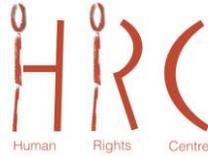




Queen's University
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Reproductive Health Law and Policy Advisory Group

A joint initiative between Queen's University Belfast School of Law and Human Rights Centre and Ulster University School of Criminology, Politics and Social Policy

Briefing paper

Funding abortion services elsewhere in UK for Northern Ireland residents

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Introduction

This briefing paper sets out preliminary issues that arise regarding the proposed funding of abortion services elsewhere in the UK for Northern Ireland residents.

Monitoring data

In this section we present **data on abortion services** currently accessed by Northern Ireland residents. It is important to note that in a number of instances monitoring data is not available and as a result it is not possible to provide an accurate calculation of the abortion rate or the demand for abortion services.

- **Legal abortions carried out in Northern Ireland in the NHS** are rare. During the reporting periods 2006/07 to 2015/16 an average of 37 abortions were carried out per year on NHS premises. In the last reported year (2015/2016) 16 abortions were carried out by the NHS in Northern Ireland.
- Unknown numbers access abortions from **the Marie Stopes Clinic in Belfast**.
- Unknown numbers access **the abortion pill from internet providers** such as Women Help Women and Women on Web and self-abort at home. (Combined data for Ireland, north and south, is available from Women on Web. This indicates 5650 requests were made for at-home medical abortions during 2010-2015).
- Data on those **who travel to England and Wales** for abortions indicates that during period 1970 (when data was first recorded) to 2016 a total of 62,038 cases were recorded. This data is thought to be an underrepresentation of all who travel, as they may for various reasons, not wish to disclose their home address. In the last recorded year, 2016, 724 abortions were provided in England and Wales to Northern Ireland residents. In recent years an overall decrease has been observed. The reasons for this are unknown but could be ascribed to increased access to contraception, the opening of the Marie Stopes Clinic and increased use of the abortion pill from internet-based providers.
- Unknown numbers **travel elsewhere in Europe**.
- Those in **lower socio-economic groups** face particular barriers in travelling to UK or elsewhere having to fund costs for not only the abortion services, but also travel and in some cases accommodation.
- Those who travel tend to have **later gestation rates** due to the time needed to make arrangements, gather funds, and acquire identification documents for travelling. (Bloomer et al., 2017; Bloomer and O'Dowd, 2014)

Impact of proposed policy change on numbers travelling

It is likely that if abortions were provided at zero cost (to include abortion procedure, travel, accommodation) elsewhere in the UK that an increase in numbers travelling for abortions would be observed. Those taking the abortion pill and self-aborting at home are risking criminality in doing so, as demonstrated by recent legal cases including the criminal conviction of a Northern Irish woman for use of abortion medication in 2016. It is possible that there could be a decrease in

these cases. To avoid disclosure to local health professionals others may prefer to travel outside of Northern Ireland.

Travel however will remain problematic for those in situations of domestic abuse, those with caring responsibilities, refugees and asylum seekers who may not have travel documents and those unable to get time off work (the issue of abortion as a workplace issue will be explored in a forthcoming study led by Fiona Bloomer).

Foetal remains

A current issue in terms of those who travel is the return of foetal remains:

- In cases of a **pregnancy resulting from a sexual crime** foetal remains may be needed as part of evidence requirements. This may require police officers travelling with the person concerned to obtain evidence.
- For those who have **terminations following foetal abnormality diagnosis** testing of the remains may be required to identify genetic issues. The absence of referral pathways for this currently places the onus on the woman concerned to bring the foetal remains back herself (e.g. in hand-luggage if flying) or pay for private transport services.
- For those who have **later terminations** foetal remains may transported home for burial purposes. Again the absence of referral pathways for this currently places the onus on the woman concerned to bring the foetal remains back herself or pay for funeral transport services. (Bloomer et al, 2017)

Aftercare

Whilst the current policy guidance from the Department of Health in Northern Ireland allows for provision of aftercare for those who travel the extent to which this is accessed is unknown. No referral pathway exists for aftercare for those who travel to England.

Health Professionals

Consultation with health professionals on current access to abortion in Northern Ireland indicates that policy guidance on existing law is not being implemented on a consistent basis (Bloomer et al., 2016). Communication with health professionals on guidance related to the proposed changes to access elsewhere in the UK will be key to ensuring successful implementation of the new policy.

Issues to be addressed in the new policy

- Referral pathways for abortion services will need to be developed. This should include clear policy guidance for those involved in the referral process.
- Referral pathways should include after-care services and monitoring of access to after-care.
- Referral pathways should encompass the return of foetal remains.
- Provision of access to abortion elsewhere in the UK should be accompanied by financial support of associated costs such as travel and accommodation to minimise barriers.
- An information campaign will be needed to ensure awareness of the policy change is maximised.

References

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