



# Women's Policy Group NI

## COVID-19 FEMINIST RECOVERY PLAN

### Disabled Women

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## WPG COVID-19 Feminist Recovery Plan - Overview

The Women's Policy Group (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 and human rights and equality organisations.

The WPG uses our group expertise to lobby to influence the development and implementation of policies affecting women. The WPG is endorsed as a coalition of expert voices that advocates for women in Northern Ireland on a policy level. This group has collective expertise on protected characteristics and focus on identifying the intersectional needs of all women; in line with international human rights mechanisms.

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. The crisis affects men and women differently, and in many cases deepens the inequalities women experience on an everyday basis<sup>1</sup>. The emergency action required, and any recovery programme put in place, must meaningfully take into consideration the institutionalised inequalities that exist within Northern Ireland and co-develop a roadmap forward with the communities affected.

The WPG Feminist Recovery Plan (FRP), launched in 2020<sup>2</sup>, provided a comprehensive overview of the severe impact of the pandemic on groups from protected characteristics, particularly women, and used this evidence to make recommendations to policymakers. The WPG provided additional and updated evidence and recommendations in its relaunched WPG Feminist Recovery Plan, published in July 2021<sup>3</sup>.

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<sup>1</sup> See Women's Resource and Development Agency Reports on Gender Inequality in NI in 2020 <https://bit.ly/3zS2WET>; Brexit and the Impact on Women in NI 2019 <https://bit.ly/3gWjO5I>; Disabled Women and Discrimination 2019 <https://bit.ly/3qktuKC>; Childcare: A Women's Issue <https://bit.ly/3j2tnlz>.

<sup>2</sup> Women's Policy Group (2020) [WPG COVID-19 Feminist Recovery Plan](#).

<sup>3</sup> Women's Policy Group (2021) [WPG COVID-19 Feminist Recovery Plan: Relaunch – One Year On](#).

## Introduction

The impact of the COVID-19 pandemic is worsened for women from particular backgrounds, for instance, black and minority ethnic women, disabled women, women with caring responsibilities, and LGBTQI+ 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) effectively within Northern Ireland to ensure that disabled women live in an equal society which is free from economic, social and cultural barriers<sup>4</sup>.

Commitments to introduce a number of strategies were upheld during the year, with work initiated on a suite of social inclusion strategies including a gender equality strategy, an LGBTQI+ strategy, an anti-poverty strategy and a strategy on disability<sup>5</sup>. In addition, Invest NI published a call for evidence for a new Investment Strategy<sup>6</sup>. However, these crucial strategies remain outstanding.

WRDA has published reports and blogs on the topic of disabled women in Northern Ireland which include the following:

- WRDA [Report](#)- Disabled Women and Discrimination
- Bold Women Blogging [[Blog](#)]: 'A Personal Perspective on the Abortion Motion NI Assembly 2<sup>nd</sup> June 2021'

In addition, the WPG have responded to a range of consultations which relate to the experiences of disabled women in Northern Ireland:

- WPG [Response](#) to Westminster Women and Equalities Committee Inquiry on COVID-19 and the Impact on People with Protected Characteristics
- WPG [Response](#) to Justice Committee Call for Evidence on Domestic Abuse and Family Proceedings Bill
- WPG [Response](#) to Ad Hoc Committee on a Bill of Rights Consultation
- WPG [Response](#) to the Severe Fetal Impairment Private Members' Bill

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<sup>4</sup> United Nations (2006) [Convention on the Rights of Persons with Disabilities 2006](#) (CRPD)

<sup>5</sup> Details available on the Department for Communities website, [Social Inclusion](#) section

<sup>6</sup> Strategic Investment Board for Northern Ireland (2020) [The new Investment Strategy](#)

## Disabled Women and COVID-19

The impact of the COVID-19 pandemic on disabled people has been drastic, as the Health Foundation highlighted following the release of ONS death figures for disabled people in England in February 2021<sup>7</sup>:

“COVID-19 has had an unequal impact on disabled people who have been among the hardest hit in terms of deaths from the virus. Worryingly, today’s data confirms this trend, showing that 6 out of 10 people who have died with COVID-19 are disabled.

Today’s figures clearly show that current measures to protect disabled people are not enough and that there is an urgent need for more and better support. Disabled people are more likely to have one or more long-term health conditions, which means they are at greater risk of suffering severe symptoms if they get COVID-19.

However, as well as protecting disabled people from exposure to the virus, measures must account for the potential negative effects of lockdown and shielding. A significant number report that, due to lockdown, their health care needs are not being fully met or that they had treatment cancelled or delayed. Further action should include careful review of the support that is available to disabled people so they can access the care and essential services they need at home. It is also crucial that employment policy ensures that more disabled people get the support they need to work from home.

The high number of COVID-19 deaths among disabled people ultimately reflects wider failures in how the UK supports those who are vulnerable. Addressing this will require the government to address the major and long-standing inequalities that the pandemic has highlighted.”

People living in low-income areas, those with disabilities, older people, and people from minority ethnic backgrounds are all at increased risk of suffering serious illness and death as a result of COVID-19. The pandemic has

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<sup>7</sup> Health Foundation (February 2021), ‘6 out of 10 people who have died from COVID-19 are disabled’, <https://bit.ly/35JnOAF>

harshly exposed pre-existing structural divisions and shown the consequences of failing to create a truly equal society.

The initial WPG Feminist Recovery Plan provided a comprehensive overview of Sisters of Frida Disabled Women's Collective recommendations on supporting disabled women throughout COVID-19<sup>8</sup>. This included emergency measures relating to access to food, health and medical services, including the voices of disabled mothers, access to support/paid and unpaid care and the right to independent living. One year on, widespread systemic discrimination against disabled women remains and we would like to again highlight some of the recommendations from Sisters of Frida from 2020:

- 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.

In addition, Sisters of Frida have since launched a 2021 research report on the impact of COVID-19 on disabled women and independent living<sup>9</sup>. Some of the key findings include:

- The cost of living for Disabled women increased, however income decreased. Many Disabled women were not eligible to access the government's £20 increase to Universal Credit. Discriminatory work practices and the government's failure to implement fair employment regulations led to unemployment, reduced work hours and reduced pay.
- Disabled women became more reliant on partners, family members and friends for financial support and care needs. Despite this, Disabled mothers were predominantly responsible for domestic duties, to the detriment of their impairments.
- The sourcing of food, basic household products, medication (including menstrual hygiene products) was made inaccessible by supermarkets, the medical system and local authority services.

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<sup>8</sup> Sisters of Frida, (April 2020), 'The Impact of COVID-19 on Disabled Women from Sisters of Frida: Voices of Disabled women in the pandemic', (available online): <https://bit.ly/3vOxLqu>

<sup>9</sup> Sisters of Frida (May 2021), 'Disabled Women's Perspectives on Independent Living During the Pandemic', <https://bit.ly/3vRwjE8>

- Disabled women's social care needs were not met, and many Disabled women found themselves without any personal assistance. Information on their social care needs was inaccessible, unreliable, often wrong and many struggled to get basic support such as PPE.
- Disabled women's mental health deteriorated sharply since the pandemic. Those with care responsibilities felt under-supported. Many Disabled queer people and shielders felt abandoned and experienced extreme loneliness and depression.
- Disabled women felt let down by the public's attitudes to social distancing and mask wearing. This impacted on their access to the community and green spaces.
- Disabled women's health got worse as their healthcare needs were drastically deprioritised by medical professionals. Many have also been deprioritised in the vaccine prioritisation process.
- Citizens Advice shows that in 2020, 1 in 4 Disabled people were facing redundancy<sup>10</sup>. Moreover, half of those who are clinically extremely vulnerable (shielders) were facing redundancy. Citizens Advice further reports that during the pandemic, there has been a 370% increase in their services being accessed by people seeking advice on fair redundancy processes.
- The Trade Union Congress (TUC) have also raised concerns about Disabled workers' inability to get support when in work through the Access to Work scheme<sup>11</sup>.
- Women of colour are more likely to be in insecure work than white employees<sup>12</sup>. Structural barriers such as lack of workplace adjustments and accessibility are an additional barrier for Disabled women of colour. Due to intersectional discrimination pertaining to race inequality, gender discrimination and disableism, Disabled women of colour are at a disadvantaged position at work.

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<sup>10</sup> See Citizens Advice: <https://bit.ly/3vRwIMg>

<sup>11</sup> See TUC: <https://bit.ly/3wQMFy5>

<sup>12</sup> TUC, (2020), 'BME Women and Work', <https://bit.ly/3wQvop3>

## Disabled Women's Employment

Only 7% of disabled people are employed, but those who are face low-paid work and underemployment. In addition, disabled women earn 22.1% less than non-disabled men, 11.8% less than disabled men and 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. Furthermore, disabled single mothers will have lost 21% of their net income by 2021, and 32% if their child is also disabled.<sup>13</sup>

The WPG would like to endorse the following statement from the Gender Equality Strategy Expert Advisory Panel Report 2021:

“Finally, when looking at the causes of “economic inactivity”, it is crucial that an intersectional lens is applied to understand the reasons for this. For instance, there are also many issues with the treatment of and discrimination towards gender minorities in the workplace and in public-facing roles, coupled with broader issues in access to mental health support, housing and education, that needs to be examined to ensure that gender minorities are not forced into being what is considered “economically inactive”. In addition, inaccessibility and discrimination are huge barriers for disabled people accessing employment, and many become involuntarily “economically inactive” due to these societal barriers.<sup>14</sup>”

## Personal Independence Payment (PIP)

Northern Ireland has traditionally had a much higher proportion of people claiming disability benefits than other areas of the UK. Prior to the introduction of Personal Independence Payments (PIP), around one in nine people in Northern Ireland (208,760 people) were in receipt of Disability Living Allowance (DLA).<sup>15</sup> At that time Northern Ireland had proportionately twice as many people claiming DLA compared to the rest of the UK. The

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<sup>13</sup> Women's Budget Group (2018), 'Disabled Women and Austerity', (available online): <https://bit.ly/3qouNsi>

<sup>14</sup> Gender Equality Strategy Expert Advisory Panel Report (March 2021): <https://bit.ly/3zSb1JJ>

<sup>15</sup> Northern Ireland Benefits Statistics Summary, Department for Social Development, November 2015 <https://bit.ly/3govl1k>



latest PIP statistics available show that there were 153,680 PIP claims in payment as at February 2021<sup>16</sup> and of these 81,220 (53%) were paid to women.<sup>17</sup> Northern Ireland has a higher incidence of mental health conditions per head of the population than GB.<sup>18</sup> PIP claimant statistics show that psychiatric disorders are the main disabling condition accounting for 42% of awards.<sup>19</sup>

While there are no significant gender differences in claimant numbers for PIP (53% of PIP claims in payment were paid to women), there are implications for women if the person they care for is turned down for PIP on migration from DLA. If the person they care for loses their PIP award, then they will lose their Carer's Allowance payment (although this is currently mitigated for one year). This is likely to have greater implications for women than men as statistics show that women are more likely to be carers than men (64% of carers are women)<sup>20</sup> and women are more likely to be in receipt of Carer's Allowance than men (69% of Carer's Allowance recipients are women).<sup>21</sup>

The introduction of PIP has been controversial in Northern Ireland, with many claimants reporting they have lost the benefit after inaccurate assessments carried out by private firms. The PIP assessment process has been widely criticised and labelled "demeaning and degrading"<sup>22</sup> by many claimants, voluntary and community organisations as well as local politicians. Problems with the process and assessments have led to an increasing number of PIP appeals.

A written answer to an Assembly Question asked by Rachel Woods MLA in September 2020 on the number of successful PIP appeals as a percentage of all PIP appeals received highlights the rise in the numbers of successful appeals over the last number of years. The percentage of PIP appeals that were successful has risen from 0.2% in 2016/17 (PIP was introduced in June

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<sup>16</sup> Personal Independence Payment (PIP) Experimental Statistics, Department for Communities & NISRA, February 2021, <https://bit.ly/2U1ydVO>

<sup>17</sup> Personal Independence Payment Statistics - February 2021 | Department for Communities, <https://bit.ly/3vLAAsJ>

<sup>18</sup> Mental Health in Northern Ireland, Northern Ireland Assembly Research and Information Service, NIAR 412-16, January 2017 <https://bit.ly/2Snb7sb>

<sup>19</sup> Personal Independence Payment (PIP) Experimental Statistics, Department for Communities & NISRA, February 2021 <https://bit.ly/2U1ydVO>

<sup>20</sup> See Carers UK Facts and Figures: <https://bit.ly/3gObtkM>

<sup>21</sup> Benefits Statistics Summary Publication (National Statistics) - February 2021, <https://bit.ly/3vOjf2j>

<sup>22</sup> BBC News, (2018), 'PIP: New Benefits System Demeaning and Degrading' <https://bbc.in/3wQz3mx>

2016), to 20% in 2017/18, 35.3% in 2018/19 and to 76.4% in 2019/20.<sup>23</sup> This clearly points to the fact that there is something wrong with the assessment process for PIP.

The COVID-19 pandemic has had an impact on the PIP process, particularly in relation to the appeals process, which is having the effect of delaying this important financial support to people with long term illnesses and disabilities. There has been a significant reduction in appeal hearings with thousands of people in Northern Ireland waiting for their appeal to be heard due to a backlog caused by the crisis.<sup>24</sup> Between March and July 2020, all PIP appeals were suspended and since then COVID-19 restrictions mean that accommodation to hear appeals has been severely restricted. The delay in appeals has also meant that first time applicants appealing refusal of PIP are being excluded from COVID support payments such as the COVID-19 heating payment worth £200.

Since June 2016, the Department for Communities began to replace Disability Living Allowance (DLA) for working age claimants with Personal Independence Payment (PIP). PIP is a benefit designed to help with some of the extra costs caused by long-term ill health or disability that is expected to last for 12 months or longer.

## Disabled Women and Social Security

The specific groups experiencing particularly high levels of household food insecurity include single parent households (29%), households with one or more disabled adults (19%) and 19% of Black households compared to 8% for the general population.

In the UK overall, 25% of women on low incomes have sought financial support benefits from the Government, whether that be for the first time or increased from past support. Disabled women sought more financial support from family and friends (21% compared to 11% of non-disabled women) and more than one third of disabled women (34%) believe they will be in more debt following the pandemic than they were in before the pandemic (compared to 25% of non-disabled women).

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<sup>23</sup> AQW 6277/17-22: <https://bit.ly/3gPH9GH>

<sup>24</sup> BBC News (November 2020), 'Coronavirus: More than 4,000 people waiting for PIP appeals in NI', <https://bbc.in/35JKgRq>

Government should work to develop targeted mitigations to specifically help those most impacted by welfare reform including women, lone parents and disabled people, as suggested by NIHRC.<sup>25</sup> This could include implementing the Cost of Work Allowance, payments for low-income families with young children and payments for households with disabled people.

It is vital that the social security system is compassionate and can provide a safety net for people in these difficult times. Investing in the social security system is a sensible approach and an important way to tackle some of the most adverse impacts of welfare reform and help people get through the COVID-19 crisis. It will also particularly benefit many Section 75 groups including women, people with disabilities, people with dependents and people from different racial groups.

## Disabled Women and Housing

Despite private renting being the most accessible form of housing for young people, those in precarious working arrangements, and those escaping domestic abuse or violence, etc, it is also the most expensive form of housing due to the sheer volume of private rental accommodation. In Northern Ireland, the average weekly spend on housing costs varies massively depending on the type of housing you are accessing: £97 for private renters, £82 for social renters and £46 for those buying with a mortgage<sup>26</sup>.

This has a specifically negative impact on women, LGBTQI+ people, BME people, disabled people, and working-class people generally, often leading to an inability to access housing and engage with this marketised model.

Many of these groups experience homelessness in disproportionate levels, often stemming from experiences of financial or other means of coercive control, domestic or sexual violence, and/or discrimination from private landlords. Many individuals are also trapped within coercive and abusive situations, in the knowledge that if they were to attempt to leave, they would be at the mercy of an unforgiving housing market, with limited access to specialised support or refuges specific to their community.

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<sup>25</sup> NI Human Rights Commission (November 2019) <https://bit.ly/3qhxRq0>

<sup>26</sup> Family Resources Survey 2018-2019: <https://bit.ly/3xQyFop>

## Disabled Women's Mental Health

Research by the Office for National Statistics (ONS)<sup>27</sup> provides an insight into the mental health of adults during the COVID-19 pandemic. This research showed that women were more likely than men to experience some form of depression across all age groups.

During the period 27 January to 7 March 2021, disabled (39%) and clinically extremely vulnerable (CEV) adults (31%) were more likely to experience some form of depression than non-disabled (13%) and non-CEV adults (20%). An analysis of the impact of the pandemic on women by the Women's Budget Group<sup>28</sup> also showed that 44% of young women with a disability or long-term health condition said they were struggling during the COVID-19 pandemic (compared to 27% without a disability or long-term health condition).

We welcome the publication of the Mental Health Action Plan by the Department of Health and the recent consultation on a new Mental Health Strategy for Northern Ireland, although it is extremely disappointing to see that considerations have not been given towards the increased mental health difficulties faced by the LGBTQ+ community (particularly trans individuals), disabled women, black and minority ethnic women and other groups that face social isolation and vast health inequalities. A policy that applies 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. For the women in these communities, not only are there significant barriers to accessing these services as a result of lengthy waiting times and inaccessible referral pathways, but once having accessed the services, there is no guarantee that their experiences will be understood or affirmed due to lack of training and experience.

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<sup>27</sup> Office for National Statistics (May 2021) <https://bit.ly/35JuiPO>

<sup>28</sup> Women's Budget Group, 'Lessons Learned: Where Women Stand in 2021' (January 2021) <https://bit.ly/3vO268K>

The Department of Health should specifically ring-fence funding for the development of cultural competency within mental health services in direct collaboration with community organisations that represent these women.

## Increased Waiting Lists

Disabled women require timely access to medical appointments in order to manage and monitor health conditions. However, according to the Lancet Oncology, health waiting lists are a growing concern across the UK:

“The UK's NHS currently has more than 4.6 million people on waiting lists for surgery and 300 000 people have been on hold for more than 12 months—a wait time that is 100-times higher than before the pandemic.<sup>29</sup>”

As a result of this, the NHS Confederation has continued calls for urgent emergency funding and long-term spending by the UK government<sup>30</sup>. This is an issue that is drastically worse in Northern Ireland and should be an urgent priority for both the Northern Ireland Executive and the UK Government. Northern Ireland has the worst waiting lists across the UK and the Department of Health has stated that without significant and recurrent funding from the Executive, it could take up to 10 years to tackle Northern Ireland's current waiting lists<sup>31</sup>.

In Northern Ireland, more than 335,000 people are waiting for a first consultant-led appointment, and more than half of those people (189,753) have been waiting longer than a year for this first appointment<sup>32</sup>. People waiting more than a year on a waiting list increased by more than 20,000 compared to the end of December 2020 when 167,806 people had been waiting more than a year, and more than 70,000 compared to March 2020 when 117,066 had been waiting more than a year.

On top of this, another 12,476 people were waiting for a first appointment for cataract treatment at a day procedure. The Department of Health target is that at least half of all patients should wait no longer than nine weeks for

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<sup>29</sup> Ibid.

<sup>30</sup> BBC News, 'Coronavirus: NHS waiting lists 'could hit 10 million this year'', BBC News Health, (available online): <https://bbc.in/2TZBMLP>

<sup>31</sup> BBC News (April 2021), 'NI hospital waiting lists could take up to 10 years to tackle', <https://bbc.in/3gPybZR>

<sup>32</sup> BBC News (May 2021), 'NI Hospital Waiting Lists 'undermining' Free Health Service', <https://bbc.in/3gObEfz>

a first appointment and that no one should wait longer than a year. While more people were seen in the first quarter of 2021 (71,078) compared to quarter 4 of 2020 (66,055), there were still 34,190 fewer people seen compared to quarter 1 in 2020, where 105,268 people had their first appointment.

This is reflective of the significant backlog created due to both COVID-19, and insufficient funding to address the issue. A worrying development is in the impact this has on worsening inequalities. In the year April 2020 to April 2021, 5,200 procedures were undertaken by trust consultants in private and independent sector facilities, which helped time-critical cancer surgeries during the pandemic. However, private healthcare is unattainable for many in Northern Ireland and cannot be seen as a long-term solution to increased waiting lists, as this drastically undermines the principle of universal, free healthcare and can create barriers to those unable to afford to go private.

In 2021, in the first case of its kind, two women have taken legal action to highlight Northern Ireland's lengthy waiting lists and have been granted leave for judicial review<sup>33</sup>. It has been argued that the vast waiting lists in Northern Ireland are a "glaring breach of the duty to the public to provide basic healthcare"<sup>34</sup>. Further, a 2019 review of Northern Ireland waiting lists found that a person in Northern Ireland is 48 times more likely as a person in Wales to wait more than a year for care. 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 for more than a year. This is an issue that has inevitably been exacerbated by backlogs due to the pandemic. This situation is creating real risks to patients' quality of life and increases disease and preventable death.

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.

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<sup>33</sup> BBC News (January 2021), 'Waiting lists: Legal action over lengthy NI lists clears first hurdle', <https://bbc.in/3qUVnE>

<sup>34</sup> Ibid, n198.

## Violence Against Disabled Women

Violence against disabled women can take many forms, including: domestic abuse, hate crime, online abuse, harassment and stalking. Disabled people experience domestic violence at twice the rate of non-disabled people. One in two disabled women experience domestic violence and face many additional barriers to seeking support.

Hate crime is an intersectional issue. The factors which make someone a target of a hate crime or hate incident may be related to multiple aspects of a person's identity, including their ethnic background or disability status. Online abuse against women and girls has specific implications, and often has a specific ferocity and disproportionate volume, for women of colour, LGBTQ+ women, and disabled women.

The WPG support the following recommendations from Sisters of Frida relating to Disabled Women and domestic violence/abuse<sup>35</sup>:

- 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 Civil Proceedings Bill.

## WPG Primary Research on Disabled Women

Between May and June 2021, the Women's Policy Group conducted primary research on the impact of the pandemic on women in the form of one-to-one interviews and a survey. The goal of this research was to hear directly from women who have been impacted by the issues raised in the WPG

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<sup>35</sup> Sisters of Frida, (April 2020), 'The Impact of COVID-19 on Disabled Women from Sisters of Frida: Voices of Disabled women in the pandemic', (available online): <https://bit.ly/3vQxLqu>

Feminist Recovery Plan<sup>36</sup>. Specific interviews and survey questions focused on collecting the experiences of disabled women in Northern Ireland and 15% of survey respondents identified as being disabled.

In our survey, we asked disabled respondents if they had faced hardship as a result of their disability during the pandemic. Some of the responses to this question included:

“YES, Not being able to access Doctors for appointments, to try and manage increasing pain due to extra work load and not being able to go swimming as this helps keep me by keeping me mobile and on my feet, by the time you manage to get though all appointments have been allocated out. unable to use the swimming pool to keep me mobile and on my feet has been a real struggle. unable to get delivery slots for shopping which has in turn has left me to get my mums shopping as well as my own.”

“I am autistic and lockdown was actually really good for me in that regard. I struggled to socialise and find other people very overwhelming and lockdown really provided a time to step away. However, accessing mental health support and medical care all became harder. I was twice admitted to hospital for appendicitis and because of lockdown rules I couldn't have visitors. I became very distressed and paranoid in hospital as a result.”

“Initially I was unable to access delivery slots for local supermarkets and eventually I had no choice but to go to the supermarket as I was running out of food and supplies at home. I fall into the vulnerable category as I have a compromised immune system and physical disability. Venturing out was quite scary at that time so I only went out when supplies ran out.”

“Unable to access therapies and the gym to manage chronic pain conditions, long queues going into shops which would flare up my conditions, but because I'm young I didn't feel able to disclose that I was in pain or needed a seat.”

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<sup>36</sup> Women's Policy Group (2021) WPG COVID-19 Feminist Recovery Plan Supplementary Research Report: [Putting Women's Voices at the Core](#).



## Recommendations

- Develop an inquiry into accessibility and independent living during the pandemic and implement accessibility measures to support all forms of independent living including BSL/ISL interpretation with all public provisions, accessible online bookings for essential services such as supermarkets and more.
- Ensure COVID-19 information is available in accessible formats such as Easy read, Large print, and in BSL/ISL 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.
- 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.
- Increase and improve care for women with neurological complications, pre-existing health conditions, disability, medical or surgical disorders and infection.
- Inquiry into the deaths of disabled people during the pandemic.
- Safeguarding of volunteers and carers should be reviewed to ensure that disabled people are not put at further risk.
- 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.
- Introduce multi-year budgets to allow for measures to be implemented to address the waiting list crisis in Northern Ireland.
- Develop a 10-year strategy to address waiting lists in Northern Ireland and ensure private healthcare does not become the norm nor create further barriers for those unable to afford private healthcare.
- The NI Assembly should actively lobby against any steps that towards the privatisation of the NHS by the UK Government.

- Grant of Secure tenancies in cases of domestic violence and abuse with recognition of the differing needs of disabled women, Traveller women, trans communities, rural women, migrant women etc.
- Recognition of disproportionate impact of violence against women on rural women, areas of paramilitary control, migrant women, LGBT+ groups, disabled women etc.,
- The Department of Education (DE) should adequately resource the co-development of equality and diversity workshops, for staff and pupils, with community organisations working with BAME, LGBTQ+, disabled, and migrant communities.
- Ensure that programmes and policies dealing with the elimination of exploitation, violence and abuse contain specific actions for disabled women.
- Urgently address the issue of disabled women being denied the same access to maternal health services, including sexual and reproductive health, as other women.
- Promote the employment of disabled women in all sectors, and support entrepreneurship development.
- Urgently review the Access to Work Scheme to improve disabled women's ability to overcome structural barriers to employment.
- Introduce staff education programmes, based on the social model of disability, to effect attitudinal change in all sectors; but particularly health and education sectors.
- Urgently address and reform the Personal Independence Payment (PIP) application process, Universal Credit and Welfare Reform, to prevent any further discrimination against disabled women in Northern Ireland.
- Increase mental health funding to be allocated for those facing intersectional discrimination such as disabled people, people of colour, members of the LGBTQI+ community and those on low incomes.

## Conclusion

Understanding the intersectional impacts of social inequalities in our society requires an understanding of how various forms of discrimination can intersect and compound one another. Disabled women can face discrimination on two levels; on the basis of their gender and on the basis of their disability. Disabled women who are from ethnic minority backgrounds can also face additional discrimination on the basis of race, which can mean that their experience of gender inequality or disability discrimination is different from that of white disabled women. An understanding of these intersectional harms must be central to any policy-making on the rights of disabled people in Northern Ireland.

The COVID-19 pandemic has exacerbated pre-existing inequalities faced by disabled people and, in many cases, made it harder for them to fully and equally participate in society. Now more than ever, long-term, meaningful action by the NI Executive is required to adequately address the structural and systemic barriers faced by disabled people, and specifically disabled women, in Northern Ireland. A commitment to this must be embedded in all COVID-19 recovery planning. Action should also be taken to make progress on a Disability Strategy for Northern Ireland, as was promised in the New Decade New Approach Agreement.



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