

I am writing in response to the Call for Evidence from the Health Committee of the Northern Ireland Assembly in relation to the Abortion Services (Safe Access Zones) Bill that has been introduced by Clare Bailey MLA.

I am the former Northern Ireland Director of the Royal College of Midwives, which is the professional organisation and trade union for midwives in the UK. I have had a very long standing professional interest in the provision of sexual and reproductive health care services in NI and as a trade union representative, an interest also in supporting the health and safety of HSC staff in their place of work.

This response is written in a personal capacity, however I feel that the experience that I have gained during thirty years of working with both women seeking access to abortion services and those with a professional responsibility to ensure access to those services, may be helpful to the Committee during its deliberations.

My office in Belfast was very close to the Marie Stopes clinic and I have personally witnessed, on a number of occasions, the intimidatory tactics used by protesters to deter, or indeed prevent, women from entering the multi-occupancy building within which the clinic was situated. These protestors would not have known whether women were trying to access abortion services, other healthcare services provided by BUPA which was also located within the same building, or even just women going into their place of work in another office in the building. I have seen women reduced to tears, I have seen other women dash into the road heedless of the traffic and I have both seen and heard women being pursued down a very busy pavement with protestors shouting at them 'not to kill their baby'. I have witnessed very graphic leaflets and pamphlets being forced into women's pockets or handbags without their consent.

These tactics were not confined to the Marie Stopes clinic however. My own office (again in a multi-occupancy building) has also suffered from similar behaviour, with women working in the building having to run the gauntlet of protestors outside the front door holding very gruesome images. Like many such office buildings in Belfast city centre, many of those entering the building were women, each with their own personal history which may have included loss or bereavement, or indeed an abortion at some stage in their lives.

The protestors are generally well acquainted with Northern Ireland's harassment legislation which has resulted in an inability for criminal cases to be pursued, so I feel that this Bill is both timely and necessary if women and those who care for them are to be protected from harassment when abortion services are fully and formally commissioned in Northern Ireland.

I note the Assembly debate and the outcome of the Second Reading of this Bill on 12th October 2021 when 58 members of the Assembly voted to progress the Bill with only 29 opposed to this course of action and am heartened by the support of MLAs for the implementation of the provisions contained within this Bill.

As requested by the Committee this submission is structured to address the specific clauses and schedules of the Bill.

Overview

I agree with the overview of the Bill

Premises where abortion treatments are carried out

I agree with the definition of 'protected premises'.

Premises where information, advice or counselling about abortion treatments are provided

I agree with the provisions of Conditions 1, 2, and 3 and also with subsection (5).

Protected persons

I agree with the definition of a 'Protected Person', especially the recognition that this must include those 'working in, or providing services to, the protected premises'.

I would further suggest that employers of staff working in protected premises must be obliged to carry out a full risk assessment to determine whether the designation of a workplace as a 'protected premise' is sufficient in itself to meet their obligation to provide for the health, safety and welfare at work of their staff as other measures (such as security personnel or CCTV) may also be required.

Safe access zone

I agree with the definition of a Safe Access Zone as described in Section 5, but would suggest that appropriate signage is displayed both inside and outside of the premises to ensure that those using the services provided in these premises, as well as those seeking to obstruct them from accessing services, are made aware of the area covered by the Safe Access Zone.

Offences in respect of a safe access zone

I agree with the provisions of Section 6, and in particular the recognition that the sanctions described in subsection (5) should be applied both to those who intentionally contravene the provisions of the Bill and to those who are reckless as to the effect of their actions.

I particularly support the proposal in subsection (3) that it will be an offence to record a protected person who is within a Safe Access Zone. This will provide reassurance to both service users and staff that their confidentiality will not be breached by those seeking to dissuade them from accessing or providing vital healthcare services.

The defence provided for in subsection (4) reinforces the argument that clear and appropriate signage must be provided for both service users to ensure that they know they have a legal right not to be subjected to harassment within the area covered by the Safe Access Zone, but also to ensure that those who wish to protest or demonstrate are also aware of their obligation not to do so within the confines of the Zone.

When an area has been designated as a Safe Access Zone, it would be helpful for the Department of Health to directly notify those organisations that regularly carry out such protests that a Safe Access Zone is now in place and remind them of the sanctions that may be imposed if their members breach the provisions of the Bill.

Enforcement of safe access zone by a constable

I agree with the provisions of Section 7.

Procedure for designating a safe access zone

I agree with the provisions of Section 8 and would suggest that the relevant professional organisations and trade unions should be included in those to be consulted in subsection 3(d). The lived experience of those working in a challenging environment is likely to be extremely valuable to both their employers and those tasked with policing the Safe Access Zone.

With regard to the requirement at subsection (6) that the Department must publish the extent of the Safe Access Zone, I would refer you to my comments in respect to the need for clear and appropriate signage and also the need to be proactive in informing organisations representing those who wish to protest, of the introduction of the new legislation.

Exercise of functions

I agree with the provisions of Section 9 which recognises both the right of service users and staff to be protected from harassment, and also the right to peaceful protest. I feel that the establishment of Safe Access Zones is a sensible way to balance what may often be seen as competing rights.

Monitoring of effectiveness of safe access zones

I agree with the need to monitor the effectiveness of the introduction of Safe Access Zones – this can be built into the Commissioning Framework for abortion services with a need for HSC Trusts and other operators to demonstrate both their compliance with the legislation and also the efficacy of the measures put in place.

Interpretation, Commencement, Short title

I have no comments on these sections.

Explanatory and Financial Memorandum

I note the contents of the Memorandum and would comment that in respect to the financial effects of the Bill, costs may be incurred by the Department of Health in relation to the establishment and review of Safe Access Zones.

Given that there are likely to be legal challenges to the establishment of Safe Access Zones, costs may also be incurred in responding to these challenges. It should be borne in mind however that such costs must be balanced against the potential costs of legal action being taken by a woman who has been denied safe access to an aspect of healthcare to which she is lawfully entitled and also of any action being taken by any staff member who suffers from an adverse impact on their mental or physical health as a consequence of repeated harassment while at work.