



JOURNAL OF THE NATIONAL ASSEMBLY OF WOMEN 50P AUTUMN 2019

Resisters

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fighting for the future of **every child**

HAJERA BLAGG, A DIGITAL JOURNALIST FOR UNITE THE UNION, REPORTS ON THE STRIKING LINCOLNSHIRE HEALTH VISITORS' CAMPAIGN. THIS ARTICLE IS FROM UNITELIVE 20 AUGUST 2019.

HEALTH visitors and hundreds of their supporters, including Labour's shadow health secretary Jon Ashworth, marched through Lincoln's cobbled streets on Saturday 17 August to stand up for the profession and the families they serve. The Lincolnshire County Council health visitors have already taken or planned to take an astonishing 14 days of strike action – Saturday's demo sent a loud and clear message that they would not back down until their employer the Council listens.

unprecedented

It's not an everyday occurrence that health visitors take strike action – in fact it's unheard of.

Unite rep and health visitor Claire Bradford said this is the first time she's even been balloted for strike action – she and 84 per cent of the workforce voted in favour. "It's really got to crisis point – to have nurses out on strike; out on the picket line," she told UniteLive. "It's unprecedented."

Claire and dozens of her colleagues on strike are angry that they haven't had a pay rise since 2017 – their wages have been effectively frozen since they were transferred from the NHS to the Council.

"The Council has refused to honour the Agenda for Change pay scales we were on before being transferred, while at the same time saying we're ineligible for pay rises in accordance with council workers," Claire explained. Unite has calculated that the 58 affected health visitors have lost on average £2,000 each year, with some losing as much as £3,000 annually. "I live and work in Lincolnshire County Council – my council tax goes up, the cost of living goes up and my wages aren't meeting those increases," Claire highlighted.

Her colleague Unite rep and health visitor Nicola Robbins agreed. "I'm now thousands of pounds worse off than if I was a health visitor working for the NHS," she told UniteLive.

two-tier workforce

The LCC health visitors dispute also centres around other actions taken by the Council which are in effect destroying their profession and the service – they're being forced to accept a junior level role, even though many of them, like both Claire and Nicola, have nearly a decade of experience or more.

This, explained Unite professional officer Jane Beach, has created a two-tier workforce and will strip senior health visitors of many key elements of their role. For example, LCC health visitors can no longer write on-the-spot prescriptions –



which places more pressure on already overstretched GP services.

There are also fewer staff able to manage complex safeguarding. LCC's systematic deskilling of the health visitor role has resulted in a reduced service and has put vulnerable families at risk.

"Health visitor caseloads in Lincolnshire are already really high and the council even now has trouble retaining staff," Beach noted. "If they don't come to the table and listen, you'll have lots of senior health visitors who ultimately will have to look elsewhere because they're stuck on the wages they've been on for the last two and a half years and cannot properly carry out their work in line with their level of experience."

solidarity

The 58 health visitors taking strike action are far from being alone in their fight for pay justice – hundreds of backers, travelling from all over the country, descended on Lincoln to show their support. Among these supporters was Camille Tsang, a Public Health England worker who'd taken a train up with her colleagues to show their solidarity. "I've got a two year old and my health visitor was really important for me especially in the early days as a first-time parent," Tsang told UniteLive. "Public Health England staff are being affected by a very similar issue to health visitors – we haven't had a pay rise since 2013. It's my view that if you don't give solidarity you don't get solidarity. When you have a fightback like we have here today, we can take that energy back with us and spread it to other workplaces."

Unite executive council member and paramedic Steve Thomson also journeyed to Lincoln to show the health visitors their support. "Over the years we've seen the decimation of their trade," he said. "Health visitors don't normally go on strike so this is a big thing for them to come out and take action. To show support from all of us is absolutely vital." But among the Lincolnshire health visitors' greatest supporters was the local community itself. As dozens of local families joined the march, hundreds of onlookers eagerly took Unite leaflets to find out more about the health visitors' dispute.

Thundering applause greeted the pro-

testors as they marched from Lincoln's cathedral down through the town's high street to High Bridge, where a growing crowd gathered for the rally.

Speakers, including local Labour MP Karen Lee, Unite regional officers Paresh Patel and Steve Syson, and Labour's shadow health secretary Jon Ashworth, as well as a number of health visitors, galvanised the crowd with stirring speeches. Ashworth vowed that a Labour government would invest in health visiting, and would give every single health visitor a fair pay rise in line with Agenda for Change pay scales. "This fight isn't just about the pay and conditions of these health visitors," he said. "It's a fight about the future of the National Health Service as well." Highlighting the proud history of the NHS, founded on the principle of equality, Ashworth said that it is this same principle that striking health visitors are now so bravely defending. "A baby born right now in the poorest parts of Lincolnshire will likely live nine years less than a baby born in the wealthiest parts of Lincolnshire," he said. "And that baby born in the poorest parts of Lincolnshire or Leicester or in the poorest parts of Nottinghamshire in the old coal fields – that baby is more likely to leave school obese, is more likely to be admitted to hospital, is more likely to need specialist mental health support when they become an adolescent than a baby born in the better off areas," Ashworth added. "That offends me. I think that's intolerable. We have to invest in our children's health and give every child the best possible start in life to narrow these health inequalities. And health visitors are absolutely central to giving all of our children the very best future and healthiest start in life. That is why this dispute is so important. This is about the future of every child in Lincoln and Lincolnshire."

The striking Unite health visitors continued in their fight with two further 48-hour stoppages commencing just after midnight on August 27th and September 5th.

AS WE GO TO PRESS UNITE MEMBERS ARE IN THE MIDDLE OF A FURTHER BALLOT TO WIDEN THE DISPUTE FOLLOWING THE COUNCIL PROVOCATIVELY DIVIDING THE HEALTH VISITOR ROLE INTO TWO SEPARATE JOBS

a charter *for* women

Women have always fought for their long-denied rights; we must do so again. We hope to inspire a new and inclusive socialist feminist theory and practice that will motivate a new generation of women activists and revitalise the fight for women's liberation. One of the ways of doing this is to unite around a campaigning programme. This is the purpose of the Charter for Women. It does not offer new policy but instead seeks to bring together the key demands for which women are fighting in various arenas. The charter covers three broad areas, social policy, the labour market and the labour movement. It raises the main campaigning demands under each heading. We want it to be discussed, adopted and promoted by women in the labour movement, by all progressive women's groups and organisations. For us the price of equality is eternal vigilance – we must ensure that women's demands are heard and acted on.

In society

- Highlight the feminisation of poverty and campaign to reverse cuts in social provision, the welfare state and public services.
- Campaign for decent local authority grant funding for voluntary organisations that campaign for women's equality to ensure a strong voice advocating for women's equality for all women
- Expose the ideologies that are used to perpetuate women's inequality (for example, the notion of 'family values' and the 'family wage').
- Draw attention to the role of the media and other cultural agencies in shaping gender identities that reinforce the unequal relationships between men and women.
- Campaign for greater support for lone mothers, carers and women subject to domestic violence, coercive behaviour, stalking and other abuse.

a charter

- End the oppression of Lesbian, Bisexual and Trans women.
- Improve access and rights to abortion.
- Campaign for Period Dignity with free period products available in workplaces and public buildings and an end to VAT on period products.
- Ensure that women and girls are entitled to the full range of free and high quality educational provision (from nursery to further and higher education) and subject choice.
- Campaign for gender sensitive occupational health and safety, personal protective equipment and work stations and environments designed by and for women.
- End women pensioner poverty by reducing the state pension age to 60 and increasing the State pension in line with average earnings.
- The principle of women only spaces to be upheld – and where necessary extended. Gender neutral spaces should be additional to women's spaces.

- Maintain the exemptions in the Equality Act that allow for single sex services or requirements that only a woman can apply for a job
- Ensure that women have an absolute right to self-organisation as women.
- Extend sisterhood and solidarity to our sisters internationally in recognition that women across the world face similar sex-based discrimination.

At work

- Campaign to end institutional and other forms of racism and ensure that the status and pay of Black women workers is a bargaining priority.
- Campaign to reduce the gender pay gap and highlight its causes.
- End job segregation by improving access to apprenticeships, training and opportunities for women in non-traditional areas.
- Campaign to ensure that unions fight more equal value claims through the mechanism of collective bargaining.

for women

- Campaign for access to justice for women, with restoration of legal aid.
- Campaign to change equal pay law to permit 'class action' (group claims) and remove employer 'get out', strengthen the legislation to ensure employers are required to be open and transparent and with employees and close the loopholes that employers regularly use to avoid equal pay.
- Campaign to raise the level of national minimum wage to at least half, and rising to at least two-thirds of male median earnings.
- Demand that statutory pay audits be implemented in the private and public sector and remedial action taken.
- Demand full-time rights for part time workers.
- Root out bullying and sexual harassment in the workplace.
- End casualisation and especially abusive zero hours contracts.
- Campaign for a fully funded national child care service with affordable child care including pre-, after-school and holiday provision.
- Campaign for a shorter working week for all and rights to flexible working.
- Improve maternity leave and pay, including properly paid paternity leave.
- Ensure that women do not suffer disproportionately from the impact of robotics and artificial intelligence in the workplace.
- End modern day slavery, people trafficking, racist immigration laws and campaign for the free movement of people.

In the labour movement

Women's membership of trade unions is rising. However, women are not represented in proportion to their numbers within the leaderships of trade unions or other labour movement organisations. The under-representation of Black women is even worse.

- Tackle the under-representation of women and Black women in labour and trade union movement structures by proportionality and other measures.

a charter *for* women

- Campaign to maintain and extend women's self-organisation in trade unions.
- Campaign for the right to organise a trade union, statutory rights for union equality reps, and the right to take industrial action.
- Campaign for sectoral collective bargaining, delivered through a Ministry for Labour, with an oversight of ensuring the gender pay gap is closed
- Ensure the accountability of women's structures to women.
- Maintain and extend women's committees, women's courses and other measures to ensure that women's issues/concerns are collectively articulated and actioned.
- Maintain women-only short lists in the Labour Party.
- Campaign to raise the profile of the TUC, STUC and Welsh TUC's women's

conferences as the 'parliaments of women'.

- Campaign for:
 - a Ministry for Women's Equality
 - a fully funded independent Equality and Human Rights Commission with powers to take action when the Equality Act is breached;
 - restoration of the Women's National Commission.

Ensure that by these means women's collective voices are not only heard but are acted upon.

The National Assembly of Women is presenting an updated Charter for Women at this crucial time for women's political, economic and social equality.

charging pregnant women...

SCARLETT HARRIS REPORTS ON THE
IMPACT OF NHS CHARGING ON PREGNANT
MIGRANT WOMEN

NEW research from Maternity Action has exposed the impact that the government's hostile environment is having on NHS midwives, who are caught between their duty of care to pregnant women and Department of Health and Social Care requirements that some patients be charged.

While the possibility of charging for NHS services is not new, it wasn't until 2015 that it became a legal requirement to charge certain groups of patients.

The political rhetoric around NHS charges and the pressure on NHS trusts to recover costs has been ramped up in recent years. The latest study follows an earlier Maternity Action report, *What Price Safe Motherhood?*, published last year, which found that vulnerable and destitute women were being deterred from accessing maternity care due to NHS charges starting at £7,000.

NHS trusts are required to inform the Home Office when debt of £500 or more is unpaid for two months and this can result in future immigration applications being refused.

duty of care?

This latest report, *Duty of Care? The Impact on Midwives of NHS Charging for Maternity Care*, based on interviews with NHS midwives, explores what the charging regime means in practice for front-line NHS staff. The launch of the report coincides with a Royal College of Midwives motion to TUC Congress on the issue of charging for maternity services. The midwives we spoke to felt that the charging regime had undermined their relationship of trust with the women they care for. Even though the midwives themselves are not responsible for issuing the charges, they are often expected to gather data on nationality and immigration status and to report it to hospital administrators who are responsible for implementing charging. In addition, it is often the midwife who has to break the bad news to a pregnant woman that she is likely to be charged thousands of pounds for her care. The midwives involved in the study were clear that the charges target the most vulnerable – often destitute women with no means of buying clothes and nappies for their newborn baby, let alone repaying debts of thousands of pounds.

vulnerable women

Describing the types of women who are being charged, one midwife explained: "They haven't got a lot of money for food; they're having to resort to foodbanks. They can't afford the vitamins. There's domestic abuse sometimes and they're dependent on this spouse for money, when they haven't got any access to any-



maternity action

challenging inequality: promoting wellbeing

thing themselves. So they're vulnerable women." Another community midwife described the type of accommodation one of her patients was living in: "This one family where mum, dad, two children – and she was 36 weeks' pregnant – were in one room. And it was a really difficult situation. "They had all their belongings in one room, the five of them, and they were piled up everywhere and the toddler was bouncing between bunk beds."

fear of charges

A common theme in the midwives' interviews was the chilling effect of the charging regime on women's contact with health services. Some described women not presenting for their initial appointment until very late in the pregnancy for fear of being charged. Others knew of women who, once they were told that they would be charged, never returned for subsequent appointments. While it's not the responsibility of the midwife to inform her patient about charging, many of the midwives we spoke to felt there was an ethical dilemma: does she tell her patient that she may be charged in the hope that she can reassure her and persuade her to continue to attend appointments? Or does she keep the question of charging out of her relationship with her patient and leave it to hospital administrators?

opting out of care?

Another issue raised by midwives was of women trying to opt out of elements of their maternity care in order to minimise the costs.

One midwife explained how risky this strategy is: "We've got a care plan for our clients and each part of it is evidence-based. There's a reason for each appointment and each test. But if clients are thinking, that one is really expensive, say maybe a blood test is more expensive than another appointment, then they'll miss it. And that's quite frustrating because you can't make good clinical decisions with only half the information."

Even those midwives who weren't politically opposed to charging in principle were concerned about the implementation of the policy in practice and its

impact on the women they cared for, as well as on their own professional practice. The report identifies ways in which the implementation of the policy could be improved in order to minimise the damaging impact on midwives and the women they care for.

But ultimately the only way to remove the barriers to maternity care created by the NHS charging regime is to suspend charges for maternity care.

FOR MORE INFORMATION AND TO FIND OUT
HOW YOU CAN GET INVOLVED IN
CAMPAIGNING, VISIT
MATERNITYACTION.ORG.UK

no nukes!

OVER 6,000 ACTIVISTS FROM AROUND JAPAN AND 84 FOREIGN GUESTS FROM 21 COUNTRIES PARTICIPATED IN THE 2019 WORLD CONFERENCE AGAINST ATOMIC AND HYDROGEN BOMBS HELD 3 TO 9 AUGUST 2019. 720 WOMEN FROM AMERICA, EUROPE AND ASIA INCLUDING JAPAN GATHERED AT THE "NO NUKES! WOMEN'S FORUM" HELD 8 AUGUST IN NAGASAKI CITY

ADA DONNO FROM ITALY REFLECTS ON THE LEGACY OF HIROSHIMA AND NAGASAKI

SEVENTY FOUR years ago on 6 and 9 August the United States dropped two nuclear bombs on the Japanese cities of Hiroshima and Nagasaki respectively, killing between 129,000 and 226,000 people and devastating the environment. The impact of this unspeakable damage continues to hit generations born after the war. Despite the tremendous warning represented by the testimony of the Hibakusha, the survivors of the nuclear bomb, today over 13,000 nuclear weapons are distributed in nine arsenals in the world and threaten the entire planet with destruction every moment. They are the mortal legacy of which humanity is struggling to free itself. As every year, our organisation, the Association of Women of the Mediterranean Region (AWMR) together with other anti-nuclear associations in Italy, takes the opportunity of this date to remind the public that:

- A nuclear war constitutes a looming threat to the lives of peoples and to the planetary ecosystem much more concretely than is believed, since it can even be triggered randomly, by accident or by miscalculation.

- The logic of nuclear deterrence and the threat of mutual destruction represent an incentive to the accumulation of dangerous nuclear weapons.

Italy is not officially a nuclear-armed



country: a popular referendum in 1987, confirmed by a second referendum in 2011, established the rejection of nuclear, for both civil and military use. However Italy, as a member of NATO and because of the military alliance that binds it to the US, is obliged to host US nuclear bombs on its territory, in the military bases of Ghedi and Aviano. The problem of the presence of US nuclear warheads on our territory is one of the issues strongly addressed by the national campaign for nuclear disarmament in which AWMR Italia has participated since last year, along with other Italian associations. Thousands of signatures have been collected at the bottom of an appeal that urges the Italian government to sign and ratify the Treaty for the Prohibition of Nuclear Weapons (TPNW), adopted by the UN General Assembly on 7 July 2017 with 122 votes in favour. The signatures were delivered 26 September (the International Day for Nuclear Disarmament) to the Italian government. Italy did not participate in the UN negotiations that led to the adoption of the TPNW and neither did take steps in favour. By choosing to be "absent", the Italian government has in fact aligned itself with the nuclear-armed states that have opposed the Treaty. This ambiguous behaviour profoundly angers us. Our campaign continues this year, to demand that Italy

escape ambiguity and contribute to the TPNW reaching the number of ratifications necessary for its entry into force by 2020. At the same time we continue to demand Italy's exit from NATO, as an extremely expensive and dangerous war instrument headed by the US, which remains the main nuclear power and the greatest nuclear hypocrite, since it pretends to negotiate disarmament, while it is blowing up the main nuclear treaties implemented so far and is building increasingly pernicious nuclear weapons. All states, including the nuclear-armed states and the "nuclear umbrella" countries, should work to stop the dangerous new nuclear escalation. All states should join the disarmament path provided by TPNW on the basis of international law. Women and peoples of the world demand that nuclear disarmament become a priority for all states and that this long history of terror comes to an end. With this in mind, we wish a great success at the 2019 World Conference against A and H Bombs and the "No nukes! Women's forum" on 8 August in Nagasaki.

ADA DONNO IS PRESIDENT OF THE ASSOCIATION OF WOMEN OF THE MEDITERRANEAN REGION (AWMR) AND VICE PRESIDENT OF THE WOMEN'S INTERNATIONAL DEMOCRATIC FEDERATION (WIDF)

what's on...

NAW Executive Committee meetings are open to all members. Next meetings are Saturday 23 November 2019 and 11 January 2020 in London. The AGM will be 25 April 2020.

If you would like to attend please contact the Secretary on naw@sisters.org.uk or at NAW, Bridge House, Newport Street, Hay on Wye, Powys HR3 5BG

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Our organisation would like to affiliate to the NAW. Enclosed is: £20 (local organisation/NAW branch), £45 (regional organisation), £60 (national)

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