



Irish Nurses and Midwives Organisation
Working Together

**Submission
to the Joint Committee on
Gender Equality
on the
Recommendations of the
Citizens' Assembly on Gender
Equality**

4 March 2022

1.0 Introduction

1.1 The Irish Nurses and Midwives Organisation represents 42,000 Registered Nurses and Midwives in Ireland. We represent the vast majority of Nurses and Midwives engaged in both public and private practice, 91% of whom are female, from a variety of backgrounds, cultures and age groups, we welcome the opportunity to submit to the Joint Committee on Gender Equality.

1.2 There is a significant link between health and gender. Gender norms can affect access to and uptake of healthcare and affect a person at various stages in life. Although influenced by biological determinants, strong social determinants also affect different genders.

1.3 While often affected by gender equality issues, nurses and midwives also play an essential role in tackling them. All citizens must have an equal right to access health and social care. Access to skilled health professionals should be available, as appropriate, within all contexts. We believe the significant developments in nursing and midwifery over the past few decades should be available to a much greater extent in the facilitation, support and, where necessary, the care of all in our society.

1.4 The INMO broadly welcomes the Citizens' Assembly on Gender Equality recommendations and outlines some important issues below for our members and broader society.

2.0 Recommendations for Constitutional Change

2.1 In our view, the Constitution must reflect the changes in society and should now be amended to include a clause explicitly recognising gender equality and discrimination.

2.2 Article 41.2, referring to women in the home, must be removed and replaced "with language that is not gender-specific and obliges the State to take reasonable measures to support care within the home and wider community".

2.3 Article 41 must be amended to protect private and family life, with the protection afforded to the family not limited to the marital family, akin to the approach in Article 8 of the European Court on Human Rights (ECtHR).

3.0 Care

3.1 Care and unpaid work play an important role in contributing to society's welfare (Russell, et al, 2019) and, therefore, must be acknowledged through appropriate Government supports. Ireland has the third highest weekly hours of unpaid work for both men and women across the EU28. On average, women spend double the time of men on caring and more than twice as much time on housework.

3.2 The COVID-19 pandemic exposed the many issues relating to the gendered nature of care in Ireland. According to the European Parliament (2021), the pandemic has increased gender disparities across the EU, which could have long-term implications for gender equality.

3.3 For nurses and midwives, of whom 91% are female, the lack of adequate childcare for frontline and essential workers was a significant challenge. An INMO survey of its members revealed that almost 60% of respondents were co-parenting with an essential worker or healthcare worker, resulting in neither parent being available to provide childcare during the pandemic. 60% of lone parents stated that they accrued additional childcare costs¹. The case of childcare provision for essential health care workers became a matter of debate within four different departments but was decided on by none. Eventually, when the proposal was announced, it was unworkable.

3.4 The INMO welcomes the recommendation for Ireland to move to a publicly funded, accessible and regulated early years and childcare service, and the Government must prioritise this. This service must also seek to improve the working conditions for those predominantly female workers.

¹ (Survey: 4th and 11th of June 2020).

3.5 The INMO supports the recommendation to actively support and resource services to allow older people and persons with a disability to live independently. It is Government policy to facilitate this through the principles that underlie Sláintecare.

3.6 However, the Government must urgently clarify Sláintecare's future, including how it will be sustainably funded. Its slow progress has merely prolonged the challenges experienced by people with disabilities, older people and their carers across the country.

3.7 Such supports and services must be appropriately resourced and staffed. **People with a disability and older people must have access to an appropriate nurse or midwife to ensure optimum health outcomes.**

3.8 Fully funded workforce planning is critical to achieving equal access to supports and services for all. Nurse staffing must be delivered through the Framework Model for Safe Staffing. **It is now essential that this framework is supported and rolled out to ensure the appropriate level of staffing throughout the entire health service, including phase 3 in the community and care of the older person settings and in intellectual disability settings.**

3.9 Vital services and supports for older people and people with a disability, including respite and home care which must be publicly delivered in the future, and they must be delivered consistently across the country. **The contracting out of such care services to for-profit entities is not in keeping with Sláintecare and has in many cases led to fragmented systems, services, and standards.**

3.10 For example, increasing home care packages must address capacity challenges within the health and social services, including realistic funding provision, appropriate staffing levels and development of specialist roles to oversee the services. **To ensure adequate numbers of Public Health Nurses (PHNs) and Community Registered General Nurses (CRGNs), the Framework Model for Safe Staffing determination must be used to facilitate access to sufficient numbers of PHNs and CRGNs to provide the care needed by persons in the home.**

3.11 The Disability Capacity Review identified underfunding of disability services and outlined what will be required in the coming years to ensure an appropriate level of service. **To ensure equality of access and the highest, consistent service standards, the transition to Sláintecare must involve direct state provision of disability services.**

3.12 Historically, people with an intellectual disability had access to a Registered Disability Nurse (RNID). However, unfortunately, due to the changing style in providing services, there is an urgent need to ensure intellectual disability nursing is strategically placed and accessible to this group of people from "cradle to the grave". The full utilisation of the role of the RNID in the four stages of life will continue to ensure the individual's full potential is realised. At the same time, s/he enjoys the fullest integration into their family and community. **Consequently, full access to RNIDs for all those with an intellectual disability is an urgent necessity.**

3.13 To safeguard the people receiving home care services, it is vital that a minimum level of training is provided to all home care workers. **All home care workers should be directly employed by the HSE and should be clinically governed in relation to direct care by the nursing service.** The standards that apply to hospital-based health care assistants should apply - QQI level 5 as a minimum - and an additional module must be developed in relation to caring for dependant persons in their own home.

3.14 To enable people to live independently to their full potential, a whole system approach is essential. However, it cannot be achieved in the long term without key domestic legislation in place.

3.15 In Ireland, the overarching principles of protection are enacted through human rights legislation and the European Convention on Human Rights Act 2003. The Law Reform Commission is currently

working through the regulatory framework for safeguarding vulnerable adults, which is an urgent requirement to protect older adults. The Assisted Decision-Making Capacity Act 2015 will impact the lives of older persons with diminished capacity, including people with an intellectual disability and their families. However, this Act has yet to be fully implemented and is an urgent requirement.

3.16 The Government published the draft Bill of the Deprivation of Liberty – Safeguards Proposals in 2017. Considering that there is no effective regulation of this area, this is insufficiently protective of such persons' human rights. However, the Bill has not progressed, and this is of concern as it is urgently required.

3.17 The publications by the Mental Health Commission and HIQA on restraint are also welcomed. However, the appropriate legislation must be now put in place.

4.0 Social Protection

4.1 Due to a complex interaction of taxation, caring, and welfare, the current social protection model, is more likely to impact women negatively. "Social protection systems that do not address gender inequalities, and risk exacerbating the multiple and intersecting forms of discrimination women and girls face." (SPIAC-B, 2021). In Ireland, the interplay of taxation, welfare and childcare can leave many women at risk of poverty. A sustainable social protection system must seek to address the gendered challenges in the current system and build and invest in a system that addresses "life-cycle transitions and risks and the diversity of women's experiences" (SPIAC-B, 2021).

4.2 The pension system is heavily reliant on an older "breadwinner model". Women account for only 33% of those receiving a full State Contributory Pension even though women outnumber men among the over 65's. The 2015 European Institute for Gender Equality report states the EU pension gap average is 38% for the EU27. This is the gap between female and male pensioners aged between 65 and 79. The shortfall leaves women two and a half times more likely to retire in poverty than men and increasingly vulnerable to homelessness. Unfortunately, we know that most Irish female nurses/midwives retire without reaching full occupational pension benefits. **The disproportionate involvement of women in caring has a direct impact on this situation, and in turn the value of caring must be recognised in a monetary sense to ensure women do not face poverty during the period of their working lives, or in retirement.**

4.3 A universal state pension must be delivered, providing women and men access to a sufficient pension guarantee.

5.0 Leadership in Politics, Public Life and Workplace

5.1 "Despite often better educational outcomes, women overwhelmingly occupy less influential positions than their male counterparts, who remain the dominate decision-makers in Irish society" (NWCI, 2020).

5.2 Within health care, nursing and midwifery leadership is central to the delivery of an efficient, high quality and effective health care service, which keeps patient safety and care excellence at its core. Leadership is crucial for achieving the United Nations SDG 3 and achieving universal health care at a global scale. However, although women make up 70% of the health workforce, they hold only 25% of senior roles (WHO, 2021).

5.3 Gender-transformative leadership opportunities must be provided for women in the nursing and midwifery workforce (WHO, 2020; UNFPA et al., 2021). The position of Chief Nursing Officer (CNO) is central to this transformation and influences health policy and decision-making. However, during the pandemic, it took a full year before the CNO was appointed to NPHET, despite nursing and midwifery making up a third of the total health workforce. Poor decisions such as these undermine the nursing and midwifery professions and progress on gender equality.

5.4 To deliver on the National Maternity Strategy, the position of Chief Midwifery Officer is also an essential strategic leadership and influencing role, critical to policy direction and development.

5.5 The Chief Midwife Officer post should be established in order to deliver of high quality, evidence-based sexual, reproductive and maternal health services and provide strength to the voices of women and their families.

5.6 It is widely documented that the constraints that operate on women's access to institutions of power relate to inequalities in pay and unpaid labour. As Brennan and Buckley (2017 p. 19) note, "gendered differences in pay and care commitments impact upon the availability of time and financial resources, meaning men are more likely than women to possess such capital to develop a political career and fund political campaigns."

5.7 The INMO, therefore, welcomes the recommendations for quotas and targets to improve gender balance on boards. There must be fundamental rights and entitlements for those elected to public office to encourage inclusivity within the Houses of the Oireachtas. A suite of family-friendly policies for all genders elected to and working in public office must be developed.

6.0 Norms, Stereotypes and Education

6.1 As a society, we must educate our young and older population about diversity, gender, gender power dynamics, and the unacceptability of domestic and gender-based control and violence. Equality and inclusivity must be promoted, and a whole systems approach is required to achieve this.

6.2 Education plays a central role in breaking down the barriers and attitudes and eliminating traditional gender norms; therefore, the INMO supports the recommendation to review and develop the curriculum at primary, secondary and third level education. This must also be included in continuing professional development programmes for all professionals.

6.3 Nursing and midwifery have for many years been the subject of stereotypes. Although some progress has been made, for example, with more men entering the profession, the number practising in the professions remains low. "Tackling stereotypes and assumptions that deter men from nursing is essential to meet the growing shortage of nurses and improve diversity" (Kearns et al., 2021).

6.4 To truly break down barriers, stereotypes and assumptions, all genders and ethnicities should be respected within their workplace.

6.5 Although solutions to changing societal norms through awareness and promotion campaigns, it is essential that the Government appropriately invest in the nursing and midwifery professions and develop a robust workforce strategy inclusive of a fully funded workforce plan and recruitment and retention strategies. There must also be commitments to increasing undergraduate and postgraduate education and developing advanced practice nursing and midwifery roles.

7.0 Pay and Workplace Conditions

7.1 The INMO welcomes the recommendations to set targets in legislation to reduce the gender pay gap. Although Ireland's pay gap has reduced and is below the European average at 11.4% (Euorstat, 2019), the Government must continue to prioritise this issue.

7.2 For nurses and midwives, the highly gendered construction can feed into occupational segregation and potentially impact working conditions and pay. (RCN, 2020).

7.3 The enactment of the Gender Pay Gap Information Act in 2021 is also a welcome step to reducing the gender pay gap. However, the regulations have yet to be implemented, and it remains to be seen how they will work in practice.

7.4 Although the European Commission has published a draft pay transparency directive which has the potential to further reduce the gender pay gap. The current draft does not address the systemic, historical undervaluing of female-dominated professions, and further work remains to be achieved on this issue.

7.5 A modern workplace is a dynamic place, which is constantly evolving and changing so it is of critical importance that every employee is protected and valued. Developing decent work and a prosperous working environment requires collaboration between employer, employee and their representative on essential issues surrounding working conditions and organisational culture (ICTU, 2021). Under the UN SDGs, productive employment and decent work must be achieved by 2030. Decent working time promotes health and safety, gender equality and facilities worker choice and influence over their hours (ILO, 2007).

7.6 The human right to join a trade union and bargain collectively for fair pay and employment conditions is critical to a more equitable workplace. Collective bargaining plays a significant role in reducing in-work poverty, lowers wage inequality, and decreases gender inequality and the gender pay gap. The Government's establishment of a High-Level Working Group under the auspices of the Labour Employer Economic Forum (LEEF) is welcomed. It must be used to review and promote collective bargaining in Ireland to form part of a new social dialogue. **A right to collective bargaining must be introduced in Ireland as one of the means to reduce the gender pay gap.**

7.7 82% of nursing home care operates through private ownership. There are significant staffing challenges linked with pay, conditions, and welfare at work within the nursing home sector due to the sector's ever-increasingly privatised nature. Recognising these challenges for staff, the COVID-19 Nursing Homes Expert Panel (2021, pg. 105) recommended: "A review of employment terms and conditions of nurse and healthcare assistant staffing grades in nursing homes should be undertaken with a view to ensuring future capacity and the supply of qualified staff."

7.8 An emerging trend has also been in the expansion of large nursing home groups into the sector with questionable standards of care, understaffing and poor conditions of work, which must be considered in the context of collective bargaining and the right to join a trade union. (CICTAR et al., 2022). **We must ensure that both informal and formal care work are adequately economically valued, and that the pay and conditions of work in those sectors of the economy reflect this.**

7.9 If implemented appropriately, flexible working options can benefit employees, employers, and the broader economy. Through legislation, regulatory frameworks, and oversight, the Government must ensure that flexible working is implemented in a fair and sustainable way. This must be achieved through negotiation with relevant stakeholders, including trade unions.

7.10 The predominantly female nursing and midwifery professions are associated with variable employment patterns such as statutory leave or flexible working patterns. The association of flexible working with gender can negatively impact nurses and midwives. If a flexible working arrangement for a staff member cannot be made, it may mean that the staff member has to look for a different position, take up an agency role, or leave the profession.

8.0 Domestic, Sexual and Gender Based Violence

8.1 The INMO supports the recommendation to eliminate tolerance in our society of DSGBV through the development of awareness, prevention and education campaigns. This must become an evolving campaign inclusive of emerging acts of violence and abuse, particularly in the online sphere. These must include the impact and harm caused by such abuse and violence as well as supports available to victims or survivors. **As a society, we must educate our population, both young and older, about gender, gender power dynamics, and the unacceptability of domestic and gender-based control and violence.**

8.2 All professionals responding to or engaging with victims of DSGBV must have appropriate education and training provided to them, including on the Istanbul Convention and how this relates to those affected. It must be recognised that frontline healthcare professionals, including nurses and midwives, can and do play an important role in identifying and supporting those who are the victims of domestic and gender-based violence. **Dedicated training and support should be made available to all healthcare professionals, including nurses and midwives, to assist them in identifying and supporting those who are the victim of domestic and gender-based violence.**

8.3 In accordance with the recommendations, reforms must be introduced in our criminal justice system to ensure an accessible and safe environment for victims. Reforms must be introduced in our criminal justice system to ensure an accessible and secure environment for victims. This must include legislative reforms dealing with matters of character and history, as well as training for judges, legal professionals and other actors in the criminal justice system.

8.4 The introduction of the Domestic Paid Leave Act in Ireland is welcomed. The legislation is a positive, supportive initiative that every sector of society can be a party to. It is also essential as a tool to fight back against the stigma and shame associated with domestic paid leave. It must be emphasised that the leave provision alone, is not going to make it a useful resource for employers. In tandem with the leave, all employers, including the public service, must develop and embed clear policies and procedures to help managers, human resources etc. **The introduction of paid leave in the context of DSGBV should be accelerated at a legislative level, and employers must ensure that they have policies in place in all employments to support victims.**

9.0 Gender Equality Principle in law and Policy

9.1 The INMO believes that while recognising the importance of gender equality issues, **the Government must also ensure effective strategies to tackle discrimination and inequality, with responsibility for implementation resting in a Minister with responsibility for cross-departmental implementation.**

9.2 Representation from and discussion with people in Irish society directly affected by gender, human rights and equality issues must be considered when drawing up legislation around these issues. **Legislation must be centred on how best to improve the lives of those experiencing discrimination and inequality in order to make effective changes.** This must include the voice of women workers organised in trade unions.

9.3 There must be adequate resources to provide dedicated research, evidence and guidance to the Houses of the Oireachtas mandated to address equality and gender issues. When developing or debating legislation, it is essential that national and international evidence so that legislation drawn up is built on best practice. It would be essential to enable informal groups, for example, a women's or LGBT+ caucus, to support or engage in the review of legislation from a gender perspective.

9.4 The Government should fully implement the development of equality budgeting, as per the OECD's recommendations (2019). The INMO echoes the National Women's Council of Ireland (NWCI) call for robust equality and gender proofed budgets and the publication of an intersectional gender equality impact statement (NWCI, 2021).

10.0 Conclusions

10.1 Although some progress has been made on tackling gender inequalities, more work is required to allow all genders to participate in all aspects of life and society. Nurses and midwives are affected by many of the challenges identified by the Assembly. However, they are central to the solution for health and gender inequalities. The Government must prioritise the Assembly's recommendations through the appropriate legislation, policies and structures.

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