

Women's **Policy Group NI**

WPG NI Response to Re-introduction of Hospital Parking Charges

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1. Introduction:

The Women's Policy Group (WPG) is a group of policy experts and practitioners who advocate collectively for women and girls by promoting gender equality through an intersectional feminist lens. We challenge systemic injustice and discrimination affecting women and girls by informing society and influencing policy and law. Our work is informed by women and girls' lived experiences and rooted in international human rights law.

The WPG is made up of women from trade unions, grassroots women's organisations, women's networks, feminist campaigning organisations, LGBTQ+ 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 is endorsed as a coalition of expert voices that advocates for women in Northern Ireland on a policy level.

If you have any questions or queries about this response, or would like to discuss this evidence further with the WPG, please contact Elaine Crory, Women's Sector Lobbyist at elaine.crory@wrda.net

This response was prepared by the following WPG members:

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- Alexandra Brennan - NI Women's Budget Group
- Sophie Nelson - HERe NI
- Caoímhe McNeill - UNISON
- Robyn Scott - CAJ

Please note that this response also includes evidence from other WPG work, compiled by a range of WPG members, and not all member organisations have specific policy positions on all the areas covered in this response.

1.1 Endorsements

The WPG would like to endorse the response submitted to this call for evidence by the Women's Regional Consortium, Disability Action and UNISON.

2. Past Consultations Responses, Evidence Submissions and Briefings:

The WPG, and its associated member organisations, have published a wide range of evidence through various evidence submissions, public consultation responses and

specific briefings on issues relating to the impact of the budget cuts on people in Northern Ireland. Responses made by the WPG, and some of our members, in relation to these issues include:

- WPG ‘Where’s Our Democracy?’ Campaign (2023) Common Sense Budget for Northern Ireland. Available [here](#).
- WPG Letter with Cross-Party Support to Secretary of State (August 2023) The Impact of Budget Cuts. Available [here](#).
- WPG Letter to Secretary of State (May 2023) The Impact of Budget Cuts. Available [here](#).
- WPG (2022) Open Letter on the Cost of Living Crisis in Northern Ireland. Available [here](#).
- WPG NI (August 2023) Response to DfC EQIA on Changes to the Discretionary Support Scheme. Available [here](#).
- WPG NI (August 2023) Response to DfI Consultation on Concessionary Fares. Available [here](#).

The Women’s Policy Group NI also responded to all of the 2023-2024 Budget EQIAs published by NI Departments in 2023. These responses included:

- WPG NI Response to The Department for Education Spending Plans EQIA – August 2023. Available [here](#).
- WPG NI Response to The Department for the Economy’s Spending Plans for 2023–2024 Equality Impact Assessment – June 2023. Available [here](#).
- WPG NI Response to the Department of Health’s Spending Plans for 2023–2024 Equality Impact Assessment – June 2023. Available [here](#).
- WPG NI Response to Department for Infrastructure’s Spending Plans for 2023–2024 Equality Impact Assessment – June 2023. Available [here](#).
- WPG NI Response to the Department for Communities’ Spending Plans for 2023–2024 Equality Impact Assessment – June 2023. Available [here](#).
- WPG NI Response to The Executive Office’s Spending Plans for 2023–2024 Equality Impact Assessment – June 2023. Available [here](#).

3. General Comments on the Revenue Raising efforts

Northern Ireland is facing yet another financial crisis. As of January 2024, we are nearly 2 years without an Executive and more than 14 months without Ministers. In 2023, the Secretary of State imposed an extremely punishing budget on the people of NI, with spending decisions overseen by Permanent Secretaries that we cannot hold to account. The budget for 2024 is expected to be similar, and now the Secretary of State has asked the Permanent Secretaries to find ways of raising revenue. This is unfair, undemocratic and financially unsustainable.

The 2023 budget cuts have already had a devastating impact on organisations and communities in Northern Ireland. The Secretary of State has argued that the cuts had to be made in order to repay public debt, but the impact of the cuts will not save money. Instead, they will worsen people's quality of life and their health and, in turn, increase dependence on the public purse.

Cutting government spending and implementing revenue raising measures during a financial crisis will not save the government money, it will cost the government more in the long term and have disproportionate impacts on the most vulnerable communities. Asking Northern Ireland to generate additional revenue at a time when our public services are on their knees will not lead to economic prosperity, it will simply plunge the most vulnerable communities further into poverty. Savings to the public purse should not be made on the backs of people in Northern Ireland who are already struggling to make ends meet.

Northern Ireland is experiencing both a cost of living crisis and a crisis of democracy, at a time when having a government in place has never been more important. We are calling on Departments to resist the implementation of revenue raising measures and listen to the voices of communities in Northern Ireland who will bear the brunt of the financial hardship that will come with reducing funding for public services. To find out more about the need for common sense to be applied in regards to the NI budget, you can read the 'Where's Our Democracy?' Campaign's 'Common Sense Budget (2023)' [here](#).

3.1 Super-parity

Super-parity is the argument that the Secretary of State is using when seeking to raise revenue. The argument may seem simple; "why should Northern Ireland be better off than Great Britain in these ways?" but it's not as simple as it first appears. Many of the differences are there because we recognise that NI is systematically disadvantaged in comparison with GB, and the Executive has made decisions as to where to direct the Block Grant in order to subsidise these areas. Areas where NI has super-parity include: domestic water charges, welfare reform mitigations, university tuition fees, concessionary transport fares and charges for domiciliary care.

3.2 Sub-parity

Sub-parity is rarely, if ever mentioned in these discussions. This refers to areas where Northern Ireland receives comparatively less spending than GB. Areas where NI has sub-parity include: childcare, mental health spending, public sector pay.

All of these choices are policy choices, like any other: they are not written in stone. There is room to deviate from practice in GB. And yet, the room to manoeuvre is limited while the block grant remains as it is. This is why, as we begin a process of public consultations on “revenue raising measures” that put every one of the areas of super-parity on the chopping block, we must fight to ensure that we do not end up in even more areas of sub-parity.

We must also fight to have the block grant increased to reflect the degree of need in Northern Ireland and its unique situation and circumstances. We note also that the areas of sub-parity are areas that especially impact the most vulnerable and, particularly in the case of childcare, women. Women are much more likely not to be in paid work in Northern Ireland specifically because of caring responsibilities, so failure to act on this contributes directly to the welfare of the NI economy.

We are calling for an approach to this exercise that recognises that restricting people’s choices not only harms them, but also harms the economy as a whole. Years of underfunding, short-term budgets, and ‘quick-fix’ responses to structural crises have left our public services vulnerable. The punishing 2023 Budget, implemented by the Secretary of State to Northern Ireland, has only exacerbated this, putting our basic public services on the brink of collapse.

3.3 Fiscal floor

In November, we recommended the introduction of a needs-based funding floor for Northern Ireland, similar to that which is in place in Wales. This would ensure that the funding floor for Northern Ireland is calculated at a needs-based level that the Block Grant can not dip below - with the aim of correcting the underfunding of public services. We note that this recommendation was part of the package offered to political parties by the Secretary of State in December 2023. We welcome this offer and remain hopeful that this package will be accepted by all parties and mark a positive change to the way Northern Ireland is funded.

Northern Ireland’s needs are significant; while Northern Ireland is one lowest contributors to revenue per head in the UK¹, it has the highest per capita spend² at £118 identifiable expenditure on services per head³. However, this spend used to be

¹ Office for National Statistics. (2022). *Country and regional public sector finances, UK: financial year ending 2021*.
(<https://www.ons.gov.uk/economy/governmentpublicsectorandtaxes/publicsectorfinance/articles/countryandregionalpublicsectorfinances/financialyearending2021>)

² Pigeon, C. (2012). *Pros and Cons of the Barnett Formula for Northern Ireland*.
(http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2012/finance_personnel/2912.pdf)

³ HM Treasury. (2023). *Public Expenditure Statistical Analyses 2023*.
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1171658/E02929310_HMT_PESA_2023_Accessible.pdf)

greater before the pandemic, at £121 per head. Northern Ireland is the only nation to have not returned to or increased its pre-pandemic services per head spend. The NI Fiscal Council predict that this 'Barnett Squeeze' will worsen in Northern Ireland if there are no interventions⁴.

Northern Ireland is a 'low-wage' economy, with the highest rate of economic inactivity across the four nations. We have the highest uptake of Universal Credit and equivalent legacy benefits in the UK and more people cutting back on essentials than anywhere else in the UK. While spending may seem quite high relative to England and the other devolved nations, it is because the need in Northern Ireland warrants it. The Barnett Formula was never meant to be a permanent fixture to determine devolved spending⁵ and if reforms can be made to rightfully protect Wales from underfunding, those same reforms can be made for Northern Ireland.

3.4 Programme for Government

For the past two financial years, Departments in Northern Ireland have been making decisions without Ministers, an Executive, and a Programme for Government (PfG). The last PfG - a draft document that was taken on by the Senior Civil Service - provided Departments and the public with a framework for some overall policy direction during a time with no government. Without a PfG, we have seen departmental overspends and a general lack of direction of resources. Budgeting without a guiding document like a PfG is bad practice, as the Budget needs to be informed by policy objectives, not the other way around⁶. In the midst of multiple crises, we need a PfG to guide a cross-departmental approach to budget decisions, specifically around maintaining public services.

A PfG also provides transparency for the public and allows for proper scrutiny. These crucial aspects of good budgeting have been absent in our budgeting process, especially in the most recent Budget set by the Secretary of State. Without a PfG, there is no mechanism for public engagement on the policies aligned to the Budget's resources. The only consultation that was given on this Budget was regarding the Equality Impact Assessments/equality screenings, which did not provide much scope for influencing policies so much as mitigating the worst of the impacts.

⁴ Ibid.

⁵ Simon Hoare MP, Northern Ireland Affairs Committee. (2023). *The funding and delivery of public services in Northern Ireland - Oral evidence*. (<https://committees.parliament.uk/oralevidence/13777/pdf/>)

⁶ OECD. (2002). *OECD Best Practices for Budget Transparency*. (<https://www.oecd.org/mena/governance/efficient-and-effective-budgeting.htm>)

While a PfG will not be possible to sign off on without an Executive in place, a draft governance document to guide the direction of next financial year's spend, with the input of public consultation, is necessary to follow good budgeting practices.

3.5 Gender Budgeting

Gender Budgeting requires government departments to analyse the different impact of a budget on people of different genders, starting as early in the budget cycle as possible. The aim of gender budgeting is to ensure that the distribution of resources creates more gender equal outcomes. Over time, gender analysis should become embedded at all stages of the budget process. Women's intersecting identities are also included in this analysis and policy-makers are expected to promote these areas of equality as well.

There is widespread political support for gender budgeting in Northern Ireland and a growing evidence base that it can help create a more equal society. In the current budget crisis women will experience particular disadvantages due to the pre-existing socio-economic conditions. We cannot afford to continue making decisions at the expense of women and risk further degradations to gender equality and additional intersecting equalities as well. The benefits of gender budgeting would also help to improve the budgetary process as a whole.

Gender budgeting is good budgeting; it encourages greater transparency of government processes, more in-depth assessments of how policies and budgets affect constituents and closer cooperation between governmental and non-governmental stakeholders. It encourages a more targeted approach to the spending of public money, which will improve policy outcomes. Implementing gender budgeting mechanisms would provide decision-makers with the tools to recognise and mitigate gendered economic impacts and promote gender equality. Whilst political crises that affect budget processes are outside the control of departmental officials, strategically embedding gender budgeting measures will create a firewall to prevent such disproportionate disadvantages in future.

For gender budgeting to be fully implemented, the next stage must be to reformulate budgets and budgetary policy with targeted measures to improve outcomes for women and girls. Additionally, Section 75 screening and impact assessment typically takes place at the very end of the budget planning process or after the budget has been finalised. The OECD highlights that best practice for gender budgeting is to embed it at all levels of policy- and budget-making: planning, formulation, approval, implementation, monitoring and reformulation. It is crucial that gender equality obligations are not a 'tick-box exercise,' but rather that gender equality is mainstreamed in every area of the budgetary process through gender analysis of data supported by experts from civil society.

3.6 Invest to save

The concept is simple; spending money now will save money in the long run, and the proposals we have set out below propose ways to save that involve an initial outlay. We all understand this concept in the management of our household budgets, although of course many of us simply do not have the financial freedom to spend in order to save in the long term. This is famously well-illustrated by the author Terry Pratchett in his book *Men at Arms*, as the character Sam Vimes reflects on how expensive it is to be poor:

*"The reason that the rich were so rich, Vimes reasoned, was because they managed to spend less money. Take boots, for example. ... A man who could afford fifty dollars had a pair of boots that'd still be keeping his feet dry in ten years' time, while a poor man who could only afford cheap boots would have spent a hundred dollars on boots in the same time and would still have wet feet."*⁷

We must always remember that the government budget is not the same as a household budget, and our domestic financial hard choices are not the same as the choices they face, armed with a significant pot of public money and the means to borrow without the same kind of restrictions that we face as individuals. If and when it is deemed necessary, money can be found for investment; in major infrastructure projects, for example, or in the case of emergencies like the Covid furlough scheme. The government is not forced, like Sam Vimes, to make choices that they know are a false economy due to a lack of options; when they choose to do so it is always a choice. Today we are calling on them to make a different, and better, choice.

We are calling on the government to 'spend-to-save' - a simple concept where investing money into preventative measures now will save the government from spending money in the future fighting the fires that could have been prevented or mitigated in the first place. The single-year budget cycle paired with short-term policy focuses have led to responsive spend that may cost less at the time but in the long-term will add up in comparison to sustainable, preventative investment.

Revenue raising measures, like the reintroduction of hospital parking charges, will not raise enough to cover the overspend nor cover the funds needed to deliver good public services. Additionally, the projected revenue raised from the reintroduction of hospital parking charges will not happen within months of implementation but within years, while the impact of these charges on those struggling financially will be felt immediately. The implementation of the revenue raising measures, such as the hospital parking charges, will also not be a cost-free policy decision. There will be

⁷ Pratchett, Terry (1993). *Men at Arms*. London: Gollancz. p. 32

administration costs associated with delivering the agreed revenue raising measure, which may be equal to or more than the revenue generated.

Ultimately, this is a short-termist decision in response to the current budget crisis. It will not solve the budget crisis, but it will cause further economic burden on those struggling the most. We must realise that spending-to-save is not an idealistic approach to budgeting, but a necessary one.

3.7 Women's Ability to Pay for Proposed Charges

Women are more likely to be in receipt of social security benefits, more likely to be in low-paid, part-time and insecure work, more likely to be providing care either for children or other family members which limits their ability to carry out paid work and more likely to have to make up for cuts to public services through unpaid work. All these factors contribute to keeping women's incomes generally lower over their lifetimes and therefore puts them at greater risk of living on a low-income and in poverty.

These existing gender inequalities have been worsened by the Covid19 pandemic⁸, a decade of welfare reform and austerity policies that have hit women harder⁹ and now the Cost-of-Living Crisis is compounding the worsening situation for women. The impact of all these issues coming together has helped to create a perfect storm where women on the lowest incomes are struggling to meet their most basic needs, having to access foodbanks and expensive credit to afford essential items. This raises grave concerns for future generations and the costs and impacts to individuals, communities, the economy, education and health.

Women often bear the brunt of poverty in the home managing household budgets to shield their children from its worst effects. This means that women end up acting as the 'shock absorbers' of poverty going without food, heat or clothes in order to meet the needs of children and/or other family members when money is tight¹⁰. These actions taken by women are often unseen within the home and given little attention or focus in terms of policy. Indeed, this has not been acknowledged in this consultation even though many women are likely to be considerably impacted by the reintroduction of hospital parking charges.

⁸ NI Covid-19 Feminist Recovery Plan: Relaunch One Year On, Women's Policy Group NI, July 2021. <https://wrda.net/wp-content/uploads/2021/07/WPG-COVID-19-Feminist-Recovery-Plan-Relaunch-One-Year-On.pdf>

⁹ Estimating the gender impact of tax and benefit changes, Richard Cracknell, Richard Keen, Commons Briefing Papers SN06758, December 2017. <http://researchbriefings.files.parliament.uk/documents/SN06758/SN06758.pdf>

¹⁰ A Female Face, Fabian Society Blog by Mary-Ann Stephenson, Women's Budget Group, February 2019. <https://fabians.org.uk/a-female-face/>

The following paragraphs highlight how women have been impacted by welfare reform and austerity policies, a constrained budget for Northern Ireland, the impact of debt and the Cost-of-Living Crisis. The points made in the following paragraphs should be considered in identifying the gendered impacts across the full range of revenue raising consultations including the reintroduction of hospital parking charges.

3.7.1 Welfare Reform/Austerity Policies and Women

The safety net provided by the social security system has been weakened by a decade of welfare reform changes meaning that many people are unable to meet the costs of essential items such as food, heat and clothing and are unable to cope with unexpected life events such as a washing machine breaking down. Welfare reform and austerity policies have disproportionately impacted on women. Research by the House of Commons Library shows that 86% of the savings to the Treasury through tax and benefit changes since 2010 will have come from women¹¹.

In Northern Ireland an analysis of the impact of the reforms by the Northern Ireland Human Rights Commission (NIHRC)¹² showed that across most income levels the overall cash impact of the reforms is more negative for women than for men. Their most striking finding was that households with children experience much larger losses as a result of the reforms than those without children. This is particularly the case for lone parents (who are mostly women) who lose £2,250 on average, equivalent to almost 10% of their net income.

3.7.2 Universal Credit and Women

There is substantial evidence that Universal Credit, and in particular problems with the five-week wait at the start of a Universal Credit claim, are causing widespread financial hardship, debt and increased reliance on food banks. Women's Regional Consortium research on the Impact of Universal Credit on Women¹³ painted an overwhelmingly negative picture of life for women living on Universal Credit fraught with financial insecurity, worry, debt and in some cases cold and hunger.

The research found that almost all of the women reported negative impacts due to the five-week wait for Universal Credit. Many had needed to borrow money from family members/friends (61%) or lenders (25%) to survive. Some had been forced to

¹¹ Estimating the gender impact of tax and benefit changes, Richard Cracknell, Richard Keen, Commons Briefing Papers SN06758, December 2017.

<http://researchbriefings.files.parliament.uk/documents/SN06758/SN06758.pdf>

¹² Cumulative impact assessment of tax and social security reforms in Northern Ireland, NIHRC, November 2019. https://www.nihrc.org/uploads/publications/Final_CIA_report_Oct_2019.pdf

¹³ The Impact of Universal Credit on Women, Women's Regional Consortium, September 2020. <https://womensregionalconsortiumni.org.uk/wp-content/uploads/2021/04/September-2020-The-Impact-of-Universal-Credit-on-Women.pdf>

cut back on food/essentials to make ends meet (53%) and others had resorted to selling their possessions (18%) or using a foodbank (21%). Others had reported getting behind with their bills (42%) and sadly some of the women reported that the five-week wait had impacted negatively on their children (39%) or that they had felt cold/hungry (30%) due to a lack of money.

3.7.3 Discretionary Support and Women

Changes to the Social Fund as a result of welfare reform have meant that there is less help available through the social security system for those with extreme, exceptional or crisis situations. Since the Social Fund has been replaced by Discretionary Support (DS) there has been a weakening of this safety net for the most vulnerable borrowers meaning that it no longer provides the support it once did.

Funding cuts across Departments as a result of a constrained Budget imposed by the Secretary of State for Northern Ireland has seen further cuts to Discretionary Support with a reduction in the funding available for Discretionary Support grants to £20m in 2023-24 from £40.3m in 2022-23¹⁴. The Department for Communities emphasises that this cut will reduce the number of times and/or circumstances where help can be made available for those suffering financial hardship.

Statistics show that 67% of those in receipt of Discretionary Support Grants are women. Reducing access to this important source of crisis help will therefore be particularly detrimental for women who are already suffering great financial pain as a result of welfare reform and the impact of the Cost-of-Living Crisis. It will also mean that those on the lowest incomes and some of the most vulnerable households in Northern Ireland will be driven to expensive and sometimes dangerous forms of lending.

3.7.4 Women and Debt

Borrowing and debt is far from gender neutral. As women's incomes are generally lower over their lifetimes this leaves them more vulnerable to short-term financial problems or income shocks making them more likely to have to rely on borrowing and debt to make ends meet.

¹⁴ Changes to the Discretionary Support Scheme, Draft Equality Impact Assessment, Department for Communities, July 2023.
<https://www.communities-ni.gov.uk/sites/default/files/consultations/communities/dfc-changes-to-the-discretionary-support-scheme-egia.pdf>

Research by the Women's Regional Consortium¹⁵ on Women Living with Debt in Northern Ireland showed a significant amount of women reported having difficulty meeting their debt repayments and/or missing repayments (60%). The majority of the women's borrowing had been to fund essential items or to make ends meet. It also found that many (51%) had resorted to high-cost lending. The impact of the Cost-of-Living Crisis on women's debts was evident with 60% of the women reporting their debts had been impacted by rising energy prices and 60% also reporting their debts had been impacted by rising food prices.

Single parents are more likely to be impacted by financial hardship and debt. In Northern Ireland Census results show that the majority of single parent households are headed by a woman (93%). Research by the Joseph Rowntree Foundation¹⁶ has found that single parents are by far the most likely of any family type to be struggling with poverty. Further research by the Joseph Rowntree Foundation¹⁷ shows that the risk of living in very deep poverty has increased by a third for people in lone-parent families, to reach 19% or 900,000 people.

Low-income households are more likely to have to rely on high-cost credit as they are often unable to access cheaper forms of borrowing due to their low-income and/or other debts. Many of these borrowers are forced to use expensive forms of lending to buy essential goods and larger purchases they otherwise could not afford. This leaves these households vulnerable to exploitation through high interest charges, illegal lending and the likelihood of problem debt.

Some of the most vulnerable borrowers are forced into using illegal lending or 'loan sharking' because of a more urgent need for money. In Northern Ireland illegal lending is often linked with perceived paramilitary activity¹⁸. Research conducted by Advice NI on behalf of the Consumer Council¹⁹ in Northern Ireland has highlighted that one of the themes around illegal lending is low income and lack of access to mainstream credit. Two pieces of research by the Women's Regional Consortium²⁰

¹⁵ Women Living with Debt, Women's Regional Consortium, September 2022.m
<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2022/09/Women-Living-with-Debt-1.pdf>

¹⁶ UK Poverty 2022, Joseph Rowntree Foundation, January 2022.
<https://www.jrf.org.uk/report/uk-poverty-2022>

¹⁷ Going without: deepening poverty in the UK, Joseph Rowntree Foundation, July 2022. [Going without: deepening poverty in the UK | JRF](https://www.jrf.org.uk/report/going-without-deepening-poverty-in-the-uk)

¹⁸ Expensive Lending in Northern Ireland, Centre for Economic Empowerment, NICVA, May 2013.
https://www.nicva.org/sites/default/files/d7content/attachments-resources/cee_expensive_lending_in_northern_ireland_2013.pdf

¹⁹ Illegal Lending – The Human Story, Advice NI, September 2019.
<https://www.adviceni.net/policy/publications/illegal-lending-human-story>

²⁰ Making Ends Meet: Women's Perspectives on Access to Lending, Women's Regional Consortium, February 2020.
<https://womensregionalconsortiumni.org.uk/wp-content/uploads/2021/04/Making-Ends-Meet-Womens-Perspectives-on-Access-to-Lending.pdf>

with women in Northern Ireland found examples of borrowing through loan sharks including paramilitaries.

Research by the University of Ulster found that Universal Credit was repeatedly described as a driver for illegal lending²¹ particularly around the harm caused by the five-week wait and issues with short-term benefits loans that were repaid from future benefits. This ensured that benefit claimants were often short of the funds they needed to support their household, leading them to look to other means of getting the money they needed.

An independent Review into Discretionary Support²² has found that it provides an important source of borrowing for those on the lowest incomes and can help to divert people from illegal lending such as paramilitaries. The Review found that 11% of their survey respondents (19 out of 172) said they managed the impact of not getting a Discretionary Support award by borrowing from a local money lender.

3.7.5 The Impact of the Cost-of-Living Crisis on Women

Economic crises tend to hit women harder and the Cost-of-Living Crisis is no different. In February and March of 2023 the Women's Regional Consortium and Ulster University carried out research with 250 women in Northern Ireland on the impact of the Cost-of-Living Crisis on their lives²³.

The findings from this research paint a stark picture of women's lives which are increasingly occupied with hunger, cold, debt, anxiety and concerns about the outlook for themselves and their children:

- 96% of the women felt their financial situation was worse than it was in the previous year.
- 91% of the women reported difficulty paying their bills as a result of cost of living increases.
- The price increases reported as having the biggest impact on women's household budgets were increases in energy bills (90%) and increases in food bills (89%).

²¹ Women Living with Debt, Women's Regional Consortium, September 2022.
<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2022/09/Women-Living-with-Debt-1.pdf>. Illegal Money Lending and Debt Project, Research Report of Findings, Ulster University and the Consumer Council, March 2020.

https://www.consumerCouncil.org.uk/sites/default/files/2020-07/Illegal_Money_Lending_Report.PDF

²² Independent Review of Discretionary Support, Department for Communities, February 2022.
<https://www.communities-ni.gov.uk/sites/default/files/publications/communities/dfc-independent-review-of-discretionary-support-22.pdf>

²³ Women's Experiences of the Cost-of-Living Crisis in Northern Ireland, Women's Regional Consortium & Ulster University, June 2023.
<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2023/06/Womens-Experiences-of-the-Cost-of-Living-Crisis-in-NI-2.pdf>

- Just over half of the women reported being in debt (56%) and of these 82% reported they had to borrow as a result of cost of living increases.
- 62% of the women reported they had been unable to save recently and 31% reported their savings had decreased. None of the women reported they had been able to increase their savings.
- The actions taken by the women to cope with cost of living increases were:
 - o 86% buying cheaper items;
 - o 81% cutting energy use;
 - o 55% using charity shops/second hand websites;
 - o 49% reduced the use of their car/public transport;
 - o 47% relying on friends/family for help;
 - o 43% skipped meals.
- 78% of the women had felt cold or hungry or both as a result of cost of living increases.
- 41% of the women had needed to use a foodbank/other charitable support due to increases in the cost of living.
- Many of the women were skipping meals, living in cold homes and going without other necessities such as clothing to protect their children and families from financial hardship and poverty.
- Lack of awareness around existing help through the benefits system meant that some women missed out on financial support that could have significantly helped their household budgets and emotional wellbeing.
- Rural women faced additional issues particularly around transport costs, lack of public transport, reliance on unregulated home heating oil, rising prices/availability of broadband, increased isolation due to cost of living pressures and less choice in terms of price/products when shopping in smaller, local shops.
- Women who were asylum seekers with No Recourse to Public Funds (NRPF) found it really difficult to cope with the rising cost of food (particularly healthy food), transport costs and children's costs. This meant that they often had to rely on charity or borrowing from friends/family to make ends meet.

3.7.6 Unpaid Care and Women

Caring remains a gendered issue and it is still very much seen to be seen to be "women's work". According to the 2021 Census, there are over 220,000 people providing unpaid care in Northern Ireland. The Family Resources Survey shows that 57% of unpaid carers are women and 43% are men in Northern Ireland. A recent consultation by the Department of Health²⁴ has proposed cuts to domiciliary care

²⁴ <https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-budget-egia-cons.pdf>

packages which will mean that more people, many of them women, may end up acting as unpaid carers for elderly or disabled family members.

Research from Carers NI in 2022 found that a significant number of unpaid carers were experiencing financial pressure and 1 in 6 said they were struggling with the cost of food²⁵. Trussell Trust research shows that one in four people (27%) providing unpaid care for sick or disabled loved ones in Northern Ireland are experiencing food insecurity – more than twice the rate of non-carers (12%)²⁶.

A report by the Carer Poverty Commission in Northern Ireland also showed that one in four unpaid carers in Northern Ireland are living in poverty which is significantly higher than the non-carer population (16%) and higher than the carer poverty rate in the rest of the UK (23%)²⁷. It showed that carers are being driven to poverty by a combination of the high extra costs of caring for a sick or disabled person, barriers to employment and inadequate support from the social security system. This severe financial pressure is leaving carers struggling to afford the price of food, borrowing money from loan sharks, living in cold homes and relying on charity shops to get by.

Research carried out by the Women's Regional Consortium & Ulster University on the impact of the Cost-of-Living Crisis on women²⁸ highlighted the issues for those providing unpaid care. Around 28% of the women who took part in the research were providing unpaid care and it was clear that increases in the cost of living had put a strain on them causing them to struggle to make ends meet, to heat their homes adequately, to afford travel costs for medical appointments, impacting on what activities they can do with the person they care for and causing significant anxiety and stress.

"I care for my mother who is 84 and immobile. Her heating has had to be on more and it is taking way more money for gas than it used to try to keep her warm enough. She has a hospital bed (she needs it because it's adjustable), a hoist, an electric cushion to stop her getting bedsores. All these extra electric things are running as well all day every day. Her electricity has really soared as well not just in terms of how much it is used but in the cost of it as well which is crazy. I'm trying to

²⁵ State of Caring in Northern Ireland 2022, Carers NI, November 2022.

<https://www.carersuk.org/reports/state-of-caring-in-northern-ireland-2022/>

²⁶ [Hunger in Northern Ireland, Trussell Trust, June 2023.](https://www.trusselltrust.org/2023-hunger-in-northern-ireland-report-web-updated-10Aug2023.pdf)

[2023-Hunger-in-Northern-Ireland-report-web-updated-10Aug2023.pdf. \(trusselltrust.org\)](https://www.trusselltrust.org/2023-hunger-in-northern-ireland-report-web-updated-10Aug2023.pdf)

²⁷ The experiences of poverty among unpaid carers in Northern Ireland, the Carer Poverty Commission in NI, August 2023.

<https://www.carersuk.org/media/jb0ah2xh/the-experiences-of-poverty-among-unpaid-carers-in-northern-ireland.pdf>

²⁸ Women's Experiences of the Cost-of-Living Crisis in Northern Ireland, Women's Regional Consortium & Ulster University, June 2023.

<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2023/06/Womens-Experiences-of-the-Cost-of-Living-Crisis-in-NI-2.pdf>

take her out an odd time for a wee break and change of scene but the money's just not there for it anymore."

"My son has a serious brain condition, he's in a wheelchair and has spinal, brain and kidney problems. We're filling our car up two or three times a week to travel to his hospital and care appointments. That broke things for us, the first time we have ever been in debt. It destroyed us. Nobody recognises this and we don't get any help for any of it. We have him every other weekend and the heat in the house has to be on 24/7 it's not easy. As far as food we only eat off the bargain shelves that's it."

(Quotes from Focus Group participants in Women's Regional Consortium Research on the Impact of the Cost-of-Living Crisis on Women)

3.7.7 Lived Experiences of Women

The voices of those in poverty are often missed in these discussions around revenue raising. We have raised in the preceding paragraphs how women's financial wellbeing has been impacted by a range of factors over the last number of years leaving those women on the lowest incomes struggling to afford the essentials and to be able to live dignified, healthy lives. It is abundantly clear from the wealth of evidence and research that many women and families are not in a position to be able to pay additional charges of any kind. Many of these women are already going without the essentials of life, including food and heat, to try and provide for their children and families. Asking these women to contribute to revenue raising is simply unconscionable.

The Women's Regional Consortium has a wealth of lived experience from women who have taken part in our research. This is extremely valuable in illustrating the precarious financial situation of many women and families at the present time. We include a selection of quotes from the women who took part in Women's Regional Consortium research on the impact of the Cost-of-Living Crisis to help Government understand the financial pressures women are facing and to ensure that their voices are front and centre of considerations around revenue raising. We also refer the Department to the addendum to the research paper: [Quotes from Women's Regional Consortium Focus Group Research on Women's Experiences of the Cost-of-Living Crisis](#). We urge the Department to consider this lived experience carefully in making any decisions around revenue raising:

"We're not living, we're just existing."

"I don't understand them saying inflation is 10% sure the prices have doubled! Everything is going up more than that. Gas is the same it has at least doubled for me, I just can't get out of the emergency."

"I spent £30 on one bag of shopping which had about 6 items in it. It's shocking. We're all eating chicken strips and chips, that's all we eat for 4 days is chicken strips because I can't afford anything else."

"I've had to sit in a cold apartment which is causing damp. I've had to wash in cold water and go without food."

"I've had to skip meals to make sure my children eat or I just eat toast."

"I'm having to borrow for the way I normally live. I used to have a certain amount of money to cover my ordinary bills but that's not there anymore. I'll have another week until I get paid so I'll use my credit card to get whatever I need. It's all essential stuff, it's just for living."

"I had £400 saved and I had to go into it, it's gone. I put it away as a fund for my oldest. It's horrible going into your kid's money, I feel so guilty about it but we had to eat."

"The extras are all gone now, going out is a luxury, we were hardly able to do it in the first place. Even the special occasion treats are gone now like for birthdays, etc. There's no spare income for it now."

"I live off cereal or toast. My son is 17 months old and I'm starting to potty train him early to save money on nappies. You're having to start to do things earlier because of the price of things."

"I'm only heating the room I'm in which with a new baby isn't ideal. I'm cutting back and going out places so that I'm not having to use my own electric."

"I had to superglue the soles of my boots back together because they started talking to me. I walk a lot especially now as I can't afford the bus. I'm sewing my coats and missing meals, anything to save money."

"Our Government need to get back up on the hill [Stormont] to do more for people. Their people are struggling, on their knees, starving, cold. Why are they not up there fighting our corner?"

"Government need to increase benefits. There needs to be an increase in income whether people are working through a Living Wage and if you can't work on a

benefits system that gives you enough of an income that you're able to live and not struggle. At the minute anyone on benefits is existing they're not living."

"I don't think anyone recognises the impact of this Crisis on women especially. We have a high level of responsibility and it's impacting really badly and Government are not taking enough notice. People are suicidal and feel like a failure. I'm lying in bed at night and getting really bad intrusive thoughts to the point where I look at my daughter and think if something happens to me who will look after her? I asked the person in charge in my hostel to ring me in the morning and check if I'm OK. It's really, really impacting on people and Government need to be more aware of the impacts of this Crisis."

"My kids go to Breakfast Club in school and that's a godsend. If I didn't have that I don't know what I'd do. There are times I've went three or four days with very little to eat, maybe I'd grab an apple just so I have something in my stomach and I'm not going to bed with hunger pains and growling in my stomach."

"My pay does not stretch to cover food costs and fuel. We have been buying cheaper brands to make it through the month. I only put £70 in my car per month so going to see family who live 45 miles away is a no go, we can only do it once every few months."

4. General Comments on the Hospital Parking Fees Consultation

The re-introduction of hospital parking fees will have marked consequences for the most vulnerable people in our communities. Although the Department failed to conduct an Equality Impact Assessment for this consultation, it is clear that the re-introduction of these charges will have a disproportionate impact on protected groups including:

- Women
- People with disabilities
- Older people
- People with dependents

Women are more likely to have dependents, more likely to live in poverty and make up the majority of older people. Women are also more likely to work in the health service and require parking at hospitals. Women in Northern Ireland are already being disproportionately impacted by the cost of living crisis and struggling to make ends meet. The re-introduction of hospital parking charges will place yet another burden on women who need to attend hospital appointments, bring dependents to hospital appointments and get to work.

The arguments in favour of introducing revenue raising measures, including the re-introduction of hospital parking charges, largely focus on the need to generate more revenue because of the challenging financial environment we are in. However, the opposite is true. Due to the challenging financial environment we are in, we should be actively supporting people by reducing household costs, such as parking fees. Increasing these costs at a time when families are already struggling will not lead to better economic outcomes for Northern Ireland. It will simply push more families into poverty and cost the government more in the long run.

In their response to this consultation, the Women's Regional Consortium have also raised this argument, emphasising that:

Proposals for the introduction of charges fail to take account of the environment in which we are living and the impact that this will have had particularly on certain groups of people, often the most vulnerable. We have come through a decade of welfare reform and austerity changes closely followed by a global pandemic and now an ongoing Cost of Living Crisis. These have all had greater impacts on those on the lowest incomes and it is hard to see how many people, particularly those on the lowest incomes, will be able to afford to pay for any additional expense given the pressures on their incomes.

The WPG fully endorse these remarks by the Women's Regional Consortium and agree that it will be the most marginalised who are impacted by the re-introduction of hospital parking charges. We would also like to echo the following remarks made by the Women's Regional Consortium in relation to the gendered impact of these proposed changes:

We believe that the re-introduction of hospital parking charges will have a significant impact on those living in poverty who can least afford to pay these charges and who are also at greater risk of suffering from ill health and therefore needing to use hospital parking. We also believe that this proposal will have greater impacts on unpaid carers, who are more likely to be women, as they are more likely to visit hospitals with the person they care for. As previously referenced unpaid carers are more likely to be living in poverty and struggling with the costs of essentials.

Reintroducing hospital parking fees at a time that the Department for Infrastructure is exploring the removal of the over 60s SmartPass is particularly egregious. People over the age of 60 are more likely to need regular visits to hospitals than most other demographics, and DfI statistics indicates that 58% of people use their SmartPasses

to access hospital or medical appointments²⁹. This means, in effect, that we are making people choose between paying for public transport that was previously free via the SmartPass, or paying for hospital parking that was previously free, at a time in their lives when medical appointments are often frequent and financial resources are strained. Again, the cost of balancing the books is being borne by those who can least afford to carry it.

We are acutely aware that the implementation of the Climate Change Act 2022 will require a shift away from private cars, so far as possible, and towards climate efficient public transport. This is both a desirable outcome and an urgent priority, but for such a transition to be possible it is not enough simply to make travel by car less attractive and to change nothing else - people simply will not be able to attend essential medical appointments without viable public transport options that are reliable and affordable. Already it is practically impossible for many in rural areas because of the infrequency of public transport options, and as more and more regional services require patients to travel further (for example patients from rural Fermanagh being treated not at the South-West Acute Hospital but at Altnagelvin, which cannot be reached via bus for an early morning appointment - there is, of course, no option to travel by train), this move has to be met with appropriate connecting public transport options.

The onus is on the government departments to work together to ensure that this public transport network is in place before financially punishing those who simply do not have an alternative but to drive. There are bigger issues at play here around Northern Ireland's late start with regard to meeting climate obligations and our disproportionate reliance on cars as a result of the neglect of the transport network, combined with a lack of coordination between Departments, but the cost of this must not be laid at the feet of the patients who need medical treatment.

5. Response to Consultation Questions

1. Do you agree (in principle) that the re-introduction of hospital parking charges is fair and appropriate in the context of the Department's need to generate additional income for the Health Service given the current pressures on budgets?

No

Please provide below any comments for the reasons for your selection.

²⁹ Department for Infrastructure 'Northern Ireland Concessionary Fares Scheme - 2019 Survey Analysis' Available at: <https://www.infrastructure-ni.gov.uk/sites/default/files/publications/infrastructure/concessionary-fares-survey-report.pdf> p.10

As outlined above at Part 3, poverty is a reality in the lives of many citizens, and this fact will have an impact on people's ability to pay charges such as these and therefore on their ability to access the healthcare that they and their dependents may need. People living in poverty are also more likely to experience illness, and therefore to need to use hospitals, which will place an undue burden on them to contribute to the process of revenue raising, to which they already can ill afford to contribute further.

Waiting times in many A&Es will have a particular impact on cost, which varies from hospital to hospital but which generally increases in increments with the length of stay. Given the fact that many with chronic illnesses or who are carers for people who are unwell may have to visit A&E quite frequently, there should be a cap on this at the very least, as it is not the fault of the patient that most hospitals fail to reach their targets for A&E treatment or discharge.

Carers for the elderly, for disabled people, and for ill people are disproportionately likely to need to visit hospitals with the people they care for, particularly unpaid carers who are usually family members of the person they care for. This is likely to occur regularly, often multiple times per month, over prolonged periods of time. As it stands, unpaid care work saves the health service untold quantities of money, and are likely to find themselves under financial strain or even in poverty in order to meet the needs of their loved one. Any move to balance the books of the Department of Health on the backs of unpaid carers would be a particular cruelty.

2. On the basis that it may result in increased hospital parking charges, would you support the following concessions which could help reduce the impact charging may have on some patients, visitors and staff?

Enhancing exceptions for persons with a diagnosis of a terminal illness and relatives of in-patients who are terminally ill and/or receiving end of life care.

Yes - with caveats.

In principle people who are very ill and their families, often experiencing extreme distress, should not have to worry about car parking charges or to limit their time with their loved ones in their final months, weeks and days. However, it is not clear how this would work in practice. In order to be workable, there would need to be a system by which "terminally ill" was defined, and this system would inevitably exclude some seriously ill people with incurable, life-limiting conditions and include others.

There are other practical questions, the answers to which are inevitably difficult to be definitive about, and which will come with an administrative burden and therefore a

financial cost. For example; there are certain types of cancer for which there are no cures and which are inevitably terminal, but which commonly have a prognosis of several years at the point of diagnosis, there are also incurable diseases such as kidney disease or liver disease, which may eventually be terminal, but with which a person may live for many years; are these conditions to be considered terminal from the point of diagnosis? If not, at what point does that patient move into this category? What happens if a person is assumed to be terminally ill, but makes a recovery for a length of time? Is there a burden on medical professionals to assess and reassess every seriously ill patient on a regular basis in order to ascertain who qualifies for this criteria? In addition, the consultation refers to “relatives” but it is not clear how broadly or tightly defined this is. How many relatives does it extend to? Does the patient have to provide a list of appropriate relatives? Would this approach not also increase administrative burdens on the hospital? When someone has no living relatives but a loving circle of friends, will they qualify?

On a less practical level, does this risk creating a hierarchy of illnesses even among serious and incurable illnesses, and on a more practical level, will involve a cost for those whose role it is to decide who qualifies - and this process will also create a further burden for those who wish to avail of the service.

We urge reconsideration of the restrictive criteria suggested here, and again reiterate that charging for hospital parking will impose a real burden on many patients and their loved ones. In the consultation document it is outlined that allowing disabled people, parents with sick children who have to stay overnight, and frequent hospital attenders is policy in NHS England. This seems to be a principle-based argument, and it is unclear why the Department of Health is choosing to take the proposed approach only for some patients who have to attend frequent appointments.

Enhancing exceptions for patients with mental health disabilities and those accessing addiction services, as parking charges may act as a barrier to access treatment.

Yes - with caveats.

The framing of this question acknowledges the reality of our argument in this consultation; the re-introduction of parking fees will be a barrier for anyone receiving any kind of healthcare, and particularly those most vulnerable to poverty.

Those who experience mental health issues and / or addiction are of course often those who live in poverty, but by no means do those issues account for all the poverty that exists in our society. If we make an assumption that this correlation should exempt these categories of people from paying parking fees at hospitals, the same argument should apply to those with disabilities generally, to women, to carers and

particularly unpaid carers, to those with low incomes, and so on; all are statistically more likely to live in poverty, as well as more likely to need to use the hospital's services. Overall, this is the very reason why we are asking that the Department reconsider the approach of revenue raising by reintroducing hospital parking fees.

In the consultation document it is outlined that allowing disabled people, parents with sick children who have to stay overnight, and frequent hospital attenders to park for free is policy in NHS England. This seems to be a principle-based argument, and it is unclear why the Department of Health is choosing to take the proposed approach only for some patients who have to attend frequent appointments.

Providing 30 minutes of parking free across all chargeable sites, which will help staff and public set down and collect persons/items.

Yes - with caveats.

This option also presents technical difficulties; how will the hospital record entry and exit times to make sure that people adhere to the 30 minute rule? Will employing parking attendants or installing metered systems not cost even more money?

In addition, is 30 minutes enough for everyone? Many carers who will regularly bring people with disabilities to hospital appointments may need all of that time to "set down" people, particularly patients with mobility issues. Similarly seemingly procedural pickups, such as collecting someone after discharge, can be unexpectedly delayed by visits to the hospital chemist, etc.

This also is an issue of hierarchy of priorities; it is not clear why this option is considered more worthwhile or more valuable than extending the criteria for terminal illness or those with chronic conditions or disabilities. We recognise that there are always trade-offs with processes like these, but it is very unclear why these particular ones have been chosen, and what criteria was used to prioritise these cases.

Providing free staff parking to permitted pass holders.

Yes - with caveats.

It is not at all clear what kind or kinds of permitted pass this may apply to. If it means staff permits, will it cover any/all staff? Does it include agency staff and assorted auxiliary staff, or just Trust staff? Will it apply to all staff including part-time staff or just to full time staff? Will it be first come first served or does it apply to all hospital staff?

In the consultation document, it is outlined that allowing staff to park for free when they are scheduled to work night shifts is policy in NHS England. Given the dearth of public transport options at nighttime in Northern Ireland - even within cities but particularly in rural areas - this should be considered here also. It is unclear how it is possible to reach some hospitals by public transport for a night shift, leaving staff entirely reliant on others for lifts, or requiring them to pay.

Please provide below any comments for the reasons for your selections.

If such a scheme were rolled out, and there were a number of exemptions from the need to pay, this would necessitate an awareness programme, whether via GPs, through leaflets or via public advertising. In practice, people miss out on their entitlements to schemes like this because they aren't told about them, and this is true of carers in particular. If these exemptions exist we have to factor in telling the public about them, and the associated costs of doing this.

The consultation also ignores means as a factor in every part of the process. In practice, a lack of means or living in poverty will discourage those with limited financial resources from seeking medical help. At the same time, the broad-strokes approach will mean that some people who are financially very well off will end up avoiding parking charges because of the nature of their visits to hospital; it is not a coherent or fair approach to take given the significant differences in financial means that exist in our society.

In the consultation document, it is outlined that allowing free parking for disabled people, parents with sick children who have to stay overnight, staff working night shifts and frequent hospital attenders to park for free is policy in NHS England. This seems to be a principle-based argument, and it is unclear why the Department of Health is choosing to take this approach only on a much more limited basis but in a way so complicated that it will require nearly constant administration and generate additional costs.

3. Have you identified any Section 75 equality issues as a result of the current hospital parking charges policy?

Yes

Please provide below any comments for the reasons for your selection.

There is an obligation on the Department to carry out a full equality impact assessment on these recommendations and to consider in detail the impact of any such changes on the various Section 75 groupings. While it has become common practice to ask these questions of members of the public and civil society

organisations that respond to consultations, it should be pointed out that we do not have access to the kind of data on hospital parking that the Department presumably has, obliging us to make general comments and use self-sourced data rather than to use Department of Health data to make our arguments. This is obviously not ideal and it is part of the reason why a full and up-to-date EQIA document should be available alongside the consultation document for us to reply to; 2012 is now 12 years ago, and things have changed since then - not least the rates of poverty in our society and the cost-of-living crisis.

With all of that said, it is difficult to believe that no significant equality impacts were identified in 2012 or in the 12 years since, as per the consultation document. We know, for example, that the overwhelming majority of lone parents are women at 93%, and that the majority of unpaid carers are women at 57%, meaning that a lot of people with dependents, who are already on low incomes and may need to bring those dependents to hospital appointments, are women. We also know that the large majority of Health and Social Care staff, who will often need to park at hospitals simply to do their jobs, are women (79% in 2021). It is therefore obvious that there will be a disproportionate impact on women.

To avoid making policy that regularly impacts women indirectly, there is a need to adopt gender budgeting as an approach to making budgetary decisions, deliberately applying a gendered lens before decisions are made, rather than leaving it to women's organisations and individual service users to raise the issue after decisions are made. Gender Budgeting is explored in more detail in section 3 above. In addition, considering that those with most acute health needs will need to access hospitals more often, people with disabilities are therefore very likely to be disproportionately impacted. All of these impacts are multiplied for women, older people and those with disabilities who live in rural environments. It is important to apply an intersectional lens, also, and this reveals the undeniable reality that people who fall into multiple Section 75 criteria - for example a disabled woman in a rural area, will be impacted in multiple ways at once, and will likely find these charges - alongside a raft of other proposed revenue raising measures - utterly unaffordable.

An up-to-date EQIA would have revealed these impacts in advance and this would have therefore triggered the obligation to mitigate these; as such a more rigorous approach to this process is absolutely essential to ensure that such opportunities to alleviate negative impacts are not missed. Realistically many of the proposed exceptions listed above illustrate the kind of ad hoc approach to equalities that characterises the kind of government-led approach that makes decisions that not only perpetuate but actively worsen inequalities in society.

In addition, this question is not phrased in accessible language - those who do not do policy work professionally will not be able to answer the question easily. This is the

kind of issue where many members of the public without policy experience but with a great deal of lived experience and with a great deal at risk personally will want and need to respond, and they may not be equipped to respond to this question because of a lack of context around Section 75, and because of the way that it is phrased.

In WRDA's 2017 publication, *Women at the Heart of Public Consultation*,³⁰ this issue was addressed in more detail, and it is a great pity that we still have to make the same arguments seven years later.

"In spite of many years of focus on 'plain language' and accessibility, too many public policy documents are still laden with jargon and buzz-words that may be 'on-trend' in the policy world but mean very little to ordinary people. Whether it's 'inter-agency', 'innovation', 'outcomes based' or 'maximise impact' these words and phrases have to be either accompanied or replaced by real descriptions of what they mean.

This public policy language barrier can have an impact on lots of people and there is a strong case for making policy and strategy documents more accessible so that the public generally can better understand them. However, we have to remember the lack of access women, particularly those from disadvantaged communities, have had to formal spheres of decision making and influence. It can be particularly off-putting to women if they do not recognise the relevance of policy language to their own lives and it gives them the impression that they are not the right people to be giving their opinion. For example;

'When you try to have a say you can be talked down to or made to feel stupid because you don't understand what they mean. But how we women articulate things is important. We know what will work and what won't and they should let us say it the way we say it.' (Participant, WRDA submission of evidence, The Belfast Agenda Consultation 2017)"³¹

The Women's Policy Group will follow up with every Department on the issues of Gender Budgeting and on the impacts of poor or absent EQIAs in the coming months, and with regards to inaccessible language and jargon in consultation documents.

4. Taking account of the impact on demand once hospital parking charges are abolished, do you believe that the re-introduction of hospital parking charges could negatively impact people from rural areas?

³⁰ WRDA, 2017, *Women at the Heart of Public Consultation* Available at: https://wrda.net/wp-content/uploads/2018/10/WRDA_WomenAtTheHeartOfPublicConsultation.pdf

³¹ Ibid. p.17

Yes

Please provide below any comments for the reasons for your selection.

Once again, it is essential to carry out a full rural needs impact assessment, particularly because one was not carried out in 2012. As the consultation acknowledges, public transport is simply not a feasible option in many rural areas, and patients will be left with a choice of missing appointments and neglecting their health, or paying for parking. Therefore, the impact that reintroducing hospital parking fees will have for rural residents is both immediately apparent and undeniable.

When considering the impact of choices on some parts of the community, it is absolutely vital that consideration is given to the fact that many of the Section 75 groups overlap with each other; for example, there will be an especially difficult impact on rural people with disabilities, and another difficult impact on rural women, and an even more negative impact on rural women with disabilities, and so on. This concept of intersectionality must become a routine part of equality impact assessments. These kinds of impacts can of course nearly always be identified early on using existing data about, for example, availability of public transport, frequency of hospital visits, data on who does the majority of unpaid care and who, in the main, works in the HSC sector, and the impacts therefore must be mitigated for, as per Section 75 of the Northern Ireland Act.

The dearth of public transport in rural areas, particularly outside of the greater Belfast area, is a clearly gendered issue already. Worldwide, women use transport differently to men and they tend to use it far more. In her book titled 'Invisible Women: Exposing Data Bias,' Caroline Criado Perez highlights that, according to her research, women tend to "trip-chain"; which means they take several short journeys regularly, rather than long journeys occasionally. Overall, women are '25% more likely to trip-chain', Criado Perez adds, 'this figure rises to 39% if there is a child older than nine in the household'. Indeed across Europe, the burden of school drop offs and pick ups mainly falls on women. Women in dual-worker families are twice as likely as men to drop off or pick up children on their commute. Women also tend to bear the largest part of the burden with regards to grocery shopping. The same holds true with regards to the adult in a household most likely to bring dependents to medical appointments.

Re-introducing hospital parking fees will have a gendered impact, particularly so where public transport is less widely available and even more so where we know that the Department for Infrastructure is considering raising the age of eligibility for the over-60s Smart Pass, and where community transport has been decimated by cuts. In addition, multiple services have been moved in recent months to different

hospitals within the same Trust area, for example patients are required to use their own car or transport to transfer themselves from Daisy Hill to Craigavon or from South-West Acute to Altnagelvin to receive treatment. This has an obviously outsized impact on rural people that is simply not equivalent to transfer between hospitals in the Belfast Trust area, as they are much closer together and possible to navigate without the use of a private car.

6. Additional Comments

To conclude, we fully understand the financial situation in which Northern Ireland finds itself, and the reasons why we are in this situation. We believe that these revenue raising measures overall are the wrong approach to take to the crisis, which instead needs a “spend to save” approach, rather than one that prioritises short term corner-cutting measures while deeper crises develop for future Ministers to deal with. It is not sustainable and not good fiscal policy. We have explained the alternatives in great detail in section 3.

In addition, we have argued here that the revenue raising measures overall, and the reintroduction of hospital parking fees in particular, will have a disproportionate impact on those most marginalised and who can least afford to pay; those living in poverty, women including women in low-paid jobs, people with disabilities and those who live in rural areas. These groups of people are already suffering with the restrictions to income that flow from the cost-of-living crisis, and it is both unfair to balance the books on their backs which are already so overburdened, and it is ineffective.

The Women’s Policy Group NI strongly recommends that the Department rethinks its approach to this issue, and that other Departments join them in this rethink; there are better, fairer and more financially sound ways to approach the economy.

ENDS

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