



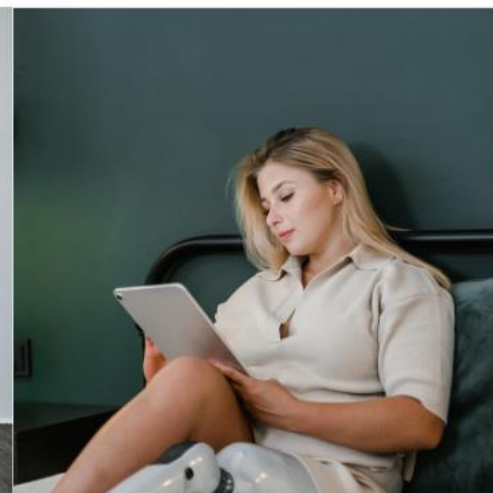
Re(al) Productive Justice: Know your rights guide

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Re(al) 
Productive
Justice

GENDER AND DISABILITY

Know Your Rights Guide



OLLSCOIL NA GAILLIMHE
UNIVERSITY OF GALWAY

CENTRE *for* DISABILITY
LAW & POLICY

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About the Know Your Rights guide

The Re(al) Productive Justice project is about disabled people and reproductive justice. Reproductive justice is about the choice to have a child, the choice not to have a child, and being properly supported in those decisions. Disabled people should be able to make decisions about having children, to make choices about not having children, and to be properly supported in those choices. However, many barriers exist which prevent disabled people from having the same choices as everyone else. Disabled people have a right to access medical, social work and legal services related to making decisions - and having their decisions respected - around their reproductive choices.

Who is this guide for?

This guide is intended to help disabled people and people who experience discrimination in accessing services because of their physical or communication access needs. This includes, but is not limited to, people with physical, learning, intellectual, psycho-social, mental health disabilities, users and survivors of psychiatry, Deaf or hearing impaired people, neurodivergent people and those with long term or chronic health conditions. If you do not identify as any of these, but feel like you have been discriminated against because someone else thinks you have a disability, this resource can be used by you as well.

Disabled people should be able to make decisions about to have children, to make choices to not have children – and to be properly supported in those choices. However, many barriers exist which prevent disabled people from having the same choices as everyone else. This guide is designed to inform you of your rights – and of what to expect when you try to access reproductive services – including fertility services, contraception, abortion, pregnancy and childbirth care, and parenting support.

What kinds of disability does it cover?

Our understanding of disability follows the ethos of the UN Convention of the Rights of Persons with Disabilities to include “those who have longer term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation of society on an equal basis with others” (UN, 2006). We consider this statement an open-ended inclusive approach to the question of ‘who counts’ as disabled.

The toolkit is designed to be relevant to a wide range of disabilities, including, but not limited to people with chronic or long-term illnesses, people with a physical, sensory, and/or intellectual disability, people with experience of mental health services (including those who identify as survivors of psychiatry), the d/Deaf community, autistic and neurodivergent people, and those who do not identify with any label or diagnosis but who have experienced discrimination because they are viewed by others as disabled.

What topics are covered in this toolkit?

Section 1 will tell you what your rights are in Ireland and explain the sources of these rights.

Section 2 will tell you the basic standards to expect when accessing fertility and contraception services.

Section 3 will tell you the basic standards to expect when accessing abortion services.

Section 4 will tell you the basic standards to expect when accessing pregnancy and birth services.

Section 5 will tell you the basic standards to expect when accessing parenting services.

Section 6 will provide a list of agencies and organisations you can use to get more information or support as you need when using reproductive services. It will also tell you who to contact when you need to make complaints about a service you have received.

Who made this toolkit?

The toolkit was developed by researchers at the Centre for Disability Law and Policy, University of Galway, as part of the Re(al) Productive Justice: Gender and Disability project. We benefited from collaboration with our stakeholder and ambassador group which includes a range of disabled people and health, social care and legal professionals whose work includes reproductive rights in law, social work and the health sectors. The project has developed toolkits for professionals to use to improve how they deliver their services to disabled people. We also want disabled people to know the rights they have and the standards they can expect when receiving services and support about making decisions to have - or not to have - children.

Where can I go to find out more?

This guide is part of a series produced by the Re(al) Productive Justice team. The full list of toolkits includes Parenting, Pregnancy and Birth, Fertility and Contraception, and Abortion, as well as another short guide, the Communication Guide.

For more information you can visit our dedicated Re(al) Productive Justice project website:

<https://www.universityofgalway.ie/centre-disability-law-policy/research/projects/current/real>.

To find out more about the research conducted on the reproductive experiences of disabled people in Ireland, you can read our oral histories which have been archived at the Digital Repository Ireland:

<https://doi.org/10.7486/DRI.ws85q6171>.

We are also publishing a book on the findings of our research, which will be available in 2023.

If you have questions not answered by this toolkit, please email realproductivejustice@nuigalway.ie.

Know Your Rights

Section 1 Your rights in Ireland

Discrimination happens when you are treated less favourably because of your disability than someone without a disability would be treated in the same situation. Being discriminated against on the basis of disability is associated with poorer health outcomes, isolation, and constrained choice. Everyone has rights to the basic standards of health and welfare which are required to live good lives. These rights come from human rights agreements between countries, laws within each country and policies within national organisations.

You have a right to be treated equally in Ireland. The government or service providers are not allowed to discriminate against you because you have a disability. Your age, gender, sexuality, marital status, ethnicity, race, geographic location or impairment type should not prevent you realising your reproductive decision making. There are many laws and policies that apply in Ireland to protect your reproductive rights.

- Right to equality (Irish Constitution, Article 40.1)
- Right to non-discrimination (Equal Status Acts)
- Right to accessible public buildings (Disability Act 2005 and Part M of building regulations)
- Right to assessment of need (Disability Act 2005)
- Right to reasonable accommodations (Disability Act 2005 and Section 42 Irish Human Rights and Equality Commission Act 2014)
- Right to Irish Sign Language Interpretation from public bodies (Irish Sign Language Act 2017)
- Right to have decisions legally respected (Assisted Decision Making Capacity Act 2015)

Ireland has ratified many international human rights laws. This means that Ireland has agreed to respect the rights through our own laws, policies and practices. Countries are not always successful at respecting everyone's rights all of the time, but countries must do their best. Individuals can bring Ireland to the European Court of Human Rights and can make complaints to some United Nations Committees if their rights have been violated.

The United Nations Convention on the Rights of Persons with Disabilities

Ireland has ratified the United Nations Convention on the Rights of Persons with Disabilities (known as the UNCRPD or the CRPD). The UNCRPD protects your right to the highest attainable standards of health, the right to equality in decision making on whether to become parents or not, right to privacy, to accessible information. People in Ireland are not yet able to make a complaint to the UN about their individual rights being violated as a disabled person. People in Ireland can highlight disability rights violations to the UN when Ireland is being examined by the UN Committee on the Rights of Persons with Disabilities. There is a coalition of disability organisations who prepare a report for the Committee in Ireland – the Disabled People's Coalition. Ireland is examined every four years. In Irish courts, some judges have noted the rights contained within the United Nations Convention on the Rights of Persons with Disabilities.

Taking a case to the Irish Courts

Where Irish laws and policies contradict these parts of the Constitution cases can be taken in Irish courts. These are also very difficult to win but are an option. You should approach a solicitor who

has knowledge about reproductive rights and the Constitution. They will advise you on what they think are the best arguments to make and whether you are likely to be successful in court. Often it is best to look for other forms of support to improve your situation. This might include seeking extra support from social or health workers, linking in with peers and support groups in Ireland and internationally.

The Assisted Decision Making (Capacity) Act, 2015

The Assisted Decision Making (Capacity) Act, 2015 (often referred to as the ADM) aims to replace the wardship system. If you are under wardship it means that you cannot make any decisions about any part of your life. The court has decided that you do not have the legal power to make decisions and to have them respected. The new law will introduce a way for people to be supported to make decisions. You can have a friend or family member assist you to make a decision. You can have a professional decide with you as a co-decision maker. The court can also appoint a decision-making representative where you are unable to decide yourself. Your will and preferences must be included in the decision-making representative's work. This part of the law is expected to come into force in July 2022. The Decision Support Service is the agency who will monitor how the Act is enforced.

Section 2 Fertility and contraception

Everyone should learn about the biology of fertility and contraception before leaving secondary school. A lot of disabled people are not taught about sex and relationships. It is important that information is given to you in a way that you understand. Deciding about fertility and contraception treatments can be a very personal decision. Your GP or family planning centre must respect your privacy.

Contraception

Contraception has been available in Ireland since the 1970s and has become more common. Some contraception is widely available, such as condoms, while other forms require a visit to the doctor or pharmacy. Contraception should always be your choice. You should be supported with understandable information about different types. Some contraception is short acting, some is long acting. You should be given all the information that you need to make your decision about whether to use contraception or what type of contraception to use. You decide which form of contraception best suits your needs.

How you can access contraception:

- You need to get information about contraception that you understand. You can go to your GP or Family Planning Clinic. There is lots of information available on the internet about contraception. (<https://www.ifpa.ie/get-care/contraception-advice/>).
- You can buy condoms in shops or from vending machines in some public toilets.
- For medical contraception like the pill, implant or coil, you need to visit your GP or a family planning clinic.
- The GP will give you a prescription to take to the chemist.
- If your contraception is the pill, you will follow the instructions about how to take it regularly.
- If your contraception is for medicine to be inserted into your body, you will need to go back to the GP to have this done.
- The GP will give you information about how long the contraception will last and when you need to return.
- WellWoman Centres provide information and advice about contraception.

Fertility

Some people use medical support to become pregnant and have a family. This can involve using sperm or eggs from donors to become parents. In Ireland this medical support is only available through private medical clinics. It is very expensive. Some people travel to other countries for fertility services because the law is less strict and the cost is less expensive. Since 2015 Irish law has started to give rights to families who have used medical support to have children.

Where couples use donors to become pregnant, the Children and Family Relationships Act 2015 recognises that the legal parents of children born through donors are the couple who use the donated material to have a baby. The donor is not the legal parent. It is not clear yet whether same sex couples who exchange genetic material to result in a pregnancy are covered by this law.

Sterilisation

Some disabled people have experienced sterilization procedures. This will stop them being able to have children naturally. Some disabled people have wanted sterilization and not been allowed it. Some disabled people have not wanted to be sterilized and it was forced on them. For any sterilization procedure the consent of the person is needed.

Consent

The National Consent Policy says that no medical treatment can be given to an adult without their consent. Only in the case of an emergency can medical treatment be given to save your life. You must be given all the information you need to make a decision about whether to take contraceptive medicine, what type of medicine, what the side effects are and what the risks are of not taking the medicine. You can refuse contraception if you do not want to take it.

Scenario: John

John is a man with a mental health disability in his 30's. After years of trying different types of medicine John and his doctor have found a product and dosage which works well for him. John has been on this medicine for 5 years. John has noticed that his sexual performance is not as it was before he started the medicine. His doctor did not mention anything about the medicine affecting his sex life or fertility whenever he first started taking them. John is now having trouble conceiving with his partner. Fertility tests indicate that the medicine John has been taking has reduced his fertility.

What went wrong here? What could be done better?

Section 3 Abortion

Abortion has been a very difficult topic in Ireland. There has been much case law here and in Europe about the grounds for abortion and the right to be able to travel to another country to have an abortion. A referendum in 2018 led removed the 8th Amendment from the Constitution. The 8th Amendment did not allow abortion unless the life of the mother was at risk.

The Health (Termination of Pregnancy) Act 2019 permits abortion up to 12 weeks of pregnancy. After 12 weeks the pregnancy must be proven to be a risk to the health or life of the pregnant person, or that the foetus will not survive after birth.

Accessing abortion services within the first 12 weeks

The My Options helpline will assist you to find the closest GP who provides abortion. You may also contact your own GP. However, not all GPs provide abortion. If your GP does not provide abortion, they must give you the details of a GP who does. GP visits for abortion are free. You must have two appointments with a GP. Due to the COVID-19 crisis, GPs have been facilitating the first appointment for abortion over the phone or internet.

These are your rights when accessing abortion services:

- You can book Irish Sign Language interpretation to communicate with MyOptions.
- When making an appointment you should be asked about any access needs you have. This will ensure you can attend your appointment on the day.
- At the first appointment the GP will confirm the dates of your pregnancy and talk to you about what is involved in having an abortion.
- The GP should provide you with information about abortion which you understand clearly.
- The second appointment must be 72 hours after your first appointment. You will be given medicine and instructions on how to complete the abortion at home.
- When you attend the GP in person the facility should be accessible, including having accessible bathrooms.
- A third, follow-up, appointment is available to you but is not necessary to attend.
- If you need an abortion after 9 weeks, your GP will send you to a hospital to have the abortion. It is safer for abortion to be provided in hospital at this stage. This is called a surgical abortion.

Accessing abortion services after 12 weeks

You can only access abortion after 12 weeks under these circumstances:

- If there is a risk to your health or your life.
- If medical professionals believe the foetus will not survive when it is born.

Abortion after 12 weeks is always carried out in a hospital setting. Two medical professionals must agree that you fit the criteria for an abortion in Ireland.

Accessing abortion outside of Ireland

If you need an abortion after 12 weeks and you do not fit within the legal abortion services in Ireland, you will have to travel to another country. Most pregnant people in Ireland who need to travel for an abortion after 12 weeks go to clinics in the UK. Most others travel to the Netherlands. The MyOptions helpline can give you information about travelling abroad for an abortion.

Take into consideration that you may need support to organise some of the following:

- Travel document
- Transport
- Funds and payment method for the procedure
- Accommodation
- Your medical files
- Translation or interpretation
- A health check on return
- Time off work or cover for childcare or other caring duties.

If you feel unwell after receiving an abortion abroad, seek medical assistance. It is safe and legal to seek medical assistance after an abortion regardless of whether your provider is a conscientious objector or not.

Other options

You can order abortion pills online through Women on Web. You can speak to a medical professional on the phone and they will explain how you will receive the medicine and how to take it. Abortion Access Campaign West have developed a leaflet about how to access an abortion, available here: <https://aacwest.wordpress.com/accessing-abortion-care-in-ireland>.

Consent

The GP will make sure that you have been given all the information you need to make an informed decision. You can get support to make a decision from someone you trust. No one can force you to have an abortion or to continue with a pregnancy. No one can force you to continue a pregnancy. The MyOptions service can help you speak to someone if you need support in making your decision.

Scenario: Tracey

Tracey is a Deaf woman who is a parent to three children. She has become pregnant unexpectedly. She knows that having another child is not what she and her husband want. Tracey has heard about the MyOptions service. She contacts them on the webchat but is unable to use the phonenumber. She requests a sign language interpreter for a video call and this is arranged. MyOptions give her the contact details for the closest GP which is providing abortion. Tracey requests a video call consultation with ISL interpretation for her first appointment with the GP. Based on her dates, Tracey is 10 weeks pregnant. The GP tells her that she will have to have a medical abortion in the hospital. If the medical abortion is not successful it is likely that Tracey will have to travel abroad for an abortion. The medical team at the hospital organise a social worker to speak with Tracey about her decision to have an abortion. Tracey is not happy with this delay and wants to proceed with the abortion as she has made her decision. Tracey consents to the medical abortion and it is provided to her within the 12-week timeframe. In case the abortion is not successful Tracey has contacted Abortion Support Network and the British Pregnancy and Abortion Services about what she must do to organise an abortion in Liverpool. A follow up pregnancy test shows that the abortion was successful, and Tracey does not need to travel for an abortion.

How could Tracey have been better supported?

Section 4 Pregnancy and birth

Disabled people need pregnancy and birth services as much as non-disabled people. We know that a lot of these services are not accessible to disabled people. Depending on your access needs, an at-home pregnancy test can let you know if you're pregnant. These can be bought in the chemist and in many grocery stores. Your GP will also be able to tell you if you are pregnant and how far along you are in your pregnancy through a urine sample or blood test. Your doctor should ask you how you feel about being pregnant and what information you would like about proceeding with the pregnancy.

Maternity services

The Maternity and Infant Scheme organises the care you will receive during pregnancy and immediately after giving birth. The Scheme entitles you to free GP visits related to your pregnancy and birth treatments. The National Maternity Strategy aims to become more woman-centred, empowering women and mothers to engage in decision-making processes that respect their reproductive choices, albeit with the repeated caveat that this will only be permitted 'where safe to do so'. The National Maternity Strategy sets out three pathways of care during pregnancy. Assisted care is for low risk pregnancies. Assisted care is midwife-led and delivery can be in hospital or at home. Supported care is for medium-risk pregnancies. This care is obstetrician-led and it is recommended that delivery should take place in a hospital setting. Specialised care is for high risk pregnancies. This care is obstetrician-led and again, it is recommended that delivery be in the hospital. You have the right to choose how you have your baby, where you give birth and who you get support from. You should be able to choose to give birth at home or in the hospital. For many disabled people their home is the best environment as it is suited to their needs. The professionals to support you during labour can be midwives, OBGYNs, or doulas. You can choose the pain relief or medication that you want.

Once they have confirmed your pregnancy, your GP will refer you into a maternity unit at the nearest hospital. The GP should let you know what accessibility measures they have at the hospital to meet your needs. Your experience will be different depending on whether you are a public or a private patient. All pregnant people should receive the following minimum standards of care:

- Whether public or private, everyone should undergo blood tests, ultrasound scans, and appointments with midwives or OBGYN doctors.
- You will have at least 5 appointments with your GP during your pregnancy.
- Your GP will advise you about vaccinations that you might need during pregnancy.
- You will have a booking appointment at the hospital at the start of your pregnancy.
- From 20 weeks on you will have ultrasound scans to check on the development of the foetus.
- Your care pathway will be either supported, assisted or specialised level of care, depending on the level of risk .
- The classes you take during pregnancy to learn about giving birth and looking after your baby must be suitable to your needs.
- If you need a support person to go with you to appointments this should be facilitated.
- You can request that the same nurse and doctor meets you at each appointment, although this is not always guaranteed.

Mental health and pregnancy

Perinatal Mental Health services were set up for people with mental health disabilities during pregnancy and up to a year after birth. These services are for people who have on-going mental health disabilities or who develop an adjustment disorder or distress during pregnancy and initial

stages of parenting. These disorders include post-traumatic stress disorder, severe depression, and psychosis. There is no perinatal mental health service in Ireland that accommodates mother and baby at the same time. Perinatal mental health services are designed as a support, and you can expect that you will be supported. Your parenting abilities are not the focus of these services. If you need to perinatal mental health services your GP, Public Health Nurse, midwife or OBGYN can refer you. The six largest maternity hospitals each have a specialist perinatal mental health team. At smaller hospitals the psychiatry team will work with the nearest specialist team to deliver the services.

Advanced Healthcare Directives

Under the Assisted Decision-Making Act 2015, you can make an Advanced Healthcare Directive (AHD). An AHD lets a person set out their decisions on future medical treatments in case they cannot express their wishes in the future. However, if the person's AHD would affect the unborn when they are pregnant, the doctors can ask the High Court for permission not to have follow the person's wishes.

Consent

The National Consent Policy applies to pregnant people. Consent can only be given when all the relevant information is given to a person in a way that they understand. Consent cannot be given if the person is under pressure to decide quickly, or to make a particular decision. You must be told about all the possible outcomes for the treatment which your medical team are suggesting. Easy to understand documents and language should be used by the medics to help you to understand your decision.

Scenario: Mary

Mary is a pregnant woman with a visual impairment. She lives with her mother in a rural part of Ireland. Her GP is familiar with her access needs and advises the closest maternity unit of Mary's needs. The maternity hospital request that Mary's mother attend every appointment as they can't guarantee a point of contact to assist Mary. With the support of her GP, Mary requests to speak to the Access Officer in the Maternity Unit. They discuss Mary's needs and that it would not be appropriate to expect her mother to accompany her for very personal appointments. Mary requests that any information being given to her should be verbally recorded. This includes the details of her next appointments and notes that the OBGYN and nurses make on her files. A social worker from the hospital phones Mary and says the maternity unit contacted her to say a blind woman was about to become a parent and they are worried about her ability to look after her baby. Mary is upset by this. She did not know the maternity unit could share her information in this way and is worried that there are concerns about her parenting ability. Mary contacts self-advocate groups with blind parents and speaks to them about their experiences. They give her tips about what birthing classes were inclusive for visually impaired people and that she can ask for a tour of the facilities where she will be giving birth. This will help Mary be confident about her surroundings when she is in the hospital. Mary also has useful information about how to look after her baby immediately after it is born, and her mother will assist her when she is at home.

What could have been done to support Mary better during her pregnancy?

Section 5 Parenting

Disabled people can be parents. Disabled people might need different supports to be able to parent. It can be difficult to access the supports you need to parent. You have a right to be treated equally by health, social work, and legal professionals. Cases taken to the European Court of Human Rights have reinforced that deprivation or limitations of status and role as parent, solely based on disability, violate disabled people's human rights. In Ireland, the focus of family support organisations is on the child and the support needs of the parents are not considered or are secondary.

Childcare interventions

Tusla is the organization to provide parenting supports and to investigate where children are not being looked after. Being a disabled parent is not a reason for Tusla to investigate you or to try to remove your child from your care. Where the government, through its agencies such as the Gardaí, Tusla or the HSE consider it necessary for a child's safety, one of the three care orders set out above can be made by the court. Where a child is removed from the care of their parents by Tusla or the court, the Act sets out three main options for their placement: foster care, residential care settings or placement with a family relative. In the longer-term, adoption may be considered as an option for alternative care for a child. A Guardian Ad Litem can be appointed where the child is not involved in the court case. The role of the Guardian Ad Litem in these cases is to report to the Court on the views of the child and on what course of action would be in the best interests of the child.

Parenting assessments

You may be asked by a parenting support service provider to undergo an assessment of parental abilities. This assessment should show areas where you need support to parent your children. Actions should be taken to address the gaps identified by your social work or disability services team. There is an obligation on Tusla to make sure you are given the supports you need to care for your children before removing children from your care.

The Guardianship of Infants Act 1964 and Child Care Acts from 1991 to 2013 gives Tusla the power to remove a child from their family in three ways – a voluntary care order, emergency care order or an interim care order. Voluntary care orders are made when Tusla believes a child's welfare and safety are not being protected. Not mandatory, if someone tries to force this here are steps to take. Parents must give permission for a voluntary care order and their input about where the child will stay and with whom the child will stay is considered by Tusla.

Emergency care orders are made by the District Court where there is reason to believe the health and welfare of a child is not being provided for. Gardai have powers to remove a child from their accommodation and take them into the care of Tusla for up to 8 days. A parent should be notified that their child has been the subject of an emergency care order after the removal has occurred. Interim care orders can be made if there is a reasonable belief that the health and welfare of the child is not being met. Interim care orders require notice to the parent before the child is taken into care and can last up to 8 days, or longer where the parent or guardian consents to this. A care order can also be made until the child reaches the age of 18. This is a very drastic order as parents will not have the child in their care again. Where necessary social workers can check on a child considered to be at risk of not having their needs met or to be subject to abuse at different stages.

Childcare supports

Across the country Child and Family Resource Centres can help connect you to supports that you need to parent. Meitheal is a child-centred process that brings together parents, teachers and social support workers to put a plan in place that makes sure a child's needs are met. It is important that disabled parents are supported to interact with the Meitheal process. Meitheal is voluntary. It should be noted that Tusla cannot say that you are not parenting effectively if you refuse to take part in a Meitheal.

Adoption

The Adoption Acts 2010 set out what is necessary to be considered to adopt a child in Ireland. The applicant must be a suitable person to have parental duties and rights in respect of a child, they must be of good moral character, in good health and of an age that they can expect to be able to fulfil their parental duties. These duties include supporting the child's well-being, safeguarding the child, provision of all necessary health, social and educational developments of the child, support the child's needs in relation to identity and their religious, ethnic, and cultural background. Applicants must also have adequate financial means to support the child and must have been provided with appropriate information relating to adoption.

Sources of support

If you need support around parenting, the first point of connection is usually your own family or personal network. Other parents with disabilities can provide practical tips and information via online or in-person peer support groups. Other points of support include your GP and other allied health professionals, your social worker, the Public Health Nurse and local Family Resource Centre. Your child's school or childminding service and the local disability support services may also be a source of advice or assistance. See the Resource section for more.

Scenario: Sarah

Sarah is a mother to three children. She has an intellectual disability and uses a walking stick. Staff at the school where her children attend have said that they think her children are not being fed enough healthy food. The school is worried it is having an impact on their behaviour and how they concentrate in school. The school has sent home written information about the food pyramid. Sarah is not confident reading and does not have any family nearby to help her with her children. She has a local social worker through TUSLA. The school want to organise a Meitheal with the social worker and local food bank. Sarah agrees to the Meitheal but is worried that if she does not do what is asked, then her children will be taken into care. The school sends her details of the Meitheal and an agenda for the meeting in a letter. Her social worker follows up with her and makes sure she knows when the meeting is taking place, where it will be and how she will get there. The social worker helps her to organise for a babysitter while she is in the meeting. Sarah does not understand all the words used in the agenda and asks the social worker for help. Sarah wants to let the school and the social workers know that she wants to look after her children, she just needs help in a way that is suited to her needs. During the meeting it is clear Sarah needs help with budgeting and meal planning. Her social worker supports her to get in touch with the Money Advice and Budgeting Service (MABS). The school provides easy to understand information about the food pyramid and the food bank prepare a box of basic food to get her started.

What do you think about the support Sarah received?

Section 6 Resources

Resources for fertility, contraception, pregnancy and loss

- WellWoman Centre: <https://wellwomancentre.ie> .
- Irish Family Planning Association: <https://www.ifpa.ie> .
- National Rehabilitation Hospital Sexual Wellbeing Service: <https://www.nrh.ie/about-nrh/nrh-statement-purpose/departments/sexual-wellbeing-service/>.
- A good general guide for going to the doctor is ‘Doctors and Us – What it is like for people with learning disabilities to go to the doctor in Ireland’ by the Inclusive Research Network: <http://www.fedvol.ie/fileupload/Inclusive%20Research%20Network/IRN%20Doctors%20and%20Us%20Report%20Final.pdf>.
- Easy Read information on contraception from Devon Sexual Health: <http://shorturl.at/ioxU8>.
- The National Infertility Support and Information Group (NISIG): <https://nisig.com>.
- Links related to becoming a parent if you have a disability (NI Direct): <https://www.nidirect.gov.uk/articles/becoming-parent-if-you-have-disability>.
- Association for Improvement of Maternity Services Ireland (AIMS): <http://aimsireland.ie> .
- Féileacáin is a not for profit organisation that provides support to anyone affected by the death of a baby during or after pregnancy. <https://feileacain.ie>.
- Leanbh Mo Chroí is a peer support network for those who have been told that their baby will not survive when it is born: <https://lmcsupport.ie>.

Resources for abortion

- MyOptions Helpline: Freephone: [1800 828 010](tel:1800828010); Outside of the Republic of Ireland: [+353 59913 8175](tel:+353599138175); website: <https://www2.hse.ie/services/unplanned-pregnancy-support-services/my-options-freephone-line.html>.
- Contact My Options by webchat here for information and support: <https://www2.hse.ie/services/unplanned-pregnancy-support-services/my-options-freephone-line.html>.
- Abortion Support Network: <https://www.asn.org.uk> .
- Women on Web: <https://www.womenonweb.org>.
- Abortion Access West (information leaflet): https://aacwest.files.wordpress.com/2019/11/aacw-leaflet-english-v9_booklet.pdf

Resources for parenting

- Family Research Centres offer a community-based model of family support: <https://www.familyresource.ie/contact.php>.
- Barnardo’s offers practical and professional supports for children, young people and families. <https://www.barnardos.ie>.
- The Disabled Parenting Community Project has compiled some ‘How To’ videos for disabled parents: <https://disabledparenting.com/welcome-to-the-disabled-parenting-project-community/how-to-videos>.
- Through the Looking Glass pioneers resources for disabled parents and produces resources like this pdf with examples of accessible or adaptive baby care products: <https://lookingglass.org/wp-content/uploads/Baby-care-products-chart-TLG-9-2016-1.pdf>.
- The Disability, Pregnancy & Parenthood community offers practical information and peer support for disabled parents: <https://www.dpqi.org.uk/find-information>.

- The Research Institute for Disabled Consumers produces consumer guides on different adaptations of standard products from a disabled reviewer's perspective: <http://www.ricability.org.uk/features-reviews/guides/home-adaptations>.
- Designability is another UK-based organisation that creates products with and for disabled people, including this project to develop a pushchair for wheelchair users: <https://designability.org.uk/projects/projects-2022/developing-a-wheelchair-baby-carrier-which-will-enable-parents-to-transport-their-baby>.
- The Norah Fry Institute has a range of online resources to support parents with intellectual disabilities through pregnancy and parenting: <http://www.bristol.ac.uk/sps/wtpn/forparents>.

Independent advocacy

- The National Advocacy Service offers free, independent advocacy to support disabled people in vulnerable situations including those isolated from their communities with few natural supports: <https://advocacy.ie>.
- The Patient Advocacy Service assists individuals to make complaints about experiences in acute public hospitals, which includes maternity hospitals. Telephone: 0818293003; web: <https://www.patientadvocacy.ie>.

Disabled People's Organisations

Organisations run and controlled by disabled people (known as Disabled People's Organisations (DPOs) and different from disability service providers) can often identify possible peer support networks for disabled people. These include:

- Disabled Women Ireland aims to be a national voice for the needs and rights of self-identified women and non-binary/genderqueer/gender non-conforming people with disabilities and a national force to improve the lives and life chances of people with disabilities: <https://www.disabledwomenireland.org>.
- Disability Power Ireland is a grassroots, cross-impairment DPO whose mission is to enhance the visibility and inclusion of the disabled community by focusing on the arts and culture as powerful vehicles for changing public perception about what it means to be disabled: <http://disabilitypride.ie>.
- Independent Living Movement Ireland aims to ensure that disabled people achieve independent living, choice and control over their lives and full participation in society as equal citizens: <https://ilmi.ie>.
- Irish Deaf Society seeks to achieve and promote the equality and rights of Deaf people in Ireland: <https://www.irishdeafociety.ie>.
- Neuropride Ireland aims to create a community where neurodivergent (ND) people can connect, share their ideas and experiences, and be proud of who they are: <https://www.neuropride.ie>.
- National Platform of Self Advocates is a DPO run by people with intellectual disabilities for people with intellectual disabilities which aims to be the nationally recognised voice on policy and issues affecting the lives of people with intellectual disabilities: <http://thenationalplatform.ie>.

Organisations that provide services to people with specific disabilities or conditions often provide practical guides or facilitate peer support, either in person or through online forums. Contact your relevant group ask if they have a peer support network related to your area of interest.

Resources for legal and other advice

- Citizens Information provides information on rights and entitlements: <https://www.citizensinformation.ie/en>.
- Legal Aid Board: <https://www.legalaidboard.ie/en>.
- Free Legal Advice Centre: <https://www.flac.ie>.
- Monetary Advice and Budgeting Services: <https://mabs.ie>.
- Family Mediation Services: <https://www.legalaidboard.ie/en/our-services/family-mediation/how-mediation-works>.
- Decision Support Service: <https://decisionsupportservice.ie>.
- Public Interest Law Alliance: <https://www.pila.ie>.
- Irish Human Rights and Equality Commission: <https://www.ihrec.ie>.



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