

SECTION 5

**MARITAL STATUS,
EQUALITY & HUMAN RIGHTS:**

**ACCESS TO HEALTH AND SOCIAL
SERVICES IN
NORTHERN IRELAND**

**Literature Review-
Equality & Human
Rights: Access to Health
and Social Services in
Northern Ireland**

Marital Status, Equality and Human Rights: Access to Health and Social Services in Northern Ireland

Public authorities in Northern Ireland have a statutory duty under Section 75 of the Northern Ireland Act 1998 to have due regard to the need to promote equality of opportunity between persons of different marital status. Examples of groups falling within the marital status category include married and unmarried people, divorced or separated people and those who are widowed⁵².

The extent to which the “marital status” category adequately reflects the changing nature of domestic partnership arrangements in Northern Ireland is a matter of some debate. The Office of Law Reform consultation paper on civil partnerships for same-sex couples states that, “the status of civil partner is not a marital status. It is a completely new legal status” (2003:66). An analysis of the responses to the consultation demonstrated that many of those who supported civil partnerships were strongly in favour of the inclusion of the category within, or on par, with the category of “marital status” (2004:8). The circumstances of other domestic relationships such as unmarried opposite sex co-habitants and non-sexually defined domestic arrangements also emerged from the consultation process.

It remains to be seen how, or even if, in the future, same-sex civil partners or other domestic relationships will be defined for Section 75 purposes. Decisions made in regards to this issue may have important implications for equality of opportunity including equality of opportunity in accessing health and social services for groups who perhaps do not fall within the protection of equality legislation.

The purpose of this section is to explore recent literature which identifies barriers to accessing health and social care between persons with different marital status. However, this task is particularly difficult for a number of reasons. Firstly, very little research was uncovered which revealed evidence of direct discrimination on the basis of marital status in terms of *accessing* health and social care. Secondly, because there is often a complex interrelationship between marital status and other factors such as socio-economic status, gender, ethnicity and social

⁵² Equality Commission for Northern Ireland. (2002) Section 75 of NI Act 1998 – Practical Guidance on Equality Impact Assessment.

capital, it is difficult to ascertain the causal relationship between these factors and barriers to health and social care access and utilisation.

Adoption and Fertility Services

Perhaps the most obvious example of restricted access to services based on marital status is in relation to adoption and fertility services. Currently in Northern Ireland only single people and married couples can apply to adopt a child through statutory adoption services. Unmarried partners are not permitted to adopt jointly (only one partner is permitted to adopt whilst the other can apply for a residence order).

The ban on unmarried couples adopting children is a highly controversial issue, particularly in relation to the adoption of children by same-sex couples. Reports by the Joint Committee on Human Rights (2002) and the Northern Ireland Human Rights Commission (2001) have highlighted that the blanket ban on unmarried couples becoming eligible to adopt children would amount to unjustifiable discrimination on the grounds of marital status and could be in violation of Articles 14 (i.e. prohibition of discrimination) and 8 (i.e. the right to respect for private and family life) of the European Convention on Human Rights (ECHR).

The outcome of the proposed review of adoption law in Northern Ireland is likely to have important implications particularly for unmarried co-habiting heterosexual couples and same sex couples in terms of adoption and accessing statutory adoption services.

In regards to fertility services a consultation paper published by the DHSSPS in 2003, *“From People to Parents”*, opened up for discussion the issue of whether access to Artificial Reproductive Techniques (ART) should be available to single individuals or same sex couples. Access to fertility and other reproductive health services is a highly contentious subject which involves a wide range of very significant issues and complex arguments.

Relevant areas under discussion include a debate over the definition of “infertility”, i.e. social vs. medical infertility⁵³ and which

⁵³ Boivin (2002) defines social infertility as situations in which conception is prevented by the person’s social circumstances rather than their medical status. Single women and lesbians for example, could fall within this category.

definition should be used in prioritising the distribution of limited funds for fertility services. Other issues under debate include safeguarding the rights of the child in prioritising need in regards to the eligibility criteria applied for access to fertility services.

The Human Fertilisation and Embryology Act 1990 states that licences will not be granted to institutions to allow certain in vitro fertilisation (IVF) procedures “unless account has been taken of the welfare of any child who may be born as a result of the treatment...including the need of that child to have a father..” A report published on behalf of the Northern Ireland Human Rights Commission argues that this discriminates against lesbians, gay and bisexual men⁵⁴. The report further suggests that this may contravene article 8 in conjunction with article 14 of the ECHR but that this issue remains a matter to be tested in court (NIHRC, 2001:72).

Lone Parents

The 2001 Census figures show that the overwhelming majority (92.2%) of lone parent households in Northern Ireland are headed by lone mothers. As Bergmann (2003:2) suggests, these mothers tend to have time-consuming, energy consuming and money-consuming responsibilities far beyond those of other adults.

It is important to note that lone mothers are not a homogeneous group nor is lone motherhood a static state. This is a very valid point to consider in identifying barriers to accessing health and social services. There are several paths into lone motherhood including separation, divorce, widowhood or childbirth without marriage. Many women may exit and re-enter lone parenthood at many stages throughout their life cycle through reconciliation, marriage and remarriage and separation and divorce (Council of European, Social Cohesion website). Add to this the impact of, for example, age, socio-economic status, ethnicity, educational attainment and so on, and it becomes difficult to establish the cause of inequality in regards to accessing health and social care.

The Council of Europe Social Cohesion website highlights that single-parent families represent a particular challenge for health

⁵⁴ it may also discriminate against single women without partners.

policy and that single-parent family health issues are closely related to the issue of woman's rights, poverty and to long-term unemployment. Therefore, it is clear that whilst the DHSSPS and its associated bodies and agencies have a pivotal role to play in improving the health outcomes and access to health and social care services for lone parent families it is likely that a much wider range of more general inter-Governmental policies aimed at combating poverty, gender inequality and unemployment are needed.

There is very little widely available research in Northern Ireland which looks at the difficulties faced by lone mothers in accessing health and social care. What evidence that is available (mainly GB studies) suggest that poverty and associated factors such as lone mother's lack access to affordable transport and child care can be barriers to accessing health and social care.

A report by the Social Exclusion Unit (Office of the Deputy Prime Minister), for example, highlights the problems that socially excluded groups (such as lone parents) having in making the journey from their home to local health care facilities (Social Exclusion Unit, 2003). Inadequate public transport and lack of specialist transport services are frequently identified as problems by people who have difficulty accessing local services (Hamer, 2004:2). The costs of transport and the lower rates of car ownership in lower income households, such as lone parent households, can adversely impact upon the ability to access services, including health and social care. (Jayaweera & Garcia, 2003:11).

Evidence also appears to suggest that lack of access to childcare and support services may also limit lone mothers access to health and social services. Women in low income families, including lone mothers, often rely on local kinship and friendship networks for help with childcare and escort in regards to the time-consuming and often difficult journeys to hospital using public transport (Greico, 1995 cited in Jayaweera & Garcia, 2003:13). Jayaweera & Garcia (2003) highlight that there is evidence to suggest that low income women forgo hospital appointments because of the cost and inconvenience and highlight that this can have serious consequences for both women and their children.

Further problems low income women experience in accessing health and social care services due to transport difficulties include a lack of co-ordination between bus times and appointment times, complicated journeys to and from hospitals, and the need to obtain flexible childcare services in order to cope with long waiting times in hospital out-patient departments (Jayaweera & Garcia 2003:13).

Where lone mothers, particularly those on low incomes do access services, evidence suggests that they may not always be able to make the most of those services. Jayaweera & Garcia (2003:2) for example, highlight the problems women on low incomes have in meeting the recommendations of maternity and child health care because of the affects of poverty and the subsequent limited access to resources.

The promotion of a healthy diet and the reduction of childhood obesity, for example, is one of the main issues of current public health policies. Evidence suggests, however, that women living on low incomes, especially lone mothers, struggle to provide a balanced healthy diet for both themselves and their children. Research carried out by the Food Commission on behalf of the NCH highlights that lack of money often made it impossible for parents to buy nutritional foods for their children and that in Northern Ireland healthier versions of food cost on average 14% more than unhealthier versions (NCH, 2004:5). Burchett & Seelie (2003:5) in an examination of the diet of pregnant teenagers found that the risk of a seriously inadequate diet during pregnancy was higher for pregnant teenage women who lived alone and had no support from either parents, partners or friends.

There is evidence to suggest that children from lone parent households have lower attendance rates for immunisation and preventative care compared with other children (Fleming & Charlton, 1998 cited in Rowe et al, 2003:16). Access to childcare and the costs or logistical difficulties in travelling to healthcare facilities may again play a significant role in preventing access to immunisation and preventative health care. A review of 197 studies looking at the effectiveness of 17 different strategies for improving the immunisation of children suggests that for all types of immunisation the reduction in out-of-pocket expenses, improvements in access to health care settings, and childcare and school entry requirements can improve access to immunisation services (Sheffer et al, 1998 cited in D'Souza & Garcia, 2003:35).

D'Souza & Garcia (2003:73) propose that strategies based on women's views and evidence from controlled trials need to be developed to target children in groups known to have poor immunisation rates.

Other areas of particular concern in regards to lone mothers are smoking behaviour (especially during pregnancy) and take-up of pre and post natal services (especially amongst young teenage mothers). Evidence also suggests that breastfeeding initiation rates and duration of breastfeeding remain low amongst teenage mothers (D'Souza & Garcia, 2003:17). It may be worthwhile for research to be commissioned to explore how lone mothers, and other women on low incomes in Northern Ireland, access and use services relating to these issues.

Recommendations: Lone Parents

- **Further research is needed to examine the barriers experienced by lone parent families, and other low income families, in accessing health and social services. This should include an exploration of the ways in which restricted access to transport and childcare affects services access and utilisation.**
- **The National Perinatal Epidemiology Unit at Oxford University has published a series of reports relating social inequalities and access to services by women in low income families. It is recommended that the DHSSPS and its associated bodies take note of the findings of these reviews⁵⁵.**

Lone Fathers

As highlighted by Bunting (2001) in the first literature review, the existence and experiences of lone fathers has received a much greater profile in recent years. However, there appears to be a continued lack of widely available research in regards to the

⁵⁵ see http://www.npeu.ox.ac.uk/inequalities/index.php?content=inequalities_care.inc

experience of lone fathers in Northern Ireland, especially in relation to their access to health and social services.

Approximately 8% of lone parent households in Northern Ireland are headed by a lone father (NISRA, 2001). It is important to bear in mind that lone fathers are not a homogeneous group and the interaction of factors such as educational attainment, social class, geographical location, ethnicity and also the availability of family or other support networks can potentially affect service access not only for lone fathers but also for their children. Other factors which may impact upon lone fathers service and access needs may be dependent upon the route to lone fatherhood.

There is a scarcity of research which differentiates between the needs and access issues between lone fathers. Men who become lone fathers through the death of their partner and men who become lone fathers through, for example, the inadequate parenting of the mother may have different needs and experiences in accessing health and social care. Similarly lone fathers with younger children may have different needs and experience different access barriers in comparison to lone fathers with older children. Non-custodial fathers may have different needs and experience different access barriers than custodial fathers. Older lone fathers, younger lone fathers and lone fathers with children with disabilities may also have different experiences. Therefore, there is clearly a need for a greater research focus exploring the variations in experiences between lone fathers.

Research continues to suggest that lone fathers experience a wide range of problems in accessing support and that they tend to remain on the periphery of both mainstream statutory and community-based services particularly those aimed at parents and children (e.g. playgroups, family centres etc) (Ghate et al, 2000). A study on lone fathers by Gingerbread (2001), for example, highlights that childcare is one of the main concerns of lone fathers with more provision and more financial support for childcare being the second and third most important issues that respondents stated they would like the Government to address.

However, effort is now being put into the inclusion of fathers, especially lone fathers, into programmes such as Sure Start and an increasing number of innovative services for men are emerging (Fathers Direct, 2003).

Fathers Direct⁵⁶ (2003) highlight that services designed to help families before they reach crisis point are generally scarce and that help aimed men, especially lone and non-resident fathers, is limited. Breiding-Buss (2000) argues that the situation of lone fathers in regards to access to support services is symptomatic for the lack of support services for fathers in general.

Fathers Direct (2003) stress that the development of more “father friendly” services are required. In order to foster good practice in working with fathers and their families, Fathers Direct has funding from the Family Policy Unit (in the DfES⁵⁷) to develop and disseminate core National Quality Standards for father-friendly services which are of relevance to both statutory and community services. The standards are aimed at stimulating higher standards in service provision to support positive child-father relationships, to reduce variations in service quality and to enhance the capacity of both statutory and voluntary/community agencies in delivering effective father-friendly services. Ten draft principles for father-friendly practice have been identified. The principles include, delivering services in a father-sensitive environment in which services are not exclusively seen as the exclusive territory of the mother and child and the development of flexible services which employ a wide range of approaches in engaging with fathers.

It may be useful for the DHSSPS and its association bodies to monitor the progress of the Fathers Direct consultation and, if not already done so, incorporate some of the principles into health and social service policy and service delivery. This may be of benefit in developing of equality of opportunity for lone fathers and fathers in general.

Young Single Fathers

Research published by the University of Bristol⁵⁸ exploring the experiences of first time fathers aged 17-23, reveals that young men often felt excluded from involvement with ante-natal and post-natal care by health service professionals. The study further suggested that health care professionals often knew little about the fathers, that they did not see fathers as central to their task and

⁵⁶ a national information centre on fatherhood.

⁵⁷ Department for Education and Skills

⁵⁸ Quinton et al, “The Transition to Fatherhood in Young Men”.

that staff often felt that they lacked the skills needed to engage with men. The report also highlights that whilst there was evidence of good practice, in general men tended to be ignored, marginalised or made uncomfortable by services despite their desire for information, advice and inclusion. Very few men had contact with preparatory or advice services even though they had significant worries about aspects of the pregnancy and birth (Youth, Citizenship and Social Change Research Brief, 2002:3).

Recommendations: Lone Fathers

- **Support should be given for more research into the experiences and needs of lone fathers in accessing health and social care in Northern Ireland. This should include identifying the barriers experienced by lone fathers in different circumstances including lone fathers of younger and older children, lone fathers of children with disabilities etc.**
- **The DHSSPS and associated bodies should monitor the progress of the Fathers Direct consultation in relation to the development of National Standards for “father friendly services”.**
- **Lone fathers continue to feel that they are “invisible” and that, in general, their existence and issues are not being acknowledged or addressed (Gingerbread, 2001). More effort is required to raise the profile of lone fathers, particularly young fathers, and to provide lone fathers with information on a wide range of relevant issues (e.g. childcare, benefits, employment rights, parenting issues etc). This should be developed in co-operation with other Departments and Agencies as well as relevant voluntary and community groups.**
- **Additional structural and financial support should be provided to those in the voluntary and community sector who are working with lone fathers.**

Divorce and Separation – Support for Parents and Children

As noted by Bunting (2001) in the first literature review, the marital status of parents can have a profound impact upon their children. A growing body of research has emerged in recent years which is concerned with the effects of separation and divorce on children and young people (Maclean,2004).

Research conducted by Fawcett (2000) argues that support services for children from divorcing and separated families in Northern Ireland tend to be underdeveloped, fragmented and variable from area to area and that services which do exist tend to be adult focused. This appears to be confirmed by Hawthorne et al (2003:74) who suggest that although services for children and young people experiencing separation or divorce have increased in recent years, they are still small in number. Furthermore, their impact upon children and young people may be quite limited. It is recommended that any formal interventions or services need to be child-centred and available to all children and young people on the basis of need rather than on the civil status of their parents (Maclean, 2004).

Developing appropriate services for children and young people requiring professional support as a result of separation or divorce process also has important human rights aspects. For example, Hawthorne et al (2003:3) draw attention to the importance of the European Convention on the Rights of the Child and Article 12 in particular (the child's right to express an opinion and to have that opinion taken into account in any matters or procedures which affect them).

In July 2004 the UK Government published a Green Paper on Parental Separation and Children's Needs for England and Wales. The paper set out a series of proposals aimed at improving the outcomes of children who experience the separation of their parents. The proposals include partnership working between the Government and existing information and advice providers to improve accessibility to support services. Also, improving access to practical and emotional advice on how to resolve or deal with disputes (provision of advice via telephones or websites). This is an inter-Governmental and multi-agency approach to addressing the effects of parental separation. It may of value to the DHSSPS and its associated bodies to take note of the approaches set out in

the paper and explore the role of health and social care providers in providing support to children and families experiencing divorce or separation.

Recommendations: Divorce and Separation – Support for Parents and Children

- **There may be a need to review the support services available to parents and children experiencing separation and divorce and in order to identify unmet needs.**
- **It may be of value for the DHSSPS and associated bodies to take note of the Green Paper for England and Wales entitled “Parental Separation: Children’s Needs and Parents’ Responsibilities” if they have not already done so.**

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