

REPORT – DRIVING EQUALITY FOR WOMEN IN CO LOUTH (2023)

Encouraging engagement, empowerment & shared connections



Identifying the themes of equality & how these impacts are felt by women in Co Louth.



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Driving Equality for Women in County Louth

**The Social Inclusion and Community Activation Programme (SICAP) is the primary social inclusion programme of the Government of Ireland. SICAP is funded by the Department of Rural and Community Development through Louth Local Community Development Committee and is co-funded by the European Social Fund Plus under the Employment, Inclusion, Skills, and Training Programme 2021-2027.*

Executive Summary

This report captures the themes, objectives, journey, outcomes and outputs of a collaborative, participative and interactive programme titled *Driving Equality for Women in Co Louth* that was co-designed and co-delivered by Louth Local Development and Louth County Council. Starting in March 2020, the programme engaged over 100 participants, facilitated by the Social Inclusion Community Activation Programme (SICAP), to collectively explore the impact of inequality on women's lives.

As the pandemic prompted a shift to online activities, Louth Local Development, in collaboration with Think Visual, organised an in-person workshop, addressing key stakeholders and themes such as safety, women's health, childcare, intergenerational/lifecycle challenges, and systemic issues in political and decision-making structures.

Post-lockdown, the collaboration extended to include Louth County Council, aligning with SICAP's initiative on "Driving Equality for Women In Louth." The subsequent phase involved eight focus groups exploring the unique experiences of marginalised women. These groups discussed themes such as women with disabilities, women in recovery or addiction, women facing homelessness, younger and older women, LGBTQ+ community members, ethnic/migrant communities, and women from the refugee community.

Facilitated both online and in-person by Louth Local Development staff, Louth Public Participation Network (PPN), and Louth County Council staff, the discussions maintained an inclusive, non-judgmental, and supportive tone throughout. To ensure participant safety and confidentiality, all comments were anonymised, and pseudonyms used to protect identities.

Flexibility and relevance were emphasised in addressing each group's specific needs and preferences, allowing for a dynamic and accessible engagement process. The joint efforts of Louth Local Development and Louth County Council identified key inequality themes and informed next steps for positive change. The outputs of these engagements are integral in shaping recommendations for improvements to drive equality for women in Co Louth across key themes and beyond. By fostering a unified community voice and building strong partnerships, the initiative aims to advocate for and promote lasting change, addressing the identified themes of inequality at their roots.

Introduction

This report serves to build on the impact, outcomes, and outputs of Louth Local Development's programme of engagement with diverse communities of women across Co Louth. The programme comprised of a series of hybrid group sessions to investigate and understand the equality issues women felt in the past and also in the present. The interactions, learnings and collective female community voice for the future have been gathered and outlined in this report. It is hoped that by coming together and realising the same issues are shared across age, ethnicity, ability and life experiences, women can and must advocate and promote equality for one another and themselves.

Programme Starting Line

The first engagement took place on 6 March 2020, in the setting of Stephenstown Pond Community Rooms. This was the last in person event before the pandemic lockdown. This in turn formed a database for online activities throughout lockdowns

There, over 100 participants from across Co Louth, supported by the Social Inclusion Community Activation Programme (SICAP), assembled in a safe, welcoming, and inclusive space, to explore what is inequality and how women in County Louth are impacted by inequality.

Coming out of lock down Louth Local Development engaged the company *Think Visual* and co-planned and co-designed an in-person workshop to ensure impactful engagement with key stakeholders in County Louth to explore the needs and motivation of the county's women around gender equality. The workshop used participatory visual methodologies to identify the steps needed to develop a Louth women's collective. The participants came from organisations that support marginalised women (Ethnic minorities, disabilities, addiction issues, low-income families) and members of organisations.

What emerged from this engagement were **Five Themes of Inequality** collectively and individually experienced across all participating groups.

1. Safety
2. Women's Health
3. Childcare
4. Intergenerational - lifecycle
5. System – political & decision-making structures

It was clear that all five identified themes had an impact on women's lives and that further workshops, around all five themes, would be beneficial to better understand and to gain supports for women in accessing their power, voice, and an equal platform in life.

Moving Forward

After Louth County Council's seminar in September 2022 on "*Promoting Diversity in Local Democracy*", an invitation from Louth Local Development to Louth County Council to collaborate on SICAP's "Driving Equality for Women In Louth" was accepted.

The next steps approach involved the facilitation of conversations through focus groups to further investigate the equality issues for marginalised women. Louth Local Development's extensive network of support/voluntary organisations helped recruit woman to participate.

Driving Equality for Women in County Louth

In total, eight focus groups were invited to take part in the deeper dive session. It is noted that all or some of these groups could potentially include women who identified as belonging to a number of these groupings:

1. Women with disabilities
2. Women in recovery/addiction
3. Women in homelessness
4. Younger women to include women from the Traveller Community
5. Older Women
6. LGBTQ+ Community
7. Women from an Ethnic/Migrant Community
8. Women from the Refugee Community (Ukraine)

Group Approach

The focus groups, some with four participants and some with forty, discussed the impacts and their lived experiences around themes two, three, four & five above.

It was decided that the theme of safety would be dealt with as a single topic workshop, at a later date, to ensure wrap around supports would in place for all participants.

Each group was asked to share their thoughts and experiences of inequality on:

- Women's Health
- Childcare
- Intergenerational/Life Cycle
- System – political & decision-making structures

From the very outset, the tone of each focus group session was inclusive, non-judgmental, safe to disclose and supportive.

The Engagement Process

Over the course of COVID and into 2022, groups were engaged with online, in person and a mix of both. The conversations were facilitated by SICAP (Social Inclusion Community Activation Programme) staff with Louth PPN (Public Participation Network) and Louth County Council staff in attendance. All comments were anonymised to protect the safety and respect the process of all involved.

Individual Group Time

Some of the themes had a degree of flexibility and an audience relevancy applied to ensure that the engagement and dialogue was reflective of the needs and wants of each specific group represented. So, the sequence of and language used to engage the group needed to be fluid, inclusive and accessible.

The groups and their recorded engagement, with key findings are outlined in the pages that follow.

Women with Disabilities

Women's Health:

- Issues such as the absence of proper shower chairs for wheelchair users and the unavailability of hoists for x-rays and sports activities deter accessibility for women with disabilities.
- A call for regular national campaigns to raise awareness
- Insufficient services and long waiting lists in the public sector drive women to seek care in the private sector. Financial barriers can further slow or prevent access to necessary medical services.
- While some aspects of primary care are reported to be positive, such as efficient blood tests, speech therapy and supportive staff, accessibility issues in old buildings and inadequate equipment and resources in other areas continue to be a problem.
- The COVID-19 pandemic highlighted the importance of technology in enabling connections and reducing isolation.
- Some disabilities are hidden, only family members might know.

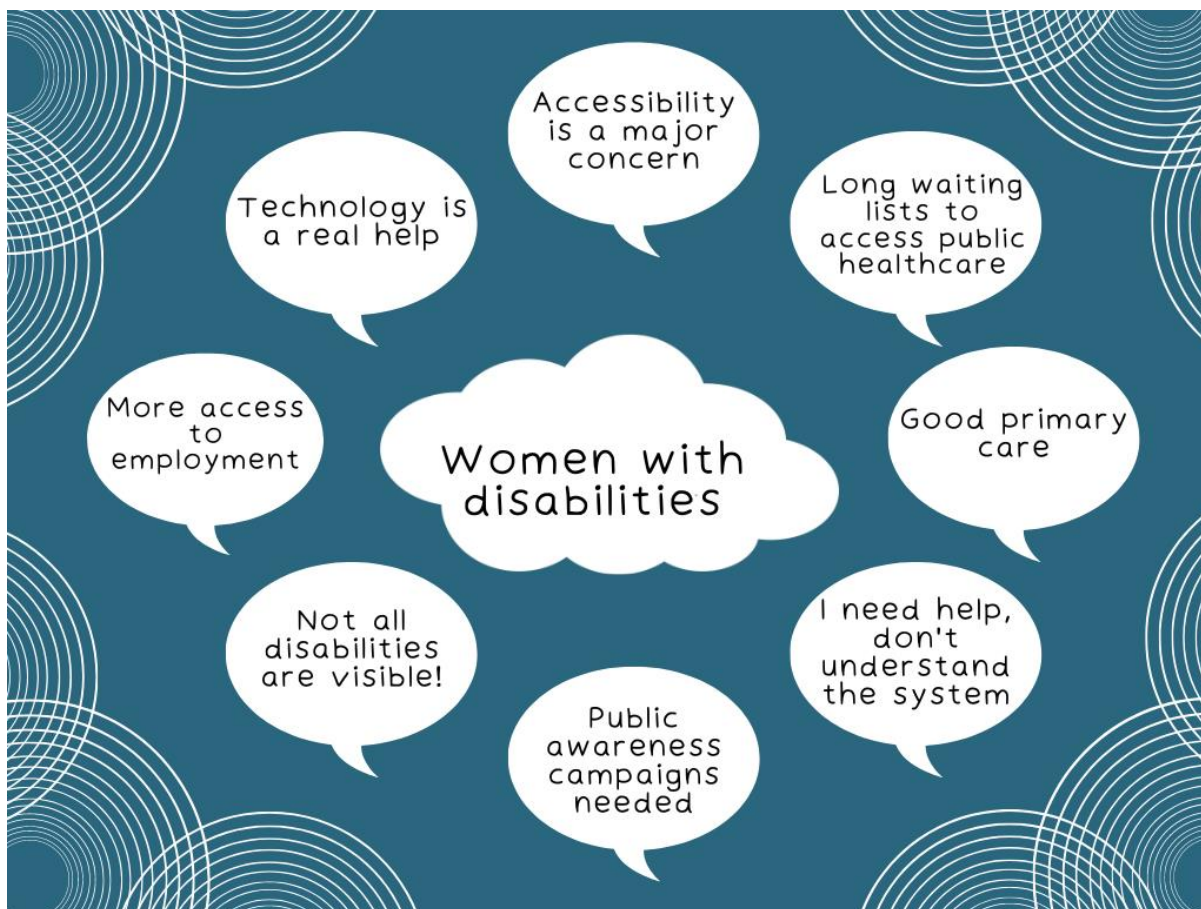
The System:

- Parking spaces designated for individuals with disabilities are often used by those without disabilities, and lack of monitoring contributes to the problem. Campaigns and educational awareness needed here.
- Limited knowledge about the political system and how to influence it
- How to access information on entitlements and access to supports
- Problems include accessibility on buses, blocked aisles, lack of appropriate seating, train platforms with gaps. Advance notice to ensure ramps are available is problematic.

Intergenerational Issues

Employment, leisure time & growing old

- Negative experiences in nursing homes, including language barriers with staff. If family members are not available miscommunication and issues can arise.
- Women with disabilities face discrimination when accessing employment opportunities. Some have been told they cannot work with children due to their wheelchair use.
- Employers need more education and awareness training to promote inclusivity and provide equal opportunities for individuals with disabilities.
- Accessible accommodations, especially in hotels and private residences, can be lacking, creating difficulties for women with disabilities.



Take Aways

These key findings highlighted the barriers and challenges faced by women with disabilities in accessing healthcare, navigating the system, obtaining employment, using transport, and finding suitable accommodation. Addressing these issues requires improving accessibility, raising public awareness, providing education, and service provider relevant training.

Women in Recovery/Addiction

Homelessness

- Women in recovery from addiction face difficulties in accessing accommodation due to stigma, particularly those without children.
- Being a Traveller in addiction and also in recovery can add further obstacles and leads to feeling voiceless and invisible, discrimination is a major issue. Accessing accommodation can be particularly challenging.
- All around praise for the staff in refuges.
- Any supports are really slow to arrive and begin, lengthening hardship for all those affected
- There is a need to educate people and change attitudes to treat people living with addiction issues with respect.
- Addiction can result in missed loan payments, this impacts credit rating, making it harder to secure a loan/mortgage into the future. Lending institutions are seen as impersonal and lacking empathy.
- There is a lack of wet hostels specifically for women who are in active addiction, and existing hostels are often mixed gender, posing challenges and safety concerns.

Women's Health:

- Women in addiction face stigma and judgment. Society has a focus on tackling addiction before mental health can even be addressed, these often coexist and require a dual diagnosis.
- GPs receive limited addiction training. Often feel judged by their GP, everything is put down to addiction including physical symptoms.
- Social service/case workers are often young with no life experience, hard to connect with the reality of addiction and all its pain.
- There is an inequality in how people are treated in recovery. Women can often have their children taken into care, so often hesitant to look for help. It was felt that this is not the case for men/fathers.
- Many available services may not fully understand the reality of women's experiences, and there is a need for trauma-informed care, respect, and non-judgmental approaches. More education about addiction is necessary.
- Women in addiction/recovery often would prefer women-only services, these services are limited. Access to appropriate childcare is lacking, particularly in the first 12 months of a child's life. Post childbirth can be a challenging time for any women, let alone a woman in recovery, medication is limited, can spiral out of control

The System:

- With the exception of Red Door, there is a lack of women-only spaces. Red Door has a higher number of men using the services, creating a less safe and supportive environment for women.
- Stigma and shame around women in addiction are more challenging, and traditional attitudes and values held by those in power can perpetuate this attitude.
- Women in addiction face safety concerns, their hidden addiction, and difficulties in acknowledging and seeking help for their problems due to their role as the glue holding families together.



Take Aways

These key findings highlight the challenges faced by women in homelessness, addiction recovery, and accessing suitable accommodation. It emphasises the need for women only services, improved understanding of their lived experiences, addressing unconscious and conscious bias, and providing safe spaces for women.

Additionally, there is a call for trauma-informed care, increased awareness of the relationship between addiction and mental health, and better access to childcare for women in this space.

Women in Homelessness

Health:

- Some individuals, particularly those from different countries with no family in Ireland, feel a lack of support and care.
- Some women who are controlled by their husbands lack information about health services, medical cards, finances, and even the English language, making it difficult for them to access healthcare.
- Stress and fear have a detrimental effect on the body, leading to longer recovery times.
- Extensive delays in assessment and access to mental health support and treatment.
- Finding a doctor who accepts new patients can be challenging. Fear of encountering an ex-partner prevents attending GP in hometown, where original doctor is located.
- Mental health issues can lead to the removal of children from their parents' care, and difficulty in accessing necessary medication worsens the situation, hindering the individual's recovery and reunion with their children.

The System:

- Women's Aid provide a huge support for women experiencing domestic violence, without which they might be left homeless.
- Non-Irish women recognise the system as professional and helpful
- Homeless Irish women feel that their local Council can be unresponsive, with long waiting lists for accommodation.
- The refuge in Drogheda is highly regarded for its support and access to courses for women while their children are cared for. However, availability of beds in mixed-gender accommodation such as Simon Community poses safety concerns for some.

Childcare:

- Some women experience control by their partners, preventing them from socialising or having their children cared for, making childcare less relevant to their situation.
- Women under the care of the Simon Community often have their children in care as well, this can mean no access to their children in an exceptionally long time, breaking the family unit and its ties.

Intergenerational Cycle:

- Being exposed to drugs in childhood contributes to challenges faced in later life.
- Limited awareness of the consequences of addiction, needs more awareness and education.
- Cultural biases against women further complicate their access to resources and opportunities.



Take Aways

This group continued to strengthen the findings of the women in addiction and recovery, the journey of a woman through homelessness is quite different to that of a man. There are childcare concerns, breakdown of their family unit and a feeling of insecurity and unease when in mixed gender homelessness accommodation. Coercive control from a partner can close off information access, supports, networks, a life outside the family home.

The key role of Women's Aid Dundalk & Drogheda was recognised across the group, a vital safe space. The positive impact of the supports offered by the Simon Community were noted by the participants.

Driving Equality for Women in County Louth

Younger Women including young women from the Traveller Community

Childcare:

- Young parents often separate, leaving the mother with the child.
- Getting pregnant can lead to dropping out of college due to lack of support.
- Affording childcare is a challenge.
- Limited availability of childcare places for babies under 1 year.

Women's Health:

- The need for improved contraception options, some types can be unsuitable.
- Cost associated with obtaining contraception.
- Limited availability of smear tests.
- Social media sharing of information, more young people getting cancer
- Women face various health issues and require more information.
- Inadequate time with the GP
- Difficulty understanding medical leaflets
- Lack of knowledge about women's health and sexual health, including sexually transmitted infections (STIs).
- Preference for women doctors.
- Need for education on children's health.
- Insufficient sex education and the importance of relationship talks.

The System:

- The need and interest for more information about the political system and entitlements.
- Lack of interest in those in power due to perceived lack of inclusion.

Lifecycle:

- Lack of information about menopause and pre-menopause to support mothers
- Talks about periods for both men and women.
- Keen to learn more about mental health, available supports.
- Need for support for the LGBTQ+ community.
- Creating spaces for young women to socialise, to catch up and chat together.

Social Media:

- Negative impact on body image and exposure to negative messages on social media
- Unwanted attention from older men and safety concerns, location is on the phone.
- Negative effects of cyberbullying, past history resurfacing, and image manipulation online.
- Experience of abuse on social media platforms.
- Dependency on phones, fear of missing out, and the need to monitor their online reputation.
- Development of jealousy and comparison because of overuse of social media.



Take Aways

These key findings highlight the challenges faced by young women in both the settled and Traveller community. They feel that younger relationships can often fail with the women left as the sole carer for the child/children, this can lead to financial issues, difficulty accessing affordable childcare and often losing out on education opportunities. There is a real appetite for more accessible and inclusive information and education around women's health, sex education and relationships.

Additionally, women in this group feel a lot of pressure from social media, from unwarranted and unwanted attention to misuse of images, reputational damage, and a sense that their lives lack something in comparison to what they see and hear online.

Older Women's Group

Digital Skills & Access to Information

- The older generation faces challenges in adapting to the digital world, affecting their ability to access online services like insurance, house, car, holidays, healthcare, etc. Many things can be accessed cheaper online.
- The cost of internet access poses a financial burden, limiting their digital engagement and access to online resources.
- Initiatives providing free classes and internet access can help to bridge the digital divide and enhance women's digital literacy.
- Push to move payments online, automated. Lack of face to face/human engagement.

Women's Health & Wellbeing

- Concerns regarding women's health include the need for extended mammogram screening, eyecare, addressing incontinence issues, introducing ovarian and bowel screenings, including dental care for medical card holders, and addressing mental health needs.
- Issues in the healthcare system include delayed appointments, cancellations, referral delays, dismissive attitudes toward older women's health.
- Lack of support for older women in a carer's role
- Access to GP, time is limited, and ailments can be dismissed
- More information available around health & the older woman
- Initiatives like women's sheds create spaces for women to gather and support one another, addressing health, social isolation and age-related concerns are all crucial for women's well-being.

Financial Issues

- Impact of the Marriage Bar on Pensions: The ban on marriage affected pension entitlements for older women, leading to inequalities in retirement income¹.
- Delays in services like renewing free travel passes
- Bureaucracy and Accessing Entitlements: Navigating bureaucracy and accessing entitlements, such as PRSI, house property, and deeds, remains challenging for older individuals, often leading to disparities and difficulties in obtaining benefits.
- Legal aid for older women experiencing domestic violence, separation – clearer supports needed
- Why are pensions taxed?

¹ The Marriage Bar, introduced in Ireland in the 1920s and lifted in 1973, required women to resign once married and disqualified married women from applying for vacancies. Many women affected receive a reduced pension today because they cannot meet the required number of pension contributions. (The Irish Examiner, Feenane, Trudy, August 2022. Accessed June 2023)

Childcare

- The prohibitive cost of childcare forces young parents to rely on grandparents for assistance, which can impact the grandparents' time, finances, and personal lives. A sense of “being held to ransom” for some older women.
- Some older women see their adult children move back home with children of their own, can be a demanding situation.

The System

- Issues like lack of information, difficulty in form filling, political decisions, discrimination against women, closure of post offices, and inequality in sentencing contribute to the challenges faced by older individuals.
- More costly and difficult to renew drivers licence
- Address the issues faced by older individuals and promote equality, there is a need for more women in politics and increased public consultation on important matters.
- Concerns related to the cost of living, rising and disproportionate household charges, resources in the health system, unequal distribution of benefits, taxation on pensions, lack of clear information and where to go for information.
- More representation of women in local and national government positions



Take Aways

These key points highlight the challenges faced by older women in areas such as digital literacy, healthcare, and health checks, being a grandparent and the associated/assumed childcare, bureaucracy, and systemic inequalities, all emphasising the need for improvements and supports to enhance quality of life.

The rising cost of living and inequality in financial peace of mind are a continuing concern for many of the women. Older women want to be represented and included in public life and policy making.

LGBTQ+ Group

(this group includes women who would also fall within the individual group classifications – i.e., young, older, Migrant, Traveller, in recovery, etc)

Women's Health:

- Women identified several issues, including the lack of mental health supports and misinformation surrounding smear tests, breast checks, mammograms, and hysterectomies for gay women.
- The automatic inclusion of heterosexual women in the healthcare system after childbirth for all associated post-natal and ages/stages healthcare checks. Women from the LGBTQ+ community should be included in this.
- Concerns about obesity, alcohol, and smoking among lesbian women, as well as higher rates of self-harm among young LGBTQ+ individuals.
- The lack of knowledge and understanding of medical issues affecting gay women among medical professionals was highlighted. A woman coming out to her GP can often lead to an assumption of connected mental health issues.
- Transwomen face challenges accessing gender identity services, gender reassignment surgery, and mental health supports. Challenges faced during transitioning highlight the need for proper supports and skills to be put in place.

Childcare/Caring:

- The excessive cost of childcare was discussed, particularly for those in lower-paid jobs.
- The availability of surrogacy options was viewed by the group as giving more control over reproductive choices.
- Caring responsibilities and support for lesbian women as they get older, including consideration of who will care for them is a concern.
- The assumption that women without children have more free time for caring responsibilities within their own family and friends network is often unwelcomed and unwarranted - *The Sandwich Generation*
- The *Hetro Normative* of a same sex couple that only allows the biological mother to be named on their child's birth certificate needs to be addressed.

Life Cycle Intergenerational Issues:

- LGBTQ+ individuals, especially lesbians, often found themselves in lower-paid jobs and have experienced marginalisation for their sexual orientation.
- Lack of education and preparational support for LGBTQ+ relationships combined with the absence of positive role models in media and education is an issue.
- Difficulties in coming out to family members, fear of bullying in schools, and limited representation of lesbians in media
- Challenges faced by lesbians from minority, ethnic, and migrant communities, including forced marriage and honour killings.
- Domestic violence and issues with legal protection orders are weak

The System:

- Past discrimination against LGBTQ+ individuals, including the risk of job loss, and loss of income.
- Concerns about housing, safety, and potential conflicts with neighbours if homophobia is present



Takeaways

The main takeaways from this group of women in the LGBTQ+ community include a lack of mental health supports, the presence of misinformation, inclusion in women's health checks, concerns about elevated levels of obesity, alcohol, and self-harm rates, lack of medical knowledge about gay women's health and the challenges for transwomen accessing gender identity services and supports.

Excessive cost of childcare, surrogacy options, addressing heteronormative birth certificate naming were raised as challenging within the group.

The Life Cycle Intergenerational Issues included lower-paid jobs, lack of education and support around LGBTQ+ relationships, domestic violence and caring responsibilities and supports for women in the LGBTQ+ community as they age.

Migrant Women's Group

Women's Health

- Irish women are more open about discussing health, while migrant women from countries such as India, Senegal, the Philippines, and Nigeria tend to be more reserved and have limited discussions about health, both in the media and among friends.
- Migrant women may react slowly to seeking help for health issues.
- Some health issues among migrant women are associated with beliefs, superstitions, and curses. For example, conditions like diabetes may be attributed to ancestral curses.
- Privacy is common among migrant women; they may not share health-related concerns with healthcare providers.
- Migrant women may dislike being asked about their family history.
- Some migrant women did not attend antenatal clinics and may feel confused or offended when asked about contraceptive use, as premarital sex is frowned upon in their cultures.
- Contraceptives may not be promoted in some countries like Nigeria, while in the Philippines, contraceptive discussions are more comfortable.

Society & Cultural Barriers

- Reaching out to new communities requires an understanding of their culture, building trust and confidence over time.
- Migrant women face challenges due to cultural beliefs, slow technology adoption in their home countries, and cultural differences between African and European cultures.
- Gender inequality, including the perception of men as the "master," is prevalent in some cultures.
- Lack of information on the nutritional value of traditional dishes and a focus on European diets contribute to a lack of knowledge about healthy eating in migrant communities.
- Some cultural beliefs insisted that if you are married to someone from your own country, you are expected to follow the culture of your country even when living in Ireland.

The System

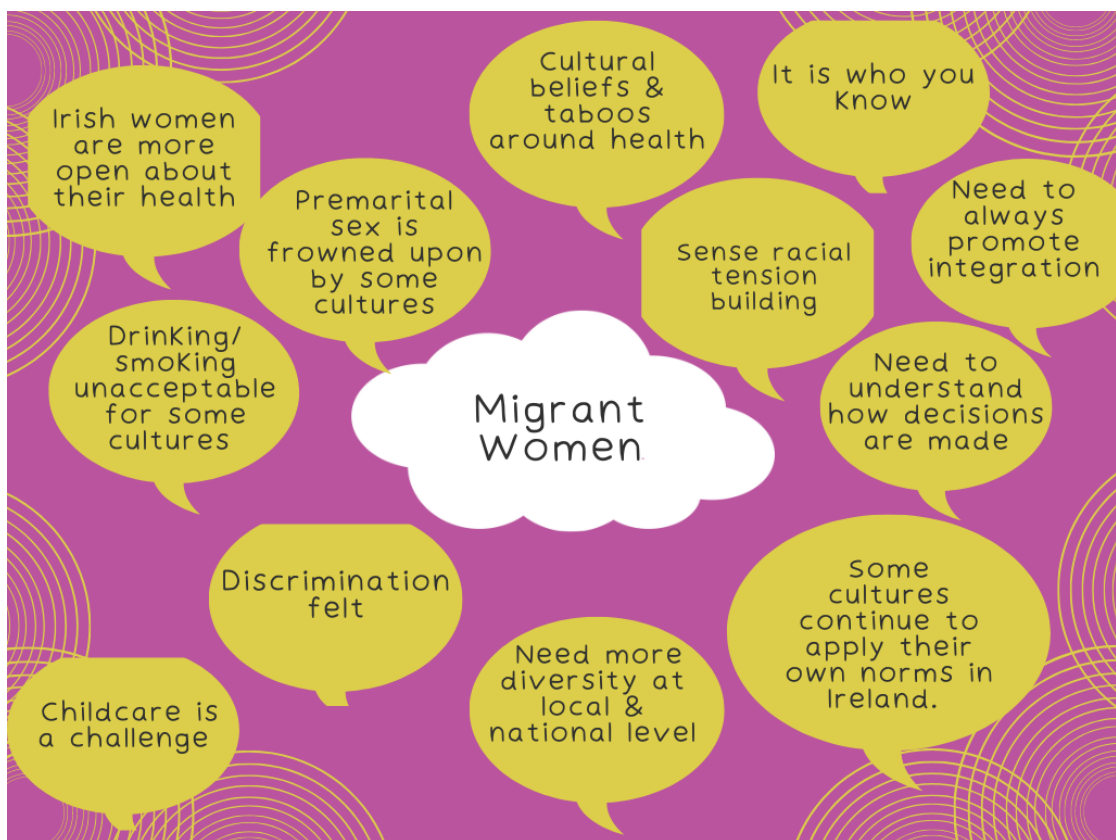
- Migrant women advocate for their rights and observe changing attitudes among men within their own culture. Actively vote in elections, would like to extend campaigns like SHE to include more themes.
- Language barriers exist for non-English-speaking communities, affecting access to healthcare.
- Migrant women may face barriers in accessing education and employment opportunities, experience discrimination, and struggle to find accommodation.
- Active political participation is encouraged among migrant women, but lack of diversity in decision-making structures and incidents of racism present challenges.
- Often comes down to who you know
- Had to tackle the system over non-Irish lack of promotional opportunities in health system
- There is a need to raise awareness of decision-making structures and local supports for migrant communities

Intergenerational

- Active contribution to our shared community
- Worried about rising tensions, racial conflict, and unease
- Housing crisis and mortgage worries

Childcare

- Nervousness around allowing someone outside their culture to mind their children
- Childcare qualifications achieved in Ireland; my accent can hamper opportunities for work
- Family or own cultural community often provide childcare
- Affordable childcare options are limited, but family and friends often provide support within the community.



Takeaways

Migrant women are often reserved and have limited discussions about health, and in addition, cultural beliefs can impact seeking help and sharing health concerns with healthcare providers. Different attitudes towards contraception, childcare, equality in the home exist across cultures.

Building trust and understanding of cultural differences and also common ground are important for reaching and integrating communities. Language barriers, discrimination, and access to employment opportunities remain concerns. Unease about rising racial tensions, housing crisis, and mortgage worries are shared.

Migrant women advocate for their rights, political participation and awareness of decision-making structures and local support are needed. Campaigns to strengthen this are welcomed.

Ukrainian Women's Group/Refugee Women

Women's Health

- Access to smear tests and mammograms is identified as an issue, with uncertainty about navigating the healthcare system, registering for these appointments and call back.
- Limited English proficiency poses challenges when seeking healthcare information and making appointments, highlighting the need for translator GP appointments. Some are relying on Google and emails; this can be problematic for women with limited understanding of English language.
- Questions arise about dental cleaning and checkups for children, coverage under the medical card, if this is provided through the school system.
- Further information is desired regarding vaccinations, especially those not available in their home country.
- Classification of disabilities can differ between Ireland and Ukraine; this affects entitlements and medical supports here.

Childcare:

- Issues with securing free preschool places and school transportation are experienced but recognised by the group as common across Ireland.
- Concerns about mixed-age groups in afterschool settings, preschool children with older school children
- Interest is expressed in attending training/workshops/information sessions related to childcare.

The System

- Insights are shared about changes in the Ukrainian system and public participation in decision-making. People get involved to ensure democracy and transparency.
- Interest is expressed in learning about the registration process for voting in local elections and accessing leadership training and capacity building opportunities.
- The group are very keen to learn more, participate more and contribute more.



Takeaways

Overall, the group highlighted concern about women's health, childcare issues, and understanding and engaging with the Irish system. Language is an obvious barrier to understanding. They recognised that these same issues are felt across the entire population in Ireland. They would welcome inter-community social events to learn more and integrate more.

They expressed a desire for more information, training, and opportunities to participate in decision-making processes and leadership roles in Ireland.

Women's Shared Experiences

Overall, these themes reflect the complex and interconnected nature of the challenges faced by these groups, highlighting the need for comprehensive and holistic approaches to address their needs and improve their quality of life.

The individual focus groups found a lot of **common ground**. The shared common threads of connection for the participating representative groups were as follows:

1. **Accessibility and availability of healthcare services:** All groups face challenges in accessing healthcare services, whether it is as a result of limited availability, lack of information, language barriers, cultural norms, or discrimination.
2. **Support systems and social services:** The need for improved, accessible, inclusive, and relevant support systems is evident in all groups. Key areas included childcare, healthcare, mental health, addiction recovery, and general well-being.
3. **Inequality and discrimination:** Various forms of inequality and discrimination are present in these groups, including gender inequality, cultural biases, lack of diversity in decision-making structures, and discrimination based on age or ability.
4. **Education and information:** Lack of knowledge, access to information, and education is a common challenge across these groups. Across women's health, political systems, entitlements, or accessing and understanding the system, there is a need for improved education and access to plain language information to empower women and help them make informed decisions.
5. **Mental health and well-being:** Mental health concerns are widespread in these groups, related to stress, trauma, addiction, or the impact of social pressures. Promoting mental health awareness, providing support services, and reducing stigma are essential for improving the well-being of women in these groups.
6. **Social and community support:** Social support and community engagement play a vital role in the lives of individuals in these groups. Creating safe spaces, promoting inclusivity, and fostering community connections can help address feelings of isolation and provide a support network for women facing challenges.
7. **Systemic issues and bureaucracy:** The effectiveness of systems and bureaucratic processes affects these groups. Issues such as delays in services, difficulties in accessing entitlements, and navigating the system contribute to the challenges individuals face. Streamlining processes, improving transparency, and clearer language could help alleviate these issues.
8. **Digital literacy and technology:** The impact of technology and digital literacy is clear, both as a challenge and an opportunity. Some groups face difficulties in adapting to an ever increasing and evolving digital world, while others recognise the importance of technology in accessing information, services, and social connections. The need to access relevant training, information and increased awareness of the benefits and limitations of all things internet would be welcomed across all groups.

Summer Gathering 2023

In July 2023, the programme partners, Louth Local Development and Louth County Council facilitated a second Community Gathering at Stephenstown Pond, Co Louth. The event entitled "Louth Celebrating Women's Past, Present and Imagining the Future" welcomed groups of women, support organisations and guest speakers Catherine Lane, Membership and Engagement Coordinator and Collette McEntee, 'Feminist Communities for Climate Justice' Project Coordinator both from the National Women's Council of Ireland (NWCI).

Dara MacGabhann, Louth Local Development and Anna Ryan, Louth PPN welcomed the attendees to the event opening with The Programme Journey to Today, outlining the collaborative, shared experiences of the project partners and participants from February 2020 to July 2023, a mix of in person, online and hybrid events, all facilitating learnings, experiences exchanged and a resolution that Equality for women was important for those present and for generations to come.

Noirin Coghlan, Louth Local Development and Sinead McVerry, Louth County Council (LCC) highlighted the inputs and outputs of the diverse groups of women involved in the project, looking at the individual sessions and emphasised the powerful engagement experienced at each session in the words of the participants themselves.

The attendance at the event was a true barometer of the need for equality felt by women in all, from home to study, to work through to retirement and everyday interaction in between and beyond, at a local, national, and global level. The representation on the day traversed a broad spectrum of age, ethnicity, sexuality, physical ability, and background, all sharing the common goal of Equality for all Women.

Catherine Lane, Membership and Engagement Coordinator, National Women's Council of Ireland (NWCI) guided the group through a timeline of women's reality and milestone legislative changes in Ireland from 1973 to the present day, highlighting the societal impact of the NWCI and its advocacy and promotion of equality for all women in Ireland. A look back session concluded that much done, much still to do applied.

Collette McEntee, Project Coordinator of 'Feminist Communities for Climate Justice,' a joint project between the National Women's Council and Community Work Ireland, brought the term climate justice to life for the group with very real and tangible effects of climate change visible and felt at a local, national, and global level. Both presentations activated real thought and meaningful conversations. Summary takeaways can be found in *Appendix 1* of this report.

The session was welcomed and applauded by all those in attendance and some of their feedback is captured in the graphic:



FEEDBACK

"ALWAYS INSPIRING AND MOTIVATIONAL. ENJOY BEING PART OF THE COLLECTIVE. FEEL IT IS AN IMPORTANT SERVICE TO ALLOW WOMEN TO EXPRESS THEMSELVES IN A SAFE SPACE. VERY EDUCATIONAL IN THE BEST WAY"

'VERY INFORMATIVE AND A GOOD INTERACTION WITH ALL WOMEN REGARDLESS OF AGE, ETHNICITY ETC. WELL DONE'

'THIS WAS THE FIRST TIME I ATTENDED ANYTHING LIKE THIS. IT MADE ME REALISE HOW MUCH EVERYTHING IMPACTS ON THE PERSON AND HOW MUCH THE PERSON IMPACTS ON ALL THAT IS GOING ON IN THE WORLD. MY TAKEAWAY FROM TODAY IS TO START BEING MORE CURIOUS AND QUESTIONING AND CONSIDER I HAVE A ROLE TO PLAY '

05.07.2023

Safety Sessions

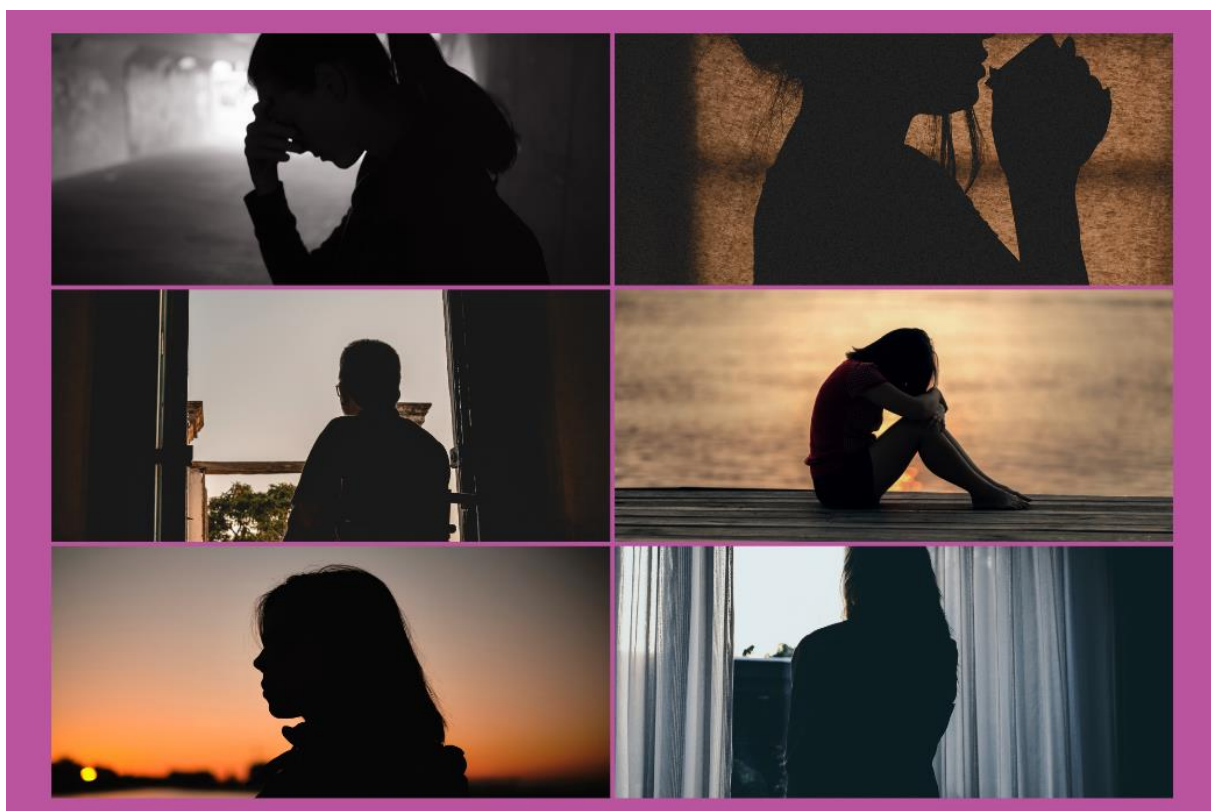
As part of the participative process, collaborative approach and programme co-design, the theme of safety was dealt with separately and facilitated in a safe space with wraparound services available to the participants and facilitators. The decision was made to work with smaller groups where a shared narrative amongst the participants may encourage the sense of personal safety, non-judgement, and familiarity of experience.

The groups included women experiencing homelessness, addiction, women with a disability, migrant women, women living in Ireland as refugees, experiencing domestic violence, women from the LGBTQ+ community and older women.

To foster engagement and support safe disclosure of individual experiences, the women were asked to build a persona of a women who lived their shared and individual experiences, each group of women lead the creation of their respective persona, a woman who walked their live experiences and held their same situation, fears, aspirations and requirements for support and help.

To protect identities pseudonyms were used in all personas. Any resemblance to any real person/s is unintentional.

Introducing our Safety Workshop Personas



Anna & Mary represent Women in Homelessness

Anna's Unsafe Situation

Anna is living at home with her family and is feeling unsafe. She has small children and has little help. She experienced trauma in her life as a child and is still experiencing the effects of this today. She has some support from her friends but there is a reluctance to interfere in the family's business – this comes partly from Anna's culture, which is a patriarchal one. She finds it hard to get support online. She is experiencing a lot of emotional upset, including stress which is having a negative effect on her health. She feels alone and isolated and is suffering from depression. She lives in fear of abuse by her male partner and feels trapped. She is aware that what she is experiencing is in many ways a cultural norm within her culture. She blames herself for her situation and feels guilt for the situation she and her children are in, and for how she feels and is coping. Her children have witnessed upsetting events within the family home, and she feels shame at this.

Reaching out for help

Anna has a strong belief in God, and this gives her strength to look for help. She turns to Women's' Aid, Turas, SOSAD, Al-Anon and to friends who are in the same boat. She can gain assistance from a counsellor, a psychologist, or her GP.

Anna's Safe Space

When Anna reaches out to Women's' Aid, this is her first step on the road to safety. She secures safe accommodation, leaves the family home, and gains control over her own money. Within Women's' Aid she finds people to talk to who understand her situation, and she can avail of counselling with SOSAD to help her recover. She is able to secure childcare which allows her to work or volunteer. This allows her to make social contacts outside the family/culture which she did not have before. She also is given time for recovery because this is a slow process – it took time for her to become so ground down, and it will take time for her to build herself back up again.

Anna's Strengths

Anna has demonstrated strength in her situation, such as her belief in God, hope, keeping going (resilience) and being active rather than passive.

Mary's Unsafe Situation

Mary is homeless with addiction issues. She experiences health issues, both physical and mental, and has experienced domestic violence. She has some family support but is seen as the “black sheep.” She feels isolated. She has lost custody of her children – this may have been voluntary, or she may have been deemed unfit to care for them. Due to her circumstances and lack of support she is vulnerable. She is aware of her situation and the need to escape and is trying to do so. She has some connections and knowledge of where to go for help.

Reaching out for help

In order to reach out for help, Mary will need to continue to make small connections with people in order to build up her relationships with family and friends and increase her support network. She will need to be in the right environment with people who are a good influence on her, because she is vulnerable to being preyed on. She will also need to be ready, as this is not automatic, and will need to have a desire to escape her situation and the courage and confidence to take the first step and will need education around her rights and information regarding who can assist her and where she can turn for help.

Mary's Safe Space

Mary needs a space where she can access medical help and counselling. She will need time and space to allow her to rebuild her life. She will need knowledge of the supports available to her and help accessing these supports. She and others will also need to recognise her potential. She will be respected, both by herself and others, and will have an increased sense of her own self-worth.

Barriers to help

There are barriers to both women gaining the help they need. The first is simply knowing who to turn to and where to seek help. Storing numbers on her phone, keeping leaflets, etc., can be dangerous, but improved signposting (such as posters on the back of toilet doors) can help, or helpline numbers disguised as barcodes can help. However, many of the refuges are full, and there is a lack of homeless services, particularly ones which cater for women (and even fewer which will accommodate a mother with children).

The presence of children makes it harder to get help, not only in relation to accessing refuges and homeless services but also it makes it harder for Mary and Anna to leave the family home in the first place. Their financial dependency also makes it harder for them to leave, and they may also have health issues themselves which would make life in a homeless service or refuge much more challenging. They may have a lack of support, and a lack of independence which has developed due to the controlling nature of the relationship. Some women may be dependent on their partners, particularly if they are migrants, and where their right to be in the country may be linked to their marriage/ relationship.

Another barrier to help is the invisibility of coercive control and domestic violence which takes place behind closed doors and could lead to a fear of not being believed. The women may feel invisible not only to their abuser who does not regard them as a person in their own right, but also to the system. This could make it difficult for them to access the supports they need. Their fear of not being believed may be compounded by gaslighting from their abuser who may tell them that no-one will believe them, and that they will be viewed as an unfit mother. Very often the abuser will have been seen as a "pillar of the community" which compounds their fear of not being believed.

After having been diminished within their relationship for many years, they may also feel that they do not deserve help, or they may actually not recognise the situation they are in. They will also be aware of a stigma which shames female victims of abusive relationships and puts the onus on the victim to leave, rather than on the abuser to stop abusing.

There was also an awareness of the risk involved in asking for help with a recognition that leaving an abusive relationship is the riskiest time for a woman and could result in significant violence, and the fear of this violence may stop some women from reaching out.

Felicity & Tina are Women with Disabilities

Felicity's Unsafe Situation

Felicity has had a physical and intellectual disability since birth. This means she requires care, which is provided by her partner. She lives with her partner and her sons, and feels she has no voice in a house full of men. She feels unsafe at home, and unheard. As her partner is a carer, she has no independence as she is completely reliant on him, has no control over her own money, and is experiencing financial abuse by her partner. She has nowhere to go, and no supports to draw on. She feels trapped and isolated and believes there is no escape for her from the situation. She is not working, so spends all her time at home in the company of her partner.

Her disability increases her vulnerability to abuse, but also increases her dependence and reliance on her abuser, who she feels is effectively being paid to abuse her, as he is in receipt of the Carers' Allowance. He takes her Disability Allowance and his Carers' Allowance, and her money is absorbed into the household budget rather than some being spent on her own needs, on things that would make her life a little easier. Due to her low morale, and the depression she is experiencing, Felicity has an inability to recognise that she is in an abusive relationship and is experiencing coercive control.

As a mother, she experiences feelings of inadequacy because, due to her disability, she is unable to do many of the things that other mothers can do. This, and her situation, has caused her significant mental health issues and she is experiencing suicidal ideation.

Due to Felicity's disability, she has fewer opportunities to escape her situation than an able-bodied person. There are fewer refuges available which could accommodate her needs. She is a wheelchair user, and the local refuge is not accessible to her. She struggles to even consider reaching out for help because she feels that her needs will not be met. She also experiences a fear of the unknown, and a fear of judgement, which impact her ability to seek support. She has lost connection with her family and friends.

Her situation is compounded by the fact that in many respects the abuser is her voice. As her carer, people speak to him rather than to her; in Felicity's case she has some speech issues resulting from her medical condition (e.g. cerebral palsy) which requires that he translate and interpret for her, but for those who don't have any speech issues, a common experience is that people will address the able-bodied carer rather than the person with the disability, e.g. the wheelchair-user, and in an abusive relationship this means that the person has even less of a voice. This condescension and infantilization facilitates the abuser gaslighting others, and he can translate/interpret what Felicity says in a way that suits him.

Felicity feels she is constantly engaged in a fight or struggle for some rights. It is a balancing act because she is so reliant on her abuser who has the ability to control and punish her – an example was relayed where a person with locked-in syndrome would be “punished” by being ignored, and the home help/assistants would be told to “just leave them there.” For people with a disability, the issue of having “no voice” can be very real.

Felicity's Safe Space

It was felt that the most important thing for Felicity was to have inner strength which would allow her reach out and access supports. She would need support around her disability issues and also around the domestic violence/coercive control that she is experiencing.

Help would entail access to information primarily. She would also need support, and group support where she can relate to others who have experienced similar issues would be especially important. It was felt that Felicity needs to be self-reliant, to regain control over her own money and benefits, and to take ownership over her own life. She could then reconnect with family and friends whom she had lost contact with.

The primary change for Felicity once in a safe space is that she will have a voice. She will be heard by her partner, her children, her bank, the government agencies and the HSE, and she will have control over her own life. For the first time since she entered into the abusive relationship, she will be able to control her own money, where she goes, who she talks to, what she does, who her carer is, and her own decisions and life choices. This control over her own life was seen as the most important change that Felicity would need to make, and independence was viewed as hugely important.

Felicity now has her own bank account, and she employs her own carer. This means she can interview for the role and can have a professional relationship with her carer, rather than being reliant on friends/family/partner. Her carer drives her wherever she needs to go which means she can more easily engage in a maternal role which reduces her feelings of guilt – previously she would have to tell the children she could not do particular things or go to certain places, but now she has more freedom to do so. Having a professional carer also allows her to engage in employment which in turn gives her greater financial independence and a sense of self-worth. She builds up friendships and has an active social life. She engages with community groups, where she becomes a role model for other women. She builds on this and now runs her own service where she advocates for other women experiencing the situation she escaped.

All of these changes mean she has an improved sense of worth and empowerment.

Tina's Unsafe Environment

Tina has an acquired disability as a result of an accident. She feels isolated and has lost all confidence. She was in a relationship prior to the accident but the quality of this relationship has now changed. She feels lost. She has experienced a loss of her identity and is unsure who she is now, and is fearful of the unknown, and not knowing what lies ahead for her.

Due to her injury, she can no longer work in her previous career. Many of her friendships have fallen by the wayside as her friends do not know how to deal with the "new" Tina. Her remaining friendships have changed

Her recent life has been a series of losses – loss of ability, loss of her old life, loss of confidence, loss of independence, loss of identity, loss of relationships and friendships and loss of employment. She also experiences a loss of privacy because she is now reliant on a carer. This loss of privacy does not just relate to intimate care, but also just the experience of having someone in her house, being around her, being privy to her life. She has experienced loss of status – there is some objectification of her now that she is a wheelchair user, and she is treated as less of a person.

She notices indifference in some people but also infantilisation which results in a loss of choice of her. Peoples' attitudes can be patronising and condescending; they may speak to her carer rather than to her and may praise her carer for taking care of her ("aren't you great") as though she cannot hear. They may ask her carer questions which she could answer herself (such as what she wants to order in a restaurant), they may pat her on the head as though she is a child, or they may ignore her entirely and treat her as though she is invisible. She feels unseen and unheard.

She also has to learn a new language relating to her disability, so she engages with medical services, and this will also entail learning acronyms and medical jargon; and she has a new world to navigate. She will also have to learn to deal with setbacks which may seem to derail her progress.

Felicity and Tina's Safe Space

Both women will need to be stronger and to ensure their voices are heard, in order for them to feel safe. They will need to increase their confidence and their independence. A safe space would give them more involvement in their own life and care and would assist them in adapting to and creating a new life and a new world which they can inhabit safely.

They would need to involve the IWA in creating this new life. This would give them an opportunity of engaging in sports, socialising with their peers, and gaining from their knowledge and experience, building friendships, learning how to navigate the world, and living life to the best of their ability. They may find a way to make their old career more accessible which would allow them to return to their previous employment, or they may retrain in a new field and start out on a new career.

It was agreed that a safe space would necessitate improved accessibility in all areas – in offices and workplaces, but also in homes. It was noted that the vast majority of people will acquire some loss of independence necessitating increased accessibility, not only due to a congenital or acquired disability but also due to the aging process, and that factor needs to be incorporated into design with all housing having a minimum standard of accessibility. It was felt that the current situation and the recent changes to regulations which necessitate, for example, lower light-switches and wider doors, were an improvement but did not go far enough. It was also noted that accessibility in many buildings can also be tokenism – meeting the requirements in as minimal a way as possible – but can also be inadequate due to lack of knowledge, lack of awareness/understanding of the issues and, crucially, lack of consultation. An example was given of a new building which was lauded for its accessibility but which had no pad on the door to facilitate opening (something which would not only benefit those in a wheelchair but also people who have issues with grip, elderly people and parents with buggies); had a reception desk which was of adequate height but which didn't have a knee-hole or recess to allow wheelchair users bring their chair in tight enough to allow them sign a document, and didn't have sufficient toilet facilities for those with a disability. Greater consultation and more forward-planning was advocated, and a minimum standard of accessibility which would actually facilitate access (e.g., houses may have wider doors and lower light-switches for wheelchair users but no ramp) were deemed necessary.

Within their safe space, Felicity and Tina would have a strong support network of family, friends, their community and peers, and peer support was regarded as vital. It was felt that greater transferability of skills would also be necessary, to allow as many as possible continue with their old career, or transition to an equivalent career. All of this would allow Felicity and Tina live life to the best of their ability.

Felicity & Tina's Strengths

The strengths which Felicity and Tina had shown so far, and would need in the future, included courage and a desire to take their lives back and take ownership of their own lives. They have shown a proactive approach to this, and have demonstrated confidence, resilience, independence, a lack of fear, faith and hope, and self-belief. It was felt that they were empowering and would be a support for others – one may have been a carer herself, for a disabled child (something which had not come up in the original discussion). They would need awareness of their options regarding employment and education. Mostly they would need inner strength and an ability to continue.

Lucy and Maria are Women from Ukraine/Refugee Group

Lucy's Unsafe Situation

Lucy is currently going through a divorce. She is not getting any support from her ex-partner and is experiencing financial insecurity. As a result, she is working three jobs, as a sonographer. She has left the family home and currently has nowhere to live. She has difficulty organising childminding to allow her to work. She is also experiencing stalking behaviour by her ex-partner.

Lucy is a Ukrainian refugee, and her difficulties are compounded by the fact that English is not her first language. She is in a new relationship, but there are red flags which suggest her new partner may be equally controlling as her ex. However, she feels more secure having a “strong man” to protect her from her ex-partner, even though this may cause her increased problems down the line where she may in turn need protection from this “strong man.”

Her homelessness is causing her a lot of strain. She is fighting with her partner for rights to the family home but is currently moving between a refuge, sometimes with her children and sometimes without, and the streets. She is concerned for the safety of her children. She did contemplate staying in the home, but she was aware that this was bad for her children, and bad for her own mental health. She would have preferred to have been in a position to get her partner to leave, but it is extremely hard to get men to leave in these situations and so she went to a refuge. Sometimes her children are in emergency foster care.

Potential Changes

She is contemplating a move to a village where they may be more opportunities for somewhere to sleep, whether rough sleeping or through an agency, and she is also contemplating a return to Ukraine due to the housing shortage in Ireland. This brings other worries around physical safety because of the war.

Lucy needs to organise childminding and sometimes brings her children into work. On occasion she and the children sleep in her workplace. She also cooperates with other mothers to share childcare, but this means that when she is not working, she is minding not only her own children but additional children also.

Impact of Lack of Safety

Her lack of safety around housing, finance, childcare, coercive control, and physical safety from her ex-partner is leading to significant emotional consequences. Lucy is feeling burned out. She

never has any free time. She experiences constant worry, stress, and anxiety, and is also experiencing sleep deprivation. This is compounding everything else that is going on for her.

What are Lucy's choices?

Lucy is trying to decide whether to stay in Ireland or go back to Ukraine. If she stays in Ireland she will need to deal with the lack of housing, a lack of personal supports (e.g., family and friends), a lack of creche/preschool places, the language issue, and her unfamiliarity with how to best navigate the Irish system. She has difficulty with getting her qualifications recognised in Ireland. However, she feels that there is more governmental support in Ireland. Her children are able to take part in in-person education in Ireland, whereas in Ukraine education is currently online, and they are also able to physically meet with their friends, which they cannot do in Ukraine at the moment. (There is also a recognition that it is harder for older people to adapt to life in Ireland).

If she returns to Ukraine, there is a shortage of employment, and high inflation. While she will have a home there, she will likely have no electricity and will have sleepless nights due to shelling. There are enormous issues regarding physical safety, of both her and her children. In Ukraine, she would not have the governmental support that she has in Ireland, although she will have more personal support from friends and family. She will need that support for childminding because it is likely that many school and creche places will be closed due to the war and the shelling. She will also have to deal with corruption in the courts. There will be a lack of stability, particularly for the children who will also only have online education and socialising options. Her main concern will be the physical safety of her children.

What would Lucy's Safe Place look like?

There would be clear laws regarding her divorce and her financial rights. There would be no corruption in the courts as there currently is in Ukraine. The process would be speedy and there would be increased protection for women, both of which are a particular issue in Ireland. She would have access to free legal help and would be able to get a protection order.

There would be more shelters and refuges with more available places, even if only dormitories, for women who are accompanied by their children. There would be increased childminding and creche places, and free afterschool places for working women.

Asking for Help

Lucy needs to reach out to the Court system for help with her divorce. She also needs to reach out to the local authorities for assistance with housing. She will also need access to a counsellor or psychologist to work through the emotional distress she is experiencing and to help her cope with her current situation. This is not something that is frequently done in Ukraine and is more common in Ireland. She also needs the support of family and friends.

What could prevent her asking for help?

A lack of knowledge of what services might be available to her; lack of time to do what is necessary to get the help (as she is working multiple jobs and minding children), a concern as to violence if she tries to engage help, and a lack of faith that help will be forthcoming.

Maria's Unsafe Situation

Maria is experiencing financial pressure. She is married but, in a relationship, where there is domestic violence and coercive control. She has a child with a disability.

Maria's husband is Irish. As Maria is a Ukrainian refugee, she has no family support in the country, and she has no home other than the home she shares with her husband. She has little knowledge of or familiarity with the services available to her, and this makes her vulnerable. Her husband is aware of this and preys on it. Maria is in fear of her life and is aware that other women in her situation have been murdered, especially if they try to leave. For this reason, she is afraid to leave, but is also afraid to lose her home and end up homeless.

Refusal of help

If Maria or Lucy reach out for help, and this is refused, what could they do next?

- *They could ask someone else.*
- *They could look into a legal/governmental route to get them the help they need.*
- *They could start a new relationship which might help them escape from the old controlling partner, but this may bring its own issues as discussed with Lucy.*
- *They may end up with increased emotional distress, and experience suicidality.*
- *They could speak to their GP.*
- *They could leave their children with either the father or a foster family until they get back on their feet.*

Strengths

The strengths Maria and Lucy have shown so far include:

- *Love for their children*
- *Stress resistance*
- *Resilience*
- *Self-confidence*
- *Responsibility*
- *Problem-solving*
- *Cleverness*
- *Being active rather than passive.*

Margaret & Patience represent Migrant Women

Margaret's Unsafe Environment

Margaret is experiencing domestic violence. She has financial issues which resulted in a loss of independence. She has left the family home and is moving between a refuge, her friends' houses, and the streets. As a female she feels very unsafe on the streets but does not want to encroach too much on her friends. She has a background of trauma which left her vulnerable to domestic violence. She is very worried about her children, who are currently in foster care as Tusla became involved due to the domestic violence situation, which was reported following an attendance at hospital due to an injury. Margaret is fearful that she will end up being homeless full-time and feels guilt both in relation to the situation she finds herself in, and for not being able to care for her children.

Margaret comes from a culture where domestic violence is endemic, and a cultural norm. As such she will not receive family support, or support from her community. Within her community, they are told on marrying that if they choose to return back to their home of origin, they will be "welcomed back as a corpse, not a divorcee." There are also financial implications in her leaving her partner, as her dowry will not be repaid. This would mean she would be a financial burden on her family, even if they chose to take her back, as it would not be the norm within her culture for her to work. This financial dependency is one aspect that is keeping her trapped in the family home with her abuser. For her to leave, she would have to break the taboo against walking away from a violent marriage.

Margaret's Safe Space

For Margaret to feel safe she would primarily need stable accommodation. This would allow her gain employment and be in a position to regain custody of her children. She would be able to access counselling and could be assessed for a trauma history, and possibly diagnosed with PTSD. She could also access medical help as she is likely experiencing physical injuries from the assaults she has experienced in the past, such as chronic back pain. She will also be able to have her children assessed for trauma due to what they have witnessed in the past. She will get support with regard to her children's' education.

Margaret will need a barring order to keep her safe from her violent partner but will also need support not to return to him as this is a real risk for women like Margaret who tend to return repeatedly (possibly up to seven times) to their abuser before finally leaving. She will also need legal support as well as education about her rights and how best to navigate the system. She will need to be educated also on what is normative and acceptable in relationships and learn that abuse does not equal a disagreement – for her, a violent assault by her husband may have been dismissed as a "disagreement" and this minimisation needs to be dealt with. She needs improved awareness of what she has experienced and what is acceptable within a healthy relationship.

Patience's unsafe environment

Patience is feeling unsafe at work, the place where she spends most of her time. She is experiencing bullying, due to her minority status (this could relate to her ethnicity, her religion, or her sexual orientation). She is the only member of her particular minority group in her workplace and so she feels isolated.

Patience is vulnerable, due to her culture of origin and her conservative background which teaches that women do not answer back or stand up for themselves. As such, she does not challenge those who bully her, or escalate the issue to management. She experiences significant fear of losing her job and the financial implications this would result in, because of the loss of independence this would give her as a woman and as part of her minority group.

Patience feels she has to work harder to attain the same level within her organisation as men do and feels that in many respects, she is being punished for being a woman. She is pregnant and is fearful of dismissal. She has signed a contract which has a clause dictating that she will not get pregnant for the duration of the contract, and she is hiding her pregnancy for the moment. She would like to change jobs but feels she will not be hired because of the pregnancy and the necessity for maternity leave. She will not be able to access maternity leave in her current role because of the contract. Her partner and family live in her country of origin, and so Patricia feels very alone, isolated, and unsupported in her pregnancy and with regard to her employment situation.

Patience's safe space

For Patience to be in a safe space, she would need increased support from her employers and her colleagues. She would also require education around her rights, and discussion was held as to the legality of the contract mentioned above and the possibility of going to the Workplace Relations Commission. However, it was agreed that Patience would not have this information and so she would be vulnerable to exploitation. In this regard, legal advice would be especially important with regard to her employment rights. She should also access support from her union.

It was felt that a good starting point for Patience would be her local Citizens' Information Centre which could put her in touch with supports and give her some information regarding her rights.

Patience should also be given counselling, to help her deal with her isolation, her challenging employment situation, and her anxiety. She also needs support from her family and partner, and it was felt that her partner should come to Ireland to work and reduce the financial pressure which is compounding Patience's employment concerns. It was also felt that the partner would need education around how to support Patience. Lastly, Patience would need to ensure she had good medical care in place, and a supportive GP.

What would change if Patience were safe?

She would be more confident, and enthusiastic to go to work. She would have increased job satisfaction and would be more productive. Her work environment would be more accepting, welcoming, and friendly, and there would be a non-judgemental approach. Patience would have improved maternity rights, would be able to be open with her line manager, could be transparent with her employers, and would have union backing and support. Her employment would be protected, so she would have job and financial security, which would reduce her anxiety. She should also receive education around income protection schemes to help her if there is a crisis in the future.

What strengths have Margaret and Patience shown?

They have both shown themselves to be strong women, who are focused on their survival. They have strong personalities and are faithful to themselves and their families. They are maternal and protective. Both are also ambitious and are seeking a better life for themselves and their families. They are showing courage, but they are also showing forgiveness and hope. This may be helped by their faith in their religion. They show a powerful sense of community and are fighting back against the systemic structures that can keep them oppressed.

Saoirse represents LGBTQ+ Women

Saoirse's Unsafe Situation

Saoirse was attacked by a male friend who was under the influence of drink and drugs, and she was in an accident while she was running away, trying to escape. The friend was driven by a hatred for who Saoirse was and is, and her identity as a lesbian. She has not told anybody about the attack.

This is an ongoing issue for Saoirse and her friends, who have to regularly negotiate threats based on their status as members of the LGBTI community. It has always been a problem, but it has become much more of an issue recently and Saoirse and her friends are much more afraid than they used to be. This is affecting aspects of Saoirse's life, as it is impacting her decisions on where she goes. She is well aware of local incidents of bigotry.

Saoirse feels trapped and isolated and does not have a great support system. She feels anxious, nervous, and embarrassed and does not recognise herself. There is a fear of speaking up because friends of hers who have experienced threats and violence and have spoken up have been called liars, and Saoirse has a strong fear that she will be disbelieved, is concerned about the labelling, and stigmatising that she will experience.

On this occasion the attack was by someone known to her, but Saoirse lives in fear of an attack by a stranger and self-polices as a result. This results in her being hypervigilant, afraid to let her guard down, and impacts on everyday life – she would no longer hold hands with her girlfriend on the street for fear of an attack.

Saoirse's Safe Space

Saoirse's safe space would need to entail a lack of threat or violence towards, and more acceptance and tolerance of, those within the LGBTQI community. Respect was needed, and a space where there were no enforcement of gender roles and people could be who they wanted to be, and who they actually are.

There would be greater representation and more visibility of LGBTI people, particularly older LGBTI people who may not have felt safe to come out when they were younger. A discussion was held around the difficulties of being an older lesbian or gay man, who may have lived most of their lives in the closet, who may struggle when they are older to find LGBTQI events which they can attend, as they can be primarily geared towards young people, and who, as they may well not have children, may now have difficulty accessing care in their older age and may actually require to go "back in the closet" to do so. There was also a recognition that for people in rural areas, this representation and visibility is even more important, and that elderly members of the community who live in rural areas would need additional supports.

In a safe space, there would no longer be a need to "come out," let alone come out repeatedly which is the current experience. Members spoke of having to "come out" every time they attend a medical appointment, or change job, etc. There was a need for greater knowledge within the medical community and examples were given of women being erroneously told by medical professionals that they did not need smear tests because they were lesbian.

In a safe space, women would be able to hold hands in public again. There would also be no need for a male "safety net" to protect women. Examples were given of getting taxis home and inventing a boyfriend who was in the house, rather than divulge that two women would be alone in the house. However, the importance of male allies was also highlighted, and particularly protective, supportive men who would publicly support them, would be educated and knowledgeable, and who would put pressure on silent men who stand back when LGBTQI women are threatened or demeaned.

There was a recognition of a need for actual, physical, "safe spaces" which LGBTQI women could access if needed.

Women would feel empowered, and there would be a change in language to reflect this. Discussion was held around reclaiming the language, and how it had evolved. Some members of the community, particularly elderly people, reacted negatively to the word "queers" which younger members of the community may use as an inclusive term. There was a recognition that, in the same way as some Black artists are reclaiming the "N" word, there needs to be awareness that for the older generation, as was mentioned by Oprah Winfrey, the last thing many heard as a rope was tightened around their neck was the "N" word – it was agreed that inclusivity within the community, and a recognition of the varying experiences of different generations, was necessary.

What would need to change for Saoirse for the safe space to exist?

To achieve the safe space that Saoirse needs, assaults and threats would result in an appropriate judicial response, with arrest, charge, prosecution, and appropriate sentencing.

There would be greater accountability – both at an individual, societal, and governmental level. Also, social media companies would be held to account for what they are disseminating, which has led to an upsurge in bigotry, incitement to hatred and hate speech. It was noted that back in the 70's and 80's common slurs for gay men included “perverts” or “paedos”. This had been almost completely eradicated until recently when it is constantly appearing on social media and has thus made its way back into common language.

Structural change would be needed to address bigotry/hate speech/incitement, and it was felt that conversation and dialogue would need to take place so “both the haters and the hated” could express their views. It was strongly felt that suppressing speech or not engaging with hate speech simply made the problem worse; while challenging those who disseminate hatred may not change their minds, it may change the minds of the many who may be reading their views and are not yet won over to their arguments. An open dialogue was required, and conversations would need to take place which challenged the bigotry. This, it was felt, would require courage from leaders in the community – particularly government leaders, but also those in society. It was felt that echo bubbles compound this problem, and some members spoke of their lesbian partners being bombarded with social media posts which are anti-LGBTQI, due to their engagement on social media with LGBTQI issues, which might have led them to have clicked on links of, for example, library demonstrations, which then skews the social media algorithms to show them anti-LGBTQ+ posts.

The importance of inclusive teaching was emphasised, and it was felt that this needed to be more than tokenism – currently some teachers skip the LGBTQI aspects of RSE while others gloss over it.

It was felt that more resources would need to be allocated to the community, and particularly elderly members of the community who have particular needs.

Requirements to reach out for help

For Saoirse to reach out she would need to trust someone and would need a confidante to support her. She may fear repercussions around speaking out. She would need to trust that her speaking out would result in an arrest, his being charged with an appropriate offence, and result in a court date. She would also need to feel confident that her attacker would be given an adequate sentence, “proper jail time,” if convicted. Saoirse believes that inaction, both at a social and governmental level, are exacerbating the issues and she would need to see this change in order to feel safe. Currently she feels that there is almost a “free pass” for hate speech with few people prepared to challenge such speakers. There is a sense that this is swept under the carpet because nobody, either within society or within government, wants to take these people on, and so, due to this discourse being unchallenged, it is becoming more prevalent.

Saoirse would need to recognise that she was not defined by her experience, including the attack. She would need to be sure that she would be protected rather than victimised again. For her to do this, she would need to “find her own tribe;” she would need to link in with the LGBTI community and its allies and would need the solidarity this would bring.

Saoirse would need a lot of courage, particularly to overcome her fear that she would be disbelieved, or that she would be blamed as the victim, or her experiences minimised and dismissed. She would also need courage to deal with the social consequences if her attacker, as in Saoirse's case, is known to her and the impact this would have on her social supports.

She would need to consider whether or not she would trust the Gardai, and in particular the individual Garda that she might need to deal with. She would need to consider whether that Garda might be homophobic, or adequately trained, and whether they would be dismissive of her complaint.

It would help Saoirse if there was greater visibility of people like her; people who are reporting assaults and challenging hate speech.

How would Saoirse reach out for help?

In the first instance she would probably Google, and perhaps find a helpline which she could contact. This helpline would be a way to link her in with her “tribe” who can support her as peers, and as people who have increased understanding and experience. They will also be able to let her know where and how she can get help and may be able to link her in with Gardai who are sympathetic and trained appropriately.

What strengths has Saoirse shown?

She has shown courage thus far and will need to continue to do so. She has been active rather than passive but has considered her actions and thought through the consequences rather than just reacting. She has remained true to herself. She demonstrates hope, self-belief, and confidence in herself. She is resilient and fearless and was described as a “warrior woman.”

Lorraine and Anne represent Older Women

Lorraine's Unsafe Situation

Lorraine has no family, and has never been in a relationship, and as a result is living alone. She is experiencing antisocial behaviour in her housing estate. Lorraine has health issues, suffering with both her physical and mental health and as a result is vulnerable. The antisocial behaviour makes her afraid to be at home, but also afraid to go out. She is scared to leave her house, but frightened while she is at home.

Lorraine is retired now but has been on disability benefits in the period leading up to her retirement. Her lack of recent employment has also limited her support network as she does not have colleagues she can call on. She feels very isolated.

Lorraine does not have savings and lives week to week on her social welfare payments. She struggles to heat her home, and sometimes has to make the choice between feeding herself or heating. She has not had a good education, and is not computer literate, and as such has no access to the internet. She struggles to navigate her life which more and more requires internet access for basic tasks.

Lorraine struggles psychologically with her current situation. Lorraine was very frightened by COVID and has been afraid to go out since. She is afraid to travel far from home, so she buys her groceries in the local shop which is more expensive than going to a supermarket. She only leaves the house once a week to get her pension and do her shopping, but she worries about possibly catching COVID, and also fears an attack because of the anti-social behaviour in her area.

Lorraine is very reliant on the Post office. She does not have online banking, so she physically collects her money each week. She also relies on her postman, who is the only person she sees consistently. Her postman has been very good to her, and she hopes that if she is ever incapacitated, he would notice and raise the alarm. She feels very cut off, but equally she does not want other people interfering in her life. (There was some suggestion that Lorraine may also be caring for a relative, but this was not expanded on).

What help does Lorraine require?

It was recognised that Lorraine may never reach out for help, and it may require intervention by a third party for her to receive the supports she needs. An issue that was highlighted was that Lorraine lives in a housing estate where people rent and there is no stability – when Lorraine was younger, she knew everyone on the road, and knew their families, but now people move in and move out annually and she never gets to know them. The relatively transient nature of the tenancies means there is less community support, and less awareness. This adds to her insecurity, because nobody is keeping an eye out for her, the way people might have done a decade or two ago. All of this increases Lorraine's isolation, but also makes it more difficult for help to be secured on her behalf.

The nature of communities has also changed, and now Lorraine's area is a dormitory community where everyone works and so she is often alone on the road during the

day. In the past, mothers would be at home and there was more of a sense of community.

Lorraine has also struggled to attend hospital because of her fear of infection. She has no consistent GP, as her practice has changed so that appointments can no longer be scheduled with a particular doctor. As such she has no relationship with a doctor, and this is compounded by the doctors in the practice being burned out.

There was a consensus that in many respects the system which Lorraine is trying to navigate can be difficult to manage, even if aspects of it look good on paper. This was particularly relevant with regard to access to healthcare.

What would help Lorraine to reach out?

For Lorraine to reach out, she may have to be prepared that she might be refused and could be left disappointed. She could reach out to a GP and experience no tangible support but just be offered medication, which deals with the symptoms but does not change her situation.

If this happens, it will be difficult for Lorraine to reach out again and speak to someone else, but she will need to in order to access help. It may be that she can change practices and go to a new GP whom she can build a relationship with. It is more likely, though, that Lorraine's situation will be noticed by a third party, and if Lorraine starts to engage more with people in her locality, possibly by taking part in more activities (such as joining a group for older women), then this is more likely. Doing this will also give her more of an opportunity to talk and should reduce her vulnerability, and her feelings of vulnerability. It was recognised that the older Lorraine gets, the more difficult this will be, as reaching out becomes more difficult with age.

What does safety look like for Lorraine?

When Lorraine is safe, she will be more confident, and less nervous and anxious. She will have more support, from friends and from her GP, and will be more assertive. She will be better able to communicate her needs and have greater insight into her situation.

Anne's Unsafe Situation

Anne is being bullied at home. She lives with her husband and her children, who are teenagers and adults. She experiences bullying from all members of the family, with her children echoing the behaviour of their father. She takes on all the responsibilities of the home with no support from the other members of the family.

Anne has no adult relatives, e.g., brothers or uncles, who could support her.

She works part-time and is coming up to retirement age. Her work gives her a break from the bullying at home and she worries about being at home full-time. She has only worked recently, having stayed at home up to this point to care for her family, and she has no pension. She contributes all her salary to the household budget and has no control over how the household finances are spent. Financially Anne is very vulnerable.

Anne feels insecure at home, due to the bullying which can include physical and emotional threats by her immediate family. She feels isolated, depressed, and vulnerable. She experienced childhood trauma, and her upbringing led her to normalise the bullying behaviour which she is experiencing now. However, she struggles with how it affects her, and feels unvalued, unheard and has no self-worth.

Reaching out for help

Anne would like to leave home, but she would worry about leaving her children, even if they do bully her, and in any event, she has no financial resources to enable her to do so.

Anne needs to get information about what supports are available to her, and it would help her to find a social outlet where she could gain personal supports also. She could approach her friends or her GP for help, but she would need to feel confident and safe in order to confide. It may be that she has spoken about some of her ongoing issues with someone in the past, and had a negative experience, which may make her even more reluctant to confide in someone else.

Anne could go to counselling, which would allow her to disclose her situation in a non-judgemental environment. In order to build up her confidence, she might try phoning a helpline which would allow her to speak anonymously, but it may be that her phone is monitored, and this could be a risky action to take.

She could enquire about returning to education, which would give her independence and open up new possibilities of employment for her, which might allow her work past her retirement age and find fulfilment and financial security. However, she may well have no stamps and as an older person this will significantly impact on her finances.

Anne will need strength and confidence to reach out for help and will need to feel less isolated and more supported. There may be a friend who might be a little more tuned into her situation, and she could approach that friend, but she may be hesitant as there is a risk that, if the friend is fully informed of the extent of the bullying which Anne is experiencing, she may over-ride Anne's wishes, speak directly to the abusers, or escalate the situation in a way which Anne is not ready for. Anne will need to tune in to her gut feeling about whom to speak to, due to this fear that the situation could escalate outside her control if she talks to the wrong person.

Safety for Anne

When Anne is safe, she will be more assertive and better able to communicate her needs. She will have greater insight into her situation. She will also be more financially independent, and when she retires her pension will be paid into her own account, and she will have control over her own money. She will be better informed regarding her rights, and particularly her rights to the family home. She will socialise more and have more time for herself, and less time spent caring for everyone else in the family. Her children may have moved out of the family home, while she remains there, and she is better able to stand up for herself and experiences no more bullying. She may encourage the family to engage in family therapy to ensure that the bullying does not recur.

Sally represents Women Living with Addiction

Sally's early feelings of unsafety

Sally, a 34-year-old, is a mother of two children, a 7-year-old boy and a 9-year-old girl, and her life has been a constant struggle for safety and equality.

Sally's story began in a troubled home. She grew up in an environment where both her father and mother were physically and mentally abusive. The trauma from her upbringing left her feeling voiceless and unable to assert herself, shaping her future relationships and choices.

By the age of 18, Sally had already experienced a series of abusive relationships, a pattern that would persist throughout her life. Her school years, where she was once a high achiever, were marred by bullying, which eroded her self-esteem and left her feeling unworthy.

Sally had her first child at 25, an unplanned pregnancy while she was living at home. The relationship with the father of her child was weighed down with issues, including his struggles with alcohol and cocaine. The instability of their relationship was a source of real stress for Sally.

At 27, Sally had her second child and married. Unfortunately, her marriage became another chapter in her history of domestic violence, prompting her to summon the courage to leave.

Sally's own struggles with addiction added to her challenges. She had been drinking daily since the age of 20 and occasionally used cocaine when she could escape her parenting responsibilities for a weekend. She often drank alone after her children had gone to bed.

Her income relied on a single-parent welfare allowance, and she worked part-time as a cleaner to make ends meet. In addition to her own family, she also cared for her aging mother, juggling a host of responsibilities.

The barriers Sally faces to feeling safe

- *Fear of seeking support due to concerns that her children might be taken from her by TUSLA.*
- *Unequal treatment and judgment in seeking help for her addiction, both in her social circles and at work.*
- *A scarcity of women's residential services in Ireland made it difficult for Sally to access the help she needed.*
- *Worries about her children being placed in foster care, which would add to their trauma. Concerns that the Garda might not respond effectively when she reported domestic violence, especially when addiction was mentioned.*
- *Frustration with the time it took to obtain a protection order, leaving her in constant fear.*
- *The need to recount her trauma and prove her need for help to multiple services if she sought support.*

- *A lack of assistance from mental health services when substance abuse was involved, despite the high incidence of sexual trauma among women who use substances.*
- *A desire to return to college for dental nursing but an inability to afford childcare. Feeling trapped by the stigma of addiction, leading her to hide her struggles and attempt to resolve them on her own.*

What does Sally need to feel safe?

- *A non-judgmental approach to her past and current struggles. Support given without preconditions. Holistic, wrap around addiction services that include family support and a dedicated social worker.*
- *More female Garda visible and made available to foster a safe environment for women to seek help.*
- *Enhanced training in addiction awareness for professionals, including mental health experts, GPs, social workers, teachers, and law enforcement.*
- *After-school and childcare support to allow her to follow her educational goals.*
- *Access to dual-diagnosis professionals capable of addressing both her mental health and substance use issues.*
- *A supportive recovery support system that centres around the importance of promoting women's safety.*
- *Trauma and addiction-informed staff in A&E and hospitals to provide comprehensive and empathetic care.*
- *Improved social housing and facilities to offer her and her children a stable living environment.*

Takeaways from the Safety Sessions Personas

Whilst each persona's lived experience is individual, there are definite common threads that link all their stories:

Unsafe Living Conditions:

- Women face unsafe living conditions, contributing to emotional distress and negative health impacts.

Limited Support Networks:

- Isolation is a recurring theme, with varying degrees of family support. Strengthening healthy support networks is crucial to effective and sustaining help.

Barriers to Seeking Help:

- Not knowing where to turn.
- Where children are present, the fear of seeking help and potential reactions or consequences can be paralyzing.

Financial Dependency:

- Financial dependence on partners limits options for women to leave unsafe environments.

Invisibility of Coercive Control:

- Coercive control occurs behind closed doors, contributing to fear and hold back women from seeking help and support.

Holistic Challenges

- Women, dealing with challenges like financial abuse, disability, addiction, and trauma, stress the importance of addressing these issues together, considering all aspects of their lives and experiences, there is an interconnection across all these issues.

Safe Space Requirements:

- Stable accommodation, legal support, education on rights, counselling, and holistic services are consistently highlighted as essential elements of a safe space.

Positive Changes:

- Positive changes, such as increased confidence, job satisfaction, acceptance, and financial security, are envisioned when in safe environments.

Shared Strengths:

- Courage, resilience, determination, and hope emerge as shared strengths among all the women facing adversity.

Customised Interventions:

- Tailored supports that consider specific challenges are needed for women facing antisocial behaviour, health issues, and financial struggles.

Information and Resource Needs:

- Common needs include information about available supports, financial independence, rights awareness, and specific resources fitted to individual situations.

Holistic Addiction Services:

- Women living with addiction highlight the importance of holistic addiction services, trauma-informed care, and support for childcare.

Desire for Positive Change:

- Despite challenges, there is a shared desire for positive change, emphasising the resilience and determination of women in difficult circumstances.

Project Roadmap

1 **International Women's Day**
March 2020
Over 100 women gathered in Stephenstown Ponds. Guest speaker lifted motivations and a sense of empowerment was felt.

2 **Women Together**
Apr - June 2021
A 12 week online programme for groups of women across Dundalk & Drogheda took place.

3 **Making Women Visible 2021**
2021 ended with two workshops entitled 'Making Louth Women Visible' delivered by Catherine Lane, Nat. Womens Council

4 **Equality for Women in Co Louth**
Sept 2022
Diverse groups of women gathered in Stephenstown Pond and, through facilitation, common themes on Equality for Women in Louth were discussed and identified.

5 **Louth County Council Seminar**
Sept 2022
LCC hosted a seminar on 27th Sept showcasing a range of diverse speakers in local and national politics whilst also hearing more about the work of See Her Elected campaign, all working to increase the diversity of women in Local Government

6 **Louth Local Development & Louth County Council Collaboration**
In recognition of their shared objectives to promote diversity and equality for women across Co Louth, LLD & LLC formed a Collaborative Agreement that resulted in new joint initiatives and a joint report for the Programme

7 **Focus Group Discussion**
Jan-Mar 2023
8 groups were identified to discuss 4 themes (the theme of safety required its own safe space) - where inequality was most felt.

8 **Safety Theme**
Apr - September 2023
In as part of the project's participatory process, groups of support organisations and project partners met together to co-plan, co-design and mutually agree on the next steps approach for facilitated sessions around the theme of safety. Eight supported sessions then took place in the summer months of 2023.

9 **Summer Gathering 2023**
In July 2023, a large gathering of women came together to learn more, share more and agree a "stronger together" message for the Promotion of Equality for Women in Louth.

10 **Autumn Gathering 2023**
In Autumn 23, all of the participants, project partners and supporters came together in Monasterboice, Co Louth. SICAP, LCC and Louth PPN organised an information session on how to register to vote and a presentation on the Public Participation Network structure. A second workshop delivered by the See Her Elected (SHE) school explained National & Local Political structures and provided a demonstration of the PR voting system.

DRIVING EQUALITY FOR WOMEN - OUR PROJECT JOURNEY

Recommendations – Stronger Together

The themes that would provide a raised, stronger, and a 21st century voice for the women of Co Louth, at both local and national government, could be summarised as follows:

By addressing these points, government representatives can demonstrate their commitment to women's issues, gender equality, and the overall well-being of women in Co Louth and beyond.

1. Accessibility and availability of healthcare services: Women face specific challenges in accessing healthcare services, including reproductive health, maternal care, and specialised services. Highlighting the need for improved accessibility, awareness, and tailored healthcare services for women is crucial.
2. Support systems and social services: Women often bear a disproportionate burden in caregiving roles and may require support systems for childcare, maternal health, mental health, and overall well-being. Advocating for affordable and quality support services that address the unique needs of women is important.
3. Inequality and discrimination: Women continue to face gender inequality and discrimination in various forms. It is essential to address these systemic issues by promoting equal opportunities, addressing cultural biases, increasing diversity in decision-making structures, and ensuring equal treatment based on age or ability.
4. Education and information: Women may encounter barriers to education and information, limiting their empowerment and decision-making abilities. Emphasising the importance of improved education and access to information for women, especially on women's health, political systems, and entitlements, can help create a more informed electorate.
5. Mental health and well-being: Women are more likely to experience mental health issues due to a wide variety of pressures and stresses. Advocating for all-inclusive, lifetime value women's mental health.
6. Address Unsafe Living Conditions: Implement policies and programmes to address and improve living conditions, considering the emotional and health impacts on women.
7. Strengthen Support Networks: Develop initiatives to strengthen healthy support networks for women, recognising the contrasting levels of family support some women have and the significant role this support plays in effective and sustaining help.
8. Overcome Barriers to Seeking Help: Increase awareness of available support services to help women overcome the barrier of not knowing where to turn. Implement strategies to address the real fear associated with seeking help, especially when children are involved.
9. Financial Independence Programs: Establish programmes that promote financial autonomy for women, providing them with choices to leave unsafe environments.

10. Address Coercive Control: Raise public awareness about coercive control and domestic violence occurring behind closed doors to empower women to seek help without fear of judgement, retribution, or shame.
11. Holistic Approach to Challenges: Develop and implement an integrated approach that considers the connected nature of challenges like financial abuse, disability, addiction, and trauma.
12. Create Safe Spaces: Provide more safe accommodation, legal support, education on rights, counselling, and holistic services to create safe spaces for women in need.
13. Facilitate Positive Changes: Support initiatives that lead to positive changes, such as increased confidence, job satisfaction, self-acceptance, and financial security when women are in safe environments.
14. Recognise Shared Strengths: Acknowledge and champion shared strengths among women facing adversity, including courage, resilience, determination, and hope.
15. Enhance Addiction Services: Invest in holistic addiction services, trauma-informed care, and support for childcare to address the unique needs of women living with addiction.

Appendix 1 – Group Discussions

5th July 2023

The group were asked to discuss their takeaways from the presentation on The milestones of the “Equality for Women Journey” over the past 50 years:

1. Visibility and Voice:
 - Women have become more visible and vocal, helped hugely when the Marriage Bar was lifted in 1973.
 - Women display an independence and drive in pursuing their goals.
 - Women can often stand in their own way, need to be the catalyst for change.
2. Networks & Supports:
 - Networks like ICA and women's groups have provided valuable support.
3. Societal Changes:
 - Staying at home with children is no longer considered invisible; its importance is acknowledged. However, traditional family roles persist, often assuming women's involvement in childcare.
 - Recognition of challenges faced by lone parents, particularly women, and the need for greater societal support.
4. Reproductive Rights:
 - Post-1973, women gained control over their reproductive rights.
5. Education System Reform:
 - Continued need for improvements within the education system, promoting equality from early years for all genders.
6. Age and Disability Recognition:
 - Advocacy for better recognition of older women in society.
 - Addressing biases related to disabilities and age in medical contexts.
 - Ongoing challenges in public transport, particularly in making it more wheelchair friendly.
 - The need for improved accessibility planning, especially for transport networks.
7. Glass Ceiling and Bias:
 - Persistence of the glass ceiling for women in various sectors.
 - Awareness of unconscious biases against women in the workplace.
8. Accountability:
 - Women can also discriminate.
9. Constitution Changes and Legal Issues:
 - Surprise that constitutional changes have not yet addressed all gender-related concerns. Issues like discrimination against cohabiting couples and unequal tax benefits still exist.

10. Gender Neutrality and Social Equality:

- Advocacy for gender-neutral policies in areas affecting everyone, such as disability and homelessness. Facilities like “wet houses²” are often for men only.

11. Historic Impacts:

- Ongoing need to address pension disparities and other historical inequalities (Marriage Bar)
- Importance of understanding and appreciating the struggle for women's rights, it is everyone's task.

12. Strength in Adversity and Seeking Help:

- Overcoming difficulties strengthens women and the group recognised the importance of seeking help when needed.

In a discussion what the group wanted to see for Women's Equality by the year 2048, the main points highlighted by the group were:

- Women want to be in leadership positions, within community, religious, government, at work, at decision making levels, etc.
- Equality for women is inclusive, it is for everyone.
- Improved accessibility for public transportation, making buses and trains easier to use for everyone and more affordable.
- Ensuring there is justice and support for victims of domestic violence.
- A commitment to achieving gender equality in all aspects of life.
- Reducing financial inequalities and disparities.
- Balancing caregiving responsibilities between genders and recognising the value of care, both financially and socially.
- Acknowledging and supporting the value of services provided by charities, NGOs, and community groups through sustainable funding.
- Longer maternity leave and additional family benefits.
- Additional time off and affordable access to sanitary products.
- Affordable and high-quality education, childcare and play school services.
- Enhanced healthcare services with shorter wait times, especially in emergency rooms.
- Freedom to travel without fear of violence.
- Strengthening rural communities by providing better infrastructure.
- Involving and engaging men in the journey towards equality.
- Establishment of a National Men's Council to consolidate efforts.
- Integrating equality education from primary school onward.
- Better learning tools, role models, to promote equality and mutual respect.
- Access to free preventative healthcare on a global scale.

² A Wet house is a facility that offers food and board to individuals living with alcohol dependency and other complex needs.

Driving Equality for Women in County Louth

- Ensuring equal pay for equal work.
- Creating safe and environmentally friendly communities.
- Moving the focus and conversation towards a society-centric approach rather than just economic priorities.
- Expanding and extending abortion services.
- Universal access to affordable and suitable housing.

Q - How do you feel the climate crisis impacts you and your community, locally and or globally?

Local	Global	Both
<ul style="list-style-type: none"> • Flooding • Drainage systems unable to cope in Ireland • Financial Impact to change from open fires, oil, gas, control heating. • New electric cars, the batteries cannot be replaced. And at the moment they cannot be recycled • Transport – cars in small villages that have become a lot busier • Rising river levels • Change of species • Impact on farmers • Supply in supermarkets • Standard of drinking water • Storms • Heat – dehydration – additional care, needs warmer weather • Unpredictability of weather – what is suitable to wear • Water levels reservoirs • Old infrastructure (water pipes) • Food supply / more expensive 	<ul style="list-style-type: none"> • Heavier Rain • Rising sea levels • Changes to seasonal climate • Health impacts – e.g., Use of masks • Ice is melting • Ocean acidification • Energy – war • Traditional women's roles • Fast fashion • Huge discrepancies • No more production of plastic packaging • Pollution • Go back to Glass • More info on recycling – re-use • Farming – waste going to rivers. Should be fined. • Encouraging grow your own – have allotments within a community – start with schools • More ways to generate energy • Flora + Fauna change • Higher living costs • Forest fires – impact on wildlife droughts • Impact on farmers. Livelihoods How to 	<ul style="list-style-type: none"> • Droughts cause the rising cost of some foods • Many people suffer from allergies • Threat of extinction of animal species (e.g., bees) • We worry about the future for kids (pollution and so on) • Flooding • Food insecurity • Recycling • Water shortage • Plastic use • Micro plastics in body • Storms • Rising sea levels • Warmer oceans • Ecosystem destroyed • Shortage of foods • Landfills • Migration from countries affected • Some countries not responding – persistence in poverty, war

<ul style="list-style-type: none">• Thinking local but affecting global• Support people in the transitions to sustainability• Little efforts make major impacts•	<p>compensate them?</p> <ul style="list-style-type: none">• Corporate policies / short-term profits given more importance• Impact on future generations to earn a living• Developing countries paying the price for Developed world greed	
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What do we need to STOP doing, START going & CONTINUE doing to champion equality for the women of Co Louth and beyond?

STOP	START	CONTINUE
<ul style="list-style-type: none">• Division• Exclusion• Violence• Young women stop being competitive.• Putting ourselves down• Do not beat ourselves up• Assume a caring role• Break the norms, create our own norms• Social media exclusive.• How can we repair/ recharge, if always on? Important to self-care• Impact of mobiles on young people	<ul style="list-style-type: none">• Speak up• Look after own health – ask questions• Confident women – lift our heads• Link with men's group• Listen• Take responsibility / ownership• Make it happen• Strength in numbers• Break down the barriers in our heads• Mná na hÉireann	<ul style="list-style-type: none">• Support one another• Share more information what is going on• Try to engage more women• Broaden support to progress• Education – start early continuing message across the age groups• Be intentional• Shared purpose /common goal• Pink Tax³• Bring it home• Champion equal rights• Respect for one another

³ The "Pink Tax" is used to describe the inequity applied to the pricing of certain consumer products marketed at women that are often more expensive than comparable products marketed at men.

Project Partners & Participants

