Committee on the Elimination of Discrimination

against Women

Consideration of reports submitted by States parties under article 18 of the Convention pursuant to the simplified reporting procedure

Combined sixth and seventh periodic reports of States parties due in 2016

Ireland\*

[Date received: 16 September 2016]

*Note*: The present document is being issued in English, French and Spanish only.

\* The present document is being issued without formal editing.

Introduction

1. This document, responding to the List of Issues and Questions Prior to Reporting provided by the Committee on the Elimination of Discrimination against Women, comprises the combined sixth and seventh periodic reports of Ireland to the Committee. An Annex of statistical information has been submitted with this report.

2. All relevant Government Departments were involved in preparing material for this report. A draft of the report was circulated to civil society organizations in advance of an all-day working consultation event hosted by the Department of Justice and Equality on 19 July 2016. 106 people registered for the meeting and 73 participants attended. A report of the issues discussed and points raised in subsequent written submissions is published on the website of the Department of Justice and Equality, www.justice.ie.[[1]](#footnote-1)

General

Reply No. 1

Situation of women in Ireland

3. Between 2006 and 2015 the number of females in Ireland increased by over 10 per cent to 2.3458 million, or 50.6 per cent of the total population of 4.635 million. The largest proportional increases were in the age groups 45-64 years and 65 years and above. In the same period, the number of males increased by almost 8 per cent. 1 in 8 women in Ireland has non-Irish nationality. Please see Tables 1 and 2 in the Annex.

Health

4. The 65,909 births recorded in Ireland in 2015 represent an annual birth rate of 14.2 per thousand population (Table 3). This is an increase of 8 per cent on births recorded in 2005. The fertility rate[[2]](#footnote-2) for women in Ireland in 2015 was 1.9, the second highest in the EU. The average age of first-time mothers outside marriage or civil partnership was 28.1 years, compared to 25.1 years in 2005.

5. Between 2006 and 2011, life expectancy at birth increased 1.6 years for males and 1.2 years for females and in the period 2010-2012, was 78.4 years for males and 82.8 years for females (Table 4). Diseases of the circulatory system, followed by cancers, are the most common causes of death for women (Tables 5-6).

Education

6. Girls and women represent 49.5 per cent of all students in full-time education, and 48.7 per cent of first level, 50.3 per cent of second level, and 50.6 per cent of third-level full-time students (Table 7). In the 2014/2015 school year, 131,206 females aged 15-19 years are in full-time education, representing approximately 95 per cent of this age cohort. The rate of early school leaving for girls has fallen from 8.1 per cent in 2008 to 5.4 per cent in 2015.

7. At Leaving Certificate level[[3]](#footnote-3) over half of students taking Chemistry and Biology and a quarter of students taking Physics are female (Table 9). Females and males are entering undergraduate studies in the natural sciences, mathematics and statistics and in business, administration and law in similar numbers (Tables 10-12). 45 per cent of female students enter undergraduate programmes in the fields of arts and humanities and health and welfare, compared to 23 per cent of male students, reflecting the economic sectors in which women predominate (see Table 16).

Employment

8. The participation rate of women in the labour market in 2016 is approximately 53 per cent, while the proportion of women principally engaged in home duties has reduced by over 7 percentage points since 2006. Labour market participation is highest among single women aged 25-34 years, at 79.4 per cent, while for married women of the same age, the rate is 71.8 per cent (Graph 13, tables 14-15).

9. Almost half of all women currently in employment are concentrated in three economic sectors: health, wholesale and retail trade, and education (Table 16).

10. In 2016, 43 per cent of women in employment worked less than 35 hours a week, compared to 13 per cent of men. A further 30 per cent of women work between 35 and 39 hours a week (Table 17).

11. Families avail of formal childcare for 28 per cent of children aged less than 3 years and 89 per cent of children between 3 years and school age (Table 18).

12. Between 2006 and 2011 the gender pay gap in Ireland is estimated to have fallen by 5.5 percentage points to 11.7 per cent. The most recent estimate in 2012 is 14.4 per cent (Table 19).

13. The proportion of women in employment who expect to have a personal pension on retirement (occupational, personal or State pension) increased by over 10 percentage points to 75.2 per cent between 2009 and 2015 (Table 20).

14. The Equality Tribunal and the Workplace Relations Commission has established a significant body of case law on discrimination in employment and access to goods and services (Table 21).

Poverty reduction

15. A national target for poverty reduction has been set. From the 2010 baseline rate of 6.3 per cent, the aim is to reduce consistent poverty[[4]](#footnote-4) to 4 per cent by 2016 and to 2 per cent or less by 2020. *The National Action Plan for Social Inclusion 2007-2016*[[5]](#footnote-5) was recently extended to 2017 and updated to better reflect the current issues and interventions to tackle poverty and social exclusion.

16. Since our last CEDAW Report, Ireland has experienced a period of economic crisis. The comprehensive welfare system has played a central role in protecting those who are unemployed and other vulnerable groups following the economic crisis. A key component of the Government’s welfare policy since 2011 was to maintain the value of core weekly rates of welfare payments. Eligibility to means-tested welfare schemes was not restricted as welfare dependency increased. The current recovery phase has enabled the Government to introduce a range of welfare improvements in 2014 and 2015.

17. 2014 shows the first decrease in the national consistent poverty and basic deprivation rates in the period 2010-14, while the rates for women remain higher than for men. The general increase in at-risk-of-poverty is primarily due to the rise in the at-risk-of poverty income threshold, which in turn reflects an increase in incomes (Table 22).

18. The current strong recovery phase is highlighted by the decrease in the unemployment rate from over 15 per cent in 2012 to 8.3 per cent in July 2016. The social impact assessment of the main welfare and tax measures introduced in 2015 and 2016 shows that the incomes of households in the poorest two quintiles have increased by around 2 per cent. Households containing children have gained the most, including lone parents and those unemployed.

19. Official data for 2014 show that poverty levels have stabilized for the first time following the economic crisis. With further increases in employment and the impact of new welfare measures, it is expected that household incomes and living standards will continue to recover.

Collection and analysis of data to relevant to the Convention

20. Under national and EU law, the Central Statistics Office (CSO) has a formal coordination role across the public service in relation to official statistics. The gathering and use of data for statistical purposes in the Public Service is governed by the *Irish Statistical System Code of Practice for Official Statistics*,[[6]](#footnote-6) published in 2013.

21. Since 2004, the CSO has published nine editions in its *Women and Men in Ireland* series,[[7]](#footnote-7) and the next edition is due in 2017. This report uses 70 indicators to identify the relevant gender differences.

Reply No. 2

Awareness and invocation of Convention rights

22. The general framework within which human rights are promoted at the national level is described in Ireland’s Common Core Document,[[8]](#footnote-8) paragraphs 132‑157. The statutory functions of the Irish Human Rights and Equality Commission (IHREC) include promoting understanding and awareness of the importance of human rights and equality in the State, including in regard to CEDAW and other human rights instruments. Between 1998 and 2014 this function was fulfilled by the Equality Authority. IHREC was established on 1 November 2014 on the merger of the Authority and Human Rights Commission as an independent statutory body to protect and promote human rights and equality in Ireland and build a culture of respect for human rights, equality and intercultural understanding across Irish society.

23. The Citizens Information Board is the statutory body charged with supporting the provision of information, advice and advocacy services on a wide range of public and social services. The Service gives information, advice and signposting to appropriate organizations. Its website[[9]](#footnote-9) carries general information on all forms of discrimination and provides links to relevant legislation and organizations. During 2015, the page on equality in the workplace received over 80,000 page views, the page on disputes about equality and discrimination almost 37,000 and that on IHREC over 10,000.

Gender discrimination cases

24. Complaints of discrimination on the gender ground may be made in the first instance either to the Workplace Relations Commission (WRC) or to the courts. The majority of complaints under equality law have been made to the WRC, while only a handful of cases come before the courts each year.

25. Complaints to the WRC proceed to mediation or adjudication. Mediated settlements are confidential to the parties and are not published. Written decisions are provided and published following adjudication; the parties to the dispute are not identified. The searchable database of decisions[[10]](#footnote-10) contains the outcomes of complaints decided since 1996. Decisions of the WRC are taken under specified legislation, including the Employment Equality and Equal Status Acts, and therefore the question of the Convention being invoked does not arise. Provisions of the Convention are incorporated in Irish law by means of these Acts.

26. A review commissioned by the Equality Authority[[11]](#footnote-11) includes analysis of gender discrimination cases. Between 2005 and 2014, approximately 10 per cent of all complaints to the Equality Tribunal/WRC were referred on the gender ground (Table 21). Of these 775 complaints, 714 related to employment or pensions, and 61 related to the provision of goods and services. The Equality Tribunal/WRC issued 2,140 written decisions between 2005 and 2014, of which 294 related to complaints on the gender ground, 262 under the Employment Equality or Pensions Acts and 32 under the Equal Status Acts. The main issues arising on the gender ground relate to equal pay, access to employment and promotional opportunities, pregnancy discrimination including pregnancy related dismissals, and sexual harassment.

27. Information on CEDAW, its Optional Protocol and the Committee’s General Recommendations is disseminated on the website www.genderequality.ie, launched in 2013 and maintained by the Department of Justice and Equality.

28. The Committee for Judicial Studies provides for the training and for the ongoing education of the Judiciary. Training is provided through conferences, seminars and lectures, and an induction and mentoring programme has been put in place since 2013 for all new judges. All judges have access to the Bench Book, *The Equal Treatment of Persons in Court — guidance for the judiciary*, which was compiled with the assistance of the Equality Authority and which has recently been updated.

Reservations

Reply No. 3

Ireland’s policy on reservations

29. While Ireland’s reservations to human rights treaties to which we are party are kept under continuous review, there are no proposals to withdraw these reservations to CEDAW.

Constitutional, legislative and institutional framework

Reply No. 4

Incorporation of international obligations into domestic law

30. As a dualist state with a common law legal tradition, to date various provisions of the Constitution and of legislation have given effect to the Convention.

31. The sanctions provided for in equality law are effective, proportionate and dissuasive, and applicable to the public and private sectors. Separate awards may be made in respect of discrimination, harassment, sexual harassment and victimization and significant orders for compensation have been made. Equality legislation also provides for the making of orders for specific action to be taken as warranted in a case, for example the implementation of a code of practice or equality action plan, and provision of training to staff. The statutory functions of IHREC include providing practical assistance to persons in vindicating their rights, which contributes to the accessibility of these remedies to disadvantaged groups of women.

Review of Article 41.2 of the Constitution

32. In its *Programme for a Partnership Government*,[[12]](#footnote-12) published in May 2016, the Government has proposed to hold a referendum on Article 41.2.1 of the Constitution regarding a “woman’s life within the home”. This question, among others, was examined by the Convention on the Constitution (consisting of randomly selected members of the electorate together with parliamentarians), which reported on it in May 2013.

Definition of discrimination

33. Ireland has comprehensive and robust equality legislation in place that prohibits discrimination on 9 specified grounds, including gender. The legislation is designed to promote equality, prohibit discrimination, harassment, sexual harassment and victimization, and allow positive measures to ensure full equality. A comprehensive definition of discrimination encompasses prohibitions on direct and indirect discrimination, discrimination by association and instruction to discriminate.

Establishment of IHREC

34. IHREC has its own Vote and was allocated Exchequer funding of €6.306m in 2016. IHREC reports directly to the Oireachtas[[13]](#footnote-13) on expenditure, with its Director being directly accountable to the Public Accounts Committee, the Parliamentary Committee responsible for oversight of public expenditure.

35. As a single independent body, IHREC has a broad mandate to promote both human rights and equality in a more effective, efficient and cohesive way than was the case under separate bodies. The merger of the former Equality Authority and Human Rights Commission recognizes that while equality and human rights are different, there can be significant overlap and complementarity. Having one Commission means that women seeking advice or assistance do not need to identify whether an issue falls under equality legislation or human rights law, but ensures that the organization will look at the person’s situation and advise accordingly, providing more person-centred and holistic protection of the individual’s rights.

36. In January 2016, IHREC launched its first strategy statement for 2016-2018, informed by comprehensive nationwide consultation. Among those consulted were young people, individuals and members of groups who have direct experiences of discrimination and human rights issues.

Public Service duty

37. A significant innovation in Irish Human Rights and Equality Commission Act 2014,[[14]](#footnote-14) was the introduction of a positive duty on public bodies to have due regard to human rights and equality in their work and to conduct their business in a manner consistent with human rights. IHREC will also assist public bodies to comply with the positive duty, including by producing guidelines and codes of practice. This will lead to the systematic integration of an equality and human rights perspective into everyday work of public bodies. Implementation of the public sector duty has been included as a priority goal for IHREC’s first strategic cycle and, as a public body, it has included a declaration in its strategy statement on its own compliance with the obligation.

38. IHREC and the Institute of Public Administration have developed a Diploma in Human Rights and Equality for civil and public servants, focused on the positive duty, with the first cohort of students due to begin their studies in September 2016.

Constitutional provision on the right to life

39. The Government has established a Citizen’s Assembly to make recommendations to the Dáil[[15]](#footnote-15) on constitutional changes, including on the Eighth Amendment.

Access to justice

Reply No. 5

Magdalen Laundries

40. The Inter-Departmental Committee to establish the facts of State involvement with Magdalen Laundries took the opportunity to record evidence that might throw light on allegations of systematic abuse. In this context, 118 women who had been in these institutions agreed to complete a questionnaire on conditions in these institutions and/or to discuss these issues with the independent Committee Chair, Senator Martin McAleese.

41. No factual evidence to support allegations of systematic torture or ill treatment of a criminal nature in these institutions was found. The majority of women did report verbal abuse but not of a nature that would constitute a criminal offence. There is no doubt that the working conditions were harsh and work physically demanding. A small number of women did describe instances of physical punishment during their time in the institutions. However, the large majority of women said they had neither experienced nor seen other girls or women suffer physical abuse in the Magdalen Laundries.

42. While isolated incidents of criminal behaviour cannot be ruled out, in light of facts uncovered by the Inter-Departmental Committee and in the absence of evidence of systematic torture or criminal abuse being committed in the Magdalen Laundries, the Irish Government does not propose to set up a specific Magdalen inquiry or investigation. It is satisfied that the existing mechanisms for the investigation and, where appropriate, prosecution of criminal offences can address individual complaints of criminal behaviour if any such complaints are made.

43. If any woman has been a victim of criminal behaviour, she should report it and it will be investigated. If the alleged abuse constitutes criminal behaviour, the police have full powers to investigate and the Director of Public Prosecutions then decides whether or not there should be a criminal prosecution.

44. The Compensation Scheme of lump-sum payments and supports for women who were in the Magdalen Laundries was welcomed by the majority of the women concerned. To date, a decision has been made on over 99 per cent of the 810 applications received. Lump-sum payments have been made to 645 applicants (including 144 applicants from the UK, 2 from Australia, 1 from Cyprus, 1 from Switzerland and 8 from the USA), at a cost of over €24m. The remaining applications are being dealt with as quickly as possible and the Scheme remains open to new applications. In addition to the lump sum, each woman is entitled to a top-up payment to bring her weekly income from the State up to the equivalent of the Contributory Pension, €233.30 if 66 or over and €100 if under that age, in recognition of the fact that they were not paid for the work they did while in the laundries.

45. The Redress for Women Resident in Certain Institutions Act 2015[[16]](#footnote-16) provided for certain services to be made available to the women by the Health Service Executive (HSE). The services are free of charge and include general practitioner (GP) services, prescribed drugs, medicines, aids and appliances, dental, ophthalmic and aural services, home support, home nursing, counselling services, chiropody, podiatry and physiotherapy. The HSE is putting administrative arrangements in place for health and social services for women living outside Ireland.

46. A dedicated unit was set up in the Department of Justice and Equality to process applications and provide assistance and advice to the applicants on any aspect of the Scheme. The Department of Social Protection, which is responsible for the top-up payments, has nominated contact people with whom the women can discuss their entitlements in confidence. Nominated contact people are also available in the HSE to advise the women on their access to health services.

Assisted Decision-Making (Capacity) Bill 2013

47. The Assisted Decision-Making (Capacity) Act 2015 became law on 30 December 2015. Commencement of the Act is planned in the second half of 2016.

Reply No. 6

Mandate of the Commission of Investigation into the Mother and Baby Homes and Certain Related Matters

48. The three-person Commission of Investigation into Mother and Baby Homes and Certain Related Matters[[17]](#footnote-17) was established in February 2015 to provide a full account of what happened to women and children in these Homes during the period 1922-1998.

49. The scope of the Commission’s investigation is broad, and includes seven specific questions on practices and procedures regarding the care, welfare, entry arrangements and exit pathways for the women and children in these institutions.

50. The Commission’s mandate is not limited but broad and comprehensive. Its remit is to provide a full account of what happened to women and children in 14 named Mother and Baby Homes and a representative sample of County Homes during the period 1922-1998. It is also asked to examine both the wider social and historical context in which these Homes existed and to investigate the relationships these Homes had with other institutions and organizations in relation to several specified matters. The Commission has broad powers to give directions to attend and to answer questions; to demand persons to disclose and to produce documents; to enter and inspect premises and to seize documents and equipment. The Commission is fully independent in the conduct of its investigations.

51. The composition and competencies of the Confidential Committee are matters for the Commission to decide.

Access to information on adoption

52. The Adoption (Information and Tracing) Bill 2015[[18]](#footnote-18) provides that adopted persons will have a statutory entitlement to any non-identifying information held on record. The purpose of the provision requiring applicants for a birth certificate to sign a declaration agreeing to respect the privacy of their birth parent and not to contact their birth parent or ask anyone else to make contact on their behalf is to provide for a balancing of the rights of adopted persons to information about their identity with the birth parents’ right to privacy. The right to privacy has been recognized by the courts as one of the unspecified personal rights protected by Article 40.3 of the Constitution.

Reply No. 7

Symphysiotomy

53. Symphysiotomy was an exceptional and rare intervention in obstetric practice in Ireland. It occurred in less than 0.05 per cent of deliveries between 1940 and 1985.

54. The Department of Health’s Chief Medical Officer commissioned an independent research report[[19]](#footnote-19) into the practice of symphysiotomy in Ireland between 1944 and 1984. The report stated that post-natal check-ups indicated no disabilities for some women, but that others reported disability including incontinence, chronic pain, difficulty in walking and sexual dysfunction.

55. In 2013 retired Judge Yvonne Murphy was commissioned by Government to undertake a further independent review[[20]](#footnote-20) on the legal aspects of symphysiotomy in Ireland.

56. The Government has published both reports and acted on the recommendations.

57. Based on the evidence available to the Department of Health, it would appear that in a number of cases the procedure was carried out without a woman’s knowledge or consent. However, this was not so in all hospitals. It would also appear that the lapse of time, the demise of the clinicians involved and the paucity of records may make it difficult to establish whether reasonable efforts to obtain consent were made. Hospital records in some instances show that it was an elective procedure. The symphysiotomies in Our Lady of Lourdes Hospital, Drogheda include a high number of elective procedures, carried out with patients’ consent. Until the 1960s it was common for many women to only present for a hospital delivery once complications had set in. Judge Murphy found that a court is not likely to hold that it was necessary to have obtained an informed consent in unexpected lifesaving emergency situations of obstructed delivery during labour.

58. There is no evidence that symphysiotomy was performed on children without consent of their parents.

59. Following examination of these two independent reports, the Government decided in July 2014 to establish an ex-gratia Surgical Symphysiotomy Payment Scheme. This was designed following engagement by the Minister for Health with all three support groups, two of which welcomed its establishment. It provides an alternative, non-adversarial option for women, many of whom are elderly and do not wish to pursue their cases through the courts. It also gets around the problems of lack of access to clinical records and the situation where the doctors concerned have died.

60. The Scheme is voluntary and caters for women who underwent the procedure between 1940 and 1990. The Assessor is retired High Court Judge Maureen Harding Clark. Women may opt out of the Scheme at any stage in the process, up to the time of accepting their award; it is only then that a woman must agree to discontinue legal proceedings.

61. 578 applications were accepted and up to 21 March 2016, 400 offers have been made. Of those, 386 have been accepted and only one offer has been rejected. The offers range from €50,000 to €150,000. The awards plus legal costs come to approximately €31m to mid-April 2016. The Assessor has now completed all assessments and is in the process of writing her report to the Minister.

62. The Government has stated that it profoundly regrets the serious and damaging effects symphysiotomy has had on many women and their families. The provision of the Scheme, together with the ongoing provision of medical services by the HSE, represents a comprehensive response to this issue. The health and social services provided to women who have had a symphysiotomy include: provision of medical cards; independent clinical assessments/advice (including, where requested, a home assessment by an occupational therapist or physiotherapist); arrangement of appropriate fast-tracked follow-up care where possible; provision of counselling, physiotherapy and home help services; and arrangement of home modifications where necessary.

National machinery for the advancement of women

Reply No. 8

Overview of national machinery

63. The institutions and national machinery for the promotion of human rights and equality between women and men in Ireland are set out in the core document.[[21]](#footnote-21) Recent developments in regard to IHREC are described in the responses to paragraphs 2 and 4 of the List of Issues.

64. The WRC was established on 1 October 2015 as an independent statutory body and assumed the functions previously carried out by the National Employment Rights Authority, the Labour Relations Commission and the Equality Tribunal. Its core services include inspection of employment rights compliance, provision of information on equality and employment rights legislation, and provision of mediation, conciliation, facilitation and advisory services.

65. A dedicated Gender Equality Division in the Department of Justice and Equality has a coordinating role in respect of the National Women’s Strategy 2007-2016, carries out specific commitments in the Programme for Government on gender equality, and monitors national and international commitments. The Division has responsibility also for a positive actions budget targeted at women.

National Women’s Strategy

66. Initiatives to foster gender equality, including the *National Women’s Strategy 2007-2016*, are set out in the core document.[[22]](#footnote-22) A new National Women’s Strategy will be developed by end-2016 building on the successes to date.

67. The social partners and civil society participate in the monitoring committee overseeing implementation of the strategy. In monitoring progress, particular attention is paid to vulnerable groups of women.

68. The Government has included a commitment in its *Programme for a Partnership Government* to develop an integrated framework for social inclusion that will outline measures to help eliminate any persisting discrimination, on grounds including that of gender. This integrated framework will draw on existing as well as new strategies, in particular the new National Women’s Strategy to be published by end-2016.

Gender mainstreaming

69. Measures taken to promote equality mainstreaming, including gender mainstreaming, are set out in the core document.[[23]](#footnote-23)

Gender impact analysis of budgets

70. The Department of Social Protection promotes the implementation of poverty impact assessments and/or social impact assessments of significant policy proposals, with a view to poverty reduction. Gender impact is analysed as part of both poverty and social impact assessments.

71. Poverty Impact Assessment is a requirement under the *National Action Plan for Social Inclusion 2007-2016*,[[24]](#footnote-24) the *Revised Regulatory Impact Assessment (RIA) Guidelines 2009*.[[25]](#footnote-25)

72. The Government has committed to developing the process of budget- and policy-proofing as a means of advancing equality, reducing poverty and strengthening economic and social rights. It will ensure that institutional arrangements are put in place to support equality and gender proofing in an independent fiscal and budget office, which is to be established, and within key Government Departments. It is intended to draw on the expertise of IHREC to support the proofing process. For Budget 2017, the Parliamentary Budget and Finance Committee will be tasked with looking at gender and equality-proofing budget submissions and proposals with independent expertise (including IHREC) to assist where necessary.

Cooperation with civil society

73. As outlined in the core document,[[26]](#footnote-26) consultation with civil society forms a central part of the human rights reporting mechanism.

74. Ireland has a vibrant and active civil society and the participation by and input from civil society organizations is greatly valued in the State’s fulfilment of its human rights reporting obligations. The drafting and implementation of the *National Women’s Strategy 2007-2016* included consultation with civil society and the social partners. Contributions from civil society to this response to CEDAW (see paragraph 2) will also be valuable in informing the development of the next National Women’s Strategy.

75. The WRC, in its *Statement of Strategy 2016-2018*,[[27]](#footnote-27) indicates it will involve its stakeholders on the operational aspects of its services, through establishing and maintaining a Stakeholder Engagement Framework and carrying out and publishing annual stakeholder awareness and effectiveness evaluations.

76. Comprehensive consultation is currently underway on the drafts of new Traveller and Roma and Disability Inclusion Strategies, and these also include a specific focus on women.

77. Effective cooperation by IHREC with representatives of relevant agencies and civil society through advisory committees, networks, public consultation processes, and public forums is promoted under Section 18 of the Irish Human Rights and Equality Commission Act 2014. IHREC is also obliged, when preparing its Strategy Statements, to consult with such bodies and groups as it sees fit, including civil society. In reviewing the operation of certain enactments and the provision of information to the public, IHREC is required under Section 30 to consult such persons, groups and organizations as it considers appropriate. Consultations are also provided for under Section 31 in respect to codes of practice. Finally, IHREC may consult in reviewing the operation of the positive duty obligation under Section 42.

78. The Department of Social Protection engages with a wide range of stakeholders on social protection and inclusion policies and practice. The national and local stakeholders include people experiencing poverty, civil society groups, social partners and experts. Examples of stakeholder engagement include annual events such as the Pre-Budget Forum and the Social Inclusion Forum. Women and groups that work with vulnerable women have a strong track record of participation in these activities.

79. Discussions are continuing amongst relevant Government Departments on the most appropriate institutional arrangements for implementation, monitoring and review of the 2030 Agenda for Sustainable Development at national, regional and global levels. Given that the effective and gender-responsive implementation of the 2030 Agenda at national level will require a broad and integrated domestic policy response across the economic, social and environmental pillars of sustainable development, the national implementation framework will have to provide for the coordinated involvement of many different parts of Government as well outreach to a broad group of stakeholders.

Temporary special measures

Reply No. 9

Measures to accelerate the achievement of substantive equality

80. The National Development Plan 2007-2013 made provision for a further specific positive action measure to promote gender equality. The *Equality for Women Measure 2008-2013*[[28]](#footnote-28) made funding available to foster the engagement and advancement of women in a number of sectors focussing on access to employment, developing female entrepreneurship and fostering women as decision-makers.

81. Measures to achieve the Government target to promote gender balance on State Boards are set out in the response to issues raised in List of Issues paragraph 16.

82. The introduction of measures to encourage the selection by political parties of a greater number of women candidates at general elections are set out in the response to issues raised in paragraph 17.

83. In response to the low numbers of women in the Defence Forces (just over 6 per cent), the Government has undertaken to increase female participation at all ranks. The fitness test has in the past proved the greatest barrier for women. As a positive action measure, the 2016 recruitment campaign incorporates a female fitness information day 6-8 weeks before the fitness test. Applicants receive tailored training programmes and meet women serving in the Defence Forces.

Stereotypes

Reply No. 10

84. Addressing gender and other forms of stereotyping has been the focus of a number of initiatives by the Equality Authority (now IHREC) and other organizations. These include research into gender stereotyping in goods for children, and resource packs on challenging stereotypes for teachers, second-level students and other young people. Gender stereotypes have also been addressed in campaigns on making schools safe for LGBT students[[29]](#footnote-29) and in work done with young women on positive body image.[[30]](#footnote-30)

85. The Defence Forces are committed to increasing female participation in their organization. A Defence Forces HQ Gender Advisor has been appointed to advise the General Staff at the strategic level. Current action includes the 2016 recruitment campaign targeting female sportspeople through social media, and online and cinema advertising. Briefs to secondary schools, parents, and guidance councillors focus on the fact that all roles in the Defence Forces, including operational duties, are open without restriction to both men and women, and on the variety of career opportunities offered.

Violence against women

Reply No. 11

National Strategy on Domestic, Sexual and Gender-based Violence

86. Despite operating in a period of pressure on resources, the First National Strategy realized significant achievements. These include: updated police policies on domestic and sexual violence; the establishment of a sex offender risk assessment office; the housing of voluntary sector support services for victims of domestic violence in the Dublin Family Law Courts; continued development of perpetrator programmes; Cosc-funded[[31]](#footnote-31) national and local awareness-raising campaigns; publication by the HSE of a national policy and practice guide on domestic and sexual violence; and the establishment of Tusla (the Child and Family Agency)[[32]](#footnote-32) with a national funding and coordinating remit for domestic and sexual violence victim services.

87. Drafted following wide consultation, Ireland’s *Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021*[[33]](#footnote-33) envisages a range of actions for State, voluntary and community sector organizations aimed at preventing and responding to domestic, sexual and gender-based violence. The Strategy contains an action plan for ratification of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), relevant elements for transposition of the EU Victims Directive into Irish law and practice and actions from the first national strategy that warranted continuation.

Amendments to domestic violence legislation

88. In 2011, the scope of the Domestic Violence Act 1996[[34]](#footnote-34) was extended. A parent may now apply for a safety order against the other parent of their child, even where the parents do not live together and may never have lived together. This ensures that the full protection of the law is available where access to a child is an occasion of intimidation or even violence between disputing parents. The protections of the Act are available on the same basis to unmarried opposite-sex couples and same-sex couples who have not registered a civil partnership. Couples who are not married or are not in a registered civil partnership are no longer required to have lived together for a minimum time-period before one of them can obtain a safety order against the other. As a result, the numbers of domestic violence orders being sought and granted has increased.

89. In July 2015, the Government published proposals for a new Domestic Violence Bill[[35]](#footnote-35) to improve protections available to victims of domestic violence, making it easier for them to obtain interim barring orders and provide for more victim-friendly courts processes. A spouse, a civil partner or a person living together in an ‘intimate and committed relationship’ may apply for a safety order. There is no specific qualifying period to qualify to apply for a safety order. The privacy of the victim will be protected, and it will be possible for a court to bar the perpetrator from communicating with the victim electronically. Publication is expected in the autumn session.

Recorded incidents, prosecutions and convictions

90. Statistics on crime, prosecutions and convictions, and breaches of domestic violence orders are not disaggregated by gender. Crime statistics show that the number of sexual offences recorded annually increased by 30 per cent between 2005 and 2015 (Table 29). Recorded incidents by An Garda Síochána of breaches of domestic violence orders increased by 42 per cent over this period (Table 30).

91. In 2014, 468 rape offences and 824 indecent/sexual assault offences were prosecuted before the Central Criminal Court. 670 went to trial and guilty pleas were entered in respect of 178 of these offences, 62 for rape and 116 for indecent/sexual assault. Convictions were recorded in respect of 125 rape offences and 229 indecent/sexual assault offences, and acquittals in respect of 37 rape offences and 137 indecent/sexual assault offences.[[36]](#footnote-36)

92. In 2008, Cosc undertook research to examine attitudes and perceptions towards domestic abuse among the general population in Ireland. The results of this were used in the development of Cosc’s awareness-raising campaign *Your Silence Feeds the Violence*.[[37]](#footnote-37)

93. Legislation to transpose the EU Victims Directive into Irish law is currently being drafted as a priority. The criminal justice agencies have been working to provide services in line with the standard set out in the Directive, which provides that victims of crime will be able to receive an individual assessment to identify their specific protection needs, access victim support services, enjoy safeguards in the context of restorative justice services, access protection, and enjoy privacy in the context of the criminal proceedings. A range of measures undertaken by An Garda Síochána to improve the experience of people reporting crime include the establishment of the new National Garda Protective Services Bureau and a new nationwide network of dedicated Garda Victim Service Offices across all 28 Garda Districts. The Garda Síochána Domestic Abuse Intervention Policy has been revised in consultation with NGOs.

94. Women attending a Sexual Assault Treatment Unit may opt to receive medical care only, or choose to have forensic evidence taken and report a crime to the police. As funding has been provided for the purchase, monitoring and maintenance of equipment to store forensic evidence in Sexual Assault Treatment Units, victims may defer their decision to report a crime to the police for up to one year while the evidence is in storage.

95. The Victims of Crime Office provided funding of just over €1.2m to victims organizations in 2015. Much of this was used to provide court and Garda accompaniment for victims of domestic and sexual violence and general crime. One of the organizations, Victim Support at Court provides support to victims of serious crime in the Criminal Justice Complex in Dublin. Government funding has been provided over the last 2 years to expand these services across Ireland.

96. The Criminal Law (Sexual Offences) Bill 2015[[38]](#footnote-38) recognizes the needs of victims of sexual offences and those who assist them. Provisions are included which will regulate and bring certainty to the disclosure of counselling and therapy records in sexual offence trials. Other amendments to criminal evidence legislation acknowledge the difficult experience that a trial process may be for the victim of a sexual offence. Enactment is expected this year.

97. Following enactment of the Criminal Justice (Forensic Evidence and DNA Database System) Act 2014, a DNA database system has been established. The legislation replaces former arrangements governing the taking of samples for forensic testing from suspects for use as evidence in criminal investigations and proceedings.

Accessibility and funding of support services

98. Tusla (the Child and Family Agency) has statutory responsibility for the care and protection of victims of domestic, sexual and gender-based violence whether in the context of the family or otherwise. A network of 60 organizations provide services to victims of domestic, sexual and gender-based violence in Ireland, including 20 services providing emergency refuge accommodation to women and children and 24 community-based domestic violence services.

99. Tusla has established a more coordinated approach for provision of these services with a dedicated national budget of €20.4m in 2016, a single line of accountability and greater support and oversight for service provision through appointment of a dedicated national team for domestic and sexual violence services. This will provide greater clarity and support for service provider organizations, and will help to provide effective, high quality services with more equitable availability of services across different geographical areas and different population groups.

100. Funding to domestic violence support services was increased in 2016 to enhance the availability of additional emergency accommodation units and increase access to domestic violence support services. Current provision of refuge spaces nationally includes 145 family units that include 428 spaces for children. Using the methodology for calculating refuge spaces set out by the Council of Europe,[[39]](#footnote-39) the number of available family places nationally is approximately 1 space per 9,000 adult women, which is within recommended minimum standards for countries where integrated community-based responses to domestic violence are in place.

Support services for Traveller women and Roma women

101. The *Second National Strategy on Domestic, Sexual and Gender-based Violence* contains actions aimed at increased and more targeted services for victims of domestic violence, including targeted interventions in communities of particular vulnerability, including migrants, Traveller and Roma women.

Reply No. 12

Protection of disadvantaged groups of women from violence

102. Representatives of the Traveller and Roma communities have been represented on the National Steering Committee on Violence against Women and will be part of the monitoring structures to ensure successful implementation of the *Second National Strategy on Domestic, Sexual and Gender-based Violence*.

103. Under the new Strategy, An Garda Síochána have committed to improve confidence in how they manage domestic and sexual abuse within diverse communities such as Travellers and Roma by supporting inter-agency and community partnerships at local and national level. The HSE and Tusla will develop targeted interventions in domestic and sexual violence in communities of particular vulnerability, including migrants, Traveller and Roma.

104. A range of projects aimed at women with disabilities and the Traveller and migrant communities have been funded under the Cosc awareness-raising grant scheme relating to domestic, sexual and gender-based violence. These have included the production of information booklets on domestic violence for Traveller and migrant women, an accessible information booklet on sexual assault for people with intellectual disabilities, information on domestic violence made available as Irish Sign Language videos, community consultations targeting women with disabilities and disability advocates, and projects engaging with men to end violence against women in the migrant and Traveller communities.

105. Guidance has been developed by Cosc and the Public Awareness subcommittee of the National Steering Committee on approaches to promoting and developing an understanding of domestic, sexual and gender-based violence. This guidance presents strategies for raising awareness of domestic and sexual violence amongst the general population, including victims and professionals, and three specific population groups, namely people with disabilities, members of the Traveller Community, and members of migrant communities.

Data on violence against women

106. The Second National Strategy aims to establish a bottom-line “gold standard” of data collection and analysis by all agencies working in the area of domestic and sexual violence, whereby all datasets are disaggregated by age of victim and perpetrator, sex of victim and perpetrator, the relationship between victim and perpetrator, the ethnicity of victim and perpetrator, and any disabilities of victim and perpetrator. Cosc has identified areas where data collection on domestic and sexual violence could be improved and this work is being advanced through its Data Committee with the relevant state agencies and Departments in the sector, and its membership of the Expert Group on Crime Statistics chaired by the Central Statistics Office. In particular, this group will review the crime counting, recording and detections rules, having regard to best practice in comparable jurisdictions. It is planned that more detailed statistics on domestic and sexual violence, based on crime and victimization surveys, will be completed in the period to 2019.

Immigration status and habitual residence condition

107. In the past, a specific difficulty experienced by victims of domestic violence in accessing means-tested social assistance was in situations where their right to reside in the State was derived from the abusing partner. When such victims applied for certain social assistance payments, they were unable to satisfy the right to reside aspect of the statutory provisions relating to habitual residence, and were unable to work because of the status of their permission to reside, which often was as a dependant of a permitted worker. This is no longer the case. Arrangements have been made to ensure that victims of domestic violence are issued with a Stamp 4 permit, which allows the holder to reside in the State in their own right, and to access the labour market freely and without the need for a work permit. Applicants for social assistance are, of course, obliged to satisfy the normal requirements of the scheme from which payment is sought.

Training for law enforcement and the judiciary

108. The Second National Strategy includes commitments in relation to the training of public sector officials dealing with domestic and sexual violence including police, court staff, and probation staff, and also to contribute to raising awareness among the judiciary by liaising with the Committee for Judicial Studies in relation to the provisions of the EU Victims Directive relevant to domestic and sexual violence.

Reply No. 13

Female Genital Mutilation (FGM)

109. FGM is identified as a form of child abuse in *Children First: National Guidance for the Protection and Welfare of Children 2011*.[[40]](#footnote-40) Failure to report such an offence is a criminal act.[[41]](#footnote-41)

110. Information guides on FGM have been produced for healthcare professionals and education professionals and widely disseminated. In May 2014, Ireland’s first FGM Treatment Service was set up at the Irish Family Planning Association (IFPA) clinic in Dublin, to provide free specialized medical care and counselling to women and girls in Ireland who have experienced FGM. To increase awareness about the FGM Treatment Service, the IFPA engages in outreach work with women from affected communities, medical professionals and service providers such as community and social workers and counsellors.

111. One of the actions set out in the Action Plan of the Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021 is to legislate for extraterritorial jurisdiction where an offence is committed by an Irish national or a person who is habitually resident in Ireland. FGM offences have extraterritorial application in this regard.

Trafficking and exploitation of prostitution

Reply No. 14

National Action Plan to Prevent and Combat Trafficking in Human Beings in Ireland 2009-2012

112. The 2009-2012 National Action Plan[[42]](#footnote-42) provided for the development of structures to support a holistic approach to tackling human trafficking in Ireland. The Plan detailed the process by which victims of trafficking could be identified. It also set out a comprehensive framework of supports for victims through which their rights to residence permission, suitable accommodation, legal advice, medical and psychological care, language and vocational training and security could be secured. It led to the development of a consultative framework that has impacted on the development and enhancements of these support frameworks. The Plan set out the structures to be put in place to ensure that Ireland had the appropriate legislative and administrative framework which enabled it ratify all relevant international instruments. Since the publication of the Plan, a comprehensive system has been developed by the State for the protection of potential and suspected victims of human trafficking and Ireland has made several important steps in order to effectively detect, investigate, prosecute and convict offenders.

113. Since 2009, data on human trafficking victims has been collected from sources including the Human Trafficking Investigation and Co-ordination Unit of An Garda Síochána, the Irish Naturalisation and Immigration Service (INIS)[[43]](#footnote-43) of the Department of Justice and Equality, Ruhama, the Immigrant Council of Ireland, Migrants Rights Centre, Stop Sex Trafficking Cork and Doras Luimní. The approach taken is closely modelled on similar systems developed and piloted in other EU Member States, with minor modifications for the Irish context. The key statistics have been published annually in respect of each year since 2009, on www.blueblindfold.ie.

114. A second National Action Plan has been developed in co-operation and consultation with our national and international partners. Having regard to our commitments under international instruments and developments on human trafficking at EU and Council of Europe level, the Plan seeks to build on progress made and to address issues raised in independent international evaluations of Ireland’s response. The draft Plan was issued for consultation to civil society organizations active in this field in 2015, with submissions received from 13 organizations and one individual. This was followed by a roundtable meeting with NGOs on their priorities and led to the emergence of consensus on actions to be given greater weight and precedence in early stage implementation. The new Plan sets out a clear work programme for collaboration between the relevant state authorities, civil society and agencies in other jurisdictions in advancing the fight against trafficking and enhancing the protection of victims. Subject to Government approval, the new Plan will be published in the coming months.

Criminal Law (Human Trafficking) Act 2008

115. The Criminal Law (Human Trafficking) Act 2008[[44]](#footnote-44) created specific offences criminalizing trafficking in persons for the purposes of their sexual or labour exploitation or the removal of their organs. Prior to 2008, prosecutions involving child victims of trafficking were brought under Child Trafficking and Pornography Act 1998.[[45]](#footnote-45)

116. In 2015 the extent of human trafficking discovered in Ireland increased significantly, with 91 new human trafficking related cases initiated. From 62 of these investigations, a total of 78 victims were identified. This compares with 46 victims identified in 2014. Table 32 gives an overview of prosecutions, convictions and identified victims from 2009 to 2015.

Provision of assistance and protection to victims of trafficking

117. When victims are encountered by or referred to An Garda Síochána they are provided, through the National Referral Mechanism, with a wide range of victim care services by both the State and NGOs. These include health services (mental, emotional, and physical care), legal services, accommodation, material assistance (supplementary welfare allowance, rent), access to the labour market, vocational training and education, police services, repatriation, translation/interpretation services, and access to education for dependent children.

118. Victims who do not have subsisting immigration permissions are provided with immigration permissions under the Administrative Immigration Arrangements for Victims of Human Trafficking[[46]](#footnote-46) (a 60-day period of recovery and reflection, 6‑month periods of temporary residence (renewable)).

119. A dedicated Human Trafficking Team of the HSE also provides individual and comprehensive care planning and support to victims of trafficking for sexual exploitation and labour exploitation.

120. The Anti-Human Trafficking Unit (AHTU) directly funds two NGOs, Ruhama and the Migrant Rights Centre Ireland, to provide support services to victims of human trafficking. NGOs do not house any human trafficking victims through the National Referral Mechanism although they may do so independently of the Mechanism. Ruhama has also been funded by the HSE to provide counselling, social support, short-term informal training courses and career guidance to victims of human trafficking.

121. All victims of human trafficking in Ireland, irrespective of nationality, are offered free accommodation and supports by the Government. Irish victims are provided such services by the HSE. Victims who are in the asylum system are provided with accommodation by the Reception and Integration Agency (RIA) in one of its 34 direct provision centres. Non-Irish victims who are not in the asylum system are also provided with accommodation by RIA, both for the period pending decision as to whether the victim is to be granted a 60-day Recovery and Reflection period and during that period, if granted.

Bilateral and Regional Cooperation to address trafficking

122. The AHTU also has a co-ordinating role in relation to the State’s response to trafficking, and one of its key functions is to assist in resolving any issues that arise between State agencies providing services to victims. In 2015 the Garda Commissioner directed the establishment of a new Garda National Protective Services Bureau to oversee the specialized Human Trafficking Investigation and Co‑ordination Unit.

123. Ireland regularly cooperates in human trafficking-related investigations with an international dimension. An Garda Síochána uses the mutual assistance channel and input from Interpol and Europol in its enquiries related to human trafficking. Ireland is also actively involved in the Santa Marta Group, an alliance of international police chiefs, civil society and bishops established in 2014 as a result of a Papal initiative to eradicate human trafficking and modern-day slavery.

124. The U.S. Congress, under the 2000 Trafficking Victims Protection Act as amended (TVPA), requires the Secretary of State to submit an annual Trafficking in Persons (TIP) Report to Congress. Countries considered as being countries of origin, transit or destination for victims of severe forms of trafficking are included in the TIP Report. Countries are assigned 1 of 3 tiers, and those assessed as meeting the ‘minimum standards for the elimination of severe forms of trafficking’ set out in TVPA are classified as Tier 1. This is the highest rating a country can receive. In the last 7 US “TIP” Reports (2010-2016) Ireland received a Tier 1 rating, indicating that Ireland has met the minimum standards for the elimination of severe forms of trafficking. The US State Department in its narrative on Ireland in the Report has set out a number of recommendations and these have been considered during the development of the Second National Action Plan, due for publication in the coming months.

Reply No. 15

Prevalence of exploitation of prostitution

125. There has been a significant increase recently in the number of identified victims of sexual exploitation. 48 victims of trafficking for the purposes of sexual exploitation were identified in 2015, an increase from 32 in 2014.

Measures to address exploitation of prostitution

126. The increase in the number of victims being identified for sexual exploitation can be attributed, in part, to the continued close liaison between An Garda Sίochána, the State agencies and civil society, and the continued programme of training and awareness-raising carried out by the Garda Sίochána Human Trafficking Investigation & Co-ordination Unit (HTICU) and its partners. This is reflected in the fact that victims are being identified all over the country and not just in major urban centres. The increase in victims identified can also be attributed to some degree to An Garda Síochána’s ‘Operation Quest’ which, working closely with the HTICU, investigates prostitution and the criminality that surrounds prostitution.

127. With EU co-funding, the AHTU and Ruhama successfully completed an awareness-raising project in 2015 targeting women and girls in both Ireland and Northern Ireland who have been trafficked, or are at risk of being trafficked into prostitution. The REACH campaign was developed following a unique consultation process with women who have had experiences within the sex trade. It sought to inform women and girls of the support that is available to them and where they can seek help. Funding provided by the Department of Justice and Equality, (€275,000 in 2016) assists Ruhama in providing frontline services to victims of trafficking for sexual exploitation.

128. The HSE’s Women’s Health Service is a sexual health and outreach support service for women affected by prostitution and victims of trafficking for sexual exploitation. The service comprises of a free, comprehensive sexual health service including full sexual health testing, treatment and contraception. Outreach to streets and indoor apartments, training and education workshops and support for women seeking to exit prostitution.

Consultations on prostitution legislation

129. Extensive consultation on the future direction of prostitution legislation in Ireland was initiated by the Department of Justice and Equality in 2012, following the publication of a discussion document,[[47]](#footnote-47) which reviewed legislative approaches in other jurisdictions. The document was referred to the Parliamentary Committee on Justice, Equality and Defence, which conducted a public consultation process, in which presentations from 26 organizations and individuals and over 800 written submissions were considered. In its 2013 report,[[48]](#footnote-48) the Committee recommended the introduction of an offence criminalizing the purchase of sexual services and reiterated the recommendation in a 2014 report on domestic and sexual violence. (See paragraph 96 regarding the Criminal Law (Sexual Offences) Bill 2015).

HIV/AIDS transmission among women involved in prostitution

130. The representative bodies for medical practitioners in Ireland, in written and oral submissions to the Parliamentary Committee on Justice, Equality and Defence and in written submissions to the Department of Justice and Equality, highlighted the marginalization of those involved in the provision of sexual services and the extensive health consequences associated with prostitution, which include a wide range of physical and mental health problems including HIV/AIDS. These organizations, the Irish Medical Organisation and the Irish Nurses and Midwives Organisation, support targeting the demand side of prostitution as a means of containing the extent of prostitution and the associated health problems.

Participation in political and public life

Reply No. 16

Participation of women in government

131. Women constitute 22 per cent of the membership of Dáil Éireann (the lower house of parliament) and 30 per cent of the Seanad (the upper house) (Table 23-24).

132. A number of non-partisan civil society groups are engaged in advocacy and training to promote greater participation by women in politics. These include The 50:50 Group and Women For Election whose Inspire,[[49]](#footnote-49) Equip[[50]](#footnote-50) and Inform[[51]](#footnote-51) programmes provide an introduction to political life for women and equip them for campaigns.

133. Four (26 per cent) of the 15 members of the Government that took office in May 2016 are women. They include the Tánaiste (deputy prime minister), who also holds the portfolio of Minister for Justice and Equality, the Minister for Jobs, Enterprise and Innovation, the Minister for Children and Youth Affairs and the Minister for Regional Development, Rural Affairs, Arts and the Gaeltacht. 4 (22 per cent) of the 18 Ministers of State appointed by the Government are women. Their portfolios are Government Chief Whip, Mental Health and Older People, Health Promotion, and Communities and National Drugs Strategy.

Participation of women in the justice system and defence forces

134. At present, 34 per cent of Irish judges are female. In the District Court, 31 per cent or 19 out of 61 are female. The Circuit Court has 43 per cent female representation. In the High Court women constitute 26 per cent of the judges and in the Supreme Court the figure is 44 per cent (Table 26); 4 of the 9 Supreme Court judges are women, including the Chief Justice. The number of female judges has almost tripled in the past two decades.

135. Other senior positions in the justice system currently held by women include Attorney General, Chief State Solicitor, Director of Public Prosecutions, State Pathologist, Director General of Forensic Science Ireland, Commissioner of An Garda Síochána, and Chair of the Policing Authority.

136. As previously indicated, 6 per cent of the Permanent Defence Forces (552 of a total of 9,147) is female. The proportion of An Garda Síochána (the Irish police force) that is female has increased from 14 per cent in 2002 to 26 per cent in 2015 and the Garda is now led by a female Commissioner (Table 27).

Participation of women in the diplomatic service

137. Female representation in the senior diplomatic staff of the Department of Foreign Affairs and Trade increased from 16 per cent in 2002 to 29 per cent in 2016 (Table 28).

Measures taken to increase the number of women in senior positions in the Civil Service

138. The proportion of women employed in the Civil Service at the most senior grades, Principal and above, has increased from 23.6 per cent in 2006, to 33.3 per cent in 2014 (Table 25).

139. Introductory information on the legal basis for and recruitment to the civil and public service in Ireland is set out in the core document.[[52]](#footnote-52) The Public Appointments Service (PAS) is the centralized provider of recruitment, assessment and selection services for the Civil Service and also provides recruitment and consultancy services to local authorities and other public bodies. PAS is charged with ensuring that the recruitment process is completely free of discrimination of any kind.

140. The Department of Justice and Equality, with Ibec[[53]](#footnote-53) and the National Women’s Council of Ireland (NWCI)[[54]](#footnote-54) as co-beneficiary partners, secured funding under the EU PROGRESS programme 2013-2015 for a project to promote greater gender balance in decision-making in the public and private sector in Ireland. A pilot mentoring and leadership development programme for female principal officers, which is to be mainstreamed by the Department of Public Expenditure and Reform, and the development of a training module on addressing unconscious gender bias for use in the public and private sectors were among the measures carried out.

141. The *Civil Service Renewal Plan*[[55]](#footnote-55) agreed by Government in October 2014 includes an action to improve gender balance at each level by reviewing supports and policies to ensure these are impactful and measurable. This is being implemented under the Civil Service Management Board. The Government has approved a range of initiatives in this regard, to be announced by the Minister for Public Expenditure and Reform later this year.

Participation of women on State Boards

142. Introductory information on women’s representation on State Boards is set out in the core document.[[56]](#footnote-56)

143. A new model and guidelines for State Board appointments were agreed by Government in 2014. Under this approach, which reaffirmed the 40 per cent gender balance target, PAS provides an open process to identify top quality people for consideration by Ministers for appointment to State Boards. In addition to advertising opportunities to express an interest in vacancies, the State Boards portal[[57]](#footnote-57) allows aspiring members to register their general interest and sends alerts of vacancies, as and when they arise, to those registered. Women have been encouraged to enrol in the State Boards Alerts system, and by February 2016 constituted 40 per cent of the 4,757 individuals registered. Of the 211 board appointments made under this process by February 2016, the successful candidate came through the Alerts system in approximately a third of appointments, with 33 (46 per cent) being women.

144. The gender breakdown of board members in December 2015 was 37.5 per cent female and 62.5 per cent male. 43 per cent of the 219 State boards with serving members had met the Government target of 40 per cent representation of each gender, while the average female representation among board members was 37.5 per cent, and among chairpersons was 25.7 per cent.

145. The *Programme for Partnership Government* recommits to increasing female representation on state boards to 40 per cent and will ask the Public Appointments Service to take account of diversity and balance, including gender, in their considerations. Of the 53 appointments made by Q3 2016, 23 (43 per cent) were female. Since the review of State Boards in November 2014, 259 board appointments have been made, of whom 115 (44 per cent) were women.

Reply No. 17

Electoral (Amendment) (Political Funding) Act 2012

146. The 30 per cent gender balance provisions, provided for by the Electoral (Amendment) (Political Funding) Act 2012,[[58]](#footnote-58) where qualified parties face a reduction of half their State funding if they do not have at least 30 per cent women and 30 per cent men candidates, was in effect for the general election of February 2016. The election was contested by 163 women, 30 per cent of the 551 candidates. This was a significant increase over the 2011 general election, in which only 15 per cent of the candidates were women. In 2016, 35 women, 22 per cent of the total, were elected. This compares with 15 per cent in 2011.

Participation of women in local government

147. In the 2014 local elections, 441 of the 2,037 candidates (22 per cent) were women. Women won 197 (21 per cent) of the seats across the 31 local authorities, an advance on the previous local elections (2009) when women made up 19 per cent of the candidates and secured 19 per cent of seats.

148. Introductory information about local government and the changes introduced through the Local Government Reform Act 2014 is set out in the core document.[[59]](#footnote-59) Each local authority is required to draw up a framework for public participation in local government. The Statutory Guidelines issued in 2014 providing a framework for the establishment and operation of Local Community Development Committees (LCDCs) require that ‘every effort should be made to ensure an equitable gender balance among the local authority members on the LCDC, as well as across the broader LCDC membership’. Currently, 26 per cent of the local authority members of the 33 LCDCs and 36 per cent of the broader membership is female.

Measures to promote the participation of Traveller and Roma women in political and public life

149. Such measures are being examined in the context of the development of a new National Traveller and Roma Inclusion Strategy that will be presented to Government for approval in 2016. The Department of Justice and Equality funds the national Traveller organization Minceirs Whiden for work to promote greater Traveller participation in political life.

Women, peace and security

Reply No. 18

UNSC Resolution 1325

150. Ireland implements UNSCR 1325 through National Action Plans on Women, Peace and Security, which address both domestic and foreign policy and include women affected by conflict on the island of Ireland. The first Plan ran from 2011‑2014.

151. The empowerment and participation of women in conflict-resolution and peacebuilding has been given an increased focus in the Second National Action Plan for the period to 2018.[[60]](#footnote-60) This was drafted following extensive consultation, which received 37 written submissions and drew 100 participants from statutory, civil society and academic organizations to a consultative workshop. It also draws on Ireland’s own experience in peace keeping, overseas development aid and contributions to post-conflict reconciliation on the island of Ireland.

152. The Second National Action Plan addresses: prevention of conflict, including gender-based violence and sexual exploitation and abuse; participation of and representation of women in decision-making; protection from gender-based violence and sexual exploitation and abuse and other violations of women’s human rights and international humanitarian law, and relief, recovery and rehabilitation; and promotion of the women, peace and security agenda in international regional and national arenas.

153. Actors from across Government and the public sector are charged with commitments under the Plan. An 18-member Oversight Group meets quarterly to monitor the progress of statutory bodies on the implementation of the Second National Action Plan. The Group consists of an Independent Chair, 9 statutory representatives and 8 civil society, academic and independent experts. A Midterm Review of the Plan will be undertaken during 2016.

Participation of women in conflict prevention, management and resolution

154. The Department of Foreign Affairs and Trade has established a ‘Conflict and Fragility Team’ to develop a more coherent policy on situations of conflict and fragility, encompassing conflict prevention. This policy is informed by the WPS agenda and UNSCR 1325.

155. Ireland provides financial support to initiatives to enhance women’s participation and decision-making roles in conflict prevention, management and resolution. In line with CEDAW General Recommendation No. 30, the Department supported an inquiry into the low levels of women’s participation in Northern Ireland in the post-conflict situation.

156. Ireland is a donor country to the Global Acceleration Instrument (GAI), a pooled funding mechanism recommended by the 2015 Global Study on 1325.

Sexual exploitation of women and girls

157. Ireland’s Rapid Response Corps deploys highly skilled personnel, including gender and protection experts, to humanitarian crises and emergencies as surge capacity support to UN partners. In addition to specific training on gender and sexual exploitation and abuse, roster members must sign a code of conduct that sets out that the responder is aware of the additional vulnerabilities of women in crisis situations. This code also clearly establishes that sexual exploitation and abuse will not be tolerated, and any breaches of the code will result in termination of their deployment.

158. Garda personnel deployed on duty overseas, whether with the UN, the EU, or the OSCE, remain subject to the provisions of the Garda Síochána (Discipline) Regulations. Activities while deployed overseas may be subject to investigation as a suspected breach of discipline, the penalties for which can include dismissal. Subject to the directions of the Director of Public Prosecutions, criminal proceedings can also be commenced in Ireland and penalties imposed for offences committed in other jurisdictions.

159. In the international arena, Ireland supports fully the call for an end to impunity for crimes of sexual and gender-based violence, and is a vocal proponent of prosecution of actors who carry out these crimes, whether they are state or non-state actors, or multilateral organization personnel. Ireland supports the enforcement of higher standards for UN personnel active in peace operations and national level prosecutions of those guilty of crimes of impunity, and encourages the practice of naming the nationalities of perpetrators of crimes of impunity.

160. Ireland also provides funding to the Justice Rapid Response initiative, and to the Gender Capacity Project, both of which work in the area of sexual and gender based violence.

Migration and asylum policy

161. Ireland’s immigration system does not discriminate on the basis of gender. All of the migration channels open to migrants seeking to come to Ireland are open to male and female migrants equally. Each application is considered on its merits in accordance with the relevant law.

Education

Reply No. 19

Educational choices of women and men

162. In *Better Outcomes, Brighter Futures*,[[61]](#footnote-61) the national policy framework for children and young people 2014-2020, it is acknowledged that particular attention needs to be paid to developing the mathematical and science skills of girls in order to optimize career options, particularly in the high demand STEM (Science, Technology, Engineering and Maths) and ICT (Information and Communications Technology) sectors.

163. The Department of Education and Skills is committed to building upon the provision of STEM across the education system and a number of new developments are being rolled out to support improved performance and greater participation. The Primary School Maths Curriculum, which was introduced in 1999, is currently being reviewed by the National Council for Curriculum and Assessment (NCCA). A new Junior Cycle science curriculum, introduced in September 2016, aims to encourage students to enjoy the learning of science, to develop scientific literacy and to apply this to the analysis of science issues relevant to society, the environment and sustainability. New specifications for Leaving Certificate Physics, Chemistry and Biology curricula have been submitted to the Minister for Education and Skills, and these will be trialled prior to a national roll-out.

164. One of the key challenges for the education system in encouraging participation in STEM courses and careers is increasing the numbers of girls taking certain STEM subjects at higher level in the final school exam. Increasing the uptake of higher-level mathematics is particularly important in this regard and a range of initiatives have been introduced to encourage both males and females to take the higher-level maths exam. The results are encouraging; the overall percentage taking the higher-level paper has risen from 15.8 per cent in 2011 to 27 per cent in 2015. In addition, the number of girls presenting for the exam has increased by 86 per cent between 2011 and 2015.

165. Science Foundation Ireland (SFI) is the national foundation for investment in scientific and engineering research. Its Smart Futures programme is a Government-industry initiative that promotes STEM careers to post-primary students. Smartfutures.ie highlights the range of opportunities open to students that study STEM subjects at second and third level and includes a particular focus on female career profiles. One of SFI’s key performance indicator targets is to increase the proportion of female SFI research grant award-holders to 25 per cent by 2020. In 2014, SFI ran a women-only postdoctoral programme, the SFI Advance Award. SFI have in the last year implemented a maternity/adoptive supplement policy and flexible grant management procedures for awardees on maternity leave. In 2015 they implemented gender mainstreaming measures in their early career stage award, SIRG, to encourage greater numbers of female applicants.

166. Trinity College Dublin’s Centre for Women in Science and Engineering Research[[62]](#footnote-62) (WiSER), established in 2006, is also making an important contribution to addressing the gender imbalance in STEM disciplines, promoting practices to recruit, retain, and advance women in academic science, engineering, and technology. Similarly, the European Commission-funded *Towards Women in Science and Technology*[[63]](#footnote-63) (TWIST) project and the FP7-funded *Institutional Transformation for Effecting Gender Equality in Research* (INTEGER)[[64]](#footnote-64) project aim to promote gender-equality in STEM disciplines.

Measures to combat gender stereotypes in education and careers

167. Apprenticeship is the recognized means by which persons are trained to become craftspeople in Ireland. Female participation in apprenticeship has traditionally been low. A wide-ranging independent national review of apprenticeships was undertaken to identify reforms that would re-focus apprenticeship training as an alternative progression route to third-level education for school-leavers. The 2014 report, *Review of Apprenticeship Training in Ireland*[[65]](#footnote-65)identified weaknesses including a heavily gendered approach attracting few female participants, and over-reliance on a narrow group of trades, mainly in the construction sector, with the collapse of the sector making a large number of apprentices redundant. On the group’s recommendation, an Apprenticeship Council[[66]](#footnote-66) was established in 2014. A call for proposals for apprenticeships in new sectors of the economy has received over 80 proposals, many of which relate to sectors that are more gender-balanced.

168. *Ireland’s National Skills Strategy 2025*[[67]](#footnote-67) provides for supporting the increased participation of females in apprenticeships by broadening into new areas. The Strategy includes a commitment to review the levels and trends in female participation in apprenticeship in 2018.

Sexual and reproductive health education

169. Relationship and Sexuality Education (RSE) is included in Social Personal and Health Education (SPHE), which is a mandatory programme at primary level. At primary level, SPHE provides particular opportunities to foster the personal development, health and well-being of the individual child, to help him/her to create and maintain supportive relationships and become an active and responsible citizen in society. Through an SPHE programme that is planned and consistent throughout the school, children can develop a framework of values, attitudes, understanding and skills that will inform their decisions and actions both now and in the future. As children progress through the SPHE programme, they will encounter a wide range of issues, including relationships, sexuality and child abuse prevention. The SPHE curriculum is structured so that these issues are not explored in isolation; rather the emphasis is on building a foundation of skills, values, attitudes and understanding relevant to all issues, with specific information provided where necessary.

170. SPHE is also a mandatory programme at post-primary junior cycle level. Post-primary schools must timetable 1 period per week for SPHE, and 5-6 timetabled periods for SPHE in the year should be assigned to RSE.

171. SPHE, Physical Education (PE) and Civic Social and Political Education (CSPE), along with guidance will be included in a new area of learning called Junior Cycle Wellbeing from September 2017. A school’s Wellbeing programme will provide learning opportunities that enhance the physical, mental, emotional and social wellbeing of students.

172. As part of a new Framework for Junior Cycle (2015)[[68]](#footnote-68) placing a clear emphasis on overall student health and well-being, a new short course in SPHE has been developed which includes relationship and sexuality education. For those schools that choose to implement this short course this will increase the time allocation for SPHE up to 100 hours over the 3 years of Junior Cycle from the recommended 70 hours (1 class period per week) over 3 years currently outlined in circulars.

173. A framework for Senior Cycle SPHE[[69]](#footnote-69) is available to schools and while its implementation is not mandatory, schools are required to provide a Relationship and Sexuality (RSE) programme in Senior Cycle. RSE includes the acquisition of knowledge and understanding, and the development of attitudes, beliefs and values about relationships, sexual identity and intimacy. RSE aims to enable young people to have the knowledge and understanding to cope with challenges and to develop resilience in difficult situations.

174. According to the latest *Health Behaviour in School-aged Children* survey,[[70]](#footnote-70) the overall proportion of children who reported having ever had sex increased between 2010 and 2014. Contraceptive use amongst those sexually active under 18 was relatively high. Overall, 73 per cent of 15-17 year old boys and 73 per cent of 15-17 year old girls report that they used condoms as a form of contraception at last intercourse. Overall, the partners of 31 per cent of 15-17 year old boys and 35 per cent of 15-17 year old girls report that they used the birth-control pill at last intercourse.

175. The *National Sexual Health Strategy*,[[71]](#footnote-71) launched in October 2015, has a number of priority actions specifically aimed at improving the sexual health and well-being of young people. In addition, resources for young people and their parents will be developed in order to promote good communication about sex, and a HSE foundation programme in sexual health promotion will be established as a national sexual health training programme. The Strategy is set out under three overarching domains: Sexual Health Promotion, Education and Prevention; Sexual Health Services; and Sexual Health Intelligence.

Teenage pregnancy

176. Since the Crisis Pregnancy Programme[[72]](#footnote-72) was established the total number of births to teenagers has decreased significantly, from 3,078 in 2001 to 1,187 in 2015, a reduction of 61 per cent.

177. The Department of Education and Skills offers a Home Tuition grant for up to 10 weeks for girls who have a school place at post primary level and are unable to attend school due to maternity-related absences. This scheme provides for the parent to employ a tutor or tutors for a combined maximum of 9 hours per week if their daughter is unable to attend school, subject to certain conditions. 51 such grants were approved in the 2014/2015 school year.

178. Programmes available to support young parents who want to continue their education or training include the Teen Parents Support Programme[[73]](#footnote-73) funded by Tusla and the HSE. This is a free and confidential community-based support service for young mothers, young fathers and their families from pregnancy until the baby is 2 years of age.

Women in leadership in education — the higher education sector

179. The Universities Act 1997[[74]](#footnote-74) and the Institutes of Technology Act 2006[[75]](#footnote-75) require our higher education institutions to promote gender-balance and equality of opportunity among students and staff, and to prepare and implement statements of policy in respect of equality, including gender equality, across all of their activities. In addition, the Higher Education Authority (HEA), which has statutory responsibility for the governance and regulation of the higher education system in Ireland, has actively promoted equality through a range of initiatives.

180. In February 2015 the 7 universities, 14 institutes of technology and the Royal College of Surgeons in Ireland signed up to the Athena SWAN Charter committing them to advance women’s careers in science, technology, engineering, mathematics and medicine (STEMM) employment in academia. The Athena SWAN Charter is an academically-led initiative that was launched in the UK in 2005 to address the loss of women from science, engineering and technology disciplines.

181. The *Irish Research Council’s Gender Strategy and Action Plan 2013-2020*,[[76]](#footnote-76) published in December 2013, aims to maximize Ireland’s collective research-intelligence by supporting gender-equality in research careers, encouraging researchers to integrate gender-analysis into their work, and by gender-proofing the policies and procedures of the Council itself.

182. Despite the positive impact of these initiatives, there remains a gender-imbalance in the staffing of Irish higher education institutions, particularly at senior levels. Even though there is gender-balance at entry-level academic grades, 81 per cent of academic professor positions are filled by men. Although 62 per cent of all non-academic staff are women, men represent 72 per cent of the highest paid non‑academic staff. While there has never been a female president of any of the 7 universities in Ireland, currently, 4 of the 14 presidents of institutes of technology are female. Tables 33-35 show the 2014 gender breakdown of staff in the HEA universities, colleges and institutes of technology.

183. Within this broader context, in September 2015, the HEA initiated a system-wide review of higher education institutions’ gender-profiles and gender-equality policies to be conducted by an expert group chaired by former European Commissioner for Research, Innovation and Science, Máire Geoghegan-Quinn. The expert group’s report,[[77]](#footnote-77) published in June 2016, found that women face a number of barriers to progression, which are not experienced to the same degree by their male colleagues, and that the organization and culture within higher education institutions mean that talent alone is not always enough to guarantee success. The group’s recommendations call for the prioritization of resources and for the mobilization of all stakeholders to address gender inequality in relation to organizational culture and structures, as well as in the support and advancement of careers. Officials from the Department of Education and Skills will now liaise with the HEA, the higher education institutions, research funding agencies and other key stakeholders in the development of a detailed implementation plan to include a robust system of follow up evaluation and performance monitoring linked to funding.

Women in leadership in education — primary and post-primary sector

184. In the 2015/16 school year, 67 per cent of primary and 49 per cent of post primary school principals are female. For the 2014/15 academic year, 21 per cent of chairs of primary school boards of management were female.

Access to education by Traveller, Roma, and migrant women and girls[[78]](#footnote-78)

185. The education system in Ireland is operated on an inclusive basis and in accordance with principles of equality set out in relevant legislation.

186. In keeping with this inclusivity principle, the focus of current education provision for Travellers/Roma is on the development of a more inclusive school environment through the whole school planning process, teaching practice, admissions policies, codes of behaviour and whole school evaluation. Additional resources provided are allocated on the basis of identified individual educational need rather than on the basis of ethnic or cultural background.

187. Transfer of Pupil Information by Schools requires all primary schools to provide information on students moving to second level schools. This is aimed at ensuring a rounded picture of each child’s ability and achievement at primary school, and is particularly important for Travellers where the transition from primary to post-primary school can be an issue.

Admission to Schools Bill

188. The new Government has undertaken in its Programme for Government to publish new School Admissions legislation taking account of current draft proposals and addressing issues including publication of school enrolment policies, an end to waiting lists, introduction of annual enrolment structures, and transparency and fairness in admissions for pupils and their parents. The Education (Admission to Schools) Bill 2016[[79]](#footnote-79) was approved by Government on 5th July 2016 and was subsequently published. It is envisaged that the Bill will proceed through the Houses of the Oireachtas during the coming term.

Employment

Reply No. 20

Equal pay and low pay

189. Discriminatory pay practices on the grounds of gender are illegal and complaints can be made to the WRC. The Labour Court hears appeals from decisions of the WRC.

190. The establishment of the Low Pay Commission[[80]](#footnote-80) on a statutory basis in 2015 to examine and make annual recommendations on the national minimum wage, and the raising of the national minimum hourly rate of pay from 1 January 2016 to €9.15 per hour for an adult worker, have resulted in more favourable pay conditions for those on minimum rates of pay. The national minimum wage applies to all employees, including full-time, part-time, temporary and casual employees, except for employees who are close relatives of the employer, or employees undergoing certain structured training. Currently, a large majority of those who are paid the national minimum wage are women. Given the preponderance of women in low paid jobs, the Low Pay Commission has been asked to study the issue and examine the underlying reasons for it. Any recommendations they consider appropriate to address this are to be submitted to the Minister for Jobs, Enterprise and Innovation by October 2016.

Occupational segregation

191. See Table 16 for statistics on the gender breakdown of employment by sector.

The ‘marriage bar’

192. In relation to women affected by the ‘marriage bar’ in the public service, the Homemaker’s Scheme was introduced in 1994 to make qualification for the contributory State pension (SPC) easier for those who take time out of the workforce for caring duties. The Scheme allows up to 20 years spent caring for children under 12 years of age, or caring for incapacitated people, to be disregarded when a person’s social insurance record is being calculated for pension purposes. This reduces the number of years by which the person’s contributions are divided, thereby increasing their yearly average, making it easier for them to qualify for the maximum rate of SPC. However, the Homemaker’s Scheme will not, of itself, qualify a person for a pension; the standard qualifying conditions must also be satisfied.

Measures protecting migrant domestic workers

193. The Employment Equality Acts do not apply to the process of recruiting a worker to provide a personal service in a person’s private home, (e.g. childminding or care services) where the employment affects the private or personal life of those residing in that home as a woman, for example, might prefer to have a woman in a personal care-giving role in her home. However, once employed, discrimination is prohibited against such workers. Anti-discrimination practices by employers and compliance with the law is encouraged under a voluntary Code of Practice[[81]](#footnote-81) developed under the Industrial Relations Act 1990,[[82]](#footnote-82) which sets out certain employment rights and protections for persons employed in other people’s homes and is admissible in any proceedings before a court, or a workplace relations dispute resolution body.

Promoting sharing of domestic and caring responsibilities between women and men

194. Family-friendly policies are supported through laws on maternity leave, adoptive leave and parental leave.[[83]](#footnote-83) The Maternity Protection Acts 1994 and 2004 provide for statutory minimum entitlements in relation to maternity at work, including maternity leave of 26 weeks. Under the Adoptive Leave Act 1995 as amended by the Adoptive Leave Act 2005, the adoptive mother is entitled to avail of 24 weeks adoptive leave from employment. The Parental Leave Acts allow parents to take parental leave from employment in respect of certain children. The parental leave available to each parent was increased to 18 weeks per child under the European Union (Parental Leave) Regulations 2013. It is planned to consolidate maternity, adoptive, parental and carer’s leave into one piece of legislation, the Family Leave Bill.

195. The Paternity Leave and Benefit Act 2016[[84]](#footnote-84) introduced 2 weeks paid paternity leave and paternity benefit from September 2016.

196. Under the Programme for Government it is also proposed over a 5-year period to significantly increase the parental leave available to cover the first year of a child’s life. A National Parenting Support Plan will be published, with a range of practical and supportive measures for all parents.

Childcare

197. The Interdepartmental Working Group on Future Investment in Childcare in Ireland reported in 2015.[[85]](#footnote-85) It concluded that investment in supply side measures was strategically optimal in achieving the combined objectives of affordability, accessibility and quality. The Department of Children and Youth Affairs is now working towards reforming the targeted State funding programmes into a Single Affordable Childcare Programme, to be delivered in 2017.

198. The Department of Children and Youth Affairs provides funding of more than €250m annually to support the implementation of a number of childcare support programmes. This funding, which is in addition to Child Benefit payments, provides support to more than 100,000 children each year.

199. The Early Childhood Care and Education (ECCE) programme provides a free year of early childhood care and education for all children of pre-school age. The Department of Children and Youth Affairs pays a capitation fee to participating early years services. In return, they provide a pre-school service free of charge to all children within the qualifying age range for 15 over 38 weeks. The extension of the ECCE scheme from September 2016 will mean that children are eligible for State-funded pre-school places from the age of 3 until they begin school, and this will reduce average parent’s annual childcare costs by a further €1,500 approximately.

200. In addition to this universal support, a number of programmes are in place to provide targeted support to families from lower income or disadvantaged backgrounds. The largest of these is the Community Childcare Subvention (CCS) programme, under which disadvantaged parents and parents in training, education or low paid employment can avail of childcare at reduced rates, with a subvention of up to €95 per week.

201. Other schemes through which free or subvented childcare is available include Childcare Education and Training Support, which provides free childcare for certain training course participants; the After-School Childcare (ASCC) programme, which provides free afterschool care for primary school children for certain categories of parents returning to the workforce; and the Community Employment Childcare schemes, which cater for the children of Community Employment scheme participants.

202. In Budget 2016, an €85m package of additional investment for the childcare sector was announced. This will provide for a range of significant enhancements to the childcare support programmes. These include the expansion of the Early Childhood Care and Education (ECCE) programme and increased provision under the CCS programme.

203. A new model has been introduced to enable children with disabilities to access and fully participate in the ECCE Programme. The Access and Inclusion Model (AIM)[[86]](#footnote-86) is a child-centred model, involving seven levels of progressive support, moving from universal to the targeted, based on the needs of the child and the pre-school provider.

*One-Parent Family Payment scheme*.

204. Lone parents, among other social welfare recipients, continue to benefit from childcare schemes introduced to assist them in taking up employment. The schemes in question are the ASCC scheme and the Community Employment Childcare programme.

205. The final phase of reforms to the One-Parent Family Payment (OFP) Scheme came into effect from 2 July 2015 when the maximum age threshold for the youngest child on the scheme was reduced to 7 years. Customers who were affected by the age reforms transitioned to alternative income support payments as appropriate. These included the Jobseeker’s Transitional Payment (JST), Jobseeker’s Allowance (JA) and the Family Income Supplement (FIS) and are available to those who have a youngest child aged 7 to 13 years inclusive and who are parenting alone. These customers are exempt from the Jobseeker’s Allowance conditions that require them to be available for, and genuinely seeking, full-time work. As such, no lone parent whose youngest child is aged under 14 is required to take up employment in order to receive income support from the Department of Social Protection.

206. There are a range of other social welfare payments and activation measures that also benefit lone parents.

Health

Reply No. 21

The legislative framework regarding termination of pregnancy

207. Article 40.3.3° of the Irish Constitution, as interpreted by the Supreme Court, provides that it is lawful to terminate a pregnancy in Ireland if it is established as a matter of probability that there is a real and substantial risk to the life, as distinct from the health, of the mother, which can only be avoided by a termination of the pregnancy. The Protection of Life During Pregnancy Act 2013 regulates access to lawful termination of pregnancy where there is real and substantial risk to the life of a woman as a result of her pregnancy. The Act commenced on 1 January 2014 and the Guidance Document on the implementation of the Act was published later that year.[[87]](#footnote-87) It regulates access to lawful termination of pregnancy in accordance with the X case and the judgment of the European Court of Human Rights in the A, B and C v Ireland case. Its purpose is to confer procedural rights on a woman who believes she has a life-threatening condition, so that she can have certainty as to whether she requires this treatment or not.

208. It should be noted that the Committee of Ministers of the Council of Europe is satisfied that the Government has given effect to the ruling in A, B and C v Ireland by introducing the Protection of Life During Pregnancy Act 2013,[[88]](#footnote-88) related regulations and guidance document. The Committee of Ministers closed the case on 4 December 2014.

209. In cases where the risk to life arises from a physical health issue, two doctors will be required to certify that the woman qualifies for a termination of pregnancy, one of whom must be an obstetrician/gynaecologist practising at an appropriate institution. In an immediate emergency situation arising from a physical health condition, the opinion of one registered medical practitioner will be sufficient for the termination to be lawful. In cases where there is a risk to the life of the pregnant woman arising from suicide, three doctors are required to jointly certify the procedure. One of doctors must be an obstetrician/gynaecologist practising at an appropriate institution, and the other two will be psychiatrists, one of whom must practice in an appropriate institution and the other must practice at an approved centre or for, or on behalf of the HSE, or both.

210. In non-emergency situations, provision is also made in the legislation for consultation with the woman’s GP in the course of the diagnostic process, where practicable and with her consent. A woman can have her case reviewed within a given time period if she wishes to have the clinical assessment made by the original treating team reviewed, or if she has been unable to obtain an opinion. A Review Committee composed of relevant specialists, nominated by the appropriate independent professional bodies and the HSE, will be established within a specified timeframe by the HSE, for this purpose. This formal review pathway is in addition to, and not in substitution for, the option of the woman seeking a second opinion as with normal medical practice. Again, the formal review process mirrors the assessment process set out above — in cases of physical health conditions, two doctors will carry out the assessment; while cases of suicide will require three doctors.

211. In 2015, 26 terminations were carried out under the Protection of Life During Pregnancy Act 2013. 14 of these arose from a risk to the life of the mother arising from physical illness, 9 from a risk to the life of the mother from emergencies arising from physical illness, and 3 arose from a risk to the life of the mother from suicide ideation.

Demand for and cost of abortion services

212. The HSE Crisis Pregnancy Programme (CPP), formerly the Crisis Pregnancy Agency, was established in 2001 to work closely with Government Departments and Agencies to reduce the incidence of crisis pregnancy, including abortion, among women living in Ireland. The CPP strategically invests in research as a means of understanding the context in which crisis pregnancy is happening. Over 35 research reports have been published to date on a wide range of topics related to crisis pregnancy and sexual health and behaviour, including research with young migrant women on sex, fertility and motherhood.

213. The monitoring system developed by the CPP to examine the number of women giving Irish addresses at abortion clinics in other jurisdictions has shown a 40 per cent reduction, from 6,673 in 2001 to 3,982 in 2012, in the women travelling from Ireland to the UK for abortion services. The *Irish Contraception and Crisis Pregnancy Study*[[89]](#footnote-89) published in 2012 found that 94 per cent of all women living in Ireland who have experienced an abortion had travelled to the UK for the procedure.

Reply No. 22

Free abortion aftercare

214. Abortion aftercare services, including post-abortion medical check-ups and post-abortion counselling, are available free of charge to all women living in Ireland. The Abortion Aftercare campaign, developed by the CPP, aims to raise awareness of the availability of free State-funded post-abortion medical check-up and counselling services, promoted at www.abortionaftercare.ie.

Regulation of Information Act 1995

215. The freedom to travel to another state for a termination of pregnancy and to obtain information in relation to this service is guaranteed in Article 40.3.3 of the Constitution. The conditions under which information relating to services lawfully available in another State might be made available within Ireland are set out in legislation.[[90]](#footnote-90) No changes to these Regulations are currently proposed.

Family planning, sexual and reproductive health services

216. Establishment of the CPP in 2001 was instrumental in a decrease in the teenage birth rate from 20 per 1000 women aged 15-19 in population in Ireland in 2001 to 9.3 per 1000 women aged 15-19 in population in 2014.

217. While there is good availability of, and access to, contraception methods to people of all ages in Ireland, the National Sexual Health Strategy places a particular focus on the provision of RSE to ensure that children and adolescents attain the knowledge, understanding, attitudes and skills required for healthy sexual expression throughout life, as outlined earlier in this report.

218. The *National Maternity Strategy 2016-2016*,[[91]](#footnote-91) published in January 2016, recognizes that pregnancy and birth is a time when women have a unique opportunity to focus on their health and wellbeing. It underlines the importance of addressing the sexual health and wellbeing needs of the mother at this time, including information on contraception options. The new National Women & Infants Health Programme will, when established, lead the management, organization and delivery of maternity, gynaecological and neonatal services within the HSE.

Prevalence of chronic non-communicable diseases predominantly affecting women, prevention measures and treatment

219. The development of cancer services in Ireland has been governed by a programmatic approach to cancer control covering prevention; early detection; follow up; research and centralization based on international evidence for improved outcomes. The National Cancer Control Programme has reorganized cancer surgery based around eight designated cancer centres to ensure that these centres have sufficient activity to provide and maintain on-going surgical expertise. An important element of cancer control in Ireland is evidence-based cancer screening programmes to detect early cancerous, or pre-cancerous, cells with a view to reducing cancer mortality.

220. The incidence of breast cancer in Ireland in 2013 was 122.6 per 100,000, and the number of women living with it was 1399.6 per 100,000. BreastCheck, the National Breast cancer screening programme, has offered breast cancer screening with biennial mammography to women aged 50-64 years since 2000. The screening programme was extended to women aged 65-69 years in 2015, and the implementation of this decision has commenced. Symptomatic Breast Disease (SBD) Clinics have been established at the eight centres to facilitate early diagnosis. The SBD services are led by a lead clinician in each designated cancer centre and are supported by a multidisciplinary team of cancer specialists. The group of lead clinicians now operates as a cohesive national clinical network through which best practice models are identified and shared to ensure standardization and service improvement nationally.

221. The incidence of cervical cancer in Ireland in 2013 was 12.4 per 100,000 and the number of women living with it was 140.4 per 100,000. CervicalCheck, the National Cervical Screening Programme, has been in operation since September 2008. It offers cervical screening to women aged 26-60 years. A national HPV vaccination programme, providing vaccination to 1st year post-primary school girls, has been in place since 2010.

222. The prevention and management of cardiovascular disease in both men and women is addressed in the Department of Health policy, Changing Cardiovascular Health: National Cardiovascular Health Policy 2010-2019. This policy places an increased emphasis on primary preventative measures. In Ireland female mortality due to ischemic heart disease fell by 59 per cent between 1990 and 2010.

223. An Obesity Policy and Action Plan will be launched this year. The Healthy Ireland Survey indicates that 60 per cent of the Irish population are overweight or obese. For age 25 years and over, 31 per cent of women are overweight and 22 per cent are obese; 53 per cent in total. For those from 15-24, overweight and obesity together are 27 per cent.

224. As of June 2016, this year’s overall health budget is €13.649bn (€13.235bn current, and €414m capital).

Health situation of vulnerable women — Traveller women, Roma women, migrant women, older women and women with disabilities

225. Elements of mainstreaming and targeted approaches are necessary in order to ensure equality of access, participation and outcomes for all groups. While mainstream healthcare is the primary vehicle through which all service users, including Travellers and Roma, are enabled to access care and support, it has proved necessary to develop additional programmes that target the specific needs of this group.

226. It is envisaged that the continued development of ethnic identifiers across health services will facilitate improved monitoring of uptake of services and provide information on emerging trends.

227. Positive steps have been taken towards improving Traveller health outcomes. The *All-Ireland Traveller Health Study*[[92]](#footnote-92) (AITHS) was published in 2011 and offered an evidence-based overview of the health status of Travellers, both female and male. Key findings of this study reflected a widening gap in health status between Travellers and the settled population, with particularly worrying figures in respect of Traveller mortality and morbidity, compared to the settled population. The AITHS also demonstrated that Travellers’ access to health services is good, with Travellers stating that their access is at least as good as that of the rest of the population. This is noteworthy, as access to primary care services is an important element of health services delivery. See responses to issues raised in paragraph 24 for information on Traveller women’s access to health services.

228. Over 94 per cent of Travellers have a Medical Card, with this figure rising to 99 per cent in the older age group. Nearly 97 per cent of all Travellers are registered with a GP. However, the research reports that the healthcare experience is not as good as the general population, with communication cited as a major issue by both Travellers and service providers.

229. Work in relation to Traveller health in the HSE is guided by findings of the AITHS, while associated strategies such as the Primary Care Strategy and HSE National Intercultural Health Strategy provide frameworks within which care and support needs may be effectively addressed. The Social Inclusion care group located within the Primary Care Division of the HSE holds a remit for Traveller and Roma health. The overall structure of the HSE National Traveller Health Advisory Forum, comprising health service staff, Traveller Health Unit (THU) representatives and Traveller representation, continues to provide a strategic and operational framework towards promotion of a consistent approach across THUs to addressing Traveller health priorities identified in the AITHS. Specific measures are being taken in key areas such as asthma, diabetes, suicide prevention and drugs and other addictions.

230. The Tallaght Roma Integration Project (TRIP) along with the Safetynet Primary Care Network and Tallaght Hospital, Dublin, provides the mobile Safetynet Roma GP service to members of the Roma Community, the majority of whom are from the Tallaght and surrounding area of South West Dublin. The Roma GP clinic deals with many health issues, particularly with respect to screening for chronic and acute illnesses, childhood vaccinations and ante-natal care.

231. The Department of Health has been allocated an additional €1.46m to provide a Mobile Health Screening Unit from 2016-2017. The objective of this measure is to provide an accessible, targeted screening and primary care service to a wide range of marginalized service users in settings such as hostels, prisons and Direct Provision Centres. The measure will benefit a diverse cohort of marginalized groups including those affected by homelessness, migrants and asylum seekers, Roma, Travellers and those who suffer from addiction.

232. Please see the response to issues raised in question 24 for information on the health situation of women in detention.

233. The *Irish Longitudinal Study on Ageing* (TILDA)[[93]](#footnote-93) is a large-scale, nationally representative, longitudinal study, to which the State has contributed significant funding.

234. Evidence from Wave 1 of TILDA suggests that women report better quality of life relative to men, and are more likely to experience a greater improvement in quality of life over time. However, women experience a greater negative effect of increasing disability on their quality of life. It is possible that as the main carers in families, women receive less social support themselves as their health declines. Evidence from TILDA suggests that married women are less likely to report that their partner is supportive relative to married men, and that as health declines, having a partner is more beneficial for quality of life among men compared with women. Furthermore, married women caring for their spouses are also more likely to have increased depressive symptoms, compared to men.

235. The Disability Act 2005[[94]](#footnote-94) is a positive action measure which provides a statutory basis for making public services including public health and personal social services accessible. It gives effect to the underlying principle that mainstream services provided to the general public must also serve people with disabilities as an integral part of the service provided. The health service is obliged to ensure that its buildings, services, the information it provides, and how it communicates with people, are all accessible to people with disabilities. The *National Guidelines on Accessible Health and Social Care Services*[[95]](#footnote-95) give practical guidance to all health and social care staff about how to provide accessible services.

Rural women

Reply No. 23

Situation of rural women

236. There is no differentiation in the provision of social security and other supports for individuals as between rural and urban areas.

237. The Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs is developing a new Action Plan for Rural Ireland to advance economic and social progress in rural areas. The Action Plan will act as an overarching structure for the implementation of new Government initiatives which have the potential to benefit rural Ireland, as well as the implementation of existing plans and strategies, such as the *Report of the Commission for the Economic Development of Rural Areas*[[96]](#footnote-96) and the *Charter for Rural Ireland*.[[97]](#footnote-97)

238. The Action Plan will identify a series of time-bound actions with specific and measureable outputs and coordinate the implementation of those actions with a view to ensuring that all areas of Ireland are supported equally and facilitated in their development into the future. It is expected that the plan will be published by the end of 2016.

*Ensuring a gender dimension in rural development*.

239. Each of the 8 Regional Action Plans for Jobs[[98]](#footnote-98) has specific targets for the participation of women on core Local Enterprise Office training programmes. The Plans will also facilitate the growth of networks amongst female entrepreneurs in the regions.

240. In guidelines for the development of Local Economic and Community Plans, Local Community Development Committees (LCDCs) and Local Authorities are encouraged to assess the impact of the proposed plan on a number of horizontal priorities, including equality. To identify priorities and include women in local decision-making, the development of these plans involved significant consultation at a local level, including with local women’s groups. In addition, where responsibility for the plan lies with the Local Action Group for the purposes of the LEADER[[99]](#footnote-99) element of the Rural Development Programme, the programme rules require that each such Group should aim to secure a balanced gender representation.

241. Anti-discrimination and equality were carefully considered when preparing Ireland’s 2014-2020 Rural Development Programme (RDP). Areas within the RDP that promote gender equality include support for collaborative farming and identification of the increasingly significant role women in Irish agriculture are making to innovative practices, entrepreneurial advances and technological uptake.

242. Funding was provided in 2015 and 2016 under the CEDRA Rural Development and Innovation Fund for a business development programme. The ACORNS initiative develops the potential of rural female entrepreneurs who have either recently started or taken concrete steps towards setting up a business, and equipping them with appropriate knowledge, confidence and networks through mentoring and peer-learning.

243. The Government’s Tourism Policy Statement *People, Place and Policy — Growing Tourism to 2025*,[[100]](#footnote-100) published in 2015, notes that in more rural regions, the female share of employment in Accommodation and Food Service, ranges from 50 per cent-62 per cent, indicating that the tourism sector is a strong source of employment for women. Tourism has benefited from a number of Government initiatives, including a low VAT rate of 9 per cent.

244. The Department of Transport, Tourism and Sport provides funding and a policy framework for the Rural Transport Programme[[101]](#footnote-101) (RTP) through the National Transport Authority (NTA). The NTA was given national responsibility for integrated local and rural transport, including managing the RTP, with effect from 1 April 2012. This new role, along with the NTA’s existing national remit for securing the provision of public passenger transport services, enables the development of better links between local/rural transport, and scheduled bus/rail services. The RTP provides services to people whose travel needs are not met by existing bus or train services, and aims to enhance and sustain nationwide accessibility, through community-based participation, particularly for those at risk of social exclusion, as well as people with mobility, sensory and cognitive impairments. It plays a major role in combating rural isolation.

Rural women’s awareness of Convention rights

245. The framework for promotion of human rights at the national level also provides for the information needs of rural women.

Disadvantaged groups of women

Reply No. 24

Protection of disadvantaged groups of women from sexual violence and abuse

246. See responses to issues raised in paragraph 12.

Access to health services for older women

247. GP services are available free of charge to all residents aged over 70 years. The HSE currently employs 71 Consultant Physicians in Geriatric Medicine, which represents a 6.7 per cent increase since December 2014.

248. The total number of people ages 70 and over with GP visit cards is currently 87,559, of which 43,188 are female.

249. The national Nursing Homes Support Scheme[[102]](#footnote-102) aims to ensure that long-term nursing home care is accessible and affordable for everyone who requires it, and that people are cared for in the most appropriate settings. The Scheme provides financial support towards the cost of long-term residential care services in nursing homes. The applicant can choose any public, voluntary or approved private nursing home, provided the home has availability and can cater for their needs. Under the Scheme, nursing home residents contribute towards the cost of their care according to their means and the Health Service Executive pays the balance of the cost. Means-testing does not apply in the case of home care; the service is provided free and based on the assessed care needs of the person. The 2016 net budget for the Nursing Homes Support Scheme is €940m. In 2016 the Scheme will support 23,450 people on average per week.

250. The HSE provides a range of community-based services aimed at ensuring older people receive safe, timely and appropriate care and treatment at the lowest level of complexity, as close to home as possible. The HSE’s *National Service Plan for 2016*[[103]](#footnote-103) provides for a target of 2,005 short-stay residential beds, over 300 transitional care beds, 10.4 million home-help hours, and 15,450 Home Care Packages. In addition, some 130 Intensive Home Care Packages will be provided to support people with more complex needs. A further 60 clients with dementia will be supported with co-funding from Atlantic Philanthropies under the *Irish National Dementia Strategy*[[104]](#footnote-104) published in December 2014.

251. Home support services are provided on the basis of assessed health-care need and regularly reviewed. Services are being stretched by demands from more people, and for more hours at times outside of core hours, in the evenings and at weekends, all of which cost more. Government has responded to this demand by providing an extra €40m for home care in 2016. Not only will this ensure that the home support services provided in 2015 are maintained but also increased. Implementation of the *National Positive Ageing Strategy*[[105]](#footnote-105) is ongoing.

252. The *National Carers’ Strategy*[[106]](#footnote-106) was published in July 2012 and sets the strategic direction for future policies, services and supports provided for carers. The third Annual Report on the implementation of the Strategy was published in January 2016.[[107]](#footnote-107)

Women with disabilities

253. General information regarding the human rights situation of persons with disabilities is set out in the core document.[[108]](#footnote-108)

254. The Department of Justice and Equality, together with the National Disability Authority and the National Disability Strategy Implementation Group (NDSIG) is undertaking a comprehensive consultation process with a view to putting in place a revised National Disability Inclusion Strategy. The consultation process provides the opportunity to interested parties to make recommendations in key areas such as service provision, accommodation, health, employment, and education. It is intended that a revised Strategy will run until 2020, and will be in place later this year.

Migrant women

255. The situation of migrant women is covered in various relevant sections throughout this report.

Traveller and Roma women

256. A comprehensive 3-phase consultation process is underway, led by the Department of Justice and Equality, to develop a new National Traveller and Roma Inclusion Strategy to improve the situation for the Traveller and Roma communities in Ireland. This process will provide a new set of specific actions that need to be taken to bring about a real improvement in quality of life for Travellers and Roma. A series of public consultations in respect of Phase 3 will take place in September 2016. The question of recognition of Travellers as an ethnic group continues to be considered in the context of development of the Inclusion Strategy. Other key themes in this Inclusion Strategy relate to the issues faced by members of the Traveller community in terms of accommodation, education, employment, interaction with An Garda Síochána, health and discrimination in daily life.

257. Successive Governments have recognized the special position of Travellers in a range of legislative, administrative and institutional provisions designed to protect their rights and improve their position. The high priority attached by successive Irish Governments to improving the position of Travellers is reflected in the resources allocated to Traveller-specific programmes, particularly in the areas of accommodation and health and their being named as a group requiring specific protection in Ireland’s equality legislation.

Traveller Accommodation

258. A summary of developments in respect of Traveller accommodation up to February 2014 is set out in the core document.[[109]](#footnote-109) Under the Housing (Traveller Accommodation) Act 1998,[[110]](#footnote-110) housing authorities have statutory responsibility for the assessment of the accommodation needs of Travellers and the preparation, adoption and implementation of multi-annual Traveller Accommodation Programmes in their areas. In 2013 the fifth National Traveller Accommodation Consultative Committee was appointed for a four-year term. The 4th round of Traveller Accommodation Programmes was adopted in April 2014, and provides a road map for local authority investment priorities in Traveller accommodation from 2014-2018. Traveller accommodation programmes must be prepared in consultation with other public authorities, community and other bodies, Travellers via their local consultative committee, and the public in general.

259. The 2015 Annual Count[[111]](#footnote-111) of Traveller families in local authority and local authority-assisted accommodation and on unauthorized halting sites found that, of a total of 6,109 Traveller families identified, 5,575 families were in accommodation provided by or with assistance from a local authority. Of these, 3,229 were in standard local authority housing, 762 were in local authority group housing, 450 were in private houses assisted by local authorities, 199 were in housing provided by voluntary bodies with local authority assistance, and 935 were housed on local authority halting sites. The remaining 534 families were on unauthorized sites.

Women and girls in prison and places of detention

260. The joint Probation Service — Irish Prison Service strategy document for 2014-2016, *An Effective Response to Women Who Offend*[[112]](#footnote-112) sets out how the two agencies will work with other statutory, community and voluntary sector partners to provide more tailored women-centred interventions, reduce offending, improve opportunities for reintegration, and achieve more positive outcomes generally.

261. On 30 April 2016, a total of 147 female prisoners were in custody; 36 were on trial/remand and 111 were serving sentences. As regards their age profile, 43 per cent were in the 30-40 age-group, 30 per cent in the 18-30 age group and 27 per cent were 40 or older. Table 34 sets out the offences committed by those serving prison sentences and shows that the highest proportion (38 per cent) is for theft and related offences (Table 36).

262. Yearly sentenced committals of females increased from 1,497 in 2010 to 2,644 in 2014. This increase has largely been driven by a significant increase in sentences for road and traffic offences (Graph 37).

Girls in detention

263. Since 2007, the Oberstown children detention campus has had responsibility for detention of all girls up to the age of 18 years. There are no girls in the adult prison system. In 2015, girls were detained or remanded in custody in Oberstown on 11 occasions involving 8 individuals in respect of offences related to theft and fraud, public order, assault and breach of bail. No girls were given a sentence of detention to Oberstown in 2015.

Alternatives to custody

264. The number of persons imprisoned for non-payment of fines is a tiny fraction of the overall prisoner population. As of 30 April 2016, only 1 female was in custody for non-payment of a fine.

265. Alternatives to custody continue to be pursued and various laws have been introduced in this regard. These include the Criminal Justice (Community Service) (Amendment) Act 2011[[113]](#footnote-113) which requires the sentencing judge to consider the imposition of community service where a custodial sentence of 12 months or less is being considered. The Fines (Payment and Recovery) Act 2014,[[114]](#footnote-114) which commenced on 11 January 2016, addresses the refusal or failure of a person to pay fines and provides that imprisonment will only apply as a last resort where it is not appropriate to make an Attachment Order, a Recovery Order or Community Service Order or where a Community Service Order is made and the person fails to comply with it. The Court imposing a fine must take into account a person’s financial circumstances. It further provides that where a person fails to pay a fine the Court may make an attachment of earnings as a means of recovering an unpaid fine. As a result of this legislation it is expected the number of committals to prison on short sentences will reduce.

266. The Civil Debt (Procedures) Act 2015[[115]](#footnote-115) provides for the abolition of imprisonment of debtors for non-payment of civil debts, and also provides for the attachment of earnings or deductions from social welfare payments.

Traveller women and girls in prison

267. The *All-Ireland Traveller Health Study* concluded that the relative risk of imprisonment of Traveller women was 9.8-11.5 per 10,000, and 18-22 times that of non-Traveller women. Conflict management and resolution will be a potential focus of the National Traveller/Roma Inclusion Strategy. The Social Inclusion care group of the HSE is provides funding specifically towards research on the unique needs and issues of Traveller women in custody.

The health situation of female prisoners

268. Incarcerated women tend to have complex healthcare needs. Use and abuse of drugs often impairs their ability to benefit from prison programmes. Prisoners may have a poor history of self-care and it can be a challenge to empower them in this regard.

269. However, the general standard of healthcare delivered to women in prison is at least on a par with that in the community. While the prevalence of HIV in prisons in Ireland remains low, healthcare staff remain vigilant in encouraging screening and early treatment as outcomes are better with early intervention. Where sexual abuse is identified women are supported by health and psychology staff in the first instance and a referral is made for rape counselling services. Innovative practices include linking to national screening programmes for breast and cervical cancer, a general policy of non-prescribing or detox from benzodiazepine and hypnotics, and a healthy lifestyle initiative under which women are encouraged to take responsibility for their health through a programme of education and exercise.

270. During 2015, a mental health training programme for all staff was developed, to be delivered to all staff over a 3-year period. A 2015 review of Irish Prison Service Psychology Service[[116]](#footnote-116) identifies a more integrated role for the Psychology Service, placing a particular emphasis on its role in managing longer-term offenders. Progress is being made to implement its recommendations, which address offenders with adjustment issues, substance misuse issues, mental health issues, and life-sentenced prisoners. Nurses entering the prison service undergo a specific prison nursing education programme. Mental Health Awareness and Women Awareness Staff Programmes have been developed, and all staff working with women complete the Women Awareness Staff Programme, which addresses specific issues in relation to women in prison, including factors likely to have led them to criminal behaviour, the issues women face when in prison, and the effect of imprisonment on mothers and their children.

Marriage and family relations

Reply No. 25

The family home

271. Protection is provided for the family home of a married couple under the Family Home Protection Act 1976[[117]](#footnote-117) as amended by the Family Law Act 1995.[[118]](#footnote-118) Similar protection is provided for the shared home of civil partners by the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010.[[119]](#footnote-119) This legislation prevents one spouse or civil partner from selling, mortgaging, leasing or transferring the family or shared home without the consent of the other spouse or civil partner. The courts can dispense with the other spouse’s or civil partner’s consent where it considers that the withholding of consent is unreasonable. A spouse or civil partner is also able to apply to the courts for orders restraining the other spouse or civil partner from doing anything that might reduce his or her interest in the shared home or make it unsuitable to live in.

272. Whilst some family homes are held in the sole name of one spouse, many family homes are held in the names of both spouses as a joint tenancy as this is often a condition of the mortgage used to buy the house. By providing that no stamp duty or registry fees are payable on the transfer of a family home or shared home into a joint tenancy, the Government encourages spouses and civil partners to put the family or shared home into their joint names.

273. Under the Family Law Act 1995, in deciding on the right to occupy the family home on the occasion of a judicial separation or divorce, the court shall have regard to the welfare of the spouses and any dependent member of the family and must ensure that proper provision is made for them having regard in particular to the income, assets and needs of the parties.

274. A 2011 study[[120]](#footnote-120) carried out for the Office of the Minister for Children and Youth Affairs, looked at separation and divorce agreements made in the Family Law Circuit Courts and noted orders made in respect of the family home. Among the 63 home-owners, mothers (33) were more likely than fathers (7) to remain in the family home. Approximately half of these mothers, mostly with children, were given the family home in a compensatory package in lieu of maintenance or because of paternal desertion of the family.

Distribution of property upon divorce or dissolution of de-facto union

275. The Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010 introduced a redress scheme for couples who are not married or registered in a civil partnership to provide protection for a financially dependent member of the couple if a long-term cohabiting relationship ends either through death or separation. The scheme came into effect on 1 January 2011 and provides that a financially dependent cohabitant may apply to the courts for redress by way of orders such as maintenance, property adjustment, pension adjustment and related orders, or for provision to be made from the estate of a deceased cohabitant. There is limited case law to date on these provisions but they have been given effect by the courts.

Economic situation of women and children in the aftermath of a divorce

276. The economic impact of separation and divorce remains a developing area of research and study regarding social exclusion and poverty.

Additional information

Reply No. 26

277. In October 2015, the Government published a roadmap for Ireland’s ratification of the Convention on the Rights of Persons with Disabilities,[[121]](#footnote-121) which outlines the considerable legislative changes needed to overcome barriers to Ireland’s ratification. Legislation is currently being drafted in this regard. Ireland intends to ratify both the UN CRPD and its Optional Protocol by end-2016.

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   consultation.pdf/Files/Report%20of%20issues%20raised%20at%20CEDAW%20consultation.pdf. [↑](#footnote-ref-1)
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3. Senior cycle at second level. [↑](#footnote-ref-3)
4. Consistent poverty is the overlap of two component indicators: at-risk-of-poverty, which measures individuals whose household income is below 60 per cent of the median, and basic deprivation, which captures individuals lacking 2 or more of 11 basic necessities. A person is in consistent poverty if he or she is both income-poor and deprived. [↑](#footnote-ref-4)
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