



Women's Parliament 2025

Friday 28 February 2025

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The Women's Parliament met at 1.00 pm (Mr Speaker in the Chair).

Welcome and Opening Remarks

Mr Speaker: As Speaker of the Northern Ireland Assembly, I am delighted to officially welcome you all to the Assembly Chamber for today's Women's Parliament. My predecessors and I have used our ability to grant the privilege of using the Chamber to facilitate a number of outreach Parliaments to provide a platform for specific sections of our community to come and make their voices heard to Members and Ministers. Today, I am delighted to be able to chair this important debate to enable key issues and concerns that impact and affect women across Northern Ireland to be expressed.

Of the 90 seats in the Assembly, 36, or 40%, are held by females, which is a significant increase on when I joined the Assembly. At that time, frankly, there was only a smattering of women in the Chamber. In the Executive, seven of the 12 Ministers are female, including our First Minister and deputy First Minister as well as the two junior Ministers in the Executive Office, who I am pleased are with us today. It is a sign of how important this occasion is that, alongside the junior Ministers, the Minister of Health and the Minister of Agriculture, Environment and Rural Affairs will be responding to issues raised during today's proceedings.

The Northern Ireland Assembly Women's Caucus is a cross-party forum that is made up of all current women MLAs. I know that many of you had the opportunity to meet them earlier to discuss today's issues and solutions. I hope that, perhaps, your experience today and the example of the members of the Women's Caucus might encourage some of you to consider entering the world of politics and public life. I trust that your contributions today will highlight issues that are impacting women across Northern Ireland and that you will demonstrate how you want to see the Executive address those issues.

Before we move to the formal proceedings, I invite Elaine Crory to briefly set out the background to this Parliament.

Elaine Crory: Thank you, Mr Speaker. Thank you also to the Assembly engagement team, who have worked so hard over several months to make sure that this Women's Parliament could happen. Thank you to the hundreds of women, many of whom are watching today either at home or in the Public Gallery, who responded to the survey and outlined their priority issues. We will not be able to cover every issue that you care about, because there is just not enough time, but we will do our level best.

Thank you to the MLAs and Ministers who regularly raise the issues that we will be speaking about, who engage with the organisations that are on the front lines, working on those issues every day, and who take our concerns seriously. Finally, thank you to the other organisations that were part of the design process for today and that have nominated me to make this speech. I hope that I do you justice.

Today, we will be hearing about lived experience, alongside facts, figures and statistics. I have worked closely with some of the women who will be speaking today, not one of whom has struggled to fill her allotted time. Rather, they all had more to say than they had time to say it. Even within the confines of the nine topics that have been chosen, if time was not an obstacle, we could be here for a full day.

Those of us who work in this area tend to wear several hats all at once. We may enter a room, for example, with a remit to talk about women's economic inequality, but we know that you cannot do that topic justice without speaking about childcare or caring responsibilities for older or sick family members. If we go into a room to talk about pay gaps, we know that that issue is connected with the undervaluing of the kinds of work that women tend to do, and we know

that that is rooted in gender stereotypes. The same stereotypes play into the long delays that women face for health diagnoses or the lack of support for some women when they experience crisis in their physical or mental health. Meanwhile, economic inequality and gender stereotypes come together to help create the situations for abusive relationships and trap women in those relationships. Poverty is gendered too; it is especially difficult to escape poverty in a world that penalises women and undervalues us. The connections go on and on; if you pull on the thread, everything unravels because it is all connected.

We know, too, that the more marginalised a woman is by other factors in her life, the harder it will be for her to overcome those barriers. If childcare is inaccessible in an urban area, it is way worse in rural areas, not to mention access to public transport to reach employment or the other things that rural women face. If women are not taken seriously by medical professionals when they appear otherwise healthy, it is worse again when they are older women, LGBTQ+ women, disabled women or women of a different ethnic background.

All lives are complicated. There is no such thing as one single totemic woman. As Audre Lorde said:

“There is no such thing as a single-issue struggle because we do not live single-issue lives.”

However, everyone will be pleased to hear that we women are resourceful. We come here today not to complain but to propose solutions, and those solutions, like the ones that we assembled in our feminist recovery plan that we launched in 2021 and that informed the topic of our most recent Women's Parliament in 2022, are intersectional and practical. In the same way that the problems are interconnected, the good news is that the solutions are, too. The Programme for Government is the ideal place to see those priorities and our proposed solutions embedded. In addition, by including targets and measurable outcomes, we will be able to see what kind of progress we are making. For too long, progress has meant one step forward and two steps back, and that has to end.

Today, this Parliament will hear contributions from women from many different backgrounds, of different ages and with different experiences. We have all been sent here to cover individual topics, but what we want is to be heard as a choir. Thank you, Mr Speaker.

Mr Speaker: Thank you.

Programme for Government

Assembly Clerk: I beg to move

That this Women's Parliament awaits the publication of the Programme for Government, recognises the progress made and the work still to be done in a number of areas, such as ending violence against women and girls, improving access to healthcare services for women, delivering affordable childcare and the impact on rural women; calls on the First Minister and deputy First Minister, working with Executive colleagues, to embed gender equality, as identified in this Women's Parliament, in all aspects of the Programme for Government; and further calls for the development and delivery of affirmative, measurable actions that will ultimately deliver gender equality for all.

Agriculture, Environment and Rural Affairs

Rural Women's Issues

Edel Gribbin: I am a member of the Northern Ireland Rural Women's Network. I am here to speak on some of the issues that affect rural women. While many of the issues being raised here today are, indeed, rural issues, it would be impossible for me to mention everything that affects rural women acutely. I would, however, like to give an honourable mention to the rural women who continue to experience the cost-of-living crisis, the increasing number of women relying on food banks, the women affected by the closure of essential services at many rural hospitals and the many thousands of rural women who are socially isolated in their communities. Social isolation is now at crisis levels. During COVID-19, we all experienced it, but, for many in rural communities, isolation is still an everyday reality.

Barbara Campbell: I thank the Member for giving way. For any of you who have spent time with older women, you may have heard the saying, “Not in my day” – a wistful

reflection of days gone by when communities supported each other, GPs responded in times of crises and communities wrapped themselves around those in need. More recently, I have heard that saying over and over again from vulnerable older women in rural settings, where added disadvantage is experienced due to a lack of health and social care preventative services and community-based support, which are evident in rural areas.

The impact of living without support is reflected in rural women experiencing physical deterioration, loneliness and isolation, contributing to mental and physical decline, and, sometimes, exhaustion, because they care for older or disabled relatives. To those of you in leadership positions, this is your day to change the neglect of our older generation. When it is your turn to be in that vulnerable position, what might you say to the younger generation about how you led this context? I hope it is, "Neglect of older rural women: not on my watch; not in my day". Their time is short. Thank you.

Edel Gribbin: Thank you, Barbara.

Digital poverty, the centralisation of key services and a lack of digital literacy affect rural residents, particularly older women, who face challenges navigating online platforms. The shift to digital for essential tasks such as booking hospital appointments and managing finances has become even more difficult, particularly with the closure of many rural bank branches.

The shortage of flexible, affordable childcare has a direct impact on rural women's ability to work, pursue education and engage with their communities. Many rural women are forced to reduce their working hours, take lower-paid jobs or even leave employment altogether. That experience of isolation only adds stress to the caregivers' mental health and well-being.

Denise Kelso: I thank you, Edel, for giving way. Being a mother of young children is challenging, but it is even harder in rural Northern Ireland. Vital services, such as healthcare, childcare and parental support, are often miles away, leaving mothers isolated and struggling. Imagine that you need urgent medical treatment for your child but you face long travel times just to see a doctor. Imagine

that you want to return to work but you have no affordable childcare options nearby. Imagine that you feel completely alone, because there are no local support groups. Can you imagine dealing with those issues while having no reliable or affordable public transport system? That is the reality for too many rural mothers.

Sure Start is a vital lifeline for many families with young children, but it only covers 25% of Northern Ireland families. It is concerning that the 'Healthy Child, Healthy Future - Health Review Statistics for Northern Ireland 2023/24' report fails to mention the word "rural" once. Every mother deserves access to the services that she needs to care for her children and herself. We call on the Executive to invest in rural healthcare; flexible and affordable childcare; community support; and accessible and reliable public transport, because no mother should feel forgotten simply because of where she lives.

Edel Gribbin: The current one-size-fits-all approach to our mental healthcare system does not work in rural communities. Finding support during a mental health crisis should not mean waiting for months for an appointment or travelling for hours for care. The centralisation of specialist services without the supporting infrastructure will continue to limit rural access, and lengthy travel times remain a barrier to women accessing the support that they need. Women in rural areas deserve the same level of access and responsiveness as those in urban centres.

Those issues have been raised time and again, yet the balance in resource distribution has not improved since the previous Women's Parliament. Less than 2% of all funding for women's initiatives goes to rural women, despite 40% of the population living in rural areas. Rural communities are filled with women who want to thrive, not just survive. It is time that they receive the funding and support that they deserve. Every Minister has a responsibility to deliver for rural women. The solutions are clear. We call for action and commitments from the Executive to restructure the mental healthcare system; prioritise social prescribing to combat loneliness; and improve the well-being of our rural communities.

Mr Speaker: I call the Minister of Agriculture, Environment and Rural Affairs to respond.

Mr Muir (The Minister of Agriculture, Environment and Rural Affairs): I am delighted to be able to attend this sitting of the Women's Parliament. It is a much bigger turnout than the usual sittings of the Northern Ireland Assembly. I am also pleased to have been able to attend the round-table discussion and the lunch that preceded this debate. I know that Minister Nesbitt and junior Ministers Reilly and Cameron will also respond to the motion and the issues that will be raised by contributors later, but I am grateful for the opportunity to hear about some issues that face women who live in rural areas and speak about the steps that my Department is taking to address those. I also thank the previous contributors for highlighting some of those issues.

Although the Department of Agriculture, Environment and Rural Affairs has always played a lead role as a champion for rural communities, the reality is that all Departments have functions that cover both urban and rural areas. Under section 1 of the Rural Needs Act (Northern Ireland) 2016, all Departments "must have due regard" to the needs of people in rural areas when developing policy and "delivering public services". My Department will continue to work with other Departments to help ensure that the needs of rural communities are addressed.

My Department continues to develop and implement a series of initiatives through the tackling rural poverty and social isolation framework (TRPSI).

The framework encourages effective partnership working with other statutory organisations and the rural community sector and my officials continue to work closely with the Departments for Communities, Infrastructure and Health, the Public Health Agency and councils to develop and deliver initiatives that continue to contribute to addressing rural isolation, loneliness and health and well-being issues. The TRIPSI framework focuses on three priority areas for intervention: access poverty, financial poverty and social isolation. It aims to support measures designed to address those priorities in rural communities. Under the TRIPSI framework, a TRIPSI action plan is developed and delivered each year, setting out proposed initiatives that link to the TRIPSI framework priority areas. Since 2016, my Department has

invested approximately £54 million through TRIPSI framework initiatives. In the current financial year, I have allocated £1.92 million of resource and £5.72 million of capital to deliver on the initiatives in the proposed TRIPSI action plan for this financial year.

Ongoing initiatives that help to address poverty, isolation and lack of access to services in rural areas include the rural micro capital grant scheme, through which 1,874 letters of offer have been issued to voluntary and community sector organisations, awarding £3.1 million to purchase capital items that help to address locally identified poverty or social isolation issues; the Rural Support charity, which has been issued with a contract for funding for three years until the end of March 2027; the Village Catalyst programme, which addresses rural dereliction and provides rural community facilities in conjunction with the Department for Communities; the continued delivery of the rural community development support service by the rural support networks, which build on the capacity of the voluntary and community sector; and the support for the rural businesses through the rural business development grant scheme, which awarded £2.6 million to 763 applicants last month.

From 2015-16 to date, my Department contributed £2.22 million to the rural regional infrastructure support programme, delivered by the Department for Communities from the TRIPSI budget, including £750,000 to support the women in disadvantaged areas strand. The overall aim of the rural and disadvantaged areas strand is to tackle disadvantage and social exclusion, recognising the specific challenges faced by women in disadvantaged and rural areas, and empowering them to have a voice in tackling these issues and meeting their needs. The Training for Women Network is the lead partner of the consortium delivering the women in disadvantaged areas strand, and I would like to thank them for all the work that they do in leading that work, and also the Northern Ireland Rural Women's Network for the role that it plays in representing the interests of rural women on key policy issues and, importantly, future policy development.

All of that, along with the ongoing £26 million COVID recovery small settlements regeneration programme, funded by my Department and the Departments for Communities and Infrastructure, is a significant

investment for rural people, communities and businesses. It illustrates my commitment to building strong, sustainable and, importantly, diverse rural communities across Northern Ireland.

I recognise that transport, as was outlined, is a significant issue for those living in rural areas. The Department for infrastructure, as the policy lead Department for rural transport, provides grant aid from its rural transport budget to the 11 rural community transport partnerships across Northern Ireland to deliver its Dial-a-Lift scheme. Since it was introduced in 2011-12, DAERA has provided funding of just over £8 million to the Department for Infrastructure to support the delivery of the assisted rural travel scheme. The scheme permits rural dwellers to use the SmartPass and rural community transport vehicles provided through the Department for Infrastructure's Dial-a-Lift scheme. This provides free or half-fare travel and ensures equivalency in access for services for urban and rural communities. In recent years, my Department provided £560,000 annually to the Department for Infrastructure. It is intended that that is transferred to the Department for Infrastructure as part of the Budget for next year, and included in that Department's baseline for future years. My officials will continue to meet with counterparts in the Department for Infrastructure to ensure that the needs of rural dwellers are adequately considered.

A working group has been established that includes officials from the Departments for Infrastructure, the Department of Health and my Department to consider whether transport in the community can provide a more cost-effective, value-for-money service delivery model to meet the needs of rural users. It will also investigate the potential for community transport providers to be part of a collaborative group of transport options or pathways that can be accessed by the population.

I recognise the fact that access to adequate childcare services is an issue for many families living in rural areas. The Department of Education is responsible for leading on the Executive's early learning and childcare strategy. My officials have been working with their counterparts in that Department to ensure that the needs of people in rural areas are properly considered. Access to childcare is a

significant issue on which, I recognise, we need to take action.

Access to healthcare services is a matter of significant concern for women living in rural areas. That has been said. The farm families health checks programme is a regional initiative, which is funded by Department and the Public Health Agency (PHA) and delivered by the Northern Health and Social Care Trust. Since 2012, 26,600 rural dwellers – primarily farmers, farm workers and farm family members – who attended marts and community events have been screened. In 2024-25 – up to 31 January of this year – 1,865 checks were carried out. In many cases, a health check has flagged up a need for further intervention. The screening result is forwarded to the client's GP for consideration and action, and a follow-up phone call is organised for three months after that to reinforce health messages.

The loss of services such as banks and schools is also a matter of great concern to those who live in rural areas. My Department will work with other Departments and public bodies to try to address any issues, where they occur.

I will look to the future and mention a couple of initiatives that my Department is developing that I hope will have a significant impact on women in rural areas in the years ahead. As Minister, I established a new rural policy unit on 1 April 2024 that is tasked with developing rural policy for Northern Ireland following our exit from the European Union and the closure of the Northern Ireland rural development programme. In developing its future rural policy, my Department will take into consideration learning from rural policy initiatives that have been in place in Northern Ireland, available rural research and evidence from what is being done in relation to rural development in other parts of the UK and Ireland.

As I said earlier, I recognise that all Departments are responsible for exercising their functions in both urban and rural areas. In developing its rural policy, my Department will engage with other Departments to explore opportunities to support rural communities and to identify how DAERA can work more effectively with the other Departments to help to deliver better outcomes for rural dwellers.

My Department has committed, in its business plan, to developing a new, evidence-based rural policy for consultation. I am committed to engaging closely with rural stakeholders to provide an opportunity for them to inform future rural policy. I have met rural stakeholders and reiterated my intention that co-design and collaboration will be central to that policy. That important work is progressing at pace. Early draft proposals have been shared with stakeholders and the AERA Committee. My officials will continue to engage with rural stakeholders. It is my intention that draft proposals will be consulted on later in the year.

Finally, I will touch on the role of women in farming. My Department's sustainable agriculture programme will have a key role in the delivery of a number of draft Programme for Government priorities, together with my key priorities, through the drive to achieve its four outcomes of improved environmental sustainability, enhanced productivity, stronger resilience and an effective, functioning supply chain. Women contribute greatly to the operation of family farms in Northern Ireland, and it is important that the industry moves forward in a way that supports and encourages women to take on leadership roles in farm businesses and across the sector more widely. As my Department develops the specific schemes from the sustainable agriculture programme, it will take appropriate actions to encourage the participation of women and under-represented groups. I welcome the recent work of the Ulster Farmers' Union (UFU) and the recent publication of the National Farmers' Union of Scotland's (NFUS) report on the issues. I am keen to work with industry to explore how we can encourage better participation of women in agriculture.

I regret that, due to prior commitments, I will not be able to stay for the entire debate, but I thank you for the opportunity to speak, for coming here and for allowing me this contribution.

Health

Access to Health Services for Women

Aisling Ajala: In the months after giving birth to my son, I wanted to die. Instead of the joy and wonder that I had expected to feel after my beautiful boy came into the world, I was overwhelmed by the demands of motherhood.

Long days gave way to longer sleepless nights. The smallest tasks became insurmountable to the point that I did not want to leave the house. I did not get to enjoy the newborn scrunch and to marvel at the little life that I had grown inside me. The dark clouds of postpartum depression descended, and I was robbed of those moments. When I reached out to the midwives and GPs in those first months, I was told that it was the baby blues and it will go away — it did not. Eighteen months later, I had reached breaking point. Statutory services had failed to give me help or support. I felt completely alone and that I was failing as a mother.

It was then, at my darkest point, that I heard about the maternal advocacy and support (Mas) project. The project offers peer support groups in the local community for mothers who are struggling with their mental health. Suddenly, I was not alone anymore. Every week, I put my son into childcare for two hours while I had a hot cup of tea and chatted to mums who were in a similar position to me. We did crafts, had talks about well-being and did activities such as yoga. It was amongst those mothers, a community of care, openness and trust, that I finally began to experience healing and see the light at the end of the tunnel of postpartum depression.

The statistics surrounding maternal mental health are stark. One in five women suffers from perinatal mental health issues during pregnancy or within the first year after birth. Indeed, 40% of deaths within the first year after pregnancy are due to mental health-related causes. The Maternal Mental Health Alliance (MMHA) also reports that 70% of women hide or underplay their mental health symptoms postpartum.

Hazel Wilson: Will the Member give way?

Aisling Ajala: Yes.

Hazel Wilson: I am from the Women's Resource and Development Agency (WRDA). Does the Member agree that early identification of maternal mental health problems is essential? I encourage implementation of the recommendations in the Renfrew report and highlight the need for coordinated system change. Those parallel with the Mas Matters campaign where women emphasise the need for continuity, compassion and signposting. There is often no

consistency in the care that women receive. The roll-out of continuity of care will improve care and build relationships, because relationship-building is important.

I have personally experienced the drawbacks from the lack of continuity as well as the benefits of consistency. During my second pregnancy, my mental health declined rapidly. What made the situation unbearable was the fact that every midwife appointment I had was with a different midwife, and they all wanted to hear the whole story. I found that retraumatising, and my mental health took a further dip. During my third pregnancy, my mental health was bad from the start, due to other circumstances. I was therefore able to say that I knew that the inconsistency from my last pregnancy had been detrimental and needed to be addressed. I was a single mum to two children under three, and I could not maintain the process of telling my story. I was, therefore, referred to the perinatal mental health midwife. The development of continuity of care, and the cultural change that is needed, must be supported at a leadership level. I also wish to highlight the need for a women's health and maternity strategy in Northern Ireland. Thank you.

Aisling Ajala: Thank you, Hazel.

Northern Ireland is the only part of the UK with no mother-and-baby unit. We need plans for such a unit to progress as soon as possible so that mums with the highest level of need can receive specialist care with their babies. We need to foster a culture of openness and care towards mothers, where we are listened to and met at that vulnerable point in our lives.

Although we welcome the recent set-up of specialist perinatal mental health teams for women who are severely unwell, there is still a need for specialist support for women who do not meet the strict criteria. The Mas project offers that support in a community environment and is run from women centres that are already embedded in the communities they serve. That allows for access by those who are affected by social inequality and disadvantage and who are, statistically, more vulnerable to maternal mental health issues.

Sophie Nelson: Will the Member give way?

Aisling Ajala: Yes.

Sophie Nelson: Do Members recognise LGBTQIA+ women as a marginalised group who are disproportionately affected by social inequality and who are, statistically, more likely to be vulnerable to mental health issues and lack of maternal mental health support? HERe NI is an organisation that supports LGBTQIA+ women and their families throughout this region. Despite that organisation offering a lifeline to women who are looking for social integration and to meet families like their own, HERe NI's work remains underfunded and undervalued by Departments. The sector is still waiting on a LGBTQIA+ strategy to address some of the issues that face LGBTQIA+ women, such as increasing rates of poor mental health, including maternal mental health, the high cost of fertility treatment and access to gender-affirming healthcare. A lack of integration of LGBTQIA+ women's needs in healthcare policy will have a direct impact on the mental and physical health of an already marginalised group. Will the Chamber acknowledge that intersection and commit to the delivery and resourcing of a cross-departmental LGBTQI+ strategy to address those healthcare inequalities?

Aisling Ajala: Thank you, Sophie.

A study by the Centre for Mental Health and London School of Economics showed that perinatal mental health problems carry a long-term cost of around £8.1 billion each year in the UK. Therefore, addressing maternal mental health issues within an early intervention community framework would benefit not only mothers but the economy at large. We call for funding for long-term, community-based peer support programmes, such as the maternal advocacy and support (Mas) project for mothers and expectant mothers, and clear signposting to those services. By doing that, we could offer women the consistent and caring support that they deserve in those early years of motherhood.

Older Women's Issues

The Speaker: It is good to see you again, Joan.

Joan Smith: Thank you, Mr Speaker. It is a pleasure to be here on behalf of Women's Forum Northern Ireland. We wish to address the health issues, loneliness and caring responsibilities that older women face today. According to Age NI, the leading cause of

death for older women is heart disease and circulatory problems. In 2022, in Northern Ireland, 1,977 women died from heart or circulatory diseases and, currently, 26,000 women in Northern Ireland are living with heart disease, which kills twice as many women as breast cancer each year. In 2024, the British Heart Foundation in Northern Ireland found that women with heart disease are disadvantaged at every turn, inadequately equipped with information on symptoms, more likely than men to be misdiagnosed and might not get a diagnosis at all. They are, therefore, less likely to receive timely, optimal treatment. We need public awareness of that to be raised — perhaps through something similar to the NHS Act FAST stroke campaign.

Paddy Skates: Will the Member give way?

Joan Smith: Yes.

Paddy Skates: I am also from Women's Forum Northern Ireland. The figures for women and heart disease are truly shocking, with almost 2,000 deaths a year — twice as many as breast cancer, which, quite rightly, gets a lot of publicity. What can be done? Early intervention is the key. It is known as the silent killer because many people do not know that there is a problem until it is too late. High blood pressure can be present with no symptoms but, if it is found and treated with medication, a person can go on to live a long and healthy life. Few women think of having a blood pressure check, which is why health checks for those who do not see a doctor regularly — the assumed healthy — are vital. High blood pressure can cause damage to arteries, the heart, the brain — leading to transient ischaemic attacks (TIAs) and strokes — the kidneys or the eyes, all of which are easily preventable with medication. That is why annual or at least biannual health checks are vital. You take your car for an MOT once a year, you take your dog to the vet once a year and you go to the dentist once a year. The NHS website states:

"If you're aged 40 to 74 and do not have a pre-existing health condition, you should be invited to an NHS Health Check by your GP or local council every 5 years."

How many people in the Chamber have been called for a health check? If those checks existed, why stop at 74? People over 74 may not be working, but they are grandparents providing childcare; carers for elderly relatives,

siblings and, sometimes, children; and volunteers who keep most of our charities going. How could health checks be incorporated into an already struggling GP system? We are calling for an annual vaccination for COVID and flu. Would it be feasible to add on a quick health check, including, maybe, blood tests, at least a BP check and information on healthy lifestyles for those patients who have not had contact with their GP during the previous 12 months — the assumed healthy? It would not require additional appointments but could save money in the long run and, more importantly, save lives. Mr Speaker, I ask that health checks for people over 40, who are not seen by their doctor for underlying health issues, should be implemented without an upper age limit as soon as possible.

Joan Smyth: Thank you, Paddy. In 2022, Age UK reported that because of the pandemic, older women had been, and continued to be, more adversely affected than their male counterparts, with substantial numbers reporting big adverse changes in their physical and mental health because of new caring responsibilities, or because they were providing more support because a person's health, particularly that of a family member, had deteriorated, and that, consequently, their care needs had increased. The Office of National Statistics (ONS) data of 2020 shows that women have a longer life expectancy than men, but a shorter healthy one. That means that access to healthcare is tremendously important for them. In 2023, Age NI reported that older people over the age of 75 have the highest levels of loneliness and are the most likely age group to report chronic loneliness. Age NI reported that that loneliness, and the ensuing social isolation, can increase the risk of an early death by stroke and heart disease as well as increasing the risk of cognitive decline and dementia. Intervention to prevent loneliness, and an extension of existing services, could, therefore, improve the health of older people and, in doing so, potentially save the NHS money. The availability of such interventions is sporadic at present and needs to be more widespread. They need to be readily available and, indeed, publicised. There are currently 18,596 people over the age of 66 who provide unpaid care; that will be referred to elsewhere. Those carers feel undervalued by society, largely invisible and last to be thought of in respect of support. The

University of Birmingham estimated that voluntary healthcare saves the Government £5.4 billion per year. However, please note that those on a state pension do not qualify for carer's allowance if that pension is more than £81.90.

I cannot conclude without emphasising that the shortage of hospital beds and A&E wait times, etc, are impacted on by the number of older patients who are awaiting an appropriate care package to enable their discharge. There is a distinct lack of well-qualified paid care in Northern Ireland, partly due to the reduction in the working population coming from overseas, and partly due to the poor pay and conditions and lack of respect that the profession is afforded. The planned rise in National Insurance will further add to those problems.

Currently, Northern Ireland is the only part of the UK without a dedicated plan to address the health and well-being of women. The Assembly urgently needs to redress that balance, formulate a plan for a comprehensive women's health strategy and ensure that older women have adequate mention in it; develop an action plan to address loneliness; recognise and support those involved in caring; and encourage the recruitment and retention of care workers. To do so will ease the burden on our hospitals. Older women are making a great contribution to society. We thank you for the opportunity to speak for them.

Mr Speaker: I call the Minister of Health to respond.

Mr Nesbitt (The Minister of Health): Mr Speaker, thank you very much. Thanks also for the invitation to speak today. I thank everybody who has contributed so far. You have shown that you are articulate and that your thinking is logical in a way that the Chamber seldom experiences so comprehensively. Today's motion rightly acknowledges that a cross-government approach to tackling gender equality is required. Indeed, the Programme for Government, which is finally not a draft programme, includes a specific objective to reduce health waiting lists and put a focus on health inequalities. Those inequalities have become a passion of mine over the past number of months. International research suggests that it is not something that one single Department can tackle; in fact, the

research suggests that only 20% of the inequalities relate to health interventions, 40% to socio-economic issues, 10% to environment and 30% to such behaviours as smoking. Therefore, we should all welcome the fact that Northern Ireland will be included in the Tobacco and Vapes Bill that is passing through Westminster. It is vital, therefore, if we are to achieve what we want to achieve and make real difference, that we work collectively across Departments and sectors. That will allow us to create the conditions in which people, families and communities can improve their health and well-being, and where we can reduce those inequalities. The most shocking inequality relates to healthy life expectancy. The differential in the healthy life expectancy of two women born in this city on the same day, growing up maybe a mile apart — one in the area of least deprivation and one in the area of most deprivation — is 14.2 years. In a First World country, a quarter of the way into the 21st century, how can we even tolerate that statistic?

I acknowledge the issues, challenges and concerns when it comes to getting access to the right care at the right time in our system. I am acutely aware of the need to address those inequalities in order to improve outcomes for women and girls in Northern Ireland throughout their life course. In November last year, I helped launch the women's health survey in partnership with Derry Well Women and Queen's University Belfast. I want to hear directly from women and girls about the issues they face when it comes to their health and how they feel services should be shaped into the future. Without pre-empting the outcome of that research, I expect many of the emerging themes to reflect the issues that I am all too familiar with. Those are issues such as GP access, menopause care, the significant waiting lists and those health inequalities, and I assure you that my Department is already taking action. I have introduced a new targeted, place-based approach, which I am calling Live Better, to help address those inequalities and bring targeted health support right to the communities that need it the most. I have also reaffirmed my commitment many times to the development of a women's health action plan. That is in development, and it aims to improve health outcomes for the women and girls of Northern Ireland.

Let me take this opportunity to nail a misconception about my attitude to a women's health strategy. I am for it; what I am against is a strategy that is just empty words. A strategy should flow from a policy, and it should be underpinned by annual action plans that are costed, resourced and have the appropriate workforce. Otherwise, those empty-word strategies just raise expectations only to disappoint. I draw your attention to the cancer strategy and the mental health strategy. The latter, for example, has a budget requirement this year of £42 million, but the actual budget that has been allocated is £5.9 million. It is almost cruel to say, "This is what we can do for you" and then not deliver. Therefore, to begin with, we will have a plan that will highlight the wide range of policy and service initiatives that are currently in progress and will outline the actions and service improvements that can be delivered over the next three years, with the aim of improving health outcomes for women and girls and identifying the priority areas for investment should additional funding become available. My officials recently held two successful online stakeholder engagement events. We heard directly from the voluntary and community sector and from healthcare professionals on the key priorities for inclusion in the plan. The feedback, as well as early findings from the women's health survey, will now be used to inform the development of the plan.

I will now take the opportunity to highlight some of the work that is under way in response to the issues raised here today. The Department has overseen a major programme of work on maternity and neonatal services, with an immediate focus on improving governance and safety. Without getting into too much detail, as I am limited on time, that work will result in a consolidated regional action plan that will be fundamental to improving outcomes for mothers, babies and families. It will also help inform the future strategic direction for maternity and neonatal services. I have also announced the establishment of an interdisciplinary maternity and neonatal partnership, which will lead on the implementation of the action plan.

Linked to maternity, phase 1 of the perinatal mental health service has been fully commissioned and is implemented across each trust, and we are ready to establish a government structure that will help shape the

strategic direction and the planning of the service going forward. The Belfast City Hospital site has been identified for a dedicated mother-and-baby unit in Northern Ireland. The business case, which is due to be finalised in the next few months, is currently based on a seven-bedded unit that will service the Northern Ireland population and will include both capital and revenue costs. Progression of the site will remain subject to the required capital and revenue funding being identified.

Through dialogue with the British Heart Foundation and others, I am informed about the under-awareness, under-diagnosis and under-treatment of cardiovascular disease among women. I recognise that there are particular challenges with improving the awareness of cardiovascular risk factors among women and girls and addressing any differences on diagnosis and treatment. My Department will continue to work closely with the Northern Ireland cardiac network to consider any improvements that could be applied to current diagnostic and treatment pathways.

I listened to Dr Smyth, who so eloquently outlined the issues facing older women in our society that can have a significant effect on health. Supporting individuals to age well and live well in their own community is a key priority for me and my Department. We are, as we know, in an ageing society, and with women living an average of 3.8 years longer than men, it naturally follows that an increasing number of women may find themselves living alone at a stage of life where they may require additional support and have mobility issues and health problems. Where loneliness is prolonged or severe, we know that it may increase the risk of some conditions such as dementia and mental health conditions, including stress, anxiety and low mood. No organisation or Department can solve this alone, however my Department, in recognising the impact on health and well-being, has established a loneliness and social isolation forum to engage with other Executive Departments as well as with our UK and Republic of Ireland counterparts.

I would also like to respond to the issue of caring and carers. That was discussed earlier. It can impact women of all ages. According to the most recent NI census, around 20% of

women aged over 40 are providing unpaid care in Northern Ireland. Unpaid carers play a crucial role in supporting our health and social care system. They provide care for families and friends with little or no compensation. There are multifactorial impacts for women who are carers. For example, high state pension ages mean that many women will be working in paid employment roles for longer and, therefore, are more likely to be working while also carrying out caring duties. Many women carers can face physical health challenges in their caring role due to heavy lifting when providing support and managing daily tasks for those they care for, which can lead to back pain and musculoskeletal problems. Other issues relating to female unpaid carers include risks of anxiety and depression due to the loneliness and the isolation that can be felt as an unpaid carer.

I am conscious that I am coming to the end of my allotted time. I have to leave while there is much more that I could say about the ongoing work of the Department relating to all this. I want to finish by acknowledging the presence of Jonna Monaghan. I very much enjoyed working with her as a member of the all-party group on UN Security Council Resolution (UNSCR) 1325, women, peace and security. When I left, we were looking at the importance of gender budgeting for the Executive. Indeed, I was hoping to introduce a private Member's Bill in that regard, but, now that I am in this role, I am prevented from doing so. While it is not my job to set the agenda for the all-party group, I encourage you to look again at gender budgeting and its potential impact on how women are treated and respected and whose services are delivered by this Executive and their Executive Departments.

The Executive Office

Affordable Childcare

Raissa Balduino: In March 2023, two mothers launched Melted Parents, a social media campaign dedicated to sharing the stories of parents struggling with the childcare crisis in Northern Ireland. Since then, Melted Parents has grown into a grassroots lobbying group, driven by seven women who balance full-time careers and motherhood while representing the voices of parents in the fight for high-quality, fully accessible and affordable childcare in Northern Ireland. I am one of the seven women. My name is Raissa Balduino. I am an immigrant, a woman of colour, a mum and a full-time worker. I am here today to speak on behalf of families affected by the

childcare crisis — families that include the more than 20,000 women who directly support our campaign, and the countless others who struggle daily. Their stories fill our inboxes every day, and today I want to share just one of them: my own.

I moved to Belfast 12 years ago and have been married to a local man for almost 11 years. Without family nearby, we waited to have children until we were financially ready. We had a house, full-time jobs and savings. We thought that we were prepared, but, no matter how much you plan, nothing prepares you for the cost of childcare in Northern Ireland. Just last week, I received the dreaded letter: another childcare fee increase. This year alone, our costs have risen by £233 a month. That is almost £3,000 a year for one child, a 35% hike after government support. What family sees their income grow by 35% in a year? That is not just unsustainable but outrageous.

My husband and I felt hopeful after the introduction of the subsidy scheme. We believed that it meant that the Executive would finally act to address the crisis. For the first time, we thought that we could grow our family. We were excited and filled with dreams. That did not last long. We are now more worried than ever about the future and are reconsidering our choice. Yet, even after all that, my family are still some of the lucky ones. My husband and I earn decent wages, so we can absorb the increase without going into debt, but we are the exception. Thousands of families are struggling to get by on the minimum wage, with many receiving no support while facing overwhelming costs. Who suffers the most? Women. Care work has been devalued and feminized. It is seen as a woman's responsibility rather than a societal one. While the childcare crisis affects everyone, it disproportionately harms women, pushes them out of the workforce into poverty and, in some cases, traps them in violent relationships.

Women do not just rely on childcare but provide it. Yet most childcare workers, who are mostly women, are underpaid and lack job security. A comprehensive childcare strategy needs to address all those issues, and its delivery has become more urgent than ever. Unfortunately, we keep hearing the Executive mention the subsidy scheme as if it has solved the childcare crisis: it has not. The scheme

was an emergency intervention that supported only a small portion of affected families, and, just a few months later, its impact was erased by soaring childcare fees that have left most families in an even worse situation. Now, when we should be consulting on a comprehensive strategy, we find ourselves back where we were a year ago; fighting for urgent intervention, this time, on top of the urgent intervention, and the strategy is still nowhere to be seen.

Deirbhilé Liggett: Will the Member give way?

Raissa Balduino: Yes.

Deirbhilé Liggett: As a mother of two and someone who works in the Falls Women's Centre, a community-based childcare setting, I am extremely aware of the critical role that those organisations play in women's careers, mental health and their children's development. Many families breathed a sigh of relief when they heard about the Northern Ireland childcare subsidy scheme, which was aimed at reducing childcare costs by 15% for eligible working parents of qualifying children. They thought, "Finally, we might be given a break from the eye-watering cost of childcare". However, unfortunately, the reality is not as hopeful. The private sector makes up a huge proportion of childcare providers, and, due to inflation and rising costs, it has had to increase its fees to stay afloat, meaning that the subsidy that is offered is not financially benefiting working families.

The Executive need to invest in community day care to ensure that working-class families are not priced out of employment. According to research by the Community Day Care Network, in 2024, 78% of those centres were located in the most deprived areas in the North, and a shocking 48% of them described their financial situation as "struggling" and focused on "simply surviving" the next 12 months. Without those centres, women from deprived areas will be priced out of work, with private day care settings being completely out of their budgets. Do we really want women to feel as though there is no point in working and that they will be better off on benefits? Having the option to work is paramount for women's mental health. I know, personally, how true that is. The high-quality and affordable childcare setting that the Falls Women's Centre provided allowed me to join the MAs

project, which offers mental health support to women who are pregnant or have children aged from zero to three years.

Accessing childcare allowed me to gain the qualifications to be a group leader and progress into becoming the project worker for our centre. That has improved my confidence massively and my quality of life. It has also given my children the most amazing start in life, thanks to the exceptional level of childcare provided. The community-based childcare model also allows the mothers in my group to avail themselves of day care for one morning per week, which is funded by MAs and is at a lower cost. During that time, the women engage in training, such as paediatric first aid and mental health awareness talks, to arm them with the tools and knowledge to be the best versions of themselves.

I hope that you can see that community-based childcare is not simply about the family's bank accounts: it is about our mental health and our children's emotional, physical and social development. The time is now for a robust plan for community day care provision.

Raissa Balduino: The situation is beyond disappointing: it is a failure of leadership and Northern Island's families are paying the price. We need all political representatives to act with urgency to deliver on what was promised.

That is why we are urgently calling for extension of the subsidy to anyone using registered childcare; the subsidy cap to be reviewed and increased so that more families can access it fully, ensuring that the scheme provides meaningful financial relief; fee increases and hidden costs to families to be monitored, including changes to discounts, closure days, calculation methods and discrepancies in rates between part-time and full-time places; and childcare fees to be published and transparency ensured so that parents have clear and accurate information about costs, which would promote fairness and accountability across the childcare sector.

After almost two years of lobbying for high-quality, affordable and accessible childcare, one thing is clear: as long as early-years education is driven by profit, prioritising money over quality, affordability and accessibility, this crisis will not be solved. If we want a system that truly serves families, supports women and provides quality care, we must challenge the

status quo. Our Government need to stop passing responsibility to the for-profit sector and to the unpaid labour of women. The Executive need to start making bold choices and transform a system that is not working.

The childcare strategy is an opportunity to lead in investing in community-based childcare, centring families, creating excellence in early years and supporting the women who are the backbone of our society. Let us seize this moment to create a legacy of care, equality and opportunity for generations to come.

Women in the Economy

Christiana Olujomoye: I am from the NI Women's Budget Group (NIWBG), and I will speak on women in the economy. "Intersection" between women and the economy refers to the way in which the economy influences and is influenced by the economic system, policy and structure. Women's formal and informal participation in the workforce is often undervalued or underpaid. Women generally earn less than men for similar jobs. That has a long-term impact on their wealth accumulation, retirement savings and economic independence.

Women face many challenges within and outside the labour market, such as the gender pay gap; access to resources and opportunities; discrimination and bias; and unpaid labour. A large proportion of women's work is unpaid. Their labour supports the broader economy but is often invisible, underappreciated and not factored into economic calculations such as GDP despite its essential role in sustaining community and economics. Women stay at home to raise children who become doctors, lawyers and MLAs but they are never seen as doing anything to grow the economy.

Hence, the significance of women to economic growth and development cannot be overstated. Women represent a critical force in driving both local and global economics, contributing in unique ways that lead to broader prosperity and sustainable development. When women are economically empowered, the entire society benefits socially, culturally and economically. Women often create businesses that address immense needs in the local community, which can foster economic growth and job creation.

The COVID-19 pandemic had a disproportionate impact on women. Many women worked in the sectors that were hit hardest by the pandemic, such as healthcare, retail and hospitality. Furthermore, the lockdown and school closures intensified women's caregiving responsibilities, leading to increased job losses and economic insecurity. The United Nations sustainable development goal (UNSDG) 5 focuses on achieving gender equality and empowering all women and girls, while SDG 8, which aims to promote inclusion and sustainable economic growth, employment and decent work for all, is also directly related to women's economic participation. Therefore, I stress the importance of providing equal access to education and vocational training for women.

Rachel Benson: Thank you, Christiana, for giving way. I will add my perspective as a woman working in a women's centre in Northern Ireland, where we support women returning to work, every day. As we know, one of the most significant barriers that women face in the workforce is the high cost of childcare. For many, childcare expenses are so high that they outweigh the financial benefits of returning to full-time work. That alone makes it difficult for women to even think about future employment, or to re-enter the workforce. For those who do, it often limits their ability to advance professionally. Part-time and flexible roles are often seen as a solution, but, for many women in Northern Ireland, those jobs are lower paid, less flexible than expected and come with fewer opportunities for career progression. That can have long-term impacts on financial security, including pension contributions and savings. Another challenge that women face is the motherhood penalty. Women who have children often experience fewer opportunities for promotion, lower pay and even discrimination when it comes to maternity leave or requesting flexible hours. That only widens the gender pay gap.

In addition to those professional barriers, mental health plays a crucial role in the challenges that women face in the workplace. The stress of balancing work life, childcare and home responsibilities can be overwhelming, particularly in my circumstance of a single-parent household. Many women often struggle with anxiety, depression and burnout from balancing the workload of employment, family

life, pregnancy — unfortunately, the list goes on. However, that is not empathised with in many workplaces. In some cases, it will be ignored. I can relate to those issues. Before finding Atlas Women's Centre in Lisburn, which is my place of employment, I struggled with serious mental health issues. I lacked self-belief and self-worth. During that stage in my life, I was existing, not living. I started in Atlas as a service user in need of support. It offered me 18 one-to-one counselling sessions, skill set training and accreditation, well-being workshops and a sense of purpose that I never knew that I needed. It even offered me a short voluntary role. Now, almost three years later, I am employed by Atlas and receiving the support that I need to flourish in my career. However, not everywhere is like Atlas; I was lucky.

The barriers that we are speaking about this afternoon, including high childcare costs, limited opportunities in part-time work and the motherhood penalty, make it extremely difficult for women in Northern Ireland to achieve financial independence and career success. Ultimately, they leave many women at a disadvantage in the workforce, further adding to the many mental health challenges that we face. If we want to create a truly inclusive and supportive work environment, we must acknowledge the high childcare costs and the mental health struggles that women face daily, and provide accessible support, alongside policies that address those systemic failures.

Christiana Olujomoye: Thank you, Rachel. There is a need for a stronger policy to support women's participation in the economy in such areas as equal pay law, maternity leave and support for female entrepreneurs. Together, we must advocate for challenging traditional gender roles, which restrict women's economic freedom. I call on all MLAs to encourage continued effort towards policy change, creating a level playing field and investing in women's education and entrepreneurial ventures.

Finally, I highlight the importance of collective action, and the need for women and men to advocate for gender equality in the economy.

Carers and Unpaid Work

Siobhán Harding: I will speak about unpaid care. Unpaid care is a gendered issue. Census figures show that nearly 60% of unpaid carers

in Northern Ireland are women. Figures from Carers UK show that women have a 70% chance of providing care in their adult life and are more likely to care early in their life.

Carers NI research shows that unpaid carers save Northern Ireland's health service £5.8 billion in care costs each year. Despite that, many unpaid carers are struggling without adequate support, trying to balance work and family with care, and many are living in poverty. Carer Poverty Commission figures show that 28% of carers in Northern Ireland live in poverty, which is a higher rate than in the rest of the UK. Carer's allowance, which is the main social security benefit for carers, is paid at just £81.90 per week. Some 70% of those who receive carer's allowance are women. Research by Carers NI shows that 76% of respondents to its research felt that the current rate of carer's allowance was insufficient to meet their financial needs.

Providing unpaid care can have a negative impact on women's health and can limit their ability to participate in public life. It can impact on women's financial security if they are unable to work or are limited in the work that they can do.

Natasha McClelland: Will the Member give way?

Siobhán Harding: Yes, I will.

Natasha McClelland: I am an unpaid carer. I provide high-intensity care for my two children, who are now dependent adults with multiple and severe disabilities, and I work full-time.

Caring is hard and constant. I describe myself as one person leading three people's lives, so it is no surprise that I struggle. I am always exhausted, highly stressed and on the verge of burnout. Like many other unpaid carers, I am simply hanging on by a thread, living in survival mode. Providing care has many damaging consequences for the carer, with many experiencing immense care burdens. Those include poor health outcomes, increased poverty and the inability to work.

Caring impacts massively on my life. Over the past few years, my health has significantly declined because of caring. It has a huge impact on my career. It hinders my employment opportunities and career progression, which, in turn, reduce my

earnings and pension contributions. It also impacts on my social life. Time for me, away from caring, is virtually non-existent.

Unpaid carers play a critical role in society by selflessly providing vital care and support to those whom they care for, yet, despite our sacrifices, carers like me remain unseen and ignored, with little or no statutory support. Unpaid carers are struggling and suffering because our Government are choosing to ignore us. Our legislation is not only outdated but it has not progressed to even the same equivalence as in GB or Ireland. Carers urgently need legislative reform across a spectrum of areas, but particularly in employment, health and social care and welfare. It is in those areas that current Government policies are so inadequate that it is beyond belief. It is those inadequacies that shape and permeate the structural disadvantages and inequalities that we, as unpaid carers, experience.

Unpaid carers are being punished simply for caring. I call on our Ministers to urgently make the legislative changes that are being discussed here today and beyond so that we can stop the needless suffering of carers.

Siobhán Harding: Thank you, Natasha.

Research by the Women's Support Network on behalf of the Women's Regional Consortium (WRC) and with Carers NI on women, unpaid care and employment showed that one in three women has given up work to care, one in four women has decreased their working hours due to a caring role and one in six women has taken on a less qualified job or turned down a promotion to fit around caring responsibilities. There is an urgent need to recognise and value the huge contribution that unpaid carers make to our society.

Carers NI and the Women's Regional Consortium have recommended that the Northern Ireland Assembly should legislate for paid carer's leave from work and a day-1 right to request flexible working for all carers; review the value and eligibility criteria for carer's allowance; reform the social care system to provide reliable, consistent, high-quality replacement-and-support care; and deliver a fit-for-purpose and affordable childcare system across Northern Ireland, including appropriate childcare for children with special educational needs.

As the gender equality strategy expert advisory panel report notes, debates around care are:

"dominated by the idea that the solution ... is to make it 'easier' for women to"

balance

"work and care responsibilities".

However:

"Unless a universal care giver approach is adopted - where the expectation and reality is that men are equally expected to"

undertake care responsibilities, this will continue to act as a barrier to gender equality.

I will finish with a quote from a carer, highlighting the impact of combining work with unpaid care:

"Juggling work and caring takes its toll. I have had more sick leave in the last year than in my previous 19 years in this job. I have no doubt that's due to the stress of juggling caring and full-time work. Your head is always sort of split. You are worried about what is coming next, plus you are trying to focus on your job. You are kind of going, 'How am I giving this my all if my head is elsewhere?.' It is constantly trying to juggle things, and it's exhausting."

Disabled Women

Farah Black: I am here today on behalf of Disability Action. The organisation wanted me to share my story here today. First, I dedicate my speech to my beautiful sister-in-law Justine Sharif-Hill, who was a huge advocate for women doing it for themselves. She was a mentor for women in business, and, sadly, she passed away on 30 May 2024 after a very short, ferocious battle with everyone's foe: cancer.

I now get back to my story. In 2016, I was faced with Hobson's choice: keep my septic leg and face imminent death or lose my leg and, with it, my independence. I chose my leg for as long as I could. I could not imagine a life without my limb. When I became too poorly to make that choice, my husband chose my life. I was so angry with everybody — with the universe, even. I wanted to die. All of the colour had drained out of my life, and it was black. I could no longer look after my basic needs, and, to this day, it still is a struggle at

times. I missed my working environment and feeling needed. My husband and I were officially deregistered as foster carers after nine years of fostering teenagers because I was deemed too disabled.

On 16 July 2016, I ceased to exist. I became "Farah Black, the amputee" or "Farah Black, the invisible". I gave up counting all the things that I could not do. I lost count. My world became smaller. My world became my home, sometimes my garden. My six-year-old son stopped coming to me for help, and then my world became just my bedroom.

On 6 January 2019, I developed sepsis again and had to undergo further surgery. Following that procedure, I suffered respiratory arrest, which was witnessed by my son, who was then nine years old.

On 26 January 2019, there was no option but to amputate again to save my life. My chances for survival on the operating table were put at 20%. I survived for a reason. My reason became to change the way that people with disabilities have to live. I have been turned away from bars, restaurants, clubs and shops because they cannot accommodate my wheelchair. There are some services and businesses that I cannot access because I cannot climb the stairs to get to them. Even a two-inch step is a mountain to me. How is it right that any of that is the case in 2025?

Alicja Jasinska-Pladlo: I thank the Member for giving way. I am here to ask what the Government's strategy for supporting women with invisible disabilities is: first, in pursuing a diagnosis, and then in pursuing successful careers. I am a cardiologist and data scientist, and I have an invisible disability. I had to access private healthcare to receive that diagnosis, and I have now formulated a management plan. Unfortunately, thousands of women in Northern Ireland are unable to access NHS services for neurodiverse conditions, such as autism and ADHD, because healthcare trusts are haemorrhaging psychiatrists at an alarming rate – not just psychiatrists, but clinical psychologists and educational psychologists. We need a government strategy to recruit and retain adult psychiatrists and psychologists with an interest in neurodiversity who will support that group of women. We also need comprehensive data collection on the prevalence of invisible

disabilities in the workplace. Additionally, we must explore ways in which to support the recruitment and retention of that highly talented group of women in their workplaces.

Farah Black: Women like me who want to work and are more than capable of working cannot work, because they cannot get themselves to and from work, or the workplace is not accessible. Women with seen or unseen disabilities still live in the Dark Ages. Intelligent, ambitious and highly driven women are unable to work, because accessibility remains an issue, and Northern Ireland is missing out on employing those incredible women. I want to change that. I have a plan and a mission. I want to create the world's first all-access country — Northern Ireland: a place where the disabled can work, shop, live, eat out freely, access transport and tick all the appropriate boxes on websites relating to disability with confidence. I want people with disabilities to be able to make spur-of-the-moment trips out — to book a taxi instead of having to plan weeks in advance and physically call and check every place that they are going to visit to ensure that they actually cater for the disabled or those of us in wheelchairs.

I want there to be the correct support. I want changes to legislation whereby it is law to have appropriate facilities for the disabled so that there is appropriate access to businesses and services and it is not just treated like a tick-box exercise. With the appropriate funding, we will put Northern Ireland on the map as the world's first and show the rest of the world that it can be done.

Violence against Women and Girls

Sonya McMullan: I work for an organisation called the Women's Aid Federation. We work on behalf of eight local Women's Aid groups across Northern Ireland, who provide emergency accommodation, outreach and so much more to women, children and young people.

A shocking total of 25 women were murdered in Northern Ireland in 2020. Overwhelmingly, those women were killed, or suspected to have been killed, by someone who was known to them, often in their own home, a place where we should all be safe. Those statistics are shocking, seriously concerning and highlight the need for immediate action to tackle

violence against women and girls in our community. In 2023-24, we witnessed the third-highest levels of domestic abuse ever recorded, with the PSNI recording 33,763 domestic abuse incidents. That averages out at an incident every 16 minutes of every day. We know that that is only the tip of the iceberg, because many people never report such crimes. We are aware that domestic abuse can impact on anyone, but it is clear, from research and statistics, that it is a gendered crime that disproportionately affects women and girls.

In March 2021, Women's Aid launched a strategy because we were the only part of the UK that did not have a tackling violence against women and girls strategy. Such was the public demand to tackle the issue that the petition got thousands of signatures, and, following support from the Northern Ireland Assembly and the Executive and a meaningful co-design process, in which many of the people present were involved in that, we were delighted that the Ending Violence Against Women and Girls strategic framework was finally introduced in 2024. We were really pleased to see the inclusion of an Ending Violence Against Women and Girls strategy in the draft Programme for Government for the first time in this jurisdiction. We look forward to hearing more about that on Monday.

In the same period, we welcomed a whole raft of new legislation: the domestic abuse offence; the coercive control legislation, which included a child aggravator; stalking legislation; non-fatal strangulation; the introduction of domestic homicide reviews; Operation Encompass; the Safe Leave Act; and many other provisions under the Justice (Sexual Offences and Trafficking Victims) Act. Those are all tools that can help to tackle violence against women and girls. However, we need to monitor and scrutinise this legislation and to find out how it is embedding itself. The absence of any funding to resource those pieces of legislation is of great concern. We also had a legal aid waiver, which was introduced through the Domestic Abuse and Civil Proceedings Act for article 8 proceedings in the family court. There was a very low uptake of that. We are really concerned about access to justice, specifically in relation to civil legal aid.

We have also seen the launch of the new Domestic and Sexual Abuse strategy.

Women's Aid played a pivotal role in shaping and informing that strategy, particularly with the voice of our children and young people, who successfully helped us to lobby and campaign for the inclusion of a children and young people's pillar, which finally highlights the traumatic impact that domestic abuse has on the home for children and young people in our society, detrimentally impacting on their well-being.

Despite this work, Women's Aid Federation is disappointed not to have had our core funding restored by the Department of Health. I am disappointed that the Health Minister has left for this piece. None of the pot of funding that was released in the last few weeks went to any women's organisation.

That news, given the advances that we have made and the opportune position that we are now in with the new strategies and clear action plans to address domestic abuse and all forms of violence against women and girls, limits our ability to bring the voices of women, children and young people affected by abuse into the room. Those voices deserve to be heard loudly by decision makers when they are discussing any policy that directly impact on victims.

Karen Devlin: Will the Member give way?

Sonya McMullan: Yes.

Karen Devlin: Thank you. As a Women's Aid worker, I stand here today to protect the anonymity of a survivor of domestic abuse, whom I will call "Amy". I will share her words, as she wishes the Chamber to hear them:

"In 2017, I was physically attacked by my then partner. He attempted to strangle me. He was convicted, but, at that time, non-fatal strangulation was not a specific crime in Northern Ireland. He was found guilty of only common assault. Since then, new laws have been introduced to protect women experiencing abuse, yet 43 women and girls have been murdered here since 2017, and demand for support services remain high. I now work with women and children who tell me protection orders meant to keep them safe are not being properly enforced. They are terrified in their own homes, trapped in fear while their perpetrators remain free. I know my abuser has hurt other women since. He is active on dating websites. Not knowing where

a perpetrator is, or if they will strike again, is terrifying for women.

To truly protect women and girls, we need greater cooperation, information-sharing and transparency between all parts of our society, including the criminal and family courts. Women are being repeatedly brought to family court by the perpetrator as a means of continuation of their abuse, despite conviction in the criminal court for their perpetrator. If we are serious about ending violence against women and girls, we must meaningfully embed education on healthy relationships, gender stereotypes and the roots of misogyny into the curriculum. We must confront the rise of online misogyny, which fuels real-world harm for women and girls.

Violence against women and girls is a national emergency, yet we do not treat it as one. During COVID, we acted swiftly and collectively to protect lives. The pandemic of violence against women and girls is a crisis that demands the same urgency, commitment and cooperation. We must treat the threat from perpetrators as seriously as the threat from the virus. We must understand the importance of respectful relationships, just as we understood the importance of handwashing during COVID. We must insist that the authorities work together to protect women, just as they did to protect all of us during COVID. Ending this pandemic of violence against women and girls is everybody's responsibility, and it's time we all rose to take up this challenge."

Sonya McMullan: Thank you, Karen, for highlighting the importance of listening to the lived experience of survivors, which is essential to shaping any policy, legislation or awareness as we, as a society, try to tackle violence against women and girls.

Society must stand united in the fight against violence towards women and girls, recognising that the issue affects not only individuals but all of us in society. We must collectively challenge harmful norms, strengthen legal protections and provide resources for support and empowerment. Education and awareness play a vital role in fostering respect, equality and understanding. Each of us must take responsibility to create environments in which women and girls feel safe, valued and heard. Only through shared commitment and action can we end this cycle of violence and ensure a

future in which women and girls thrive, free from fear and discrimination.

Equality and Human Rights Legislation

Aislinn Fanning: The Good Friday Agreement contained hard-won and reasonably extensive commitments to gender equality in Northern Ireland. That was so long ago that I was not even born, but, 27 years later, discrimination against women remains a huge problem in this place. Every year, 20% of the enquiries that are made to the Equality Commission relate to sex discrimination. As Sonya pointed out, that is only the tip of the iceberg.

Beyond that, violence against women and girls is a huge issue in this place. We need a comprehensive and cohesive solution to all of those problems, with rights and equality commitments at its core. The commitments that were made in 1998 include commitments to mainstream equality considerations in public policymaking and to strengthening discrimination legislation and employment equality discrimination in this region.

Jonna Monaghan: Will the Member give way?

Aislinn Fanning: Yes.

Jonna Monaghan: I am with Women's Platform. Our role is to connect women in Northern Ireland to international networks and human rights standards. In 1998, section 75 was groundbreaking in introducing protections for things such as gender, age and disability. Today, however, it is very clear that we need to do more. Harmonising legislation to clarify and streamline protections is very important in that regard. It is crucial that we integrate an intersectional lens in order to recognise that people have multiple identities and do not live single-issue lives.

In short, we are calling for a single equality Act that brings together and modernises all of the complex pieces of legislation that we currently have. The Sex Discrimination (Northern Ireland) Order 1976 is now almost 50 years old; that is just one example of how urgent this is. We also need that legislation to build on international human rights standards, which are binding on all EU member states, and provide a global context that can secure rights for everyone. For the UK, there are clear recommendations on equal pay, healthcare, childcare and all the issues that have been

mentioned here today. We believe that there is an urgent need to introduce a framework that can put equality at the heart of all of our decision-making.

Aislinn Fanning: Thank you, Jonna. It is clear that we need a consolidated rights and equality framework in order to build a sustainable peace in this place. Equality has been a devolved matter here since 1999, but only one piece of equality legislation has ever been passed by the Assembly. That is simply not good enough. Equality legislation in Northern Ireland is disparate, complex and out of date, and does not cover all of the protected characteristics with the same level of protection. Strengthening and harmonising the legislation upwards is important for moving forward with those protections. We need to strengthen the legislation to include more extensive protection across all of the protected characteristics. We need to make that legislative framework accessible to all rights-holders.

We are dealing with an ageing population in Northern Ireland, and older women are a particularly overlooked group when it comes to equality considerations. I work with older women in west Belfast every day in Ardmonagh Family and Community Group, and those women talk all the time about how they feel left out of equality considerations. They stress the importance of adequate investment in, for example, health and social care services that are delivered in their communities, so that they are appropriately tailored to their needs. That is an equality and a rights issue.

Section 75 has the potential to allow for meaningful consideration of the equality impact of policy decisions, but only if decision makers leave adequate time to consult with interested groups on the equality impact of policy decisions; if they consider the real-life equality impacts of policy decisions; and if they consider the impacts across and between the protected characteristics rather than treating those in silos. If the data is not there, it needs to be collected. A full review of the effectiveness of section 75 — its enforcement, effectively — and the revitalisation of the provision as a tool will go a long way in harnessing its potential. If we are going to build a society that works for all women in this place, we need a renewed and meaningful

refocusing on the commitments that were made to women in Northern Ireland in 1998.

Mr Speaker: I call junior Minister Reilly.

Junior Minister Aisling Reilly: Go raibh maith agat, a Cheann Comhairle. [Translation: Thank you, Mr Speaker.] I start by thanking every one of you who has come along to today's session and spoken so passionately about the issues that matter to you. Sometimes, it is not easy to get up and speak in this Chamber, so I want to thank you for standing up and speaking about the very real issues that are impacting and affecting women, and which women face here every single day.

We know that events across society can play out with a wider impact on women and that inequalities still exist in many areas of life. It is important that we not only challenge those inequalities but address them, and that we do so by not just our words but our actions.

Since the Executive returned last year, significant work has been taking place on many of the issues that you have raised today. We have made progress on a number of key areas, and yesterday's agreement of the Programme for Government is our commitment on doing what matters most to people. That includes tackling all forms of inequality and embedding gender equality across our society. The publication of the PFG sets out our priorities for this mandate, and there was broad support for the commitments that we laid out. We have listened to feedback provided during the public consultation, and we have made some changes as a result. We have also set realistic targets and timelines for delivery against all of the priorities. We believe that, by focusing on those nine priority areas of the Programme for Government, we will create a more equitable society here for everyone.

I will now respond to the statements from Raissa on affordable childcare, Christiana on women in the economy and Siobhán on carers and unpaid work. I will outline how the Executive, through the PFG, intend to address some of the issues raised today.

As we have heard today, there is a need to address rising costs in childcare. Raissa and Deirbhile outlined so clearly how important it is to ensure that we have affordable childcare here, and we hear you. As an Executive, we

know that the cost of childcare is putting a huge strain on many families. In some cases, it can hinder parents, particularly mothers, from getting into or staying in work or progressing in their careers. Investing in childcare is an investment in our economy and in our people. It is vital that we continue to explore every opportunity to strengthen our economy to improve the lives of all our citizens.

The Department of Education leads on the development of an Executive early learning and childcare strategy. The Minister of Education intends to introduce a comprehensive and ambitious draft early learning and childcare strategy to Executive colleagues for public consultation by this autumn, which will support child development, make childcare more affordable and enable parents, particularly women, to work. Pending the development of a strategy, the Education Minister secured £25 million of Executive funding in May 2024 to implement a package of measures this financial year. That investment is making a real difference to thousands of children, parents and families here.

The childcare subsidy scheme has given working parents a 15% reduction on their childcare bills. More than 14,000 have been registered and approved for the scheme, with parents collectively saving £5.4 million from September up until mid January. When combined with tax-free childcare, parents have saved over £11.3 million. An additional £7.6 million has been invested in existing early years programmes such as Sure Start and Pathway and some administered by other Departments, such as the Department of Health's Fair Play grant scheme. That also included an allocation of over £300,000 to the Department for Communities for childminding training through labour market partnerships. A major expansion of preschool provision will ensure that all children have access to full-time preschool education, with an additional 2,500 children getting a full-time place in September 2025 and more to follow in successive years.

The NI Statistics and Research Agency has been commissioned to undertake a major household survey of parents' childcare requirements. That survey and the administrative data that is being collected from the NI childcare subsidy scheme will inform the next steps. Funding has also been allocated to

the Department for the Economy to carry out an in-depth assessment of the sustainability challenges faced by many childcare providers to determine what support they need and how government should respond. Of course, we have so much more to do, and the prioritisation of early learning and childcare in the Programme for Government demonstrates the Executive's commitment to investing in that area over the longer term.

I thank Christiana and Rachel for their statements on women in the economy, which really highlighted the importance of ensuring that there is an equitable economic playing field for women here. I believe that, if we are to realise our full potential as a society, we must do more to champion and celebrate women in the economy. We need to recognise the contribution that women are making in all aspects of life. The Department for the Economy has a number of strategies aimed at addressing gender inequalities in the economy here. Providing accessible skills and education programmes is a key element of how the Department helps women become part of and remain in the labour market. Taking a holistic approach to what it provides and where has helped women to start, re-enter and stay in jobs that they may otherwise have thought inaccessible.

Initiatives such as the Step Up programme have been providing tailored support interventions to women wanting to re-enter the world of work through its women returners access programme across the six further education colleges. That includes regular one-to-one mentoring, travel and childcare allowances and additional support to initiate a personal and learning journey towards a new future. Through the skills fund, a series of women returners initiatives has helped up to 200 women to use learning to gain the confidence and skills to re-enter the workforce. Its initiatives have also provided skills and training, with the potential for a work placement and access to employment opportunities. The courses, again, are delivered through local colleges in partnership with community-based organisations and employers and help women to gain sector-specific skills and transferable skills such as leadership, project management and business improvement techniques.

Great work has also taken place to encourage more women into STEM careers. A key action in the women in STEM action plan published by the Department for the Economy set an ambition to increase women working in STEM in the North to 30% by 2030. Encouraging girls and young women to consider studies and careers in STEM is a key part of the action plan, and work continues on that strand, encouraging links with other programmes and initiatives in skills and education. The Department for the Economy also supports the CyberFirst programme, which includes a focus on increasing awareness among young women of the interesting and rewarding career opportunities in cybersecurity and tech. Ulster University is delivering a programme that will specifically address barriers encountered by females in leadership roles with a specific STEM-sector focus.

Increasing the number of women and girls who access STEM will help meet the Minister for the Economy's economic priorities around increasing access to good jobs and commitments to decarbonisation. Making access to skills and education easier and more flexible is essential for the economy, but, more importantly, it is vital that women feel that they have appropriate options for their studies and careers in whatever occupation they choose.

Addressing the gender employment gap is also key to overcoming the challenges facing women here and to further embedding gender equality. The backbone of good policy development comes from the consideration of good research, and Queen's University recently produced research examining key factors of the gender employment gap, reporting on areas such as the role of motherhood, the provision of informal caregiving and the influence of gender norms and attitudes. Those factors are being considered in skills and education development to provide a range of pathways for women, giving more choices for and control of how they want to study, upskill, reskill and advance their skills.

I thank Siobhán, Natasha and Rebecca for their statements today. When we talk about unrecognised work done by women in society, I am sure that we will all agree that there are very few roles less recognised than that of being an unpaid carer. That must be addressed, and I know that the Department for

Communities is committed to doing so. The Treasury announced in the Budget that, from April 2025, the weekly earnings limit in carer's allowance will be linked to a formula equivalent to 16 times the rate of the national living wage, which means that, from April 2025, the weekly earnings limit will increase from its current level of £151 to £196. That significant change will enable carers to earn more money from paid work while remaining eligible for the benefit. The Department for Communities estimates that around 2,500 carers here could benefit from the change by 2029-2030. The Department will introduce legislation in March to put in place the change to the earnings limit from April 2025. It is also looking at additional support for unpaid carers. On 10 February, the Assembly agreed a motion calling on the Minister for Communities to introduce a carer's allowance supplement scheme, as recommended by the Carer Poverty Commission NI. I am pleased to say that the Minister has given a commitment to working with other Departments to review the adequacy of the support that is provided across government to unpaid carers and to advocate for a more coordinated approach to considering the needs of that group.

The issues of carers and of unpaid work in society is hugely pressing. Ensuring that we increase recognition of the incredibly valuable work that is done by so many and developing further strategies to support women and, indeed, men in that area is really important. To conclude, many complex and important issues have been raised by Members and other contributors here today. However, it is difficult to answer and respond fully to all the themes in one session. I assure you that the issues that you have highlighted will be brought to the relevant Ministers. Events such as this provide an excellent platform for celebrating and recognising the work that you all do to promote and develop the position of women across our society.

Whilst, as a society, we have made progress, we recognise that significant work still needs to be done to address gender inequality here. We strive for a society that is free from inequality and discrimination, and I believe that the work that is being taken forward across Departments and by groups such as those represented by you is helping us move towards achieving that goal. I believe that each of us here engaging constructively together will

help us move closer to achieving true gender equality.

Mr Speaker: Thank you. I call junior Minister Cameron.

Junior Minister Pam Cameron: Thank you, Mr Speaker, for providing this opportunity for the Women's Parliament to shine a light on issues that are critical to women throughout society. First, I commend the members of the women's consultative panel for their contribution and thank the Assembly team that has made the outreach Parliaments happen. In particular, I offer massive thanks to everyone who has engaged with and contributed so fully to today's event. I particularly thank Farah – to whom I say: you are not invisible – Sonya and Aislinn, who made such important contributions. We really appreciate your sharing of your lived experiences, as well as the valuable contribution that you make daily to progress the cause for women and to create gender equality for all.

Farah, thank you for your statement on disabled women. It is so important to hear about the experiences of women across society, particularly from those voices that are often marginalised or ignored. Support for people with disabilities is vital, particularly women with disabilities. Work is progressing on the Department for Communities' disability strategy, which will offer critical support for women. That ongoing work is vital if we are to address all the challenges faced by women here.

Ensuring that disabled people, including disabled women, have the same rights and opportunities as the rest of our community is a key priority for the Communities Minister. The Communities Minister wrote to his Executive colleagues on 11 October 2024 to outline the next steps in the development of the disability strategy and to confirm that he had decided to move forward on the development of the strategy, with work to commence immediately. Work is therefore continuing to ensure that the disability strategy, alongside the Executive's priorities, reflects the current needs of people with disabilities, including disabled women. As part of the process, further engagement with stakeholders, including representatives from the co-design group and organisations that represent and include disabled women, will take place prior to the strategy's finalisation

and the public consultation. The disability strategy's primary aim will be to improve the lives of people living here who are deaf or disabled, including disabled women, so that they can play a full and active role in all aspects of society. A wide range of actions delivered by a range of Departments will contribute to the delivery of the strategy, and we will have regard to the departmental budget allocations when considering affordability and deliverability. Final decisions on the content and timings of the implementation of that Executive strategy will be subject to Executive agreement.

Thank you, Sonya, for your statement on EVAWG — the subject of eliminating violence against women and girls. Your contribution highlights the importance of the EVAWG strategy in Northern Ireland. Ending violence against women and girls is a key priority in the Programme for Government, and the Executive are very much united on it. I am pleased that we are making real progress on the strategic framework and the delivery plan, which was launched by Ministers in September. The strategic framework to end violence against women and girls was developed following a successful co-design process involving, as Sonya well knows, over 50 stakeholders, including representatives from a wide range of sectors such as Departments, statutory agencies, the voluntary and community sector and, crucially, from those with lived experience. The strategic framework and first delivery plan have been equality-screened, and the full equality impact assessment (EQIA) has been conducted, with no significant adverse impacts having been identified. As outlined in the strategic framework, the Executive Office will build on the success of the co-design approach by facilitating an insight and reference network. The network will provide a strong connection with the community and voluntary sector, promote the work of partners and provide a mechanism for injecting service provision, expertise and lived experience into the delivery of EVAWG-related work.

The framework focuses on prevention and is intended to address the full spectrum of violence, abuse and harm that women and girls disproportionately experience on a daily basis. It also sets out key actions to support collaboration across government and wider

society, with a clear focus on prevention and early intervention.

Last month, as part of a wider £3.2 million investment, we launched the local change fund, with a total of £2 million being shared across all 11 councils to enable them to support actions in their local areas. That funding will support community networks and provide opportunities for grassroots organisations to play a key role in preventing violence, harm and abuse against women and girls. An investment under the regional change fund was also announced in January, and that £1.2 million initiative will support and partner with eight community and voluntary sector organisations that are already leading the way in preventing violence against women and girls. They will raise awareness, increase understanding of the issue, build capacity to take action and equip people to enjoy safe and healthy relationships.

It is vital that we all work together to build the transformative change that we need so that women and girls can live their life free from violence, abuse and harm. Collaboration is key, and our officials continue to engage across Departments and with the Department of Justice on relevant matters, including hate crime legislation, following Judge Marrinan's review of hate crime legislation. All those elements are part of a much wider strategy, and, with the help of everyone here and so many individuals and organisations across society, we can help to change the kind of attitudes and behaviours that harm women and girls.

I will move to equality and human rights. Thank you, Aisling, for your contribution to the debate on equality and human rights in the context of the Programme for Government. One of the key principles behind the Programme for Government is the issue of well-being, including gender equality for all. That can be expressed in terms of equality and human rights, and the new PFG well-being dashboard outlines how that will be measured going forward. The well-being framework was launched alongside the consultation on the draft Programme for Government in September. The framework has 10 strategic domains of well-being, each of which provides a high-quality official statistic. That suite of indicators is consistent with international approaches to well-being frameworks, such as the UN sustainable development goals and the Organization for Economic Cooperation and Development's better life index. Executive Office statisticians have had positive

engagement with several leading organisations on the suitability of the approach, and we are in the process of linking commitments that are set out in the Programme for Government to the well-being framework. A similar exercise is being conducted by the Department of Finance as part of the Budget process. That analysis will inform future iterations of the Programme for Government and the wider work of the Executive, including the need for gender equality here in Northern Ireland.

The Executive Office Committee in the Assembly is conducting an inquiry on differences in equality legislation between the regions of the UK and the Republic of Ireland. The purpose of that inquiry is to determine how equality legislation here differs from that in other jurisdictions and to understand the impacts of that.

Many of you will know that a gap exists in protection against discrimination on the grounds of age when it comes to access to goods, facilities and services. We must all ensure that we pay attention to the impacts of policy decisions on older people and older women, in particular. Consideration of extending age discrimination legislation to the provision of goods, facilities and services was the subject of consultations in a previous mandate. A decision was not made on the scope of that legislation. That issue requires further work, and officials have undertaken a review of the current position. Junior Minister Reilly and I recently met Claire Sugden MLA, who intends to bring forward a private Member's Bill on the issue.

It is also worth noting that sex discrimination, as we have heard, is the second most reported form of discrimination to the Equality Commission each year, along with high rates of violence against women and girls. That demonstrates the need to strengthen legislation to include more extensive protection from discrimination across all protected characteristics to ensure that we have a society that is fair and equitable for everyone.

I know that the Committee began oral evidence sessions and launched a call for evidence in September, inviting people to give their views. It is considering that written and oral evidence before moving on to deliberate on a draft report to the Assembly.

The Assembly has received submissions and oral testimony from many women's rights groups, which highlighted their concerns about

gaps in legislation. The Committee's inquiry is ongoing, and it is expected to publish a report on its findings and recommendations soon. Once the report has been published, Ministers will consider the findings, and that might include consideration of the need to review the effectiveness of section 75.

The appointment of language commissioners and a director and members of the Office of Identity and Cultural Expression is essential to implement the provisions of the Identity and Language (Northern Ireland) Act 2022, for which the Executive Office is responsible. The First Minister and deputy First Minister are committed to establishing three bodies, and preparations are at an advanced stage. Ministers have committed to following the principles in the Commissioner for Public Appointments for Northern Ireland's code of practice for those appointments.

We also need to work together as a society to eliminate racism in Northern Ireland. The racial equality strategy 2015-25 established a framework for action by the Executive to tackle associated issues, which included racial inequalities, racism and hate crime, and actions to promote good relations and social cohesion. The majority of proposed actions in the strategy have been completed, with work on the remaining actions intended to continue throughout the strategy's lifetime. Whilst it remains a key priority to continue the full delivery of commitments in the current strategy, it is important that post 2025 there is a clear mechanism and an overarching framework for promoting racial equality. Officials began engagement with the minority ethnic sector to support the development of a new strategic approach to racial equality post 2025 in a visioning workshop in September 2024 with the racial equality subgroup and the Travellers and Roma thematic groups. A public call for views was launched on 6 February to support the development of the new approach to racial equality. We want to hear from key stakeholders, the minority ethnic sector and wider society. We hope that the consultation will foster a true sense of involvement for everyone when it comes to addressing racism and racial equality.

Once again, I thank all of you for your valuable input today. In particular, I thank Farah, Sonya and Aislinn for their contributions. It has been fantastic to hear the issues that affect women

in Northern Ireland through strong female voices. I hope that junior Minister Reilly and I have been able to outline some of the Executive Office and Executive strategies in the Programme for Government that will address ongoing challenges faced by women here. As you heard, the draft Programme for Government is a commitment by the Executive to focus on improved well-being for everyone. Of the programme's nine priority areas, some relate directly to the issues that we face as women, such as ending violence against women and girls and delivering more affordable, accessible and high-quality early learning and childcare. I believe, however, that every one of the priority areas can have a positive effect on women. As was mentioned, we recognise that the discussions that we had today are not the end of the invaluable work that the Women's Parliament do. We know that there is much still to do, and we look forward to engaging with you all in the future.

I will finish by taking a moment to thank and celebrate each one of you who are here today. I celebrate the positive contribution that you make in our society through your talent, your tenacity, your achievements, your ability to shatter glass ceilings and the fact that you are an inspiration not only to those around you but to those following in your footsteps. We know that there is still work to be done to embed gender equality, but I acknowledge how far we have come and where we are now thanks to the positive role that so many amazing women play here: the kind of positive role that you play and, no doubt, will continue to play in the days, weeks and months ahead.

I again congratulate each and every woman for their really important contributions today. As a woman, a mother, a wife, sometimes a carer, and as a politician, I know only too well how challenging it is to juggle all that we do every day just to get through this life.

I thank you all for raising your voice, and for doing that for others. You have all been heard today. Thank you, and thank you, Mr Speaker.

Mr Speaker: Thank you, Pam. Thank you to the 20 ladies who spoke today and raised really important issues. Perhaps the time constraint did not allow us to get into the depths of some of the subjects that we could do with getting into. It strikes me, as it should all of us, that more needs to be done on the

issue of domestic violence, given the deaths of 25 women. The crisis in perinatal care is another hugely important issue. We need to move on with that, as we do with other important issues that we did not get to today, such as the care of women with endometriosis or, indeed, the red-flag cancer cases. There are so many such cases in both sexes, but, particularly, there are women with breast cancer and cervical cancer who have red flags but are not being seen in time. That really needs to be addressed. It is just not good enough; it needs to be addressed.

Thank you so much for coming this afternoon and expressing your views so succinctly and eruditely. I know that today's debate will not be the end of your making your voices heard, and I hope that you enjoyed the opportunity to do so in the Chamber.

Thanks again to all of the participants. The Youth Assembly folk were here, but I think that most of them have moved on. We thank them for their attendance. We also thank the Women's Parliament panel, which I know worked tirelessly to make this happen. That is why it has been such an excellent event. Thanks also to the Ministers — Andrew, Mike, Aisling and Pam — for giving of their time today.

That brings my remarks to a conclusion. All we have to do now is formally close our proceedings in the normal way.

Adjourned at 3.02 pm.