



Women's Regional Consortium Endorsement and Response to Future Planning Model – Integrated Care System NI Draft Framework

17th September 2021

Dear Department of Health

The Women's Regional Consortium wishes to respond to your consultation 'Future Planning Model – Integrated Care System NI Draft Framework and to fully endorse the response made by our Consortium colleagues in the Women's Resource and Development Agency (WRDA). We are unable to provide a full response due to pressure of work but we wish to briefly highlight a number of issues that we feel are important in relation to this consultation.

The Women's Regional Consortium

The Women's Regional Consortium consists of seven established women's sector organisations¹ that are committed to working in partnership with each other, government, statutory organisations and women's organisations, centres and groups in disadvantaged and rural areas, to ensure that organisations working for women are given the best possible support in the work they do in tackling disadvantage and social exclusion.

The Consortium is the established link and strategic partner between government and statutory agencies and women in disadvantaged and rural areas, including all groups, centres and organisations delivering essential frontline services, advice and support. The Consortium ensures that there is a continuous two-way flow of information between government and the sector. It also ensures that organisations/centres and groups are made aware of consultations, government planning and policy implementation. In turn, the Consortium ascertains the views,

¹ The seven groups are as follows: Training for Women Network (TWN) – project lead, Women's Resource and Development Agency (WRDA), Women's Support Network (WSN), Northern Ireland Rural Women's Network (NIRWN), Women's TEC, Women's Centre Derry and Foyle Women's Information Network (FWIN)

needs and aspirations of women in disadvantaged and rural areas and takes these views forward to influence policy development and future government planning, which ultimately results in the empowerment of local women in disadvantaged and rurally isolated communities.

The Need for a Caring Economy

The Commission on a Gender-Equal Economy have proposed the creation of a 'Caring Economy'² based on gender equality, wellbeing and sustainability as a way to build back better after the Covid19 pandemic. A Caring Economy would prioritise care for each other and for the environment in which we live. Women's Budget Group research³ found that a 2% GDP investment in care (for example, social care, childcare, parental leave and care leave) creates double the number of jobs for women and almost as many for men than the same investment in construction. Investment in free, universal childcare especially returns almost all of its initial investment.

Eurostat data suggests that the care industry is 30% less polluting (in terms of Greenhouse Gas emissions) than the construction industry and that the education industry is 62% less polluting than the construction industry.⁴ This makes investment in this type of social infrastructure economically, environmentally and equality sound.

As the Commission states a Caring Economy would prioritise care for each other and for the environment in which we live. *“A caring economy simultaneously ensures achievement of gender equality, sustainability and wellbeing. While these three objectives can, to some extent, be achieved separately, a caring economy allows them to be achieved together. For example, investment in paid care services improves wellbeing through ensuring that people's care needs are met; it improves gender equality because it raises the overall employment rate and reduces the gender employment gap (which are particularly crucial as we seek to counter the looming jobs crisis), and it is sustainable because care jobs are green.”*

The Women's Regional Consortium supports the need for a Caring Economy. It is clear that investing in the care sector is a way for the Department to not only provide the necessary investment needed to address the crisis in the care sector with increasing demands due to an ageing population but also enables the Department to

² Creating a Caring Economy: A Call to Action, Commission on a Gender-Equal Economy, Women's Budget Group, October 2020

<https://wbg.org.uk/wp-content/uploads/2020/10/WBG-Report-v10.pdf>

³ Investing in the Care Economy: A gender analysis of employment stimulus in seven OECD countries, International Trade Union Confederation, March 2016

[Investing in the Care Economy - International Trade Union Confederation \(ituc-csi.org\)](https://www.ituc-csi.org/en/publications/investing-in-the-care-economy)

⁴ WBG calculations from Eurostat data

<https://ec.europa.eu/eurostat/data/database>

invest in green jobs as care jobs are green at the same time as tackling gender inequality.

Feminist Recovery Plan

The Women's Regional Consortium are also represented on the Women's Policy Group and have contributed to the [COVID-19 Feminist Recovery Plan](#). We wish to fully endorse this comprehensive plan which contains a section on care work and highlights important evidence on gender segregation within the labour market especially in the care sector and an unequal distribution of caring responsibilities. These must be important considerations for the Department given the fact that most of those employed within the care sector are women and the majority of those providing unpaid care are also women.

The plan also highlights the disproportionate impact of the pandemic on women, socially, economically and in terms of the impact on their health and wellbeing. The plan raises concerns how this may impact on women in the long-term without a gendered response to recovery from the pandemic.

We point to the following statistics taken from the Feminist Recovery Plan⁵ and suggest these must provide a focus of attention for the Department in developing an integrated care system for Northern Ireland which takes proper account of gender equality:

- in Northern Ireland, 79% of all Health and Social Care staff are women and 79% of all part-time workers are women.
- Women are more likely than men to be forced out of the labour market by unpaid, domestic work or caring responsibilities.
- 69% of carers are women.
- Women in NI have a 70% chance of providing care in their adult life, compared to 60% for men and by the age of 46, half of all women have been a carer (11 years before men).
- Research from Carers NI shows that Northern Ireland's carers save the economy £4.6 billion per year; whilst unpaid carers across all the UK provide social care worth £57 billion per year.

The Covid-19 pandemic has helped to shine a light on the importance of care work. It has highlighted concerns around the undervaluing, underinvestment and gender segregation in the care sector. Many of those working in the care sector, who are predominantly women, are in low paid work and are more likely to work part-time. In addition to issues with low pay is a lack of investment in skills and qualifications within the sector. This makes the sector less attractive to work in with limited ability for workers in the sector to increase earnings, qualifications or career advancement. It is therefore critical to invest in the care sector to ensure that it provides a living,

⁵ NI Covid-19 Feminist Recovery Plan: Relaunch – One Year On, Women's Policy Group NI, July 2021

[WPG-COVID-19-Feminist-Recovery-Plan-Relaunch-One-Year-On.pdf \(wrda.net\)](#)

sustainable wage, is attractive to work in and provides opportunities for increasing skills and promotion.

Unpaid carers play a vital role in supporting the health and social care system. The importance of this unpaid care provided by many women across Northern Ireland cannot and should not be understated. It is time that society recognises and values the crucial support these carers provide.

An expert panel report examining the future configuration of Health and Social Care services in Northern Ireland⁶ stated: *“It must always be remembered that the most important, and the largest group by far, of staff delivering care services in Northern Ireland is unpaid.”* The report also went on to say: *“Engaging and supporting carers is a fundamental aspect of maintaining service users within their own home and it is essential that the HSC improves its performance in this area.”*

“The value of care, care work and all the stuff normally done within the home. It is at the root of everything and why women can’t participate properly. Caring work is not valued in society and is the bedrock of everything. There is a circular relationship between not valuing care work and undervaluing women. It is undervalued because it is something that women do – there is underlying misogyny.”

(Participant at Consultation Event)

“We should all go on strike! We saw what happened with Covid in the emergency responses women were always sidelined. There is a need to value what women do. Women are always the add on at the end and it’s totally frustrating.”

(Participant at Consultation Event)

“Caring mostly falls to women, it’s a big issue for women.”

(Participant at Consultation Event)

“It is just expected that a daughter will take on a caring role.”

(Participant at Consultation Event)

“There is still the assumption that it is women who will provide care. If there is care needed it is assumed that women will provide it whether for parents, children or grandchildren. Women are expected to care yet there are not the services there to support them.”

(Participant at Consultation Event)

⁶ Systems not Structures: Changing Health & Social Care, Expert Panel Report, October 2016
<https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf>

Endorsement of WRDA Response

We also wish to fully endorse our Consortium partner WRDA's response to this consultation. We wish to particularly highlight the following points from their response and encourage the Department to consider these in the development of the planning model:

- **New Approach** – we welcome the new approach outlined in the consultation particularly the need to address health inequalities through collaboration and partnership working. We very much welcome that this new approach acknowledges the need to work with the voluntary and community sector: *“Local providers and communities must be empowered to work in partnership, including Health and Social Care (HSC) Trusts, independent practitioners, and the voluntary and community sectors.”* This would help to ensure that local providers and communities (including women's organisations) can come together and plan care and services for their area based on need.
- **Importance of the voluntary and community sector** - the services provided by the voluntary and community sector are vitally important to the overall health and care sector. We point the Department to the projects detailed in WRDA's response to this consultation namely the Maternal Advocacy and Support (MAS) project and its partnership with the PHA on cancer screening awareness. The network of women's centres across Northern Ireland also play their part in addressing and providing support around health inequalities. The holistic services they provide take place in trusted spaces at community level. They are often able to reach the most marginalised in a way that statutory services are unable to do.

The women's sector continues to work in partnership to address health inequalities and have many years of experience in collaboration and working in partnership to achieve the best outcomes for the women they serve. We believe that this work is often undervalued and unseen by Government and therefore it is vital that the Department recognises the expertise in the voluntary and community sector including within the women's sector.

“I would be lost without Falls Women's Centre, they have dug me out of more holes than I care to remember. I've gone there in tears and they have helped and supported me.”

(Participant at Consultation Event)

“More funding is needed for Women's Centres who do so much for so many and often it is not heard about or valued. They can get the help to where it needs to go as they see the need on a daily basis. They are probably better than the doctors!”

(Participant at Consultation Event)

“I wouldn’t be here today only for the counselling and training provided by Falls Women’s Centre.”

(Participant at Consultation Event)

“More funding is needed for women’s centres. Without them I don’t know where I would be.”

(Participant at Consultation Event)

“My mental health is better even talking together helps. Some people may need more than coffee and a chat but getting together really helps me. Women’s Centres are so important as they help people get together and talk and can also signpost if there are more serious issues and further help is needed.”

(Participant at Consultation Event)

- **Voluntary and Community Sector Funding** – while we fully support the new approach detailed in the consultation document we are concerned about the adequacy and sustainability of funding arrangements with the sector. Funding is a massive issue for the community and voluntary sector. Many of voluntary and community sector organisations rely on short-term funding which does not allow for job security or the retention of knowledge and experience in the sector. Continuity of delivery is vitally important in that a need is generated when a project is set up and if this ends due to lack of funding it can leave those who are the most vulnerable without the help they so desperately need and could potentially impact on their care/recovery.

While we would like to see the valuable services provided by the community and voluntary sector acknowledged and integrated into the wider service delivery we would be concerned that responsibility is foisted on the community and voluntary sector without adequate funding and support to be able to carry out their important work.

- **Values and Principles** – we broadly welcome the values and principles set out in the consultation for partners to adhere to. Indeed, many of these values and principles are already at the core of the work of women’s sector organisations – person centred, collaborative and shared leadership, acknowledging the skills, experience and value that partners can bring, including the lived experiences of individuals and communities, avoiding duplication, efficient use of resources, providing value for money and using evidence and outcomes to help shape local services.

The Women’s Regional Consortium is made up of seven women’s sector organisations committed to working in partnership with each other, government, statutory organisations and women’s organisations, centres and groups in disadvantaged and rural areas of Northern Ireland to ensure that organisations working for women are given the best possible support in the work they do in tackling disadvantage and social exclusion. The Consortium

conducts research with women to provide informed responses to consultation documents, policy proposals and to produce research papers on the issues of importance to local women. The lived experiences and expertise of local women is at the core of this work.

The women's sector has a long history of partnership working to improve the lives of women and as outlined above already embodies many of the values and principles listed in the consultation. However, we once again stress that in order for the women's sector to meet these principles within an Integrated Care System for Northern Ireland adequate, long-term funding is necessary to ensure this is possible.

- **Local level decision making** – we support WRDA's call for clarity on where community organisations fit within this model. We agree that local communities are best placed to identify the needs in their local area. The women's sector for example is crucial in identifying the needs of women in local communities and how best to address these needs.
- **Membership of AIPBs** – we acknowledge the proposed minimum membership of each AIPB will include community and voluntary sector leads. We would suggest however that additional membership should be considered to include specific specialisms or experts in certain areas. Given the gendered nature of care we suggest that there should be women's sector representation on the AIPBs.

If you have any questions about this response please contact Siobhán Harding at policy@wsn.org.uk.

Kind regards

Siobhán Harding

Siobhán Harding

On behalf of the Women's Regional Consortium