

Church in Society – Report 2010

**THE CHURCH IN SOCIETY COMMITTEE**

**MEMBERSHIP**

The Bishop of Clogher, The Rt Rev Dr MGStA Jackson (Chairman)  
The Archbishop of Armagh, The Most Rev AET Harper  
The Archbishop of Dublin, The Most Rev Dr JRW Neill  
Dr R Corbett (Medical Ethics Working Group)  
Rev KRJ Hall (Social Justice and Theology (NI) Working Group)  
Mr SR Harper (Legislation and Politics (RI) Working Group) (Honorary Secretaries'  
nominee)  
Rev WD Humphries (Environmental and Ecological Working Group – resigned  
November 2009)  
Rev Canon WA Lewis (Legislation and Politics NI Working Group)  
Dr K Milne (European Affairs Working Group)  
Very Rev FJG Wynne (Social Justice and Theology (RI) Working Group)

**FUTURE OBJECTIVES**

The Committee will conclude its responsibilities prior to the General Synod 2010 in conformity with a resolution of Standing Committee January 2010:

1. The Committee entered discussions with the Board of Social Action NI and the Board of Social Responsibility RI to develop an agreed single structure to address social action needs in the Church of Ireland. A Joint meeting was held in October 2008, which agreed a framework, and a Joint Working Group was set up to refine the proposal. An Interim Board was established in June 2009 and the Interim Board recommended a new structure to the Standing Committee in January 2010, which included the proposal to stand down the existing Board of Social Action, the Board of Social Responsibility RI and the Church in Society Committee. The Committee wrote to the Honorary Secretaries to request that consideration be given to how the Church might manage those aspects of the Committee's business which will not be included in the remit of the new Board for Christian Social Action.
2. Among the responsibilities that will now revert to the Honorary Secretaries for attention as they are not embraced in the new structure are the maintenance of possible channels of communication with external organisations, such as the Loyal Orders, the Masonic Order, organisations representing the gay and lesbian community, the travelling community, the GAA, which had begun under the auspices of the Hard Gospel Project. Other aspects are responses to legislative consultations that do not fall within the remit of the Board for Christian Social Action and some of the issues to do with Europe.

#### **PURPOSE OF COMMITTEE**

The Church in Society Committee of the General Synod of the Church of Ireland seeks to identify, contribute to, challenge and develop areas of living today where the mission of the Church can be active and the love of God shared. It does this through the development of reports, resource materials and by developing projects that apply theological perspectives to public issues in a challenge to Christian living.

#### **EXECUTIVE SUMMARY**

**During 2009/2010, the Church in Society Committee completed the following work:**

##### **Statements**

*Working Group on Europe* issued a statement concerning the forthcoming Lisbon Treaty Referendum in conjunction with other Churches of the ICC. **Appendix A**

##### **Consultations and meetings**

*Social Justice and Theology (Northern Ireland)* Rev Kenny Hall attended a meeting of the Victim's Commissioners on 23<sup>rd</sup> April, regarding a review of Trauma Advisory Panels.

*Social Justice and Theology (Northern Ireland) Working Group* made a submission on women prisoners to the Rev WS Nixon, the Chaplain at Hydebank Women's Prison in Belfast, who acted as Convenor of this consultation.

*The Medical Ethics Working Group* Response to the General Medical Council End of Life Consultation in July 2009. **Appendix B**

*The Medical Ethics Working Group* responded to a consultation by the Irish Hospice Foundation on palliative care: Text of letter on advance directives and palliative care sent to Irish Hospice Foundation **Appendix C**

*The Medical Ethics Working Group* response to Consultation on palliative and end of life care strategy by the Department of Health, Social Services and Public Safety NI. **Appendix D**

*Commissioner for Older People Consultation Response* - Rt Rev Dr MGStA Jackson  
Response to: olderpeoplescommissioner@ofmfmni.gov.uk **Appendix E**

*Legislation and Politics Working Group NI* reported that it had held a meeting with Dr Alasdair McDonnell, MP, MLA for South Belfast who is interested in forming a Churches-Political Parties consultative group at Stormont. The Committee was enthusiastic about the proposed development and encouraged active engagement with the idea which could allow a voice for the Churches at the Northern Ireland Assembly.

Briefing to Standing Committee on issues relating to conscience-based exceptions in respect of EU equality law and national equality legislation, with particular reference to the Civil Partnership Bill RI. **Appendix F**

## Church in Society – Report 2010

The Medical Ethics Working Group was represented by Dr Rory Corbett at the *God and Bioethics* conference held on Saturday 18<sup>th</sup> April, in the University of Maynooth.

The Ecological and Environmental Working Group attended a meeting hosted by Minister for the Environment, Heritage and Local Government, Mr John Gormley T.D. prior to the Copenhagen UN Climate Conference in December. The Group was represented by Ms Fiona Murdoch supported by Mrs Janet Maxwell of the Synod Department and raised points regarding accessibility of the low carbon economy to all income groups, the necessity of maintaining support for vulnerable communities on a global basis, the need to have a national dialogue on nuclear power and other sustainable alternatives to carbon based fuels. Without losing focus on international environmental issues, the group stressed the importance of developing a low carbon economy at home, in such a way that those on lower incomes are not continuously disadvantaged either by their inability to buy in to new technologies, or by bearing an unfair share of carbon-related taxes as a result of not being able to afford low-carbon alternatives. Related to this is the need for fairness and proper planning of service infrastructure, more effective rules to provide housing stock that meets energy efficiency goals, public transport and education.

The Ecological and Environmental Working Group also re-issued a response to an enquiry regarding the Church's policy on waste reduction in schools, churches and other church property. **Appendix G**

### **Publications**

The European Affairs Working Group circulated a pamphlet on the European Elections, drawn up by the Church in Society committee of the CEC (Council of European Churches).

The Social Justice and Theology (Republic of Ireland) Working Group established a group to consider the need for a restoration of trust in society following the economic collapse and the collapse of trust in religious institutions and political institutions. An initial reflection is forthcoming - *Restoration of Trust* – in time for General Synod 2010.

### **Other**

*The Social Justice and Theology (Republic of Ireland) Working Group* continues to work on questions relating to the travelling community. Its chairperson represents the Church of Ireland in the Racial Justice Network of Churches Together in Britain and Ireland. The Group gives thought to how better to communicate theologically significant help to the church at large on social engagement.

The Medical Ethics Committee received a paper on HIV in Africa from Mr Dermot O'Callaghan (September 2009)

**APPENDIX A**

**STATEMENT ON THE SECOND LISBON REFERENDUM BY THE CHURCH OF IRELAND EUROPEAN WORKING GROUP SEPTEMBER 2009**

- The members of the group urge voters to consider carefully the changed context in which Ireland finds itself following the rejection of the first referendum, and in the light of the Declarations of the European Council. These guarantees provide that Ireland will keep a commissioner, will remain in control of our own tax rates, will retain control over neutrality (no conscription and no defence alliances), over sensitive ethical issues such as abortion, and that workers' rights and public services will be valued and protected in Ireland and across the Union . We therefore urge that serious consideration be given to the following questions. What impact would a negative Irish vote have on our partners in the Union when they have given legally binding guarantees? If we do not trust either the intentions of 26 partners, or the capacity of our government and EU representatives as members of the Union to negotiate in Ireland's and the Union's best interests, why remain in the Union? What are the implications of increasing isolation for Ireland's future in the context of our current crisis?
- In the light of the Council's assurances, there is a renewed opportunity to consider the core purpose of the treaty, which is to streamline the institutions of a Union designed originally initially for six partners. The complexity of the treaty is the direct result of long and exhaustive negotiation between all the member states, which needed to be satisfied that not only would the treaty make the Union more efficient but that its provisions in detail would not damage – on balance - their individual interests. Ireland took a leading role in that process. The Treaty contains important structural changes that will enhance democratic participation both by increasing the competence of the European Parliament and the roles of national parliaments. Thus the key question is whether the Union will function more efficiently, effectively and democratically as a consequence of adopting treaty that our partners are satisfied will achieve these objectives. Above all, the members of the committee urge people to resist the temptation to use the referendum as a convenient means of punishing the government for the economic downturn. The time to pass judgment on the Government's performance is at the next General Election. Outside the Union, how will another rejection by Ireland be viewed by potential investors or by aspiring member states, which will have to wait indefinitely until the Union is in a position to carry out the similar structural reforms to those proposed in the Treaty. That will be a long time coming if this treaty fails. The effect will be to deny to others the enormous benefits we have enjoyed since joining the Union.
- In a global context, faced with enormous trade, energy and environmental concerns, will we be better served by membership of a Union with improved internal

Church in Society – Report 2010

structures and processes, or with a less effective Union of 27 members hampered by outmoded structures designed to cater for six members in 1956?

For information on the Lisbon Treaty the committee commends the publications of the Referendum Commission.

Mod PJM 6.7.09

**APPENDIX B**

**THE MEDICAL ETHICS WORKING GROUP OF THE CHURCH IN SOCIETY  
COMMITTEE  
RESPONSE TO THE GENERAL MEDICAL COUNCIL END OF LIFE  
CONSULTATION**

**Chairman: Dr Rory Corbett**

We appreciate the opportunity to respond to this draft document, and are very pleased with the general tenor of it. We particularly note that the prime emphasis is on good communication, and if this is always to occur then most of the rest of the document would be redundant. As communication is such an important item in this document and in all aspects of End of Life treatment and care, we would like to emphasize three aspects.

The first of these is **inter-doctor communication**; this applies both in primary and secondary care, where in both situations working practices, shift systems, “out of hours” cover mean that continuity of care is not as it was. We believe that as part of the handover of responsibility and care, verbal communication is perhaps more important than relying on the written record. In the middle of the night it can be difficult to find the relevant entry in medical records, if they are present at all, as is often the case in the home situation. We would wish to emphasize the need for many more well trained palliative care physicians to lead in the delivery of this care and the education of other practitioners.

The second is **interprofessional communication**; medical care is now, so often delivered by teams that it is important that all know what has been discussed, and what decisions made. It should not be for the family to have to keep informing members of the team, that something about to be performed or not, was the opposite of what had been decided. **There is a particular problem in nursing homes where staff are reluctant to call for medical help to deal with a new or rapidly changing situations. All staff must be prepared to listen to anxiety or distress and deal with it directly and in a timely manner.**

The third is **communication to those outside the caring professions**, and although this is a GMC document aimed at the medical profession, and for their education and improvement in this important aspect of medical care, there is the patient, their family and friends, and perhaps their representatives. These groups also need education into what is available, what is best practice, what is meant by “benefit” in clinical terms, so that they have a reference point when faced with important decisions. This can be at short notice in a time of acute crisis, when there has not been the time to gently develop the relationships necessary to help in the communication and decision process. We feel that the GMC should regard it as part of this particular document to give a lead in the public discussion of these issues, so that there is less likely to be the unfortunate headlines of either “Invasive over treatment” or “they did not do everything”.

#### Church in Society – Report 2010

By way of example is the issue of artificial feeding. For many families who have had to look after children from birth by means of tube feeding, this is not regarded as artificial but as the norm, whatever the decision of the Law Lords. This is an example where there needs to be a lot of discussion without the medical profession, as well as within it.

We appreciate that comment is made regarding spiritual input in this situation. However in the light of reports in the press in recent times we would like to see this more firmly stated as a very important part of end of life issues for many, and that medical staff amongst others should not feel intimidated in discussing issues when appropriate, and particularly if raised by the patient.

We welcome this document as it can only be of great value to “end of life” issues, but feel that it is so important an issue, that it should be used as a basis for public debate and information. This can only be of benefit to all, when all know what the processes of decision making are.

**APPENDIX C**

**Text of letter on advance directives and palliative care sent to Irish Hospice Foundation**

We appreciate the opportunity to respond to and contribute to the discussion regarding end of life issues, that has been initiated by the Irish Hospice Foundation. We would fully support your declaration that euthanasia is not an option. We would wish to say that we do not see a place for euthanasia, be it voluntary and even more so if involuntary. There are some very unfortunate cases reported in the press of people leaving the country to go to Switzerland to commit suicide, on the basis that life is no longer of any value and suicide is the only reasonable option to take. These values may be based either on intractable pain or loss of control or independence. These cases are obviously deserving of our total sympathy but we do believe that laws introduced for the few hard cases are bad laws, and that we should look for other approaches, that would be compatible with our beliefs as Christians. We are worried that the situation in the Netherlands and Oregon State in the US is used as an example for the introduction of either physician assisted suicide or of voluntary euthanasia. There are considerable arguments of how often euthanasia has been an involuntary procedure in the Netherlands, and in Oregon it is argued that because physician assisted suicide is very rarely used, there is no risk of slippage or misuse. However the latter was accompanied by a considerable increase in the supply and standard of palliative care. We would suggest that this should be looked at in the reverse, and that is that if there is good palliative care then there is no need for these other options.

This brings us to your suggestions regarding advance directives and palliative care. We attach a document on Advance Directives that we prepared for the Irish Council for Bio-ethics, and which has been presented to the General Synod of the Church of Ireland. The briefing did not directly cover the issue of palliative care, though we have made reference to it.

It is our belief that one of the most important solutions to the end of life issues is that of freely available, professionally delivered palliative care. This needs to be available in hospital, hospice and home, and especially the latter, to meet the requests of so many that death should take place at home. So often this is not achieved due to lack of services, and appropriate personnel. The necessity for this is going to be accentuated in the future as the delivery of medical services change as a result of the European Working Time Directive and subsequent shorter working hours. This will affect health delivery both in primary and secondary care, as we are seeing a loss of continuity in care, and no longer the family general practitioner who was apparently there for ever, and knew the family and their desires directly, without having to have special consultations with the patient and family as is becoming the norm. This will put great pressure on good communication between professionals, in the acute hospital and in general practice, where out of hours cover is often by an unknown doctor, so that there is no breakdown, and subsequent mis-management. With good palliative care especially in the



#### Church in Society – Report 2010

home there are likely to be fewer people involved and therefore less likely to be this sort of breakdown.

If a patient, and their family, is to receive the care that is deserved at the end of life, to meet the needs, medical, physical, psychological and spiritual, then this is more likely to be delivered in an environment removed from the competing pressures of acute medicine, and ideally this would be through a universally available caring palliative service, and we would hope as a support to the family and friends.

**APPENDIX D**

**Medical Ethics Sub Committee Consultation Response - Palliative and End of Life Care Strategy**

**Department of Health, Social Services and Public Safety NI**

**I am responding on behalf of an organisation:**

**Rev Dr Rory Corbett**

**Chairman Medical Ethics Sub-committee**

**Church in Society Committee: Church of Ireland House: Church Avenue**

**Rathmines: Dublin 6**

**Content of the Strategy**

**Q1. Do you agree that this Strategy adequately reflects the balance between palliative and end of life care?**

**Yes ~~No~~**

If you answered “no” to this question please outline the reasons for your answer.

**Vision for Quality Palliative and End of Life Care**

**Q2. Do you agree with the vision for quality palliative and end of life care?**

**Yes ~~No~~**

If you answered “no” to this question please outline the reasons for your answer.

**Q3. Do you agree that the Strategy’s recommendations support the implementation of the vision?**

**Yes ~~No~~**

If you answered “no” to this question please outline the reasons for your answer.

**Q4. Do you agree that implementation of the vision will result in improved palliative and end of life care for adults in Northern Ireland?**

**Yes ~~No~~**

If you answered “no” to this question please outline the reasons for your answer.

Palliative and End of Life Care Strategy consultation response questionnaire

**Section 3 Developing Quality Palliative and End of Life Care**

**Q5. Do you agree that there is a need to raise awareness through promoting and encouraging open discussion about palliative and end of life care?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

**Q6. Do you agree that information, education and training should be available for patients, families, carers, volunteers and communities?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

**Q7. Do you agree that quality palliative and end of life care is dependent on having compassionate, skilled, knowledgeable and competent staff in all care settings?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

**Q8. Do you agree that a programme of research should be developed to inform planning and delivery, drive up quality and improve outcomes in palliative and end of life care?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

Palliative and End of Life Care Strategy consultation response questionnaire

**Section 4 Commissioning Quality Palliative and End of Life Care**

**Q9. Do you agree that a lead commissioner should be identified at regional and local level to ensure that commissioning of palliative and end of life care services is based on qualitative and quantitative population needs?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

**Section 5 Delivery of Quality Palliative and End of Life Care**

**Q10. Do you agree that every patient identified as having palliative and end of life care needs should have a key professional identified to coordinate their care?**

Yes ~~No~~

Church in Society – Report 2010

If you answered “no” to this question please outline the reasons for your answer.

**Q11. Do you agree that the potential for having a Managed Clinical Network for palliative and end of life care should be explored?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

Palliative and End of Life Care Strategy consultation response questionnaire

**Section 6 A Care Pathway for Quality Palliative and End of Life Care**

**Q12. Does the palliative and end of life care pathway provide an appropriate vehicle to deliver quality palliative and end of life care?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

**Q13. Do you agree that the implementation of appropriate tools and triggers, by professionals who are trained and competent to use them, will enable the delivery of quality palliative and end of life care?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

**Q14. Do you agree that specialist palliative care advice and support should be available across all care settings 24/7?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

**Q15. Do you agree that timely holistic assessments led by a multidisciplinary care team will ensure that changing needs and complexity are recognised, recorded and reviewed?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

Palliative and End of Life Care Strategy consultation response questionnaire

**Exemplars and Case Studies**

**Q16. Do you agree that the exemplars and case studies used in this Strategy are helpful to demonstrate quality palliative and end of life care?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

**Diagrams**

**Q17. Do you agree that the diagrams in this Strategy are helpful in getting their message across?**

Yes ~~No~~

If you answered “no” to this question please outline the reasons for your answer.

**Equality Implications**

**Q18. Are the policy proposals for the Palliative and End of Life Care Strategy likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?**

Yes ~~No~~

Please state the group or groups and provide details of any supporting qualitative or quantitative evidence.

Palliative and End of Life Care Strategy consultation response questionnaire

**Q19. Have the needs of the Section 75 categories been fully addressed in the proposals?**

Yes No

If you answered “no” to this question please outline the reasons for your answer.

**Q20. Is there an opportunity for the policy to better promote equality of opportunity or good relations?**

Yes No

If you answered yes” to this question please give details as to how.

**Q21. Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the Palliative and End of Life Care Strategy.**

Comments:

**We welcome these proposals for a significant group in our society, whose needs are widely recognised.**

**Comments;**

- 1. You recognise the value of a truly holistic approach, and therefore we would like to see the spiritual aspects and therefore the role of churches and clergy involved at an earlier phase, during the palliative one and not wait until the**

Church in Society – Report 2010

end-of life phase is reached. As the policy is to aim for home care as far as possible, then the home clergy should lead in this part of total care, but any residential care should also be able to offer this service either by a chaplaincy service, if not by the family clergy.

2. We agree strongly with questions 9 and 10, not only the great importance of the choice of the right personnel for these roles, but that they will have the authority to make things happen and quickly, when necessary. Questions 13-15 will be very dependent on these appointments. At present there appear to be un-necessary delays in finding required equipment or personnel.
3. We have a real anxiety, however, and that is funding. This planned programme will not be cheap and is not going to cost less than the present monies allocated. With the present reduction in funding of the Health and Social Services, and likely further reductions, in the immediate future, we worry that this programme will not be able to be rolled out in full. We feel that it is important that it is made very clear what can really be produced within the likely budget, and what will have to be aspirational. There should not be the disappointment of “false promises” either for the patient or the family/carer.

19th February 2010.

Thank you for your comments.

Church in Society – Report 2010

**APPENDIX E**

OFMDFMNI CONSULTATION ON A COMMISSIONER FOR OLDER PEOPLE

Response to: [olderpeoplescommissioner@ofmdfmni.gov.uk](mailto:olderpeoplescommissioner@ofmdfmni.gov.uk)

Original documentation: [www.ofmdfmni.gov.uk/index/equality/age/older-peoples-commissioner.htm](http://www.ofmdfmni.gov.uk/index/equality/age/older-peoples-commissioner.htm)

With more people living longer and more actively in what used to be referred to as ‘later life’ the need to develop our social systems to address the needs and contributions of older people will be essential. A Commissioner for Older People is a good mechanism to take this issue forward in the next decade.

However, the creation of champions of the rights of specific groups in society raises questions about the working of our democratic system, which surely ought to be responsive to the needs of all its citizens. Why are such champions needed?

At a fundamental level which is both structural and philosophical we should be asking as citizens what impact conflicting rights issues will have on the shape of our democratic system. At present, the model draws on concepts of competition between rights and the need for champions of rights, often resulting in a sense of conflict rather than of harmony and common weal. There must be a degree of concern that the lobbying model underpinned by litigation that developed in the American democratic system is increasingly influencing how social resources are allocated by the UK democratic system. We urgently need an integrated championing of rights and an assurance that such rights, once recognized and implemented, will become part of the regular weave of our society.

The proposed model of a champion for older people seems to place great dependence on the degree of skill with which a single Commissioner and his staff negotiate political, economic and legal systems.

This model, which has also been used to highlight the needs of children, sometimes seems to be limited in its effectiveness by the fact that a number of other bodies, public and voluntary, share the same responsibilities. There is potential for conflict of interests. There is potential for rights to be played off against one another and, perhaps of greater concern, also the potential for important items to fall between the cracks.

Nonetheless, the issues facing society as its demographic profile changes need to be clearly identified and addressed. Given the lack of recognition of the needs of the elderly by society generally, the initiative to develop a body to address this under the office of the OFMDFMNI is to be welcomed as a step towards this goal despite the reservations addressed above.

It seems obvious that many of the issues that will fall within the remit of the new legislation revolve around the provision of support to older people requiring care through public services (basic needs, health, and daily living issues). There is an issue that a significant proportion of

## Church in Society – Report 2010

older people will also be among the poorer section of the population in terms of annual income. Responding to the document in a climate of recession, everyone is aware that there is no assurance that pensions will rise and continue to rise commensurate with the needs of those who cannot in so many cases even contemplate generating their own income. This will affect greater numbers as people live longer following retirement, with and without personal pensions to support them.

After basic needs are addressed, other needs to do with access to and participation in the life of society will be important. This is a major challenge as participation and access increasingly requires the application of digital technology. Digital technology often requires knowledge-based skills that our social system does not traditionally transfer to any but those in formal education up to their early 20s (with many leaving the formal system by age 18).

It therefore seems clear that the Commissioner must be able to address issues that may well require action by people in the earlier decades of life to deliver the benefits required by society when we are over 60. None of us wishes to become a burden unnecessarily. So the answer to Qs 4 + 5 regarding the age group to be addressed by the Commission would be: yes, where necessary issues affecting younger age groups should be interrogated in order to improve aspects of life for those people as they reach 60 and older.

With regard to Qs6 - 9 the answer is a qualified yes, the creation of such a Commission is a good idea – for the present. A democratic system ought not to require individual champions to ensure that the rights of specific groups are safeguarded. If this is a necessity, it implies that the system itself is not focused on its citizens – in which case it is less democratic than it ought to be.

Qs10 - 11 the duties are compatible with the role outlined.

Q12 – Working with regulatory and other bodies through working protocols rather than further rules would be preferred. The rights of older people, and the legislation to protect those rights, already exist. It would seem to be tautological to create a further set of rules to insist that the existing rules are obeyed.

Qs15 – 26 deal with the powers to act, issues of conflict and capacity to assist in individual cases. The extent of the consultation highlights the difficult course which the commissioner must chart. Some obvious points of concern would be:

If the Commissioner is the source of funding for individual cases (even where this is only permitted as a last resort) on what basis does the Commissioner judge which cases to support and which to refuse?

It seems inappropriate that a Commissioner with such a wide philosophical brief should not be able to address issues arising within the private sector. The firewall as proposed seems counter-intuitive in respect of the hope that as many of us as possible will provide our own needs for longer in future, as there will be relatively fewer younger people to pay for that provision. Rights are supposed to be universal, not only for those receiving State public



#### Church in Society – Report 2010

services. Therefore, older people's rights should be of interest whether delivered through the public or private sector.

With regard to the remaining questions, the concepts of transparency and accountability are laudable. In terms of funding, the Government should provide funding adequate to the scale of the responsibilities. In respect of the issues requiring social debate and public education it is important that financial provision for a strategic communications plan is incorporated into funding plans. Lack of communication can be a weak point in programmes that espouse the object of achieving positive societal outcomes. This is a key component of demonstrating accountability.

It would be very helpful to review this legislation after two terms of office have been served. The Commissioner should be a part of the review process. It would, however be essential to have an objective external review that considers to what extent the Commissioner and his staff have successfully engaged in legal and political matters on behalf of older people and secondly to what extent the Commission has engaged social debate about the role of older people and how they may continue to contribute to, as well as to be cared for by society. Too often the working assumption is that people in need of rights have little to contribute and are, in a sense, passive recipients. We would plead that older people be cherished not only for their past contribution and current needs but for their present and future potential to contribute to society.

**APPENDIX F**

**BRIEFING FOR THE STANDING COMMITTEE ON ISSUES RELATING TO  
CONSCIENCE-BASED EXCEPTIONS IN RESPECT OF EU EQUALITY LAW AND  
NATIONAL EQUALITY LEGISLATION, WITH PARTICULAR REFERENCE TO  
THE CIVIL PARTNERSHIP BILL RI**

The Civil Partnership Bill (Republic of Ireland) aims to establish in law safeguards and responsibilities for those who are members of a civil partnership. A partnership is defined for the purposes of the Bill as follows:

Marriage understood to be between a man and a woman *and* the partnership of two adults of the same gender are both, in a sense, considered to be partnerships with a covenantal or contractual content. The Bill treats them not as equivalent but as having (a) elements in common and (b) elements which are quite different. The Bill says nothing about sexual relations. The Bill explicitly refers to marriage as it is enshrined and safeguarded in The Constitution between a man and a woman as something quite different from civil partnership between two persons of the same gender.

Speaking generally, the spirit of the Bill is to detail the responsibilities towards one another of those who together form a civil partnership. The definition of these responsibilities, as detailed, draws on the best practice of heterosexual marriage. Furthermore the projected penalties and punishments for those who breach the legal agreement are more stringent and pragmatic than anything with which the Church has thus far come up. In situations of relational breakdown, the Church appeals to a better nature on the part of individuals which often is not there. The Bill applies a degree of objectivity towards the disadvantaged party and the practical responsibilities of care.

**Exemption for whom and from what?**

Since 2000, church buildings and attendant church property have been designated public places, with the rights of access and entry in law which such a designation entails. The range of activities which may take place in a church building must be in accordance with the stated aims of the institution and does not include the registration of a civil partnership. In this way the church *per se* is exempted. This also holds in Northern Ireland.

Questions were raised at November 2009's Standing Committee about the exemption of musicians, floral arrangers and the use of parochial halls as venues. Having reference to the recent articulation of the legal principle unpinning equality legislation in correspondence between the EU and the UK Government, it is clear that generalized exemptions cannot be negotiated and must in any case be legally sustainable at the highest level. In fact, the Churches' Legislation Advisory Service reported on 17 December 2009, that on 20 November 2009, the European Commission announced that it had sent a reasoned opinion to the United Kingdom stating that it had incorrectly implemented EU rules prohibiting discrimination

#### Church in Society – Report 2010

based on religion or belief, disability, age of sexual orientation in employment and occupation. In the reasoned opinion the Commission pointed out that in UK law:

- There is no clear ban on ‘instruction to discriminate’ in national law and no clear appeals procedure in the case of disable people; and
- Exceptions to the principle of non-discrimination on the basis of sexual orientation for religious employers are broader than that permitted by the Directive.

A response from the UK government is expected in 2010.

In the light of this, it would seem that the church would be endangered under EU equality legislation were it to seek to insist on widespread exemptions as a blanket exemption.

In a recent case regarding a civil registrar seeking a similar right to conscience in respect of performing civil partnership ceremonies in the UK, the Court of Appeal addressed the conflict of rights issue: whether the provisions of the Equality Act (Sexual Orientation) Regulations 2007 overrides Article 9 of the European Convention on Human Rights (freedom of thought, conscience and religion). The Court concluded that, except in the limited circumstances provide for in Regulation 14, the prohibition of discrimination in the 2007 Regulations takes precedence over any right which a person would otherwise have by virtue of his or her religious belief to practise discrimination on the ground of sexual orientation. (*CLAS Circular 19 2009, referring to sources from BAILII – 15 December 2009 and the EC Employment, Social Affairs and Equal Opportunities News*).

Regarding professional civil servants who as State employees feel personally compromised were they to act as registrars of such civil partnerships because of their Christian faith and practice, it seems fair to request that their scruple be respected in terms of the Bill when enacted as law.

Michael Jackson,

Bishop of Clogher and chairperson of the Church in Society Committee

**APPENDIX G**

**RESPONSE TO ENQUIRY ON CHURCH'S POLICY ON REDUCTION OF WASTE  
(RE-ISSUED 2010 IN RESPONSE TO ENQUIRIES)**

**Ecological Mission Statement**

**Encourage parish audit**

“That the following environmental policy for central and diocesan offices of the Church of Ireland be approved by Standing Committee and referred to the Representative Church Body:

The Representative Church Body recognizes that concern for all components of the environment is a fundamental responsibility of all Christian people as stewards of God's creation and is fully committed to the following principles:

- The office is dedicated to carrying out all of our functions and activities in a way which minimizes negative impact on the environment.
- The office is committed to ensuring that all activities undertaken on office premises or on behalf of the office will comply with current legislation.
- It is an objective of the office to co-operate with statutory, voluntary and community bodies in an attempt to reduce negative impact on the environment.
- In keeping with this policy, the office will
  1. monitor and reduce energy use,
  2. where possible, use energy from renewable resources
  3. set targets for reduced waste generation,
  4. promote recycling within the office,
  5. minimize land, water and air pollution,
  6. include environmental considerations in the management of the office,
  7. inform and update all staff and contractors on this policy,
  8. generally apply sustainability objectives in all aspects and activities,
  9. monitor this policy and attempt to make on-going improvements as opportunities arise.”

**What is the church's policy on the reduction of waste and global warming in a) schools, b) churches and c) other church property ?**

#### Church in Society – Report 2010

The advisory work of the Church of Ireland in respect of the above is centralised in the Ecological and Environmental Panel of the Church in Society Committee, which encourages parishes to adopt an active role in the stewardship of God's Creation.

The promotion, therefore, of good ecological practice would include a parish carrying out all functions and activities in a way which minimises negative impact on the environment. The many and varied ways of implementation might include the monitoring and reduction of energy use, the use of energy from renewable sources (where possible), the setting of targets for reduced waste generation, the promotion of recycling, the minimization of land, water and air pollution, employing environmental considerations in the management of office administration, the general application of sustainability objectives in all aspects and activities, as well as the regular monitoring of these activities and an attempt to make ongoing improvements as opportunities arise.

An email bulletin entitled "Greening the Church" is received by a growing number of parishes and individuals. It contains articles on the many activities of good environmental practice adopted by churches throughout the island, and is thus an encouragement to many. Environmental workshops are held at various locations, at which teaching sessions are complemented by the promotional work of bodies such as Friends of the Earth.

The Church of Ireland is a founder member of Eco-Congregation Ireland, and is actively involved in the promotion of environmental stewardship through this ecumenical body. Within the same, the Church of Ireland co-operates with the Roman Catholic, Methodist and Presbyterian churches, as well as the Society of Friends, and organisational and administrative membership is open to all Christian denominations.

Eco-Congregation Ireland is an internet initiative and therefore all resources are free and can be downloaded from the website: [www.ecocongregationireland.org](http://www.ecocongregationireland.org) The modules are designed to enable congregations to become self-sufficient and monitor their own progress. They cover many aspects of parish life, including worship.

The above general description of this aspect of the Church's work can clearly be seen to include the major topics of reduction of waste and global warming, and while much of the Environmental Panel's work is with the parishes, as well as with the individual households which make up the parish families, one would expect the implementation of parish policy to cover a parish's schools, churches, and indeed all its buildings.

Church in Society – Report 2010