Women's Policy Group NI

NI COVID-19 Feminist Recovery Plan

Recommendations:

Department of Health

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Abstract

The evidence and contents of this report contain recommendations specific to the Department of Health, taken from the NI COVID-19 Feminist Recovery Plan, which was published by the Women's Policy Group in July 2020. The Feminist Recovery Plan highlights the disproportionate impact of the COVID-19 pandemic on women, as well as enduring issues faced by disabled women and carers in Northern Ireland, and sets out recommendations for action.

Some of the recommendations in this summary will also be relevant for other NI Departments, as well as the UK Government. Although the Department of Health will not have direct responsibility for all issues raised in this report, we believe these should be brought to the attention of the Department, as an inter-departmental approach is crucial to tackling them.

Women's Policy Group NI COVID-19 Feminist Recovery Plan: Overview

The ongoing COVID-19 pandemic has created an unprecedented challenge across the UK. It has put in sharp focus the value and importance of care work, paid and unpaid, and highlighted the essential nature of often precarious and almost always low paid retail work. Women undertake the majority of this work, and women will bear a particular brunt of this crisis; economically, socially and in terms of health. In this way, the current crisis affects men and women differently, and in many cases deepens the inequalities women experience on an everyday basis. These inequalities, along with key solutions, were highlighted in a Women's Manifesto issued by the WPG in preparation for the general election in December 2019. These solutions remain central for a long-term response, but the developing crisis has put a number of issues in sharp focus for urgent emergency action.

The WPG Feminist Recovery Plan analyses the impact of COVID-19 on women and girls in Northern Ireland in terms of economic justice, health, social justice and cultural inequality. In addition to this, implications of Brexit and the need for a Bill of Rights will be examined, and an analysis of international best practice case studies will be done. The plan uses a mix of political and economic policy-making recommendations to advocate for a feminist recovery to COVID-19, with the aim of not only avoiding deepening gender inequalities through recovery planning, but also tackling the gendered inequalities that already exist in our society. The WPG is calling on decision-makers across the UK to take action to ensure a gender-sensitive crisis response as we transition from crisis response to recovery. We recognise that some issues highlighted in the full WPG Feminist Recovery Plan will be of a devolved nature for the Northern Ireland Assembly, others will be issues that require Westminster intervention.

Our full Feminist Recovery Plan is available here.

Women's Policy Group NI

Women's Policy Group (WPG) NI: Introduction

This paper has been created by the Women's Policy Group Northern Ireland (WPG). The WPG is a platform for women working in policy and advocacy roles in different organisations to share their work and speak with a collective voice on key issues. It is made up of women from trade unions, grassroots women's organisations, women's networks, feminist campaigning organisations, LGBT+ organisations, migrant groups, support service providers, NGOs, human rights and equality organisations and individuals. Over the years this important network has ensured there is good communication between politicians, policy makers and women's organisations on the ground. The WPG represents all women of Northern Ireland and we use our group expertise to lobby to influence the development and implementation of policies affecting women.

The WPG is endorsed as a voice that represents all women of Northern Ireland on a policy level. This group has collective expertise on protected characteristics and focus on identifying the intersectional needs of all women. The WPG membership is broad and has a deep understanding of how best to approach the impact COVID-19 is having on women in Northern Ireland.

Please note, not all member organisations of the Women's Policy Group have specific policy positions on all the areas covered throughout the Feminist Recovery Plan. Therefore, individual experts from each of the organisations below contributed to the sections that cover their own areas expertise.

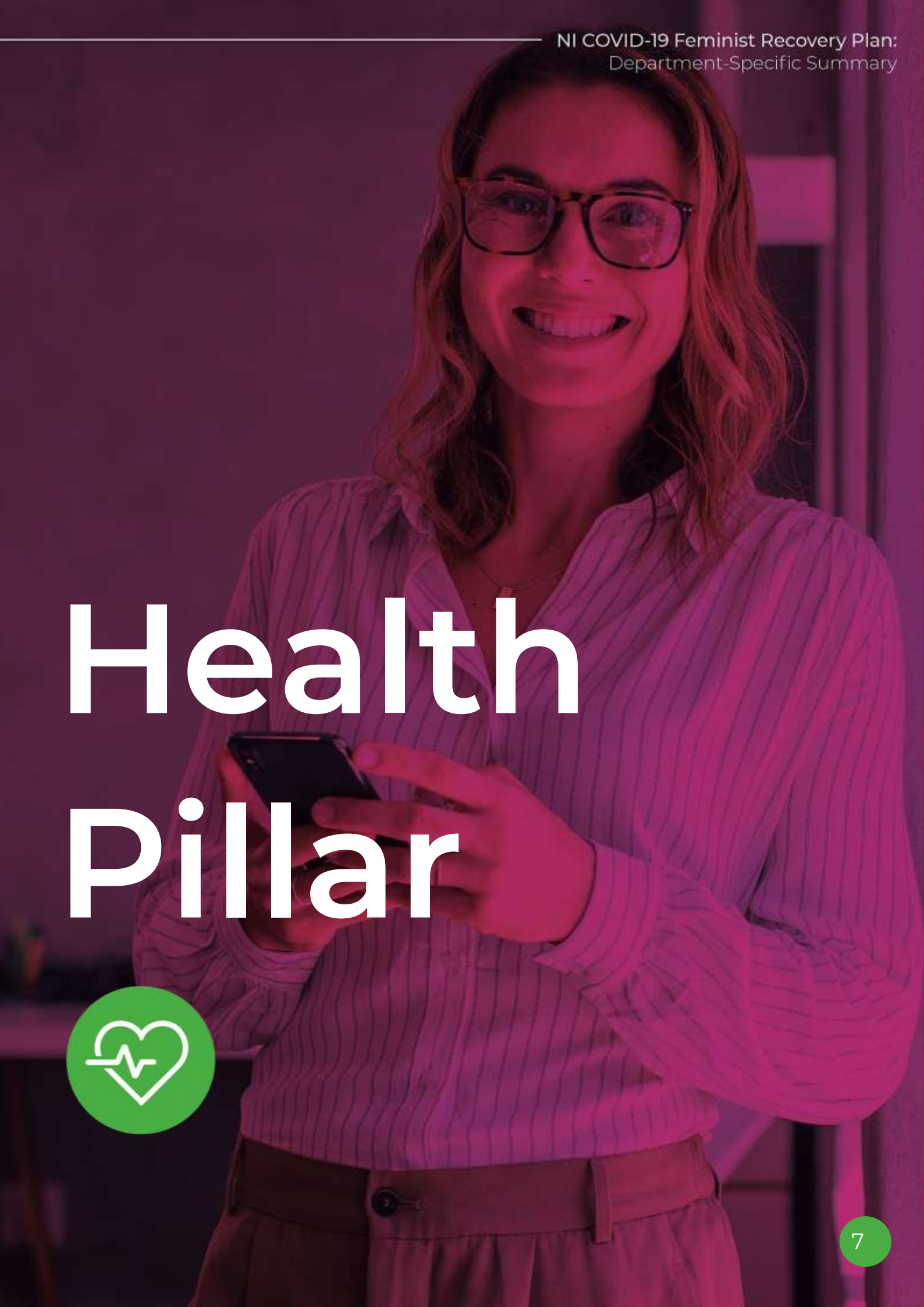
The Feminist Recovery Plan was prepared by:

Rachel Powell (Women's Resource and Development Agency)
Elaine Crory (Women's Resource and Development Agency)
Jonna Monaghan (Northern Ireland Women's European Platform)
Siobhán Harding (Women's Support Network)
Alexa Moore (Transgender NI)
Robyn Scott (Committee on the Administration of Justice)
Eliza Browning (Committee on the Administration of Justice)
Uná Boyd (Committee on the Administration of Justice)
Louise Coyle (Northern Ireland Rural Women's Network)
Clare Moore (Irish Congress of Trade Unions)
Geraldine Alexander (Northern Ireland Public Service Alliance)
Helen Flynn (Human Rights Consortium)
Helen Crickard (Reclaim the Agenda)
Gráinne Teggart (Amnesty International UK)
Emma Osbourne (Women's Aid Federation Northern Ireland)
Aisha O'Reilly (Politics Plus)
Karen Sweeney (Women's Support Network)
Jacqui McLoughlin (Women's Forum NI)

The content of this Plan is supplemented by additional WPG COVID-19 research and the WPG Women's Manifesto 2019 which was written and supported by the following organisations:

Women's Resource and Development Agency (WRDA)
Northern Ireland Rural Women's Network (NIRWN)
Transgender NI (Trans NI)
Northern Ireland Public Service Alliance (NIPSA)
Irish Congress of Trade Unions (ICTU) Northern Ireland Committee
Reclaim the Night (RTN) Belfast
Committee on the Administration of Justice (CAJ)
Politics Plus
Belfast Feminist Network (BFN)
HERe NI
Northern Ireland Women's European Platform (NIWEP)
Reclaim the Agenda (RTA)
Alliance for Choice
Women's Aid Federation Northern Ireland
Women's Support Network (WSN)
DemocraShe
Raise Your Voice (RYV)

Based on the evidence outlined in each section of the Plan, recommendations will be made for gender-responsive budgeting and policy-making to both the NI Assembly and UK governments. The Feminist Recovery plan advocates for a feminist recovery to COVID-19, with the aim of not only avoiding deepening gender inequalities through recovery planning, but also tackling the gendered inequalities that already exist in our society.



Health Pillar

Mental Health Concerns due to COVID-19

Along with the vital physical health considerations, one of the most concerning health implications from the COVID-19 lockdown is the impact on women's mental health. The WPG is deeply concerned that out of a total £90 million health allocation, just £1.5 million was requested for the Mental Health Action Plan by Health Minister Robin Swann. The Health Foundation states that 'good mental health is an asset and is also linked to good physical health - both of which support positive social and economic outcomes for individuals and society.'[1]

Northern Ireland has faced a mental health crisis for several years, and this is likely to have worsened due to the pandemic. Urgent measures need to be taken to address this crisis and support the women impacted by poor mental health in Northern Ireland. In doing this, it is essential to recognise that poor mental health is strongly associated with social and economic circumstances; including living in poverty, low-quality work, unemployment and housing.

For example, studies from past viral outbreaks show well-documented increases in mental health disorders as a result of social isolation, job and financial losses, housing insecurity and quality, working in a front-line service, loss of coping mechanisms and reduced access to mental health services.[2] Women are disproportionately represented in poverty, social housing, and employment related to frontline services and care-giving.

[1] Marshall, L. et. al. (2020), 'Emerging evidence on COVID-19's impact on mental health and health inequalities', The Health Foundation
[2] Chakraborty, N. (2020), 'The COVID-19 pandemic and its impact on mental health', Progress in Neurology and Psychiatry, Vol. 24 (2).

Medical professionals have warned that existing health inequalities are likely to widen without urgent action to support the most vulnerable to the economic and other effects of social distancing measures.[3]

We welcome the announced Mental Health Action Plan by the Department of Health, although it is extremely disappointing to see that considerations have not been given towards the increased mental health difficulties faced by the LGBT+ community (particularly trans individuals), disabled women, racialised women and other groups that face social isolation and vast health inequalities. A policy that applied to all is not enough to address the health inequalities faced by marginalised groups and much more nuanced, intersectional approaches are needed to support these groups.

Mental health care cannot ignore race, gender, sexuality, or disability, and mental health professionals must be culturally competent in the language and experiences of women in these communities in order to properly care for them.

Some of the marginalised groups we recommend urgent mental health support, through increased access to mental health services; specialised medical interventions and higher levels of specialised support, include victims of domestic and sexual violence and LGBT+ people.

Between July 2018 and June 2019, there were 16, 575 domestic abuse crimes recorded in Northern Ireland - the highest since records began in 2004/05.[4] Since then, lockdowns due to the COVID-19 pandemic have exacerbated domestic violence ("DV") against women, with three deaths in Northern Ireland attributed to DV during the initial months of lockdown (March to May 2020).[5] During the first three weeks of April 2020, 2000 domestic abuse calls were made to the PSNI.[6]

Domestic violence often involves a pattern of coercive control and manipulation that can lead to extensive mental health trauma including a loss of self-esteem, depression and isolation. Victims of domestic violence require specific and appropriate mental health services, including safety planning, therapy, and/or counselling. Victims of sexual violence also require appropriate therapy and counselling services.

[3] Douglas, M. et. al. (2020), 'Mitigating the wider health effects of covid-19 pandemic response', The British Medical Journal
[4] McCracken, N. (2019) "Domestic Violence: NI crime rates highest on record," BBC News.
[5] McCormack, J. (April 2020) "Coronavirus: Three domestic killings since lockdown began," BBC News.
[6] Ibid.

LGBT+ communities in Northern Ireland experience mental health issues at disproportionately high levels due to widespread social stigma, abuse, and institutionalised homophobia, biphobia and transphobia.

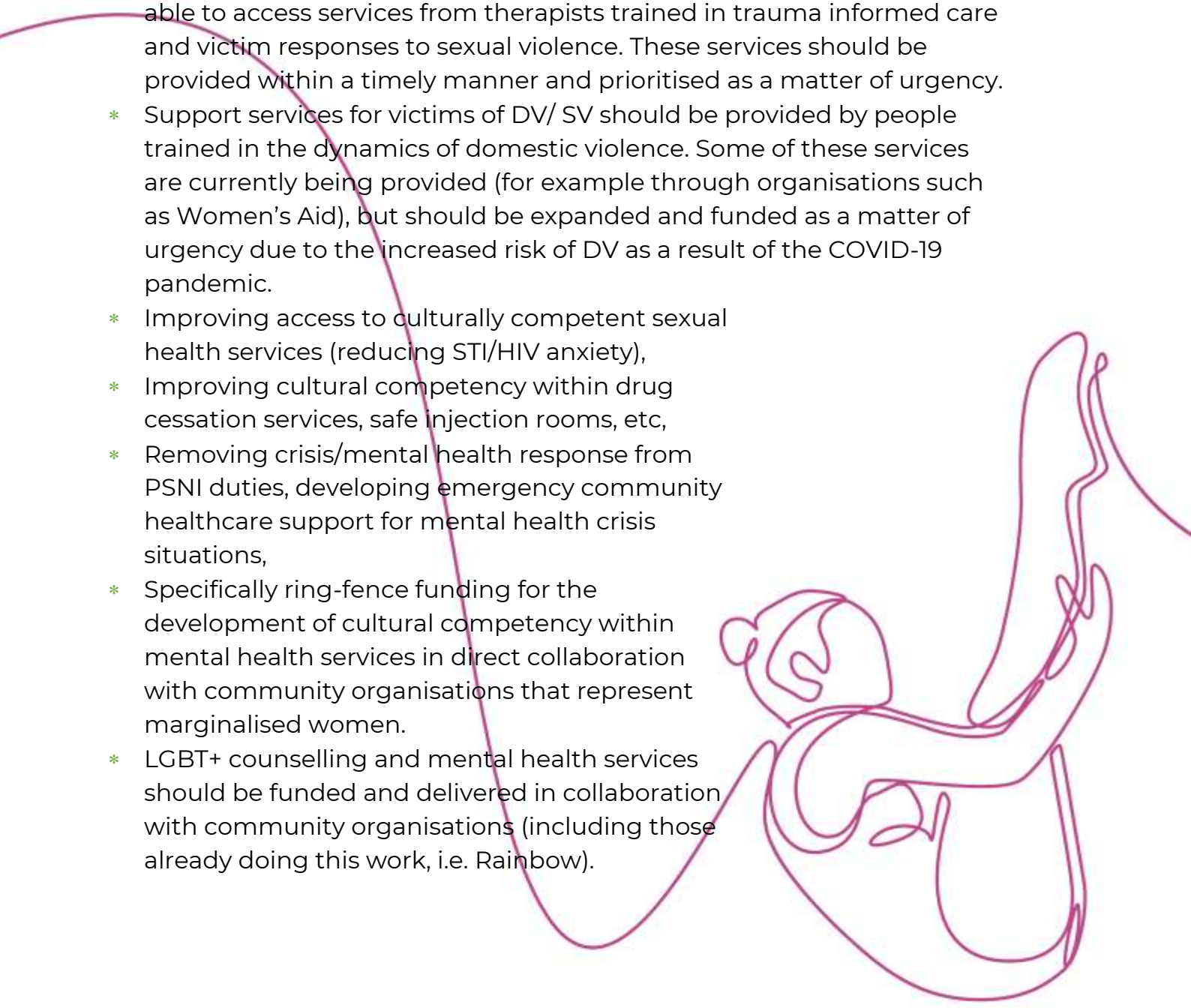
Mental health issues within the community are exacerbated by statutory services which fail to meet their needs including: failure to adequately fund and competently advertise sexual & reproductive health services; failure to provide transition-related-care for trans individuals; and failure to fund access to IVF for lesbian and bisexual couples.

These issues, compounded with the chronic underfunding of mental health services and lack of cultural competency within such, has led to a mental health crisis within LGBT+ communities. This manifests itself in a variety of different ways; such as depression, suicide, substance abuse, self-harm, unemployment and homelessness. Disproportionate mental health issues within LGBT+ communities are not inevitable, and are contributed to significantly by the institutionalised issues explained above.

LGBT+ support service providers need to be specifically trained on supporting LGBT people, with this training delivered by/developed with LGBT community organisations. For trans people, mental health support, community support, and access to gender affirming care should have clear and defined pathways between them and be integrated in such a way that improves access to all while not requiring access to mental health care as a prerequisite to other care.

Summary of Recommendations:

* We recommend that specific funding is allocated for appropriate, safe and rapid therapeutic services to victims of domestic violence (DV) and sexual violence (SV).
* Victims of domestic violence require specific and appropriate mental health services, including safety planning, therapy, and/or counseling. These services should be available to the victim regardless of whether or not she is currently in a relationship with the abuser.
* Any person who self-identifies as a victim of sexual violence should be able to access services from therapists trained in trauma informed care and victim responses to sexual violence. These services should be provided within a timely manner and prioritised as a matter of urgency.
* Support services for victims of DV/ SV should be provided by people trained in the dynamics of domestic violence. Some of these services are currently being provided (for example through organisations such as Women's Aid), but should be expanded and funded as a matter of urgency due to the increased risk of DV as a result of the COVID-19 pandemic.
* Improving access to culturally competent sexual health services (reducing STI/HIV anxiety),
* Improving cultural competency within drug cessation services, safe injection rooms, etc,
* Removing crisis/mental health response from PSNI duties, developing emergency community healthcare support for mental health crisis situations,
* Specifically ring-fence funding for the development of cultural competency within mental health services in direct collaboration with community organisations that represent marginalised women.
* LGBT+ counselling and mental health services should be funded and delivered in collaboration with community organisations (including those already doing this work, i.e. Rainbow).



Women with Caring Responsibilities and Dependents

With the rapid increase in the numbers of women with caring responsibilities across the UK due to COVID-19, urgent action is needed to address the mental health concerns of carers. As the majority of carers are also in paid employment, if action is not taken to support this group, it is likely to have long-term detrimental impacts on workforces. Some statistics on impact of increased caring responsibilities during COVID-19 from the Carers Week report includes:[7]

The top three most frequently chosen challenges by all unpaid carers:

- managing the stress and responsibility (71%)
- the negative impacts on their physical and mental health (70%)
- not being able to take time away from caring (66%).

These results closely matched what the public, who had never been unpaid carers, thought the challenges that unpaid carers face were:

- not being able to take time away from caring (72%)
- managing the stress and responsibility (70%)
- the negative impacts on their physical and mental health (69%).

[7] Carers Week (2020), 'Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak', Making Caring Visible, p.7.

There were other important challenges that were frequently chosen by unpaid carers:

- The impact it has on other personal relationships (eg with family, friends, partners etc.) (63%)
- The negative impact it has on their ability to do paid work (55%)
- The financial impact of the additional care costs (eg specialist care equipment, home adaptations (53%)
- Not having anyone to talk to about the challenges of caring (50%).

The general public, who don't have a caring role, were asked what worries they would have if they took on an unpaid caring role. Their top three worries were:

- The negative impact on their own physical and mental health (56%)
- Not being able to cope financially, not being able to afford care services or equipment required (50%)
- Not knowing or understanding what help is available to carers (49%).

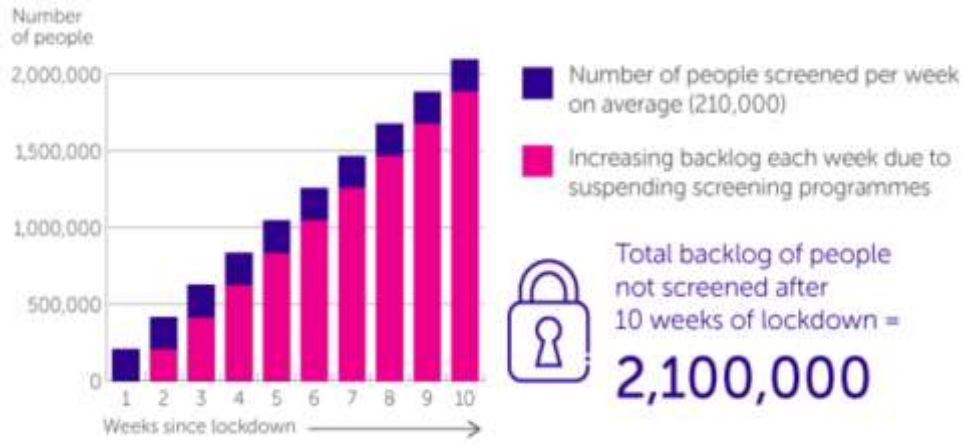
For too long, women and unpaid carers have provided social support that upholds the health and wellbeing of society whilst propping up the NI economy to the value of £4.6 billion per year.[8] The needs of carers' health should be a priority in any recovery planning in Northern Ireland.

[8] Carers NI (2015), 'NI Carers save government £4.6 billion a year'; see also: Carers NI (2017) 'State of Caring 2017'

Additional Health Concerns

In addition to the increased mental health implications of the COVID-19 lockdown, there are other concerning implications on women's physical health as a result of the lockdown, including the ramifications of cancelled cancer screenings, increased waiting lists, the on-going health impacts of austerity cuts, issues around access to abortion, maternal health, and bodily autonomy, and specific concerns for the health of immigrant women, trans women and disabled women. Cancer Research UK have highlighted their concerns over the suspension of cancer screenings and the long-term impact on cancer services and individual health.[9] As of the beginning of June, more than 2 million people across the UK were waiting for screening, tests and treatments since lockdown began. Figure 17 from Cancer Research UK highlighted the backlog created by suspended cancer screenings:

Figure 17: Backlog of Cancer Screenings Due to COVID-19 Lockdown



Source: Cancer Research UK

According to Cancer Research UK, for every week that screenings are paused, 7000 people aren't being referred for further tests and 380 cancers aren't being diagnosed. While screenings have been suspended, individuals with symptoms have been less likely to go to their GP and some GPs have been reluctant to risk sending their patients to hospitals for further tests due to the risk of COVID-19.

[9] Roberts, K., (2020), 'Over 2 million people waiting for cancer screening, tests and treatments', Cancer Research UK

For those needing treatments across the UK (around 12,750 waiting for cancer surgery), operations have fallen to 60% of expected levels, which will also have a long-term impact. Organisations such as the Women's Resource and Development Agency (WRDA) travel across Northern Ireland to deliver sessions to increase awareness of the need for people to assess themselves and attend Breast, Cervical and Bowel cancer screenings; and these services must be prioritised as we move out of the lockdown.[10]

Increased Waiting Lists

The issues of backlogs extends beyond cancer screenings, as the NHS Confederation has estimated that NHS waiting lists 'could hit 10 million this year.'[11] As a result, the NHS Confederation has made calls for urgent emergency funding and long-term spending by the UK Government. In particular, medical professionals are concerned about the uphill battle they face in restarting cancer, stroke and heart care services, while continuing to manage thousands of sick and recovering COVID-19 patients while implementing social distancing measures in health settings. Health waiting lists pre-COVID in Northern Ireland were already at crisis levels, as before the lockdown, around 130,000 people were waiting more than a year for treatment, which creates real risks to patients' quality of life and increases disease and preventable death.

When compared to England and Scotland where approximately 1 in 12 people were on elective waiting lists, 1 in 5 people in Northern Ireland were on waiting lists in 2019. A potential solution for this is to create elective care centres, which may be politically and financially easier than closing sites to centralise care; given huge problems with access poverty and public transport in Northern Ireland.

[10] WRDA (2021) 'Breast, Cervical and Bowel Cancer Screening Awareness Programme,' Funded by the Public Health Agency
[11] BBC News (2020) 'Coronavirus: NHS waiting lists 'could hit 10 million this year', BBC News Health

Health Impacts of Austerity on Women

Women in Northern Ireland were disproportionately and cruelly impacted by years of austerity and welfare reform. Not only does austerity have significant impacts on one's economic standing, it also has been proven to have profound health impacts. Research by the British Medical Association highlights:

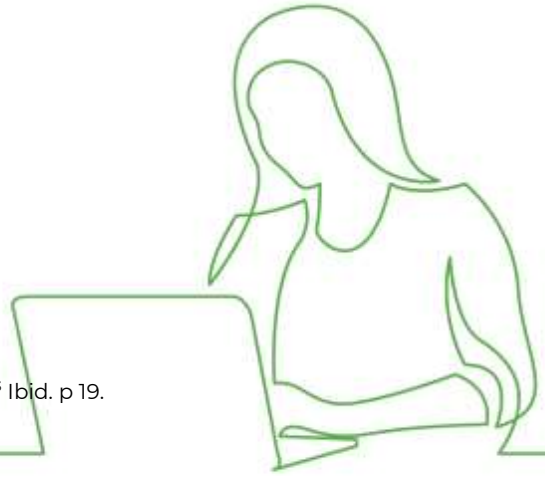
"Austerity and welfare reform in the UK has resulted in substantial reductions in public spending, principally through budgetary cuts on departments and services. This has significantly affected local government funding and welfare support...and increased levels of material deprivation. These factors can impact negatives on health and wellbeing in the absence of strong support systems."[12]

Evidence from countries such as Iceland, Sweden, Canada and Norway highlights the importance of maintaining high levels of public spending on social welfare and health as important mechanisms for improving health outcomes and narrowing health inequalities, while supporting long-term, sustainable economic growth.[13]

Suffering for women due to a decade of austerity was immense; socially, economically and in terms of health. In addressing the health crisis we currently face, tackling health inequalities for women and the unequal health ramifications of economic decision making needs to be made a priority.

Summary of Recommendations:

* Increase investment in social protection systems - such as unemployment programmes, housing support and income maintenance - to counter the projected recession and austerity, which will undoubtedly have an impact on women's health.
* Increase investment in healthcare and public health services in the short and long-term, including adequate funding for evidence based preventative and early intervention services.



[12] BMA (2016), 'Health in all policies: health, austerity and welfare reform: A briefing from the board of science', British Medical Association

[13] Ibid. p 19.

Abortion, Maternal Health and Bodily Autonomy

We note that since the WPG Feminist Recovery Plan was published in July 2020, the Department of Health has released funding for peri-natal mental health services, which the WPG welcomes. However, a number of issues relating to abortion, maternal health and bodily autonomy are yet to be addressed, which we discuss below.

Introducing additional barriers to abortion and/or failing to ensure abortion access during the COVID-19 pandemic contravenes UN treaty bodies' consistent critique of states' denial of safe abortion services, and recommendations that states both refrain from introducing new barriers and eliminate existing barriers to abortion.[14]

The availability and access to sexual and reproductive healthcare services are crucial to women's health and well-being. We believe that free, non-directive sexual and reproductive healthcare should be made available to all women who wish to avail of it. Women must also be able to access sexual and reproductive health services, including contraception, emergency contraception and the means to access safe abortion care. International human rights law explicitly recognises the rights to sexual and reproductive health and bodily autonomy. These rights give rise to positive state obligations to ensure abortion-related information and services and to remove medically unnecessary barriers that deny practical access.[15]

Women should not, and may not be able to, travel to access an abortion and healthcare workers should not be put at risk by requiring pregnant people to physically attend healthcare premises, this has been made clear by WHO advice. The Northern Ireland Office have so far implemented an abortion framework that is inadequate.[16]

Further, the Department of Health has failed to commission the full abortion services provided for in the NIO regulations and has failed to enable women, girls and pregnant people to safely manage an abortion at home through telemedicine services.

[14] Todd-Gher, J. and Shah, P. K. (2020) 'Abortion in the context of COVID-19: A Human Rights Imperative'
[15] Centre for Reproductive Rights (2020) 'Breaking Ground: Treaty Monitoring Bodies on Reproductive Rights' pp 12-14
[16] For details on the best provision for NI, see the WPG response to the NIO Abortion Framework Consultation.

We need an abortion provision that is evidence-based, relies on best medical practice, and is fully implemented in the safest manner to address the difficulties around and barriers created by COVID-19. This includes telemedicine for self-managed abortions to reduce risk, provisions for those unable to take misoprostol, and full, accessible provisions for those accessing an abortion after 10 weeks gestation.

Women in Northern Ireland have travelled to Great Britain to access abortions for too long. Travel was considered an unviable solution by CEDAW even before the pandemic;[17] and women should be able to fully access healthcare at home during this global pandemic.[18]

The Government has an obligation to take effective measures to protect and guarantee women, girls and pregnant persons' right to health, physical integrity, non-discrimination and privacy as they seek healthcare information and services, free of harassment and intimidation amounting to obstruction of their access to that healthcare. As access to abortion is often timebound and urgent, it is vital that exclusion / safe access zones are introduced immediately.

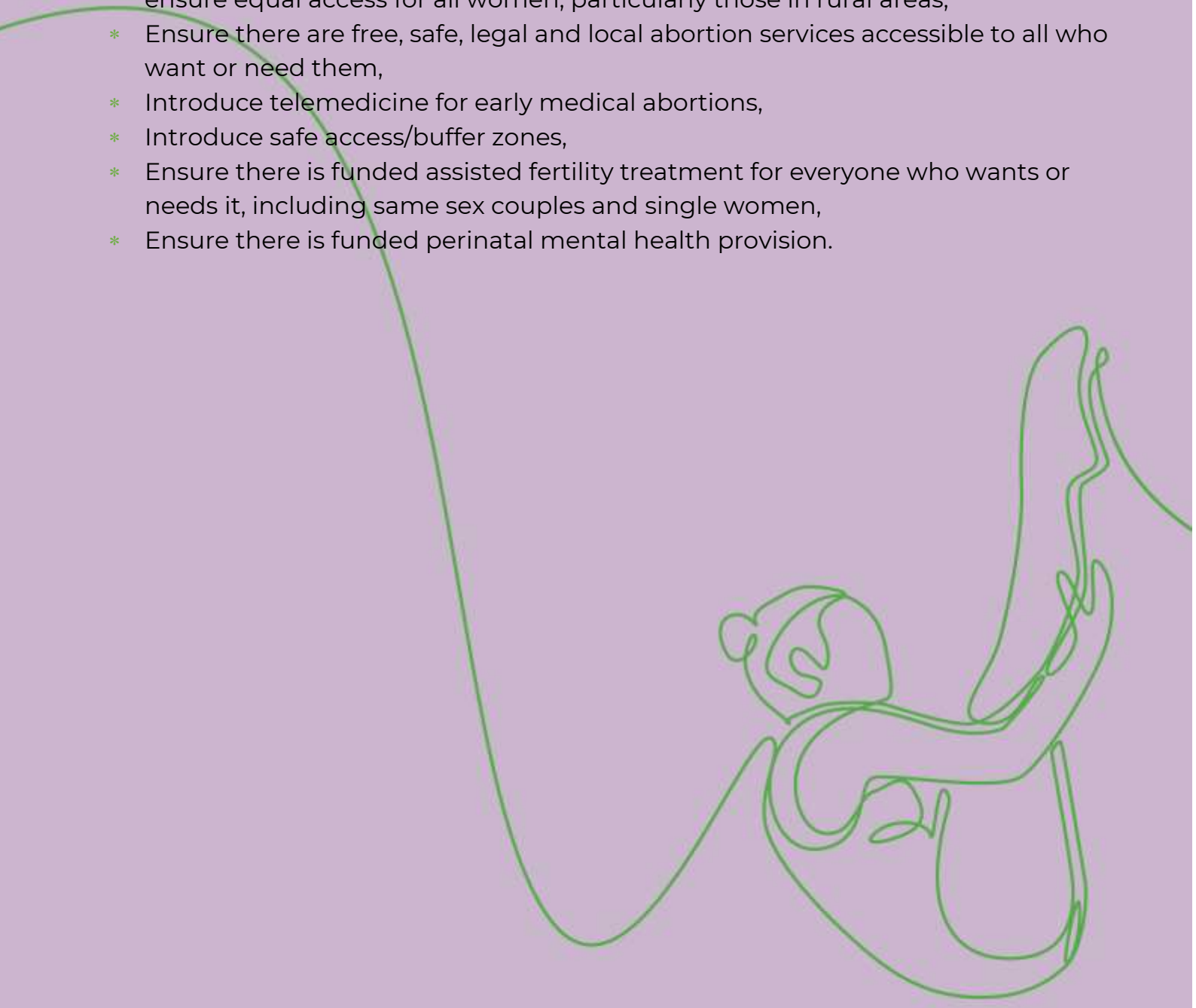
Other areas of reproductive healthcare, including access to fertility treatments for lesbian and bisexual women, as well as access to timely and human rights compliant gender affirming care, are not currently guaranteed by the Department of Health and are often held behind long waiting lists and/or gatekeeping. The constraints on bodily autonomy imposed by the Department of Health on LGBT+ women must be addressed and rectified, in close partnership with organisations working directly with those communities.

[17] For more information on the heavy financial, emotional and logistical burden of travelling to GB on women, see CEDAW Committee comments (2018)

[18] World Health Organisation (2019) 'Self Care Interventions' [Recommended Guidelines]

Summary of Recommendations:

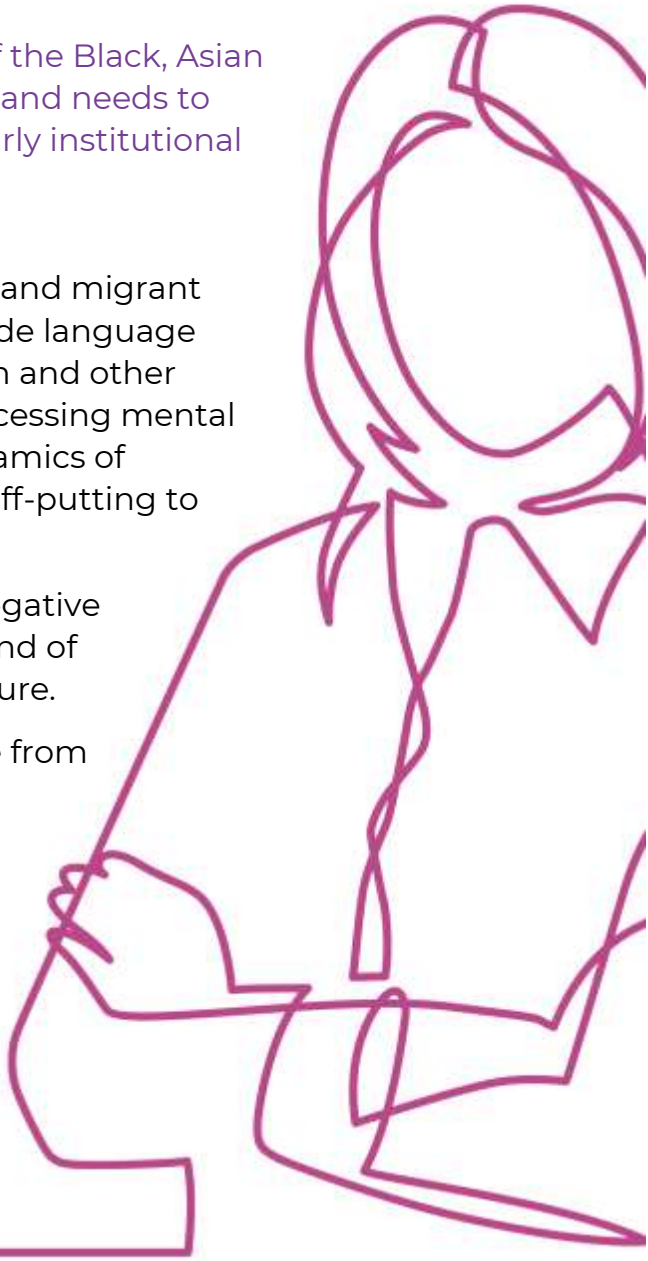
- Ensure Relationships and Sexuality Education (RSE) is standardised, starts early, is relevant to pupils at each stage of their development and maturity and is taught by people who are trained and confident in talking about the course content, in line with CEDAW recommendations,
- Set up a dedicated fund specifically for organisations who offer contraception and nondirective information,
- Extend sexual and reproductive healthcare services across Northern Ireland to ensure equal access for all women, particularly those in rural areas,
- Ensure there are free, safe, legal and local abortion services accessible to all who want or need them,
- Introduce telemedicine for early medical abortions,
- Introduce safe access/buffer zones,
- Ensure there is funded assisted fertility treatment for everyone who wants or needs it, including same sex couples and single women,
- Ensure there is funded perinatal mental health provision.



Health Inequalities and Hostile Environment for Migrants and Racialised People

Black, Asian and Minority Ethnic (BAME) communities are at increased risk of poor mental health and frequently have less confidence using available services.[19] Furthermore, Black, Asian and minority ethnic people living in Northern Ireland are at a heightened risk of discrimination and racist hate crimes in Northern Ireland.[20] Prejudice and hate crimes impart a significant psychological toll on victims.

Any attempt to address the mental health needs of the Black, Asian and minority ethnic community in Northern Ireland needs to encompass a strategy to combat racism, particularly institutional racism in the health care system.



Some of the identified challenges to minority ethnic and migrant communities accessing mental health services include language barriers, discrimination, difficulty with GP registration and other aspects of accessing care, stigma associated with accessing mental health services.[21] Further, the culture and power dynamics of psychiatry, a field dominated by white men, can be off-putting to racialised people attempting to access care.

It is also the case that, should an individual have a negative experience in accessing mental health care or any kind of health care, they will be unlikely to engage in the future.

The lack of cultural competency on caring for people from ethnic minorities, widespread language barriers, and the UK Government's hostile environment policy have ensured that these off-putting negative experiences happen more often to people of colour accessing services, to the detriment of community health.

[19] Radford, K., Sturgeon, B., Cuomo, I. And Lucas, O., (2015) 'Walking This Thin Line: BME Experiences of Mental Health and Wellbeing in Northern Ireland,' Institute for Conflict Research, p. 4.
[20] BBC News (2020) 'Racism: More than 600 cases of Hate Crime Reported to PSNI'
[21] Ibid. 19.

Members of the migrant community, particularly those without secure immigration status, may be put off from accessing healthcare for themselves or their families during COVID-19 because of the continued operation of 'hostile environment' measures which have the NHS sharing migrant data with the Home Office. This impacts some of the most vulnerable women in society such as pregnant women, victims of trafficking and domestic violence and persons living with HIV.

The Health Minister Robin Swann publicly said in a debate on 24 March 2020 that data on migrants/Asylum seekers accessing treatment for COVID-19 would not be passed on to the Home Office, and that treatment would be free for everyone. While these assurances are welcome, the atmosphere of fear created by the Hostile Environment means that this is not enough to ensure migrants will seek treatment. At no point has this information been widely publicised by the NI Executive or another public authority. A public information campaign would have allayed the fears of many migrants. A different approach was taken in the Republic of Ireland where Simon Harris TD gave a clear, widely reported declaration at the start of the crisis that all people, document or undocumented, could access health services in Ireland without their details being passed on the Department of Justice and Equality.

A public information campaign would have allayed the fears of many migrants. A different approach was taken in the Republic of Ireland where Simon Harris TD gave a clear, widely reported declaration at the start of the crisis that all people, document or undocumented, could access health services in Ireland without their details being passed on the Department of Justice and Equality.

It is crucial that all persons in Northern Ireland, including migrants living here without secure immigration status, feel safe contacting health services to report COVID-19 symptoms and to seek advice. It is not enough to remove charging practices without also making it clear that no person's data will be shared with the Home Office during the crisis. With the statutory basis for data sharing practices in Northern Ireland unclear and healthcare a devolved competence, it is within the power of the NI Executive to take action to address this issue.

Article 12 of the International Covenant on Economic, Social and Cultural Rights provides the right of everyone to the enjoyment of the 'highest attainable standard of physical and mental health and includes steps which should be taken by states to achieve this.'[22] The UN Committee on Economic, Social and Cultural Rights has clearly stated that this obligation also applies to migrants with or without status.[23] The right to health and wellbeing is also found in Article 25 of the Universal Declaration of Human Rights. Therefore, removing barriers to access to healthcare is an approach grounded in human rights.

Summary of Recommendations:

* All NHS charging and data-sharing with the Home Office should be suspended indefinitely and this must be accompanied by a public information campaign reassuring people that it will be safe for them to access healthcare, regardless of their immigration status.

[22] United Nations (1966) International Covenant on Economic, Social and Cultural Rights (CESCR)
[23] Office of the High Commissioner for Human Rights (2013) CESCR General Comment No. 14

Trans Healthcare

The Brackenburn Clinic, which provides gender transition related health care to adult trans people in Northern Ireland, has not accepted any new patients since March 2018, and those on the waiting list have so far been waiting up to 3 years and 8 months for a first appointment.[24] Gender-affirming healthcare is recognised as essential healthcare by the World Health Organisation and by regulatory bodies in Europe and the UK, and timely access is crucial.

Trans communities suffer disproportionately from both mental health problems and from societal stigma and violence, both of which can be helped substantially by access to care. Currently, Northern Ireland has the worst waiting lists and worst future prospects for access to care of any part of the UK and Ireland.

The COVID-19 pandemic has made the situation worse. Waiting lists at the Brackenburn Clinic were and are predominantly due to the excessive psychiatric and psychosocial assessment processes used; the Brackenburn Clinic will never be sustainable with this approach.

These psychiatric assessments are not seen at such intensity anywhere else in healthcare, and demonstrate the disproportionate institutional barriers to reproductive care, bodily autonomy and basic human rights placed in the way of trans people of all genders. Individuals who are denied care due to long waiting lists are highly likely to access care in the private sector, at high cost. This is particularly difficult for individuals requiring testosterone, which is a controlled substance.

People who are unable to access these options, or those who are but are unable to access other essential care like fertility treatment or surgery, are highly likely to self-medicate with alcohol, smoking or drugs. All self-medication options are usually without any medical or endocrine oversight to ensure safety. Those who are unable to access gender-affirming care in a timely and appropriate manner are also likely to experience severe mental health problems, self-harm and suicide attempts.

As trans communities are more likely to experience poverty, this has disproportionate effects on housing security, health and quality of life.

[24] BHSCT FoI Request, June 2020 [Unpublished].

The WPG supports the provision of community-based, sexual-health based models of gender-affirming care in line with global best practice, both to ensure access to care is provided, and to reduce the high costs inherent in the current care pathways. These services must be meaningfully co-produced and co-delivered with organisations working within trans communities and the communities themselves in line with HSCNI policy and human rights treaty law.

Summary of Recommendations:

* Specialised gender identity services, following a human rights compliant and culturally competent service model, should be fully commissioned by the Department of Health and be available for trans and questioning people who wish to access them to explore their gender identity. This should not be a centralised service for all trans people and access to these services should not be a prerequisite to accessing gender-transition-related healthcare;
* The reinforcement of gender roles and stereotypes within Gender Identity Services causes detrimental harm to trans and gender non-conforming patients, in particular those who identify outside the gender binary, and should be removed in favour of a model which affirms the gender identity of the patient and supports diverse gender expression;
* New policies, service models or reforms within the health service which will have an impact on trans communities should be developed in consultation with civil society organisations and the trans community at large;
* Any new gender affirming services should be based in the community and on a sexual health model of care;
* A review of access to mainstream healthcare services for trans patients, and adaptation of materials/advertising to recognise and include trans experiences, should be undertaken by the Department of Health.

Disabled Women

Disabled women and girls can be subject to discrimination on two levels; marginalised on account of their disability, and on their gender. The Government needs to recognise and implement the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)[25] effectively within Northern Ireland to ensure that disabled women live in an equal society which is free from economic, social and cultural barriers.

Only 7% of disabled people are employed, and those who are face low-paid work and under-employment.

Disabled women earn 22.1% less than non-disabled men and 11.8% less than disabled men.

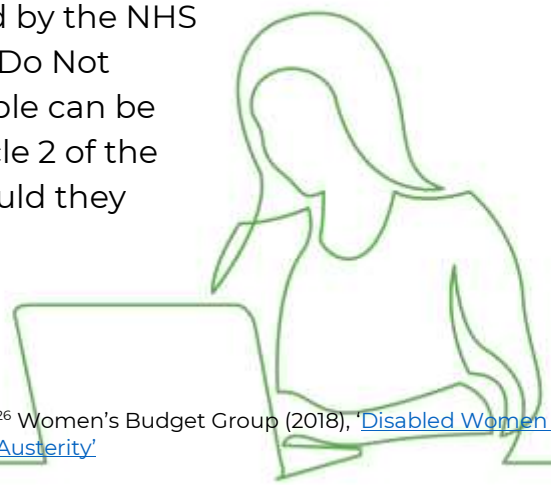
26% of households with a disabled person live in poverty compared to 22% of households overall.

Disabled women are set to lose 13% of their annual net income by 2021 due to cumulative tax-benefit changes and austerity.

Disabled single mothers will have lost 21% of their net income by 2021, and 32% if their child is also disabled.[26]

Summary of Recommendations:

* Urgently address the issue of disabled women being denied the same access to maternal health services, including sexual and reproductive health, as other women.
* Introduce staff education programmes, based on the social model of disability, to effect attitudinal change in all sectors; but particularly health and education sectors.
* Publish critical care guidance being used by the NHS to decide who to treat and how to apply Do Not Resuscitate Orders, so that disabled people can be reassured to their right to life under Article 2 of the Human Rights Act will be protected, should they become critically ill.



[25] United Nations (2006) Convention on the Rights of Persons with Disabilities (CRPD)

[26] Women's Budget Group (2018), 'Disabled Women and Austerity'

- Ensure support is given to Black Asian and Minority Ethnic (BAME) communities for access to medical care and services.
- Ensure testing is available to staff and people living in care homes with fair access to treatment and that blanket DNRs are not used.
- Ensure personal assistants and family carers are allowed to accompany disabled people with other physical or communication support needs at any time they are in hospital.
- Ensure COVID-19 information is available in accessible formats such as Easy read, Large print, and in BSL and in various languages.
- Ensure that disabled parents are prioritised for social care support. Require local councils to assess those disabled parents facing increased need for support as a result of school closures, limited access to childcare and other effects of lockdown,
- Ensure that disabled parents receive safe postnatal care despite lockdown conditions; particularly in the context of the new NI Mental Health Action Plan.
- COVID-19 testing should be readily available to all carers/PAs of disabled people so that disabled people are not at risk of catching the virus from carers who work for multiple clients,
- Comprehensive guidance should be released advising people on how to prevent the spread of COVID-19 while using care/PA services, whether the care is funded by direct payments or provided by volunteers such as family members.
- Ensure all disabled women's rights are upheld and protected throughout the entirety and recovery of COVID-19,
- Require all councils to release information on the specific supports they are delivering to disabled people during the easing of the lockdown.
- Provide guidance and support to frontline violence against women organisations and refuges to the needs of disabled women in danger of domestic abuse; including the communication and access needs of disabled women and reasonable adjustments,
- Create greater flexibility in the provision of care packages, particularly for disabled women trapped in social isolation and in danger from Domestic Abuse.

Additional recommendations from Sisters of Freda:[27]

- It is vital that the NI Assembly and local councils work with supermarkets to recognise that disabled people/women's needs for groceries and shopping are prioritised.

[27] Sisters of Frida (2020), 'The Impact of COVID-19 on Disabled Women from Sisters of Frida: Voices of Disabled women in the pandemic'

- There should be intersectional strategies for future emergencies on the groups that share protected characteristics so that disabled people impacted will not be deprived of food, similar to that of a crisis zone.
- Publish critical care guidance being used by the NHS to decide who to treat and how to apply Do Not Resuscitate Orders, so that disabled people can be reassured to their right to life under Article 2 of the Human Rights Act will be protected, should they become critically ill.
- Ensure testing is available to staff and people living in care homes with fair access to treatment and that blanket DNRs are not used.
- Ensure personal assistants and family carers are allowed to accompany disabled people with other physical or communication support needs at any time they are in hospital.
- Ensure COVID-19 information is available in accessible formats such as Easy read, Large print, and in BSL and in various languages.
- Ensure all essential public broadcasts and NI Assembly updates are translated into BSL and ISL. Ensure people are aware of the alternative services, volunteer programmes, and how to access them including those not able to access the internet.
- Ensure that disabled parents are prioritised for social care support. Require local councils to assess those disabled parents facing increased need for support as a result of school closures, limited access to childcare and other effects of lockdown,
- Ensure that disabled parents receive safe postnatal care despite lockdown conditions; particularly in the context of the new NI Mental Health Action Plan.
- Ensure all disabled women's rights are upheld and protected throughout the entirety and recovery of COVID-19,
- Require all councils to release information on the specific supports they are delivering to disabled people during the easing of the lockdown.
- Provide guidance and support to frontline violence against women organisations and refuges to the needs of disabled women in danger of domestic abuse; including the communication and access needs of disabled women and reasonable adjustments,
- Create greater flexibility in the provision of care packages, particularly for disabled women trapped in social isolation and in danger from Domestic Abuse,
- Support particular provisions of support for disabled women in both the Domestic Abuse Bill (for example, the Staysafe East amendments) and through specific support in any miscellaneous bill to follow the Domestic Abuse and Family Proceedings Bill.

Economic Justice Pillar

Gender Segregated Labour Markets and Care Work

When the income of men and women across occupations ranging from the lowest hourly paid to the highest hourly paid is examined, it is apparent that women dominate in the low paid occupations. What is more, across the vast majority of occupations there remains a substantive gender pay gap, with women continuing to earn less pay per hour than men. This gender pay gap is likely to worsen due to the economic impact of COVID-19, which not only has negative consequences for women, but the economy as a whole.

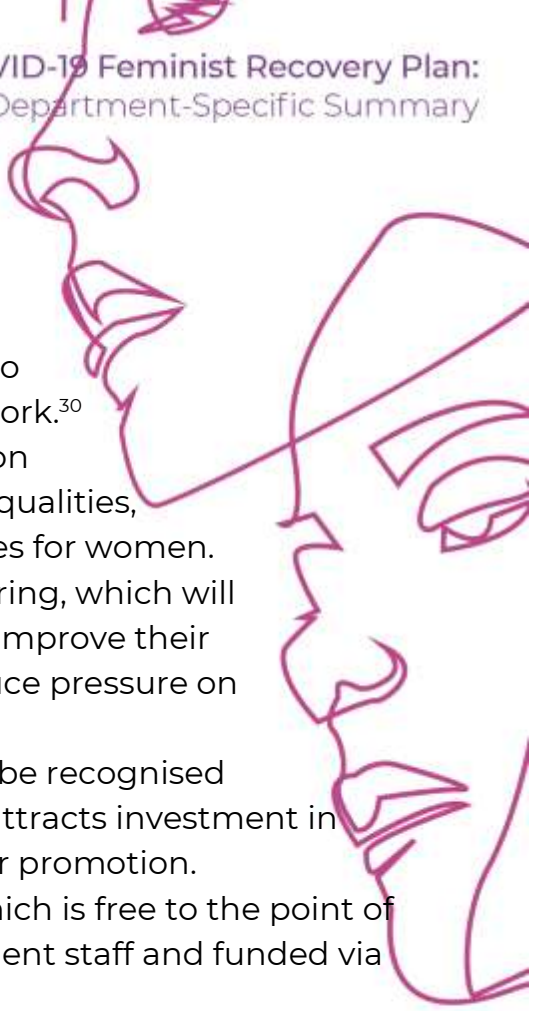
When looking specifically at Northern Ireland, women are more likely than men to be forced out of the labour market by unpaid, domestic work or caring responsibilities, and 69% of carers are women. Research from Carers NI shows that Northern Ireland's carers save the economy £4.6 billion per year;[28] whilst unpaid carers across all the UK provide social care worth £57 billion per year.[29]

The burden on women to provide the majority of unpaid care in society has increased significantly in the context of Covid-19. What has become clear, is that care work, which is predominantly undertaken by women and girls, is central to the functions of every economy; yet it is still treated as a private issue and undervalued as contributors to economies.

A combination of measures both at a UK-wide and Devolved level are needed from elected representatives to address the systemic gender segregated markets and unequal distribution of care. Investment in care provides strong returns economically in the long run, and we would urge decision-makers to consider the following recommendations to fund adequate investments and to oppose the implementation of further austerity.

[28] Carers NI (2015), 'NI Carers save government £4.6 billion a year'; see also: Carers NI (2017) 'State of Caring 2017'

[29] Office for National Statistics (ONS) (2017), 'Unpaid carers provide social care worth £57 billion'



Summary of Recommendations:

- Monitor gender parity in the professions of the future.
- Promote conciliation measures and actions finalised to increase equal opportunities in both education and work.[30] For example, introduce family policies, social protection systems and measures aimed at reducing gender inequalities, and encourage higher education and job opportunities for women.
- Analyse the economic value of putting money into caring, which will help carers get back into paid employment and thus improve their health and financial wellbeing and consequently reduce pressure on the health and benefits systems in the long-run.
- For a better, more resilient economy, care work must be recognised as a valued job. This means making sure it pays well, attracts investment in education and training, and provides opportunities for promotion.
- Design a sustainable and stable social care system which is free to the point of use for all citizens, with well paid, well trained permanent staff and funded via general taxation.
- Introduce policies to encourage sharing of care and unpaid work between women and men.
- Provide better information and advice for carers, forward planning, and support so that there is a reliable and sustainable care economy which is fit for purpose.
- NI Assembly should promote awareness of the important role of unpaid carers and caring, and introduce more concrete support so that value is recognised practically.
- Significant increase in funding for the health and social care system to allow services to rebuild after the crisis, alongside bringing forward plans for long-term reform of social care.
- The UK Government and NI Assembly should immediately increase the basic level of Carer's Allowance, and a one-off coronavirus Supplement to those entitled to Carer's Allowance of £20 a week to match the rise in Universal Credit.
- Greater consistency is needed in connecting carers to support available to look after their own mental and physical health and wellbeing.
- Employers, and the NI Assembly, should ensure that there are carer-friendly policies in place that enable working carers to balance their caring responsibilities with work.
- Schools, colleges and universities should be encouraged to introduce policies and programmes that support carers and improve their experience of education.

[30] Castellane, R. et. al. (2019), 'Analyzing the gender gap in European labour markets at the NUTS-1 level', Cogent Social Sciences, Vol 5 (1).

Women's Poverty and Austerity

The response to the 2008 financial crash was a programme of austerity and welfare reform. Research suggests that these policies had a disproportionate impact on women, showing that 86% of the savings to the Treasury from the tax and benefit changes since 2010 have come from women.[31]

Women are more likely to claim social security benefits, more likely to use public services, more likely to be in low-paid, part-time and insecure work, more likely to be caring for children/family members and more likely to have to make up for cuts to services through unpaid work.

Research by the Institute for Social and Economic Research at the University of Essex has shown that single mothers and the lowest paid are hardest hit by the loss of income in the Coronavirus crisis.[32]

Demand for food banks in Northern Ireland has soared because of COVID-19. In April the number of emergency food parcels given out by the Trussell Trust locally rose 142% compared to the same time last year.[33]

Women make up the majority of Universal Credit claimants, a figure which rose by 80% between 1st March and 26th April 2020 due to the pandemic.

[31] Cracknell, R., and Keen, R. (2017) "Estimating the gender impact of tax and benefit changes" Commons Briefing Papers SN06758
[32] Institute for Social and Economic Research (2020) Understanding Society: The UK Household Longitudinal Study, COVID-19 Survey, Briefing Note, University of Essex.
[33] Black, J. (2020) "Coronavirus crisis sees demand for foodbanks in Northern Ireland soar", Belfast Telegraph [article]

Before the pandemic, women were already more likely to experience poverty; however, in the current climate, job losses and the need to provide increasing levels of unpaid care are likely to increase poverty and dependence on social security benefits, especially for women.

The Women's Budget Group (WBG) has urged the Government not to turn to austerity measures to pay for the cost of the crisis. The WBG stressed that this will repeat the past and impact poor, BAME and disabled women the most.

Summary of Recommendations:

* Increase the level of Carer's Allowance and consider a one-off Coronavirus supplement of £20 a week to match the rise in Universal Credit as suggested by Carers UK.[34] This would particularly benefit women who provide higher levels of care.
* Amend the Universal Credit Regulations so that Maternity Allowance is treated in the same way as Statutory Maternity Pay (SMP).

[34] Carers Week (2020), 'Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak: Making Caring Visible.'

A Feminist Green Economy

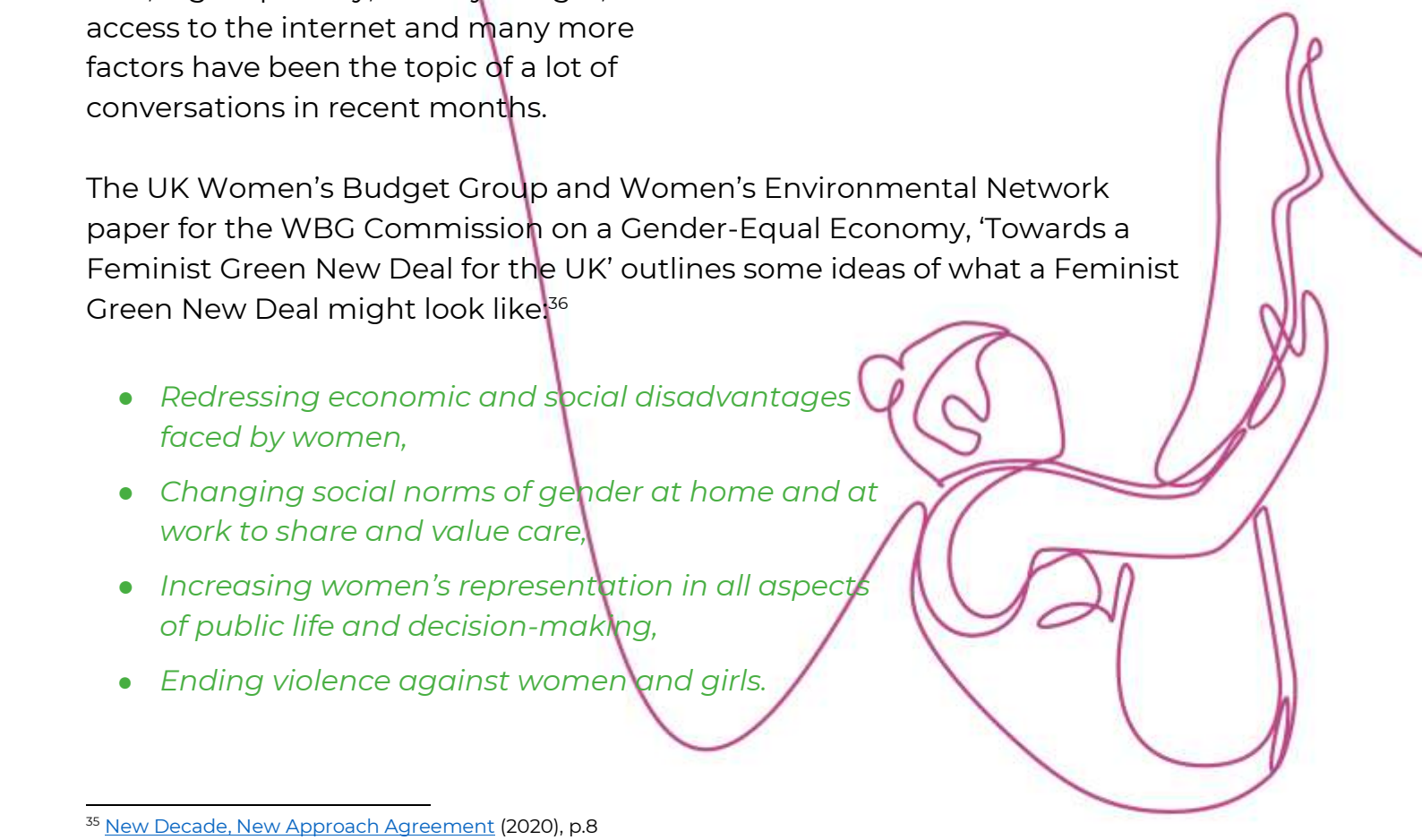
The NI Executive commitments to 'tackle climate change head on with a strategy to address the immediate and longer-term impacts of climate change' in the New Decade, New Approach Agreement[35] must be met from a perspective that will support tackling gender inequality.

The lockdown exposed the severe impact of governmental decisions to neglect public services on our society, with many existing socio-economic inequalities being exacerbated during the lockdown. The need for basic levels of income, access to food, childcare, a fully functioning health service, education, changing considerations of "low-skilled" work to essential work, recognising the importance of unpaid care, digital poverty, holiday hunger, access to the internet and many more factors have been the topic of a lot of conversations in recent months.

Now, more than ever, it is necessary to reassess our economic decision making and recent history of severely under-resourced public goods. Northern Ireland would not have been able to cope without those working in the areas above, and it is necessary to recognise this undervalued work; redistribute care responsibilities and reduce the levels of harm to our social, health, economic and environmental infrastructures.

The UK Women's Budget Group and Women's Environmental Network paper for the WBG Commission on a Gender-Equal Economy, 'Towards a Feminist Green New Deal for the UK' outlines some ideas of what a Feminist Green New Deal might look like:[36]

- *Redressing economic and social disadvantages faced by women,*
- *Changing social norms of gender at home and at work to share and value care,*
- *Increasing women's representation in all aspects of public life and decision-making,*
- *Ending violence against women and girls.*

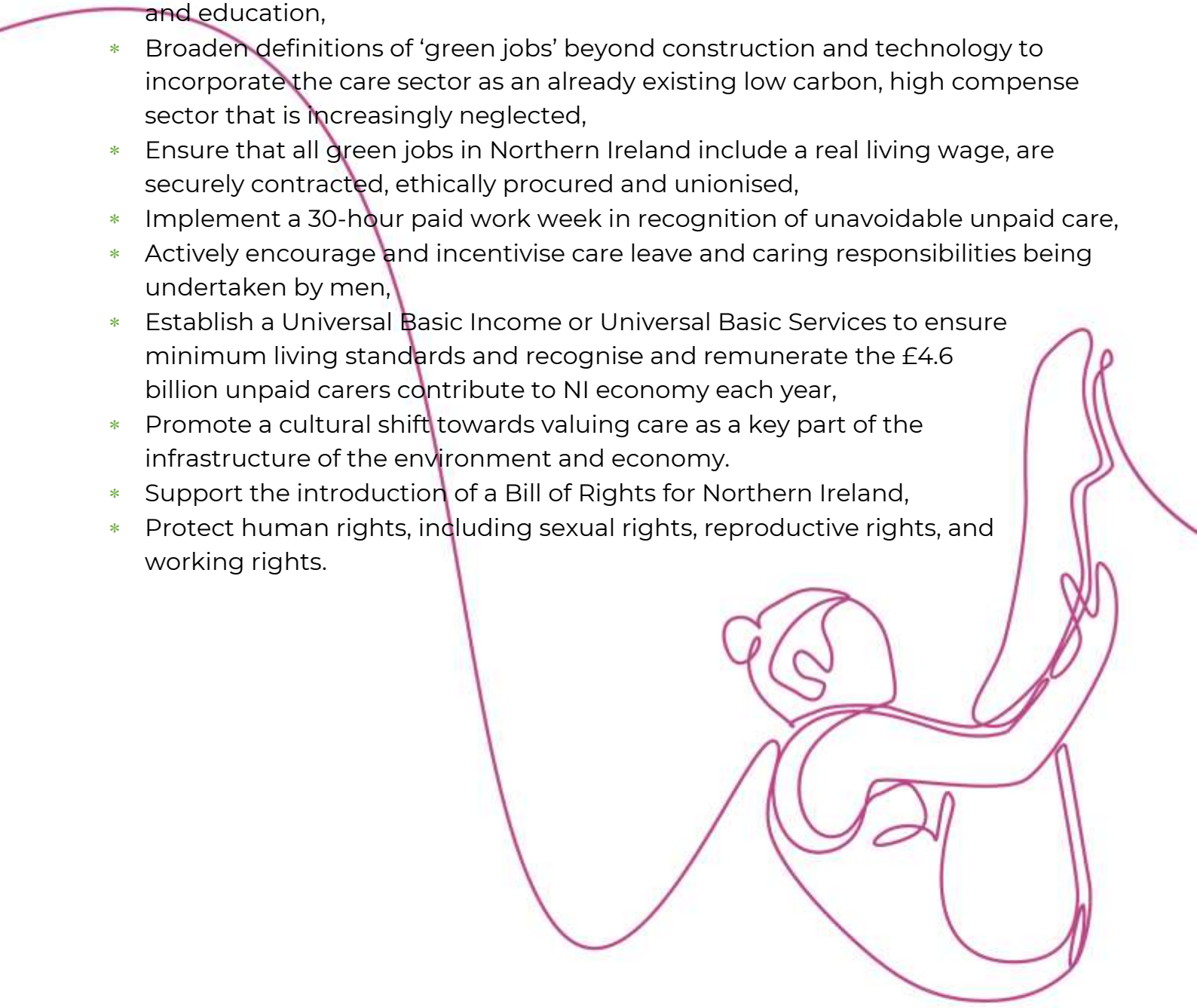


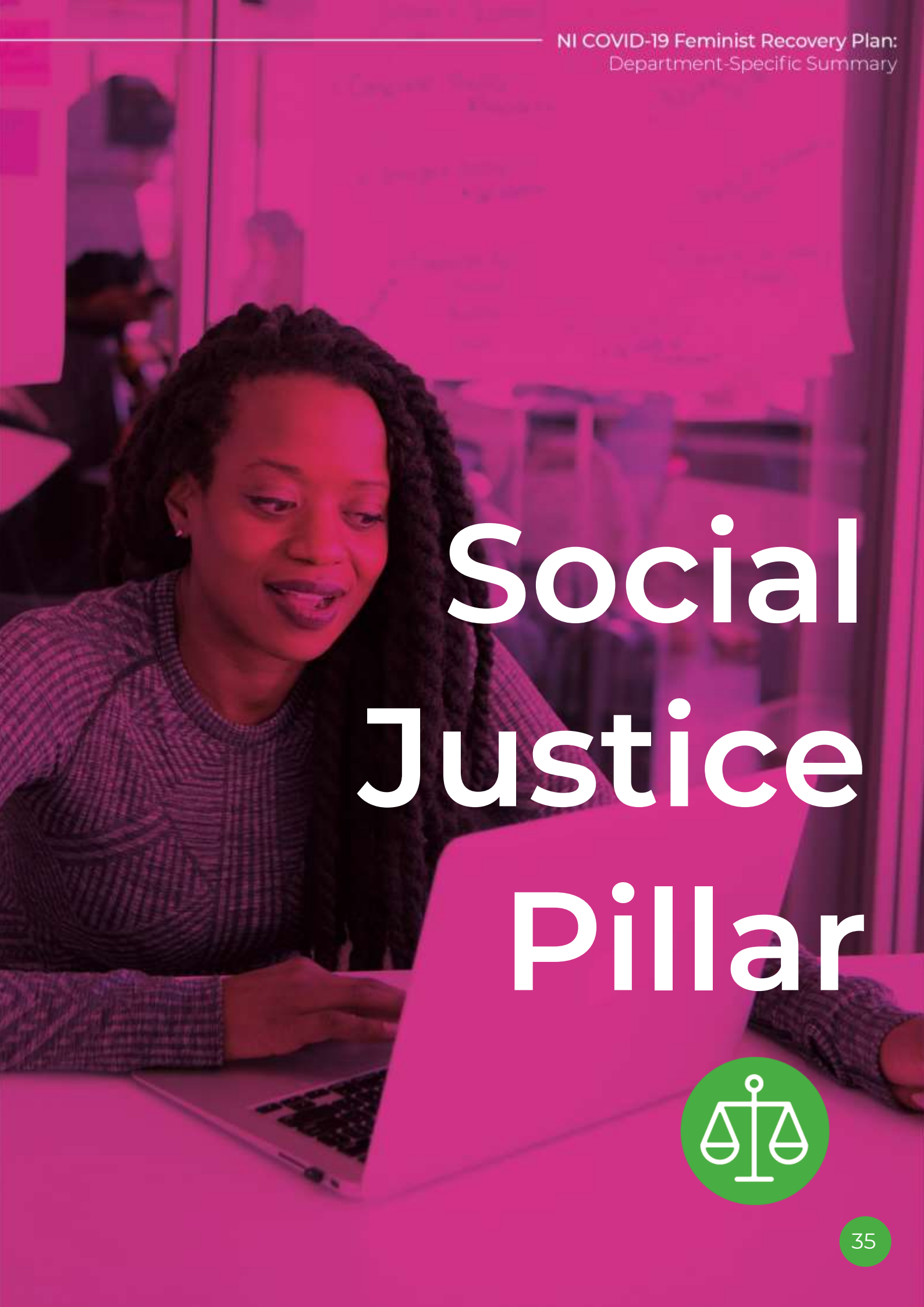
[35] New Decade, New Approach Agreement (2020), p.8

[36] Cohen, M and MacGregor, S. (2020), 'Towards a Feminist Green New Deal for the UK: A Paper for the WBG Commission on a Gender-Equal Economy', UK Women's Budget Group and Women's Environmental Network.

Summary of Recommendations:

* Co-designing social infrastructure at a local level with the needs of women taken into account,
* Recognising the dual-benefit job creation and increased tax revenue through investing in paid care jobs that are already done in an unpaid capacity by majority women,
* Through increased investment in care jobs and the care sector, not only will women's employment and economic opportunities increase, but children from disadvantaged backgrounds will benefit from increasing qualities of childcare and education,
* Broaden definitions of 'green jobs' beyond construction and technology to incorporate the care sector as an already existing low carbon, high compense sector that is increasingly neglected,
* Ensure that all green jobs in Northern Ireland include a real living wage, are securely contracted, ethically procured and unionised,
* Implement a 30-hour paid work week in recognition of unavoidable unpaid care,
* Actively encourage and incentivise care leave and caring responsibilities being undertaken by men,
* Establish a Universal Basic Income or Universal Basic Services to ensure minimum living standards and recognise and remunerate the £4.6 billion unpaid carers contribute to NI economy each year,
* Promote a cultural shift towards valuing care as a key part of the infrastructure of the environment and economy.
* Support the introduction of a Bill of Rights for Northern Ireland,
* Protect human rights, including sexual rights, reproductive rights, and working rights.





Social Justice Pillar

Politics, Public Life, Peacebuilding and Decision Making

As the impact of COVID-19 is deeply gendered, a rights-based approach and gender post-conflict analysis of the Northern Irish context must therefore be at the centre of the COVID-19 response and recovery process.

The Women, Peace and Security Agenda provides an essential framework for analysing and responding to COVID-19, however dispute over the legal status of the conflict in Northern Ireland continues to preclude application of UNSCR 1325 on Women, Peace and Security to the region. The COVID-19 crisis with its particular impacts on women's income, socioeconomic independence and increased caring responsibilities is likely to compound barriers to women's involvement in peacebuilding and decision-making processes. Focused action is even more important than previously to enable women's active inclusion.

As the Women, Peace and Security agenda provides an essential framework for analysing and responding to COVID-19, the structures, policies and guidance contained in the agenda should be applied to the COVID-19 response in Northern Ireland. The Good Friday/Belfast Agreement committed to increasing women's representation in public and political life, yet women remain under-represented in all spheres of political life, as well as in public life and economic decision making.

Worryingly, the New Decade, New Approach agreement did not mention women at all, and already we have seen the impact of women's participation being absent from emergency response planning; as evidenced in the Executive roadmap to recovery which neglected to mention childcare.

Multiple reports, including annual reports of the Commissioner for Public Appointments for Northern Ireland; the Inquiry by the All-Party Parliamentary Group on UNSCR 1325 Women, Peace and Security (2014); and repeated CEDAW Committee Concluding Observations, have concluded that women's under-representation in political and public life and peacebuilding in Northern Ireland is a serious matter to be addressed as a matter of urgency.

In the context of COVID-19 recovery planning, it is imperative that women are included in decision making across all departments in Northern Ireland. Already, we have seen recovery planning take place with little to no consultation with the women's sector, who have been consistently producing evidence of the disproportionate impact COVID-19 is having on women. Voluntary and community sector groups have been set up without women's organisations being initially invited.

Additionally, the Department for Economy's Economic Advisory Group was established without the inclusion of any civil society organisations, trade unions, or the women's sector. We have also seen significant delays to all commitments set out in the New Decade, New Approach agreement. COVID-19 is exacerbating existing inequalities, and women's equality cannot be de-prioritised due to COVID-19 response planning. Rather, gender equality should be embedded within all governmental decision-making relating to COVID-19, health, the economy, infrastructure, budgets, the Programme for Government and more.

Summary of Recommendations:

* Ensure women's groups are adequately represented in all departmental COVID-19 recovery planning procedures.
* Ensure the women's sector is consulted with and included in the co-design of all departmental strategies and the Programme for Government.
* Accelerate action to reach gender equal representation in public bodies.
* Address obstacles to women's participation. As noted by the 2014 inquiry by the All-Party Parliamentary Group on Women, Peace and Security, these can include;
    - Intersectionalities which compound barriers to participation e.g. specific issues impacting BME women, disabled women, rural women, LGBT+ women, younger women, lone parents and those with childcare responsibilities.

International Best Practice

The Purple Pact: Economics that Work for Women

The European Women's Lobby (EWL) proposals for COVID-19 recovery draw from The Purple Pact,[37] an EWL initiative launched in early 2020, which sets out principles for feminist economics in Europe. The aim of the Pact is economic wellbeing for all and full participation of women in all areas of life, and it also emphasises that feminist economics strives for peace and wellbeing for all, on a healthy planet.

The core proposal of the Pact is a new economic framework based on three pillars:

1. A new macro-economic policy framework encompassing three fundamental dimensions: economic justice, social justice and environmental justice.
2. A universal social care system with an infrastructure that can provide social and care services for all and quality services which are accessible and affordable.
3. An inclusive labour market where equality, social protection and caring take centre stage.

The Purple Pact highlights key issues within existing economic models that hinder gender equality:

- GDP has limitations as a measure of economic well-being, and critically does not include the value of unpaid care and voluntary work, which means that this is ignored in economic decision-making. Failure to address this, along with failure to address environmental degradation, sends harmful signals to public and private decision-makers and encourages unsustainable investment and consumption patterns.
- Education must be treated as an investment, rather than an expenditure as is current practice in national accounts. Education is critical for a future sustainable economy, and is also an investment in the prevention of future burdens in relation to health, crime, unemployment and so on.

[37] European Women's Lobby (2020) 'The Purple Pact: A Feminist Approach to the Economy'

Summary of Recommendations

* Introduce gender budgeting as a tool to highlight how budgets impact men and women differentially, and make sure public finance and economic policies work for gender equality,
* Develop and invest in a care economy, where quality, accessible care is available to all and the provision of care is valued as a vital economic activity; this would also contribute to job creation, sustaining a green economy as outlined previously in this plan,
* Developing human rights based sustainable care infrastructure, which takes account of the care needs of an older population, supports the autonomy and agency of service users and addresses the unpaid care burden currently primarily shouldered by women.

Initiatives at UN Level

The UN Global Compact[38] has developed a series of policy briefs designed to guide stakeholders on policy and practical action designed to support companies to recover stronger and build back better.[39] These include a brief on gender equality,[40] which emphasises the critical role women play in sustainable and resilient economies, while highlighting the specific gendered issues and risks that the pandemic has underlined. The brief also provides access to resources developed within the UN, including gender impact assessment tools and checklists for gender responsive recovery.

Actions recommended by the Compact in this brief include:

- Ensure women's representation and inclusion in all planning and decision-making, specifically with COVID-19-related policies and responses.
- Provide flexible working arrangements as well as paid sick, family and emergency leave for parents and caretakers, keeping in mind that the majority of unpaid care work falls to women.
- Support employment and income protection for women across the value chain.
- Honour existing contracts with women-owned businesses, support their recovery and engage with them as supply chains are re-established.
- Ensure access to quality healthcare for all women and girls; especially as resources are diverted to address the pandemic.
- Collect data disaggregated by gender, age and other factors to track the impact of all response efforts.
- Chief executive officers and executive teams can publicly signal their commitment to the advancement of gender equality — particularly during the COVID-19 pandemic — by signing the CEO Statement of Support for the Women's Empowerment Principles.

[38] UN Global Impact Support for Businesses Resource [Website]
[39] UN Global Impact (2020) 20th Anniversary Campaign [Website]
[40] UN Global Compact (2020) 'COVID-19 Impact Brief: Gender Equality'[Website]

UN Women has been very active in developing guidance for stakeholders on how gender equality can be effectively integrated in COVID-19 response and recovery, and have highlighted the need for action to protect women and girls from gender-based violence. The key actions set out for governments include; ensuring appropriate resourcing for organisations supporting victims and survivors of gender-based and domestic violence, and ensuring women are at the centre of policy change, response and recovery. A critical element needed is sex-disaggregated data to fully understand the impact of COVID-19 on women, domestic violence and also on the economic activities of women.

Summary of Recommendations (from UN Women):

* Ensuring that any emergency response and recovery legislation, emergency and/or relief packages and budgets have been developed on the basis of sex-disaggregated data, gender analysis and consultations with gender experts, and include a gender impact assessment.
* Introducing or supporting amendments to response and recovery legislation, stimulus packages and budgets, social protection policies – or introducing new legislation – that seek to rectify any identified sources of gender discrimination or exacerbate gender inequality.
* Using gender budgeting tools to assess the effectiveness, efficiency, relevance and impact of COVID-19 related policy measures on women and girls.
* Engaging gender experts, civil society and trade unions to ensure a comprehensive analysis of the impacts of COVID-19.

Conclusion

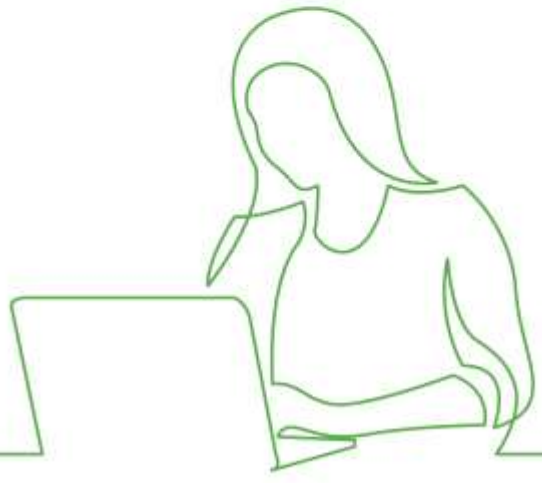
The Feminist Recovery plan provides a roadmap to recovery that will address gender inequality in Northern Ireland. This plan has been created by experts working in women's rights, LGBT+ sector, human rights, trade unions, campaigning organisations, rural groups NGOs and more. This plan provides significant evidence under the multiple pillars, including:

1. Economic Justice Pillar
2. Health Pillar
3. Social Justice Pillar
4. Cultural Pillar
5. Brexit and a Bill of Rights for Northern Ireland
6. International Best Practice

Experts have provided evidence under each pillar of this plan and our recommendations are clear - the recovery from COVID-19 cannot come on the backs of women. If the recommendations throughout this plan are taken on board, significant progress will have been made to tackle deep gender inequality in Northern Ireland.

Further Information

The evidence and recommendations included in this report are department-specific and have been specifically developed for the Department of Health. The full WPG Feminist Recovery Plan can be accessed here, which includes more detail on the issues raised in this report and further recommendations for other NI departments, the NI Executive and the UK Government.



For questions or queries regarding the WPG Feminist Recovery Plan, please contact:

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Snapshot

Although the Feminist Recovery Plan was published in July 2020, as of February 2021, the majority of issues highlighted in the Plan are yet to be addressed, and in some cases, have worsened. This is extremely concerning to the Women's Policy Group, as many of the issues raised are time-sensitive and require urgent attention. As a matter of urgency, the Department of Health should:

* Ensure there are free, safe, legal and local abortion services accessible to all who want or need them.
* Introduce telemedicine for early medical abortions, particularly for those who are isolating as a result of the pandemic, or those who cannot leave their homes to access abortion services.
* Engage with trans-led organisations on the development of the Gender Identity Service Review (who continue to be excluded from this process despite assurances from the Health Minister that they would be meaningfully involved).
* Commit to good practice engagement with trans communities on all policy areas relating to trans health issues.

Women's Policy Group NI

February 2021