



Consortium for the Regional Support for Women in Disadvantaged and Rural Areas

Results of Survey Measuring the Impact of Covid-19 on The Women's Sector in Northern Ireland

May 2020

Prepared by: Megan McClure Botha

WRDA



Introduction

The Women's Regional Consortium (WRC) consists of seven women's sector organisations who have come together to provide a voice for women from disadvantaged and rural areas and support efforts to tackle disadvantage and social exclusion. The members of the WRC work in partnership with each other, statutory and governmental organisations, and local women's organisations, centres and groups.

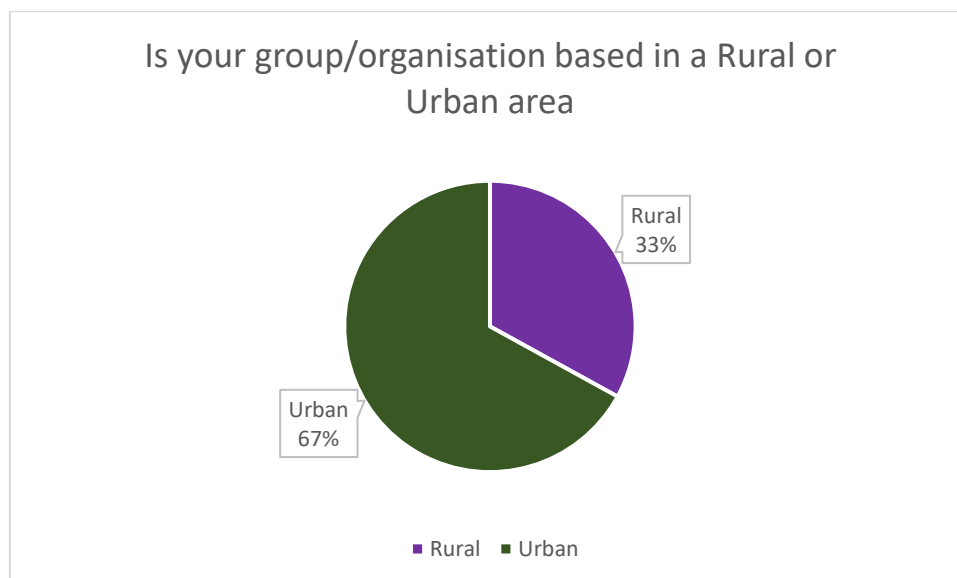
Summary

As part of our response to the Covid-19 crisis the WRC wanted to gather evidence on the particular impact the crisis is having on the Women's Sector. A survey to gather this information was sent to all members and completed by representatives from 55 member groups and organisations.

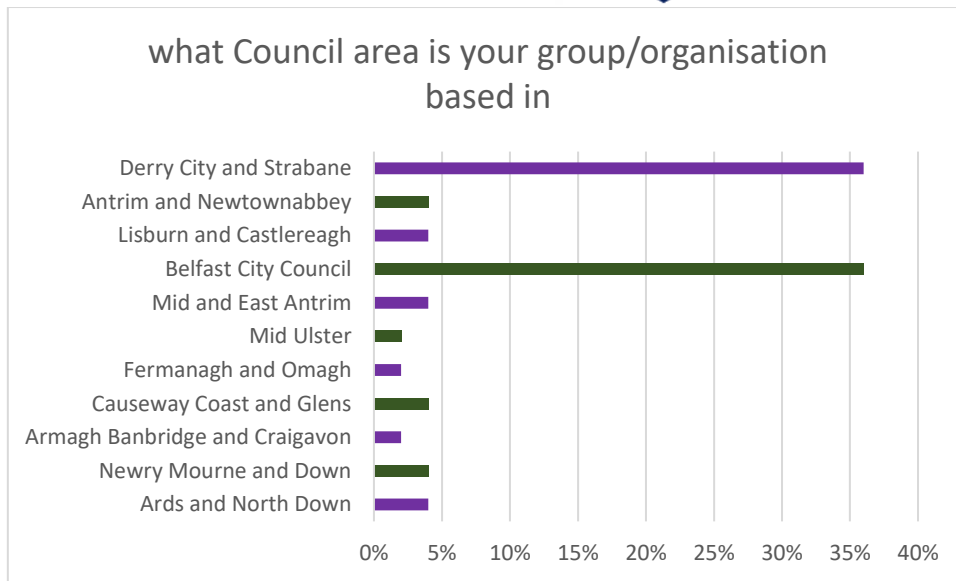
- 40% of respondents received Covid-19 related financial help
- The majority of respondents felt their funders were understanding or somewhat understanding about the impact of the crisis on targets and agreed outcomes
- 34% of respondents reported they are unable to deliver any of their normal services
- 20% of respondents reported that they have been able to offer new services
- 77% of respondents have been able to move some or all of their services online
- 27% of respondents were concerned about the impact of social isolation on staff and service users
- No group/organisation reported redundancies
- 73% of respondents reported a reduction in staff wellbeing but only 22.5% said they had taken steps to promote staff wellbeing
- 66% of respondents reported staff were struggling with adjusting to working remotely/working from home
- 34% of respondents reported staff were struggling with childcare
- 23% of respondents reported staff were struggling with Eldercare

Demographics

The breakdown of participating groups/organisations based in urban and rural areas is broadly representative of the Northern Ireland population as a whole with 33% of responding groups/organisations being based in a rural area compared to 37% of the general Northern Ireland population. Derry City and Strabane District Council and Belfast City Council were overrepresented as 72% of responding groups/organisations were based in these two council areas compared to 26% of the Northern Ireland population as a whole. However 58% of Consortium Partner group members are based in these two areas (see <http://womensregionalconsortiumni.org.uk/directory-resources> an exact Comparison is not possible as the consortium membership database is organised by county and Belfast City) and so a bias towards Belfast City Council and Derry and Strabane District Council is to be expected.



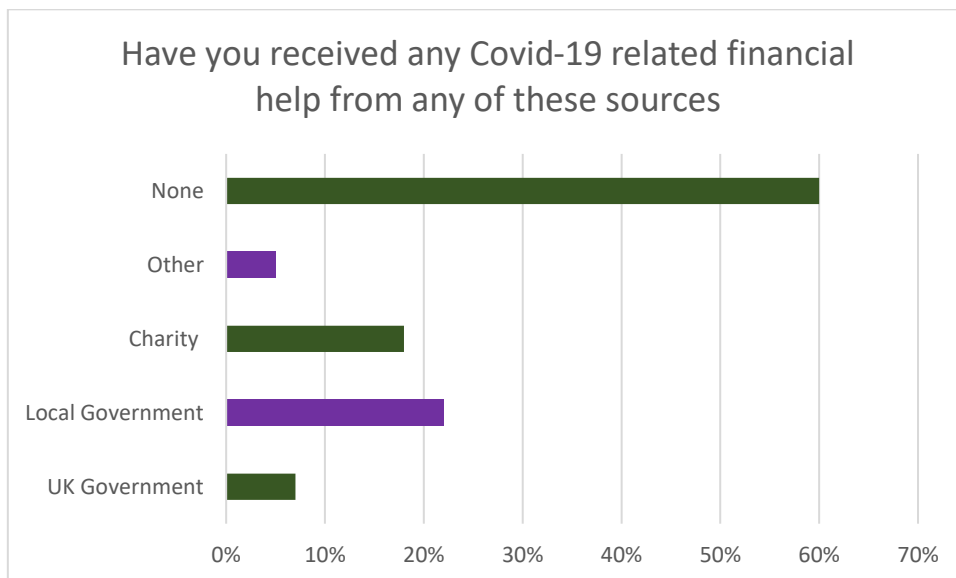
(Figure 1)



(Figure 2)

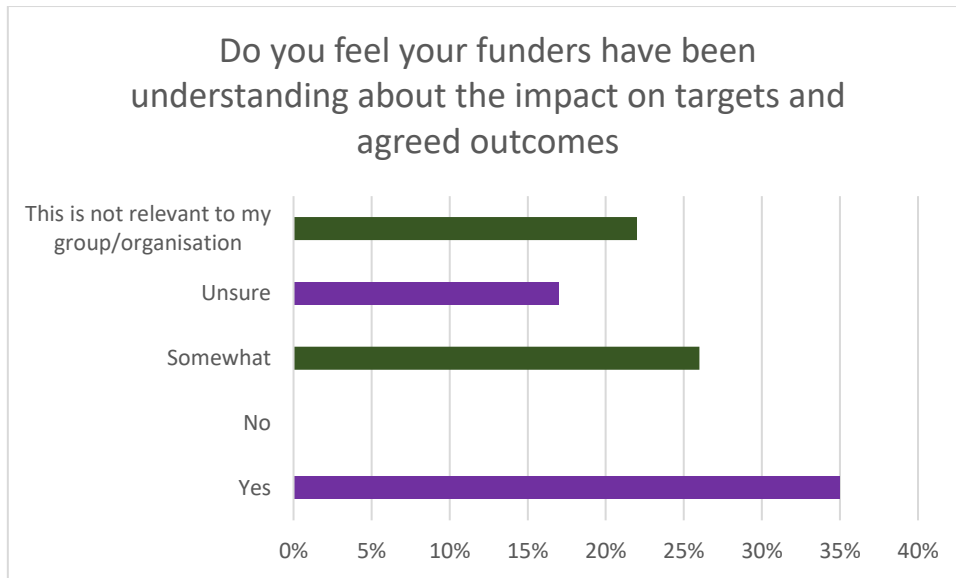
Impact on Organisations/Groups

Only 29% of responding groups/organisations had received Covid-19 related funding from government sources. Charity funding and funding from other sources was received by 23% of responding groups/organisations demonstrating that the third sector is filling a significant funding gap in the community Covid-19 response. In total 40% of responding groups/organisations had received Covid-19 related financial help (see fig. 3).



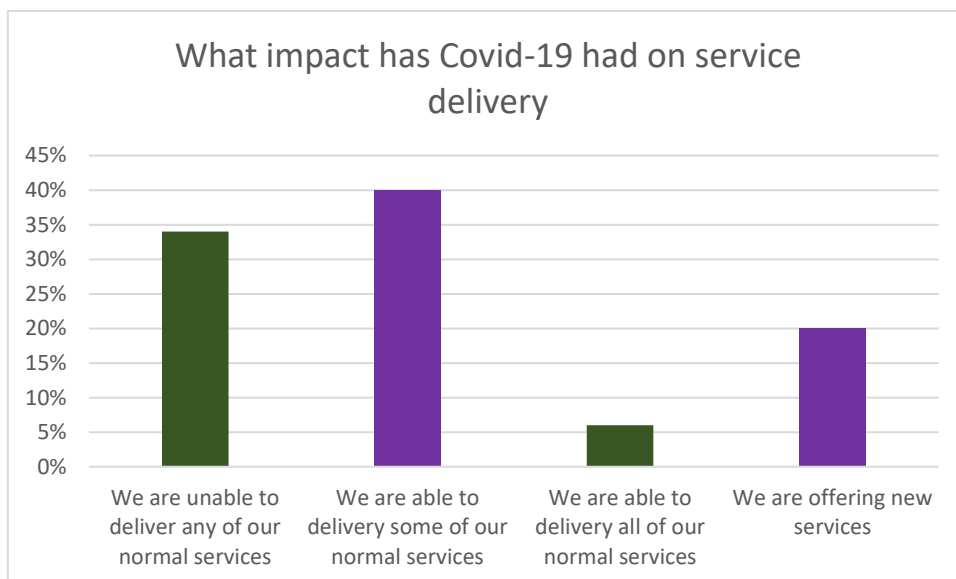
(Figure 3. Total figure exceeds 100% as respondents could select multiple answers)

The majority of respondents (61%) felt that their funders had been understanding or somewhat understanding about the impact of the crisis on targets and agreed outcomes. No respondent felt that their funder had not been understanding. These results are encouraging and show that funders are responding flexibly to the crisis (see fig. 4).



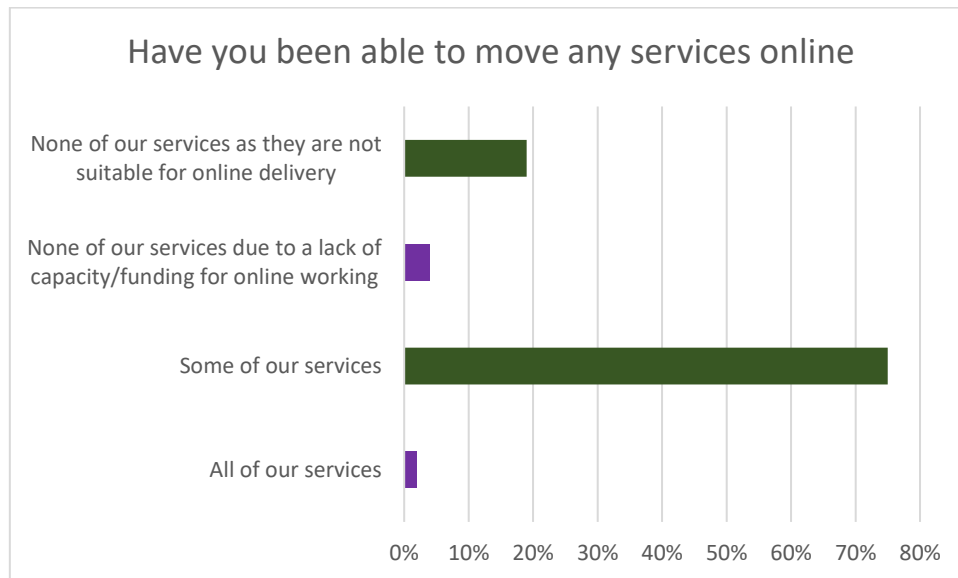
(Figure 4.)

Service delivery has been severely impacted with 34% of respondents reporting they are unable to deliver any of their normal services. Only 6% are able to deliver all of their normal services and only 20% have been able to offer new services (see fig.5).



(Figure.5)

The majority of respondents (77%) have been able to move all or some of their services online and only 4% were unable to do so due to capacity or funding issues (see fig. 6). This speaks to the innovation and resilience of the Women's Sector.



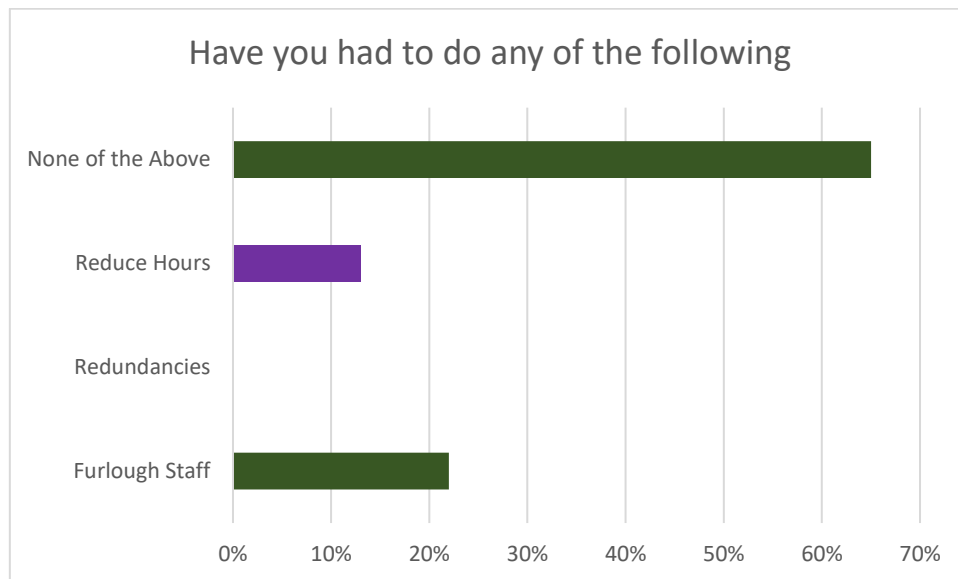
(Figure 6)

When asked if they were aware of any other ways Covid-19 was impacting on their organisation/group 41 respondents answered the question (see appendix 2). The impact of social isolation on staff and service user mental health was mentioned by 27% of respondents with one even raising concerns about suicide. Concerns about funding and income generation were referred to by 10% of respondents and 10% also mentioned concerns that service users were struggling with accessing online services.

One respondent mentioned that 'Paramilitaries are using the crisis to 'assist' vulnerable groups.' Although this issue was raised by just one respondent the prospect of paramilitary groups using the crisis to cultivate future obligation is deeply concerning.

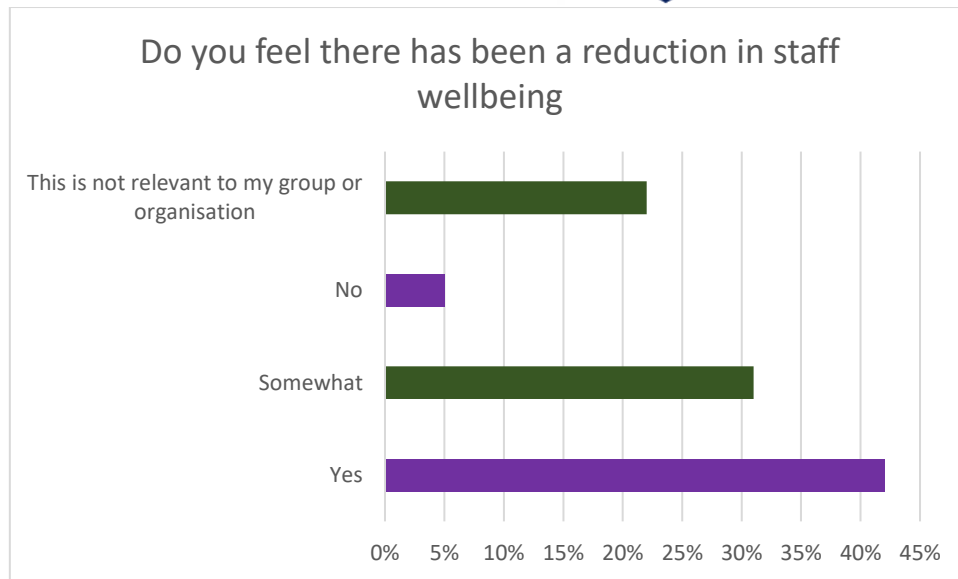
Impact on Staff

Over a third (35%) of responding groups/organisations had to either reduce hours or furlough staff and no responding group/organisation had had to make staff redundant (see fig. 7).

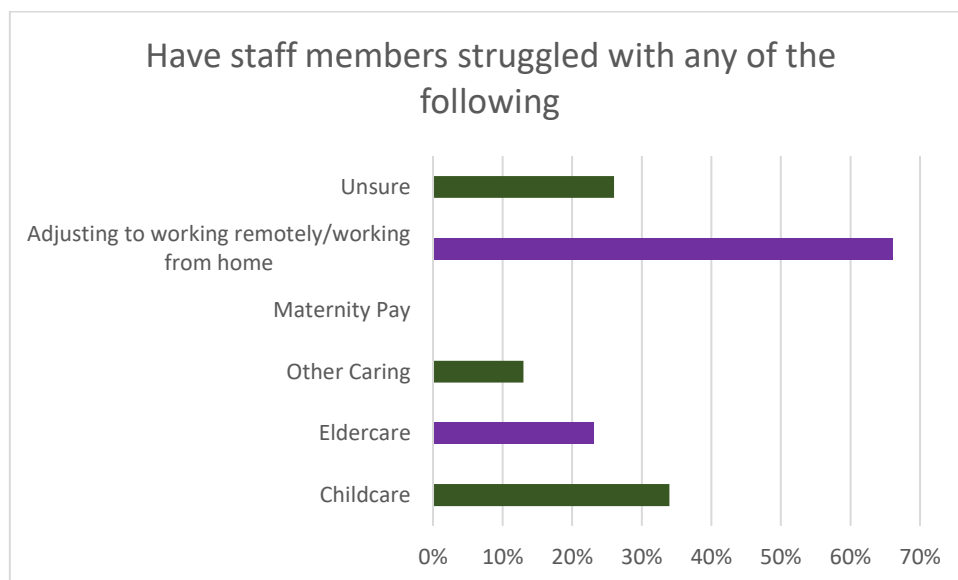


(Figure 7)

Almost three quarters (73%) of responding groups/organisations reported a reduction in staff wellbeing (see fig. 8). When asked if their organisation had taken any steps to promote staff wellbeing 40 respondents answered the question (see appendix 1). Disappointingly almost a quarter of respondents (22.5%) answered that they had not taken steps to promote staff wellbeing (see appendix 1). The Consortium should consider providing articles and information on how to promote staff and personal wellbeing on the WRC website, Enews, Women's Sector Updates and social media.



(Figure 8.)



(Figure 9.)

Two thirds (66%) of respondents said staff were struggling with adjusting to working remotely/working from home. This is an issue which the Consortium could provide information on through the website, enews, Women's Sector Update and social media. Just over a third (34%) of respondents said staff were struggling with childcare. The Consortium partners are already lobbying for improved childcare provision through the Child Care for All Campaign and the situation during the current crisis has further strengthened the case for this. Almost a quarter of respondents (23%) said staff were struggling with Eldercare. Scope exists to explore a campaign focusing on Elder Care and social care more broadly but this depends on Consortium partner capacity.

Recommendations

1. The Consortium should consider providing articles and information on how to promote staff and personal wellbeing on the WRC website, Enews, Women's Sector Updates and social media
2. The Consortium should consider providing articles and information on how to adjust to working remotely/working from home on the WRC website, Enews, Women's Sector Updates and social media
3. The Consortium should explore a campaign focusing on Eldercare dependent on Consortium partner capacity
4. Consortium partners should receive BAME awareness training and set a target to increase the percentage of member groups representing the BAME community

Appendix 1

Q7. Has your organisation taken any steps to promote staff wellbeing?

- No.
- N/A.
- Using and sharing online resources.
- We are keeping connected via online meetings, delivery staff have PPE and we are regularly updating procedures to ensure safe delivery.
- Not sure.
- No.
- Somewhat.
- Working from home measures in place.
- No staff employed, all volunteers.
- Regular zoom meetings, flexible approach to spreading work across a full day rather than strict 9-5pm.
- We have daily Zoom meetings; we talk daily and share how we are feeling.
- No.
- Having staff meetings 2/3 times a week through video call. This is to talk about how we are, what plans we have and stay connected.
- Just keeping in contact with each other and ensuring that they are aware of the great job they are doing during this crisis.
- Yes.
- Yes, webinars by our professional members.
- Yes, online support.
- Increased group support meetings, one to one support and organising mindfulness sessions.
- No.
- Yes.
- Yes.
- Yes.
- Yes. Phone contact, reduced hours, understanding and compassion.
- No.
- Encourage online training for wellbeing.
- Keeping in touch regularly with video calls.
- No.
- No.
- No, we check in with each other but mostly about work.
- Yes.
- Daily online meetings and creation of work plans and actions.
- Yes.

- Keeping connected every day and aware of what we are all doing.
- Regular team catch ups, flexibility in working hours, one to ones.
- All staff sent articles and information on health and wellbeing while in lockdown and set up a WhatsApp group for support.
- Yes, checking in with staff and week zoom meetings.
- Yes, through regular phone calls and WhatsApp.
- Yes, we have a meeting every morning which helps give order to the day.
- No employees, volunteer lead. We keep in touch with inspirational texts and videos.
- Yes.

Appendix 2

Q10. Are you aware of any other ways Covid-19 is impacting on your group or groups you know about?

- No.
- Loss of income as nothing is running.
- Yes, stress, anxiety and depression due to no help for self-employed who work from home. We have a driving school and there's no financial help or solutions for us to work with safe social distancing.
- Some service users are unable to access online support and services because they don't have smart phones, WI-FI or the knowledge of how to use I.T.
- No.
- No.
- We work with young women who have been isolated prior to joining the group. This is having a negative effect as they are now again stuck at home.
- Increased mental health and anxiety issues have arose for some individuals. Online programmes are proving difficult for some to manage.
- Social isolation is the biggest problem.
- Working in the community sector our work is mainly personal engagement which is difficult to do over online platforms. Also generated income is being impacted due to no paid services being able to be provided.
- Creating a sense of isolation and that mental health could become an issue.
- Most of the women that I work with are working away in the community in any way they can.
- Not being able to plan for the future, not being able to raise funding towards running costs.
- For many people it is the face to face communication and support that the centre users need and although we are constantly working we feel that this crisis is inhibiting the daily help we offer many.
- As an NGO non funded group we are unable to meet to make plans. Isolation is proving to be challenging with people over 70 living on their own and with no contact with anyone except through the window.
- Access to abortion and the impact on lobbying.
- Isolation is having an effect on mental health and motivation.
- Our fundraising, very worried about our future.
- No.
- N/A.
- Isolation.
- Unsure about debt.

- Yes. It shows up the digital divide between the older generation and the younger.
- No.
- The uncertainty for staff about the future and parents struggling with a child with additional needs.
- No.
- Yes, we have had to cancel our club AGM and all meetings until September.
- Yes.
- We are trialling online services with a reduced timetable. An exam had to be cancelled and onsite childcare can no longer be used.
- No.
- Staff mental health and wellbeing is suffering. Paramilitaries are using the crisis to 'assist' vulnerable groups.
- Social isolation has increased.
- Most have closed down and work from home.
- We are aware that some centre users are finding the crisis particularly difficult.
- Social isolation has increased. Technology is a bit of help for many, but a huge barrier for other service users.
- There are concerns that some pregnant women who were furloughed will not have the baseline earnings to be eligible for SMP and the alternative Statutory Allowance is inadequate, also as most carers are women generally and given that the levels of caring during this Covid-19 crisis, there is a call from the Women's Policy Group to DFC to increase carers allowance from £60 to £120 per week during this crisis.
- We worked with a lot of women and young women who suffer mental health problems, this is having a very negative affect, not being able to go out like normal. Would be concerned around self-harm and suicide.
- Creating anxiety and alienation.
- Social isolation, future planning. Creating new ways to configure 'community development' bit working with finding that was to be spent in practical real-world ways.
- People have to stay at home and that's what we are doing. Our beneficiaries are really missing our activities.
- All are suspended.