A Response to the consultation document -

A Healthier Future: A Twenty Year Vision for Health and Well-being in Northern Ireland

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Introduction

The Women's Support Network (WSN), established in 1989, is an umbrella organisation for more than 40 community-based women's centres, women's projects and women's infrastructure groups. The WSN aims to achieve social, political and economic justice through the promotion of the autonomous organisation of women. The Network also aims to strengthen the collective voice for women's groups, to promote and develop networking to enable collective action and to influence policy and decision making processes. The WSN is an important vehicle for taking forward the common agenda of community-based women's organisations, many of which are based in the most disadvantaged areas of the city and which have experienced the worst effects of the political conflict.

Services provided by women's centres include health education, stress management courses, alternative therapies and training for alternative practitioners, healthy eating and practical cooking. As women, by virtue of their role in caring for families, are crucial in the development of a strategy for a healthy future for our community, we welcome the opportunity to respond to the vision set out in *A Healthier Future*. We particularly welcome the emphasis on preventive health care, the integration of health and personal social services and the acknowledgement of the importance of the voluntary and community sector in helping to deliver key sections of the strategy. Our response to the consultation is a reflection of our experience in providing support to women within working class communities, and our understanding of the issues that are most crucial to our membership.

1. Investing for Health and Well Being

Smoking

We welcome the emphasis on developing healthier people through campaigns to reduce smoking and to reduce the incidence of obesity through the encouragement of healthy eating and the take-up of exercise. The increased rate of young women smoking is a serious issue, both for the women themselves and for their children's future health. We would argue that until young women's self-esteem is increased, strategies to curb smoking in that cohort are unlikely to meet with much success. This requires a holistic approach, including the school curriculum and, in particular, citizenship education, work opportunities for female school leavers and greater support for young mothers. Smoking is also a response to a stressful environment, an opportunity to have some 'time-out' in a situation where the individual has little quality time for herself. It is no accident that middle class levels of smoking have declined rapidly while working class rates remain almost static. Women who use our centres are smokers, and are strongly attached to their centres, which they rightly believe provide private space for women. We feel we have to be realistic about the likelihood of their giving up in the absence of a much greater degree of support. Our centres provide some counselling services and if there were greater resources, we would be in a position to provide further high quality, woman-centred support in areas of mental and physical health.

Sport

In terms of physical activity and sport we welcome the commitment to target socially disadvantaged areas. While there is recognition that participation is low in such areas, we would add a gender dimension, in that girls are much less likely to take part in organised sports than are boys. We would urge that a sports strategy should include the goal of developing girl's football, with an officer employed solely to enhance girl's participation in sports. This has been the case

for the past decade in Bristol, a city of similar size, where a 5-a-side league for girls has promoted girl's self-esteem and provided opportunities for the class divide to be breached. Such a strategy would have considerable potential for community dividends if implemented in Northern Ireland.

Housing

While there is acknowledgement that 30,000 houses are unfit, there is no acknowledgement of the serious issue of a housing shortage in many areas, particularly in north and west Belfast, as a consequence of the lack of new social housing and the unaffordable nature of much private housing. Lack of housing and overcrowding is a key issue in the creation of physical and mental ill-health and we would urge that a joined-up strategy to develop a healthier future must include the provision of an adequate supply of social housing.

Sex Education

While the strategy includes the Department of Education taking steps to provide children and young people with the necessary information to make informed decisions about their personal behaviour, this does not explicitly include the provision of sex education in school. Research by the Family Planning Association, the University of Ulster and Democratic Dialogue has shown conclusively that young people want a comprehensive programme of sex education, delivered in a variety of ways, through peer education, professionals and teachers with specific training in the delivery of personal and sexual health education. The WSN does not believe that this education should be provided at the discretion of school governors. We would urge that a comprehensive strategy for a healthier future must include a national curriculum for sex education, taking account of different sexualities and cultures and delivered in an objective way, without moral judgment or bias.

Equality, anti-poverty and human rights

In highlighting the different strategies being developed to promote equality and human rights, we note that the recent *Gender Matters* consultation of OFMDFM is omitted. We wish to draw attention to this, to ensure that gender will figure prominently in future coordinated actions. We would also draw attention to the consultation process for Gender Matters, in which funding from OFMDFM was used to provide community facilitators trained by the Women's Resource and Development Agency to consult with women who belong to the Women's Support Network. We believe that this model could be used for the consultation process on a healthier future.

2. Looking Ahead: A Changing World

We are concerned at the brief reference in 2.39 regarding the promotion of the use of Public Private Partnerships in order to address the growing public sector infrastructural deficit. There is no acknowledgment of the difficulties that have been experienced by PPPs, for example, the crèche developed at BIFHE, which is too expensive for students to use, or the car park at the RVH, the bulk of its profits returning to private hands instead of the hospital trust. The WSN believes that this strategy transfers costs to the next generation, and does nothing to alleviate the problem it purports to address. We would urge a reconsideration of this policy.

3. Our Vision for the Future

It has been noted that poverty is a major contributing factor to ill-health. Levels of inequality within Northern Ireland are extremely high, yet the strategy says only that 'the health gap between the rich and poor will have been substantially

reduced' (p.38) This would be more meaningful if accompanied by indicators as to how this will be achieved. Similarly, in considering poverty amongst children and young people, 'cross-government approaches' are mentioned, without further detail (p.72). We need a clear-cut anti-poverty strategy with firm targets that will deliver real change. The voluntary and community sector have argued strongly for this, and government has still not developed a strategy that proposes any meaningful change. For all the good intentions in this document, if this is not addressed, then many of the initiatives proposed will be no more than palliatives, not cures.

4. Involving People: Caring Communities

The WSN welcome the commitment to engage with people on their health and well being and on their health and social services. The philosophy underpinning the WSN is that women must be empowered to take ownership of their own health and well being and to have a voice in the delivery and management of their care. We are pleased to see the recognition being given to the 'vibrant culture of community development' in Northern Ireland (p.45). The suggestion that community and voluntary sector organisations will be given the opportunity to take on responsibility for areas of work currently undertaken by the HPSS is one that we endorse. The women's sector has a proven track record in the delivery of a variety of programmes in health education and it possesses the necessary skills to ensure that groups that may be classified as 'hard to reach' by statutory agencies, are engaged in the consultation process and are encouraged to take up services that can be offered in the more accessible surroundings of community-based providers.

We look forward to further developments in partnership working between the women's sector and Health and Personal Social Services.

5. Responsive Integrated Services

Men and Women

The WSN is encouraged by the recognition in 5(viii) of the different needs of key groups and the necessity of tailoring services to those needs. Women and men have very different needs; much of women's needs being determined by their specifically female role in terms of reproduction, ranging from the onset of menstruation to the menopause. In recognition of the specificity of women's needs we would urge the establishment of locally based well-woman centres that can provide an integrated service for women of all ages, with child-care provision included.

Carers

We welcome the recognition of the caring role undertaken by large numbers of people, particularly women. The practical support being proposed is very important, and we would also urge government to ensure that caring allowances are raised to reflect the importance of the role of carers and the savings to society that their work provides.

Children and Young People

The current rates for breast feeding remain worrying low and we welcome the commitment to ensure that this figure is raised to 70% by 2025, although we would argue that this is still a modest target in that it will leave nearly one third of babies being bottle fed only. However, there is no indication of how this target is to be reached. Staff in busy maternity wards do not have sufficient time to spend with new mothers and unless maternity staff levels are greatly increased, that target will be difficult to achieve. One possibility might be for greater resources for organisations like the La Lėche League, which could

provide specialised support for breast-feeding mothers. We also believe that greater investment in midwife-led maternity units can provide a woman-centred and cost-effective way of delivering maternity services that benefit mother and baby equally.

6. Teams Which Deliver

Senior Medical Posts

We note that the majority of those working in the HPSS and fulfilling caring roles are women, but that the majority of those in senior medical posts are men. Another issue is that of the 'glass barrier' preventing the promotion of women. While workforce plans and effective human resource policies are important and we welcome the proposal that these issues be addressed, we would like to see more precise details, particularly in relation to the working culture of some parts of the medical profession which are not sympathetic to treating women as equal colleagues. Medical training must also be addressed and efforts made to encourage students who wish to specialise in areas such as surgery, which have traditionally been male-dominated.

Midwifery

The WSN is concerned at the projected shortfalls in nursery and midwifery. We are of the opinion, and recent research would substantiate this, that recruitment and retention of midwives will continue to be a problem as long as they are forced to work in highly pressured, excessively medicalised and understaffed maternity wards. A policy commitment to support midwife-led maternity services where possible would do much to attract staff into the profession and possibly to bring back those who have left. It is an economical approach that brings a superior standard of care to women and we hope that this is the policy approach

that will drive the plans for an integrated workforce in the area of maternity services.

7. Making it Happen

The WSN welcomes the commitment to develop area-based and participative approaches to community planning and we endorse the commitment to work in cross-border partnerships, a practice strongly supported by the WSN. We reiterate our commitment to work collaboratively and look forward to a future close engagement with the HPSS in the development of a productive partnership.

Appendix 1

WSN Member groups

Al-Nisa Women's Group
Ardoyne Women's Group
Ashton Centre
ATLAS (Lisburn)
Ballybeen Women's Centre
Ballymurphy Women's Centre
Belfast Travellers Education & Development Group
Brook (Belfast)
Citywide Women's Consortium
Derry Women's Centre
East Belfast Community Education Centre & Walkway Women's Group
Falls Women's Centre
Footprints Women's Centre
Greenway Women's Centre
Lenadoon Women's Group
Lesbian Advocacy Service Initiative
Northern Ireland Women's European Platform
Parenting Forum NI
Shankill Women's Centre
South Tyrone Empowerment Programme (STEP)
Strabane & Lifford Women's Group
Windsor Women's Centre
Women's Information Group
Women into Politics
Women's News
Women's Resource Development Agency
Women's Tec