

## Newsletter ~ April - May 2024

**We would like to hear from women who have accessed, or tried to access, legal aid in a civic matter**



The Department of Justice (DoJ) is seeking to review their processes for Civil Legal Aid.

At present, legal aid is available to some people who meet the criteria, and it can be used by those people to alleviate costs when, for example, seeking non-molestation orders, attending Family Courts, and other civil (i.e. non-criminal) legal matters.

It is important to us that the answers we give to the consultation reflect the experiences and concerns of the people we represent, so the questions we have asked below are designed to help us answer DoJ's suggestions for reform. We also want to understand the barriers that people have experienced when accessing legal aid and understand if the financial means test is fit for purpose.

Any information that you can give is valuable. The short survey is available [here](#), and please share it with anyone you think might have useful information to share.

This survey will close at 11.59pm on Wednesday 12th June 2024.

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@womensrda



@WRDA\_team



@WomensResourceandDevelopmentAgency

## Breast Services in Northern Ireland: Red Flag Referrals Evaluation

**We would like to hear from women who have been affected by the mitigations put in place in the last 6 months to a year.**

The Women's Resource and Development Agency, on behalf of the Department of Health, are gathering the experiences of people who have been called for a red flag referral in the last six months to a year. If you would like to share your experiences with us please **use the QR code opposite to complete a short survey.**

you will have the opportunity to provide your email address if you would like to be contacted to take part in a focus group to discuss this topic further. If you would rather share your feedback directly, you can phone Deirdre on 077 1784 3274.



Red flag referrals (those most urgent) are the subject of a strict target – all must be seen within 14 days. While individual Trusts have met this target, it has never been fully achieved regionally. All Trusts have had significant periods of time where performance has been unacceptable compared to the 14 day target.

To relieve pressures, some women have been asked to travel to another Trust to receive their assessment – not for the ensuing treatment, if any. Out of hours 'mega clinics' have been utilised on evenings/weekends to assist with reducing the waiting list backlogs. We would like to hear from women who have been affected by the mitigations put in place in the last 6 months to a year.

**What WRDA will do with this information:** Any information you provide may be shared by WRDA with the DoH. You can request a copy of all the information WRDA holds on you and we will supply this within 40 working days. You can request that we delete any information we hold on you (as long as we are not legally obliged to retain this information) and we will delete your records within 40 working days. Please contact [info@wrda.net](mailto:info@wrda.net) for further details.



## Why Mother & Baby Units aren't a luxury, they are a necessity

I spent my first night at home with my daughter when she was seven weeks old. This isn't how I thought it would happen. I pictured wrapping her in her blanket, popping her in her car seat, driving (slowly) from hospital to our home, and sharing those first precious moments together.

But when my daughter was two days old, I was detained to a psychiatric ward with, what I would later learn, was a post-partum adjustment, panic and depressive disorder.

**I spent 47 of our first 50 nights away from my daughter, which is 47 too many.**

Northern Ireland does not have a Mother and Baby Unit, unlike other parts of the UK, where mums with serious post-partum mental health issues can stay with their babies, while they receive the treatment they require.

**Whilst in the midst of catastrophic delusions, emotionally distressing nightmares, panic attacks and invasive, disordered thinking; I was being expected to navigate our complex health and social care system, in order to see my daughter.**

At the time, I required professional help, for my own and my daughter's safety and wellbeing. And the psychiatrists, nurses and occupational therapists on the ward used their expertise to help treat my presenting mental health issues.

I am grateful that I got the help I needed almost immediately, moving straight from a post-natal ward to a psychiatric ward, however a psychiatric ward is not an appropriate place for a new mother. But it was at the time, and still is, the only available in-patient option.

- New mothers should not have to schedule appointments to see their babies.
- They should not have to throw pumped breast milk down the bathroom sink because there is no sterile equipment available.
- They should not have to hunt for a bathroom with a bin in which they can appropriately dispose of their bloody maternity pads.
- They should not have to swab their episiotomy stitches themselves, to check for infection, because no midwives are available to help.
- They should not have to Google and guess if their medication will affect their breast milk, because no one has given a firm answer.
- They should not have to have piles of 'safe clothes' to wear, because the only outside space to walk in is also the smoking area.

**It was a huge struggle to be the only new mum on the ward. To advocate for what I needed, to ensure staff understood why it was important, and to recover well after having a baby; one of the most life changing events a person can go through.**



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However, the hardest aspect of being separated from my daughter, was that this very act directly affected my recovery. It was almost impossible, to build up an emotional connection, to acquire practical parenting skills, and to navigate this new chapter of life as a family well. I felt like I didn't know her at all, that I wasn't fit to be her mother, and that someone else would be better placed to take care of her. At one point, I considered giving up my parental rights.



**The psychiatric ward room Laura stayed in was unsuitable for babies, forcing them to be separated.**

This is the antithesis of what is required to help new mums with mental health issues. Little babies need their mum's, but mum's also need their little babies. It is a completely abnormal situation to try and squeeze life as a parent in to an hour-long ward visit. To not see your child for days or weeks, and then be expected to know them, care for them and provide for them, and to do this well.

A Mother and Baby Unit would allow those who are acutely unwell, to get the professional help they need, but it would also directly assist their mental recovery. It would be safe, supported, appropriate environment; enabling parents the right to a family life.

Northern Ireland needs a Mother and Baby Unit, because separation is never the best option.

*This blog post was submitted by Laura.*

### How you can help

WRDA and the Mas project are members of the Maternal Mental Health Alliance and we are campaigning for a mother and baby unit in Northern Ireland. To support this campaign, contact your MLA and ask them to :

- **Ask the Health Minister: when is the deadline for the Belfast Trust to produce the business case for the mother and baby unit ?**
- **Will the funding for a mother and baby unit in Northern Ireland be confirmed within the next 6 months?**



## Gender Inequality in Northern Ireland: Where are we in 2024?

The Women's Sector Lobbyist has provided an [overview](#) of gender inequality in NI in 2024. The overview covers;

- **Women's Employment, Austerity, Poverty and the Gender Pay Gap**
- **VAWG**
- **Politics, Public Life, Peacebuilding and Decision-Making**
- **Equality**

In 2020, WRDA produced a number of statistics on [gender inequality in Northern Ireland](#), against a number of key indicators. This data represents an update on the 2020 statistics, against the same measures, insofar as they are available.

It is worth noting that many of the data sources that were relied on in 2020 have not been updated, and that this data had to be gathered manually, where possible. As such, we repeat again the calls for regular, disaggregated data collection and for measures established to be updated on a regular basis.

As with much of our work, this data paints a picture that the story of the struggle for gender equality often looks like taking one step forward, and one step back. This should not be and does not have to be the norm. Many of the areas where progress is made most slowly – the kind of progress that benefits women overall rather than a small group of women – are areas within control of government policy.

Most strikingly, the rise in poverty which so disproportionately impacts women, can be addressed in large part through changes to the social security system, the introduction of childcare for all, and better measures to address sexism in the workplace.

WRDA and the Women's Sector Lobbyist are committed to this fight, and by joining WRDA or following our social media channels, you will receive updates on the work to level up gender inequality for every woman in NI.

*Elaine Crory, Women's Sector Lobbyist,  
April 2024 [elaine.croory@wrda.net](mailto:elaine.croory@wrda.net)*



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**Membership is free. Find out more at [www.wrda.net/membership](http://www.wrda.net/membership)**