible to protect and vindicate the dignity of the women, children, unborn children, and the elderly.

We believe that the recommendations contained in this Pre-Budget Submission will go some way to achieving these aims, and we call on the Government to do all it can to implement them.

**Pro Life Campaign**

September 2020