



Company Registration No: NI. 36868
Inland Revenue Charity No: XR 11970

**Submission to United Nations Committee on the
Elimination of All Forms of Discrimination Against
Women in response to the UK's seventh Periodic Report**

June 2013

Table of contents

Table of contents

Executive summary

1. Introduction

2. National machinery for the advancement of women (Articles 1-4)

2.1. Constitutional framework

2.2. Legislative framework

2.3. Institutional framework

3. Violence against Women

3.1. Policy and Legislative Framework

3.2. Violence against BME women and girls and the need for specialist services

3.3. Failures in data collection in relation to BME women and girls

4. Human Trafficking (Article 6)

5. Participation in political and public life (Article 7)

6. Education and Employment (Articles 10-11)

6.1. Education and Skills (Article 10)

6.2. Employment (Article 11)

6.3. Childcare provision – A common barrier

7. Health (Article 12)

7.1. Barriers to accessing healthcare

7.2. Mental health

8. Social and economic benefits (Article 13)

9. Vulnerable groups of women

9.1. Asylum-seeking women and refugee women

9.2. Traveller women

Annex 1 – NICEM’s engagement with BME women in NI

Annex 2 – The Experiences of Ethnic Minority Women in Northern Ireland

Annex 3 – The Protection and Rights of Black and Minority Ethnic Women Experiencing Domestic Violence in Northern Ireland

Executive summary

Since the last examination in 2008, the socio-economic and political landscape has changed significantly in the UK and even more so in Northern Ireland, as the continued efforts of the peace process have become more apparent - yet there is more to do. For example, the economic downturn has led to the introduction of draconian austerity measures and has also had an impact on the availability of job opportunities. Politically, justice matters have been devolved to Northern Ireland, yet Westminster retains control over immigration law and policy.

The purpose of this report is to highlight the key issues affecting black and minority ethnic women in Northern Ireland and therefore, the concept of intersectionality in the context of a post-conflict society forms the cornerstone of this report. The purpose of the Executive Summary is to present an overview of these issues with specific reference to key points and recommendations in the wider shadow report.

National machinery for the advancement of women (Articles 1-4 CEDAW – section 2)

This section presents an overview of the constitutional, legislative and institutional frameworks that exist for the advancement of BME women's rights in Northern Ireland. In terms of the constitutional framework, the State Report highlights the key role of the equality duty set out in section 75 of the Northern Ireland Act. However, in 2008 the Committee noted the "varying levels of public understanding of the concept of substantive equality". In addition, the UK Government has failed to deliver a Bill of Rights for Northern Ireland, which formed a crucial part of the peace agreement.

In terms of the legislative framework, the race relations legislation (Race Relations (Northern Ireland) Order 1997) has not been reformed in the same way in NI as it has been in Great Britain so there are some gaps between the level of protection afforded to BME communities in Great Britain as compared to the protection in NI. Moreover, it must be noted that the Equality Act 2010 does not apply to Northern Ireland and the NI Executive has neglected to introduce a single consolidated piece of equality legislation for NI. As a result vulnerable groups are protected by a number of pieces of different legislation, which does not provide a legal framework to deal with intersectionality and multiple discrimination.

In like manner, policy has also been developed in silos. In respect of BME women there is no dedicated policy that addresses the issue of intersectionality with regard to all aspects of CEDAW. Instead, two separate strategies, the Gender Equality Strategy 2006-2016 (GES) and the Race Equality Strategy 2005-2010 (RES) deal with these issues in a piecemeal fashion. The recent review of the GES is to be welcomed but the findings are not yet publically available. However, it is possible to state that the action plans deriving from the strategy were not sufficient to address the issues affecting BME women. In addition, the continued delay of a renewed RES is unacceptable.

Recommendations:

All NI Government Departments should follow OFMDFM's guidance for monitoring racial equality and OFMDFM should monitor the implementation of the guidance and issue annual reports that collect the statistics from all Departments.

The NI Government should introduce policy and legislation to address multiple discrimination and ensure that all collected statistics can be disaggregated, which can then be easily used to develop laws and policies to advance the rights of BME women in NI.

The NI Government should also conduct studies on the impact of the economic recession and austerity policies on BME women.

The NI Government should take steps, beyond training, to ensure that substantive equality is realised and of the concepts of intersectionality and multiple discrimination form the basis of all policy and administrative practices.

The UK Government should work with the Government of the Republic of Ireland and the NI administration to ensure that a strong and inclusive Bill of Rights for Northern Ireland is legislated for, as per their obligations Belfast Agreement, as a matter of urgency.

NICEM calls for the implementation of CERD's recommendation in the Concluding Observations of 2011 recommending the UK to "take immediate steps to ensure that a single equality law and a Bill of Rights are adopted in Northern Ireland or that the Equality Act 2010 is extended to Northern Ireland".

The NI Government should publish a legislative timeframe for the review of equality legislation and, if each piece of legislation is to be updated separately, the Government should provide for intersectionality and multiple discrimination within each piece of legislation.

The NI Government should reconsider adopting a Single Equality Bill as the preferred model.

The NI Government should produce a new Racial Equality Strategy with explicit links to the Gender Equality Strategy, and the review of the Gender Equality Strategy should be published and all actions implemented.

The NI Government should incorporate protections for vulnerable groups with multiple identities into their departmental Gender Equality action plans.

Violence against Women (General Recommendation No. 19 – section 3)

The NI Government's action plans must include reference to multiple discrimination and intersectionality to properly address violence against BME women and girls. Research shows the compounded effects of more than one form of discrimination. The research draws attention to the additional barriers in accessing criminal justice and welfare systems due to non-citizen status and/or unfamiliarity with the English language and local systems. Low income, economic dependency, isolation and stigma also have to be factored in as additional barriers. Special measures should be introduced to correspond to the risks and barriers faced by BME women reporting domestic violence. Public bodies are also falling short of the data collection requirement outlined by the Committee's General Recommendation 19 para. 24(c). Vigorous data collection systems should be put in place to identify victims on ethnicity and nationality and ensure proper resource allocation as well as measures for protection and prevention.

In addition, based on the research attached at Annex 3, the following 12 recommendations have been developed in line with CEDAW, should be implemented in full to tackle the issue of violence against BME women in NI:

Article 2: Policy Measures

- 1. The UK Government should extend the Domestic Violence Rule under the Immigration Rules to all BME women experiencing domestic violence*

2. *The UK Government should reduce the cost of the application for indefinite leave to remain for victims of domestic violence;*
3. *The UK Government should review evidentiary requirements in the Domestic Violence Rule so as to bring them in line with what BME victims of domestic violence would reasonably be able to provide, considering the barriers highlighted in this study;*

Articles 5 and 16: Sex Role Stereotyping and Prejudice and Marriage and Family Life

4. *The UK Government should eliminate the perpetuation of gender role stereotypes that see women as financially dependent on men, which are currently reinforced through the government's "no recourse to public funds" policies, as well as deficiencies in the benefits system (see also recommendations 1-3, 7);*

Article 11: Employment

5. *The Committee may wish to ask the UK Government how and whether it intends to ensure that adequate social services are in place to enable mothers who have left an abusive home to balance family obligations with employment, thereby fostering economic independence;*

Article 12 and General Recommendation 24: Health

6. *The UK Government should ensure that appropriate interpretation services are provided in health services, and to ensure that all interpreters and medical personnel are appropriately trained to respond effectively to domestic violence;*

Article 13: Economic and Social Benefits

7. *The UK Government should amend the current guidelines in the Child Benefit Agency to enable victims of domestic violence to access benefits more easily where the male partner is in receipt of Child Benefit;*

General Recommendations 12 and 19: Monitoring Violence Against Women

8. *The UK Government should ensure rigorous data collection systems are in place to identify victims of domestic violence on grounds of ethnicity and nationality, to enable appropriate allocation of resources and to establish measures for protection and prevention.*

General Recommendation 19: Violence Against Women

9. *The UK Government should ensure that the devolved administration in Northern Ireland provides education to staff of public services to prevent prejudicial attitudes based on racism and sexism and to encourage effective support to all victims of domestic violence, in order to ensure there are adequate protective and support services for BME women;*
10. *The UK Government should provide effective training to staff of public services to ensure that interpretation services are provided, and to ensure that all interpreters are appropriately trained on responding effectively to domestic violence, in order to ensure there are adequate protective and support services for women who are not proficient in English;*
11. *The Northern Ireland Executive should explain why the allocation of emergency funds has been interrupted over the past six months and whether the government intends to renew the Northern Ireland Crisis Fund to ensure that there are adequate protective and support services for women with insecure immigration status;*
12. *The UK Government should increase funding to NGOs such as Women's Aid and NICEM to enable them to provide protection and support for BME women experiencing, or who have*

experienced, domestic violence, and to foster grassroots leadership to challenge customs and norms in relation to domestic violence within BME communities.

Human Trafficking (Article 6 – section 4)

Since the last examination in 2008, the UK has ratified the Council of Europe's Convention against Trafficking in Human Beings and a EU Directive on Human Trafficking has been introduced. As a result a number of legislative and policy changes have been introduced in NI, which are to be welcomed. For example, the establishment of the NGO Group on Human Trafficking is particularly welcomed and it is hoped that this group will play a key role in the implementation of the recommendations recently published by the Council of Europe's Group of Experts on Action against Trafficking in Human Beings (GRETA). However, more needs to be done to ensure the full implementation of these instruments, such as provision of rehabilitation and respite care as well as immigration advice. In addition, there are instances where NI policy is not in line with the rest of the UK; for example, despite having consulted on guidelines in Autumn 2012, the Public Prosecution Service for NI still does not have any prosecution guidelines in relation to human trafficking.

Recommendations:

It is recommended that the Northern Ireland Executive develop one single consolidated piece of legislation to deal with the complex nature of human trafficking, taking into account the concept of multiple discrimination.

NICEM calls for robust NGO participation and support and urges the UK Government to designate Women's Aid as a first responder in the National Referral Mechanism.

The UK Government should ensure its approach to tackling trafficking is in compliance with all elements of the EU Directive by taking steps to implement outstanding obligations, including the appointment of an independent anti-trafficking coordinator.

NICEM calls upon the Department of Justice to ensure that the action plan on Human Trafficking is fully implemented with monitoring mechanisms put in place to gauge its effectiveness.

Participation (Articles 5-6 CEDAW – section 5)

Recent UK studies have placed NI at the bottom of the leader board when it comes to participation in political and public life. Moreover, while some BME women are active in their local communities, many have expressed concerns about the under-developed and resourced nature of the BME women's sector in NI. This, as well as economic dependence and childcare responsibilities (due to lack of affordable care subsidised by the state), act as key barriers to the full participation of BME women. With respect to asylum-seeker women, participation has also been directly impacted by government policies such as 'no recourse to public funds' and the legal restrictions, i.e. the denial of the right to work.

Recommendations:

The NI Executive should ensure that dedicated resources on building the capacity of BME women's groups, so that women will be empowered to tackle issues affecting their own communities, should be included as a part of each Department's action plan under the GES.

Temporary special measures, such as quotas for BME women specifically, should be considered as part of these plans.

The NI Executive should prioritise the participation of BME women in public life during the upcoming reviews of the Gender Equality Strategy and the Race Equality Strategy and subsequent action plans.

It is recommended that the review of the equality strategies should be taken as an opportunity to specifically review the work being done with BME women and to ensure that such work is adequately resourced.

Education and Employment (Articles 10-11 – section 6)

Education

Results from NICEM's survey research revealed that BME women in NI have high levels of qualifications, which have usually been obtained abroad. Most of these women also self-assessed their language skills as being good, very good or excellent.

Nevertheless, there are many concerns in relation to the NI education system, and the educational opportunities that it affords to young BME girls, as evidenced by the statistics set out in section 6.1 of the report. However, as detailed in the submission, there are considerable issues with monitoring since the statistics are not effectively disaggregated. Of particular concern is the low-level of education attainment of BME communities in some instances and the impact of racist bullying on young girls' educational experiences. Moreover, the Priorities for Youth policy is mentioned in the State Report and NICEM is concerned that if the proposals in the consultation come to fruition, youth work will be linked to formal education outcomes and those people who are already disadvantaged will be at risk of further alienation.

Employment

Statistics from NICEM's survey research revealed that more of the respondents were unemployed and those who had a job were often not matched to their qualifications. A number of factors were listed as determining factors in labour market participation such as the impact of the recession. In addition, worrying trends were evident in relation to the underemployment of BME women in NI and issues emerged in relation to the recognition of qualifications obtained abroad.

Childcare

A common barrier to participation in the labour force, and indeed in public life, was identified as a lack of affordable childcare appropriate to the needs of BME communities living in NI.

Recommendations:

It is recommended that the Department of Education carries out a full Equality Impact Assessment to examine how the attachment of formal educational outcomes will affect youth work policy and the potential for engaging with and facilitating the participation of marginalised BME communities, particularly girls.

It is recommended that the Department of Education review its ethnic monitoring policy in line with OFMDFM's guidance (mentioned above) and provides disaggregated information detailing the educational attainment of newcomer pupils, minority ethnic communities (including a breakdown of the white category), and BME girls.

The Department of Education and the NI Government should recognise racist bullying as a specific form of bullying which requires a targeted policy response and commit to a zero tolerance approach to racist bullying in schools. Furthermore, the Government should ensure that all schools have monitored, targeted action plans in place, which aim to eradicate bullying.

The NI Government should ensure migrant workers' skills are recognised and that BME women are supported through positive measures to actively participate at all levels of the labour market.

The NI Government should develop an action plan setting out how it will address the measures set out in General Recommendation No. 26.

The UK Government should ratify the United Nations Convention on the Rights of Migrant Workers and take steps to implement it in the national law.

When finalising the new Childcare Strategy, OFMDFM should commit to ensuring that childcare will be provided for all children regardless of their mother's immigration status in order to ensure that BME women will have the opportunity to participate in the labour market.

Health (Article 12 – section 7)

While the majority of respondents to NICEM's survey research felt they enjoyed very good, good or satisfactory access to both their local doctor (GP) and/or hospital, there are a number of barriers which may impact on access to healthcare, such as language barriers and the provision of culturally appropriate services. In addition, policy in NI departs from the rest of the UK with respect to persons 'not ordinarily resident' in NI having to pay to access certain forms of healthcare. A report from the NI Human Rights Commission on this issue recommended that the policy link between health care access and ordinary residence should be revoked.

In addition, some of the respondents to the survey research indicated mental health issues. NICEM is aware that it can be very difficult for BME women because it is not appropriate to access appropriate treatment because it is difficult to do so through an interpreter.

Recommendations:

The Department of Health, Social Security and Public Safety (DHSSPS) should remove the link between nationality and access to primary health care in order to ensure that health needs are catered for.

In the cross-departmental Gender Equality action plans, the NI Government (DHSSPS) should incorporate measures with monitoring mechanisms to address the barriers BME women experience when accessing healthcare.

Northern Ireland should learn from best practice in the rest of the UK to ensure that bespoke mental health services are provided for BME communities.

Social and economic benefits (Article 13 – section 8)

NICEM's survey findings revealed that nearly all respondents were in receipt of benefits. As a result many BME women experienced difficulties when navigating the complex social security system. Such difficulties can include experiencing prejudice and discrimination when applying

for a benefit and also for some migrants there are often issues with decision-makers understanding of European law and immigration rules. Furthermore, NICEM is deeply concerned about the discriminatory provision contained in the Welfare Reform (Northern Ireland) Bill 2012 which purports to treat certain EEA nationals (persons with caring responsibilities, who would often primarily be women) differently from British/Irish nationals.

Recommendations:

The NI Executive should work with the civil society to ensure that the concerns raised in the Ad Hoc Committee on Equality and Human Rights Requirements: Welfare Reform recommendations are taken into consideration and measures are also taken to mitigate the negative impacts of welfare reform.

It is recommended that all front-line staff undergo rigorous equality and anti-discrimination training as well as training on the application of EU law and the entitlements of EU migrants to ensure that migrant workers are afforded access to the benefits they are entitled to in a timely fashion.

Vulnerable groups of BME women (Section 9)

Asylum seeking women

As mentioned above, the NI Government does not have the authority to set asylum and immigration law and policy. Therefore, NICEM endorses the submission of the Women's Resource Centre on UK-wide policy in this area. However, since the NI Government is required to ensure that asylum-seeking women's rights are protected and respected, it is important to reflect on the lived experiences of those women in NI. The key concerns raised during NICEM's consultation with asylum-seeking women was in relation to their standard of living; for example the provision of gender-sensitive and culturally appropriate accommodation and in some instances asylum-seeking women are living in destitution.

Recommendation:

The UK Government should urgently review its asylum and immigration policies in order to ensure it is in compliance with international human rights obligations, particularly in relation to the right to family life and the right to an adequate standard of living.

Traveller women

During NICEM's consultation process with Traveller women, we found that high levels of discrimination continue to exist, particularly in relation to access to goods, facilities and services. Lack of culturally sensitive accommodation is a key factor that has a wide-ranging impact on a Traveller woman's life. This impact is most visible in the area of health – a Traveller female life expectancy is 70.1 years, which is 11.5 years less than women in the general population and the equivalent of that in 1960's. Case studies in section 9.2.2 illustrate the wide range of factors, which may influence such high levels of mortality. These include barriers to accessing health care, awareness of services and information provision, disease etc. Another issue affecting Traveller women was levels of educational attainment. Bullying and prejudice towards Traveller girls in school can contribute heavily to low levels of attainment.

Lastly, the Traveller women NICEM consulted with indicated that there was not enough funding for support services to meet their needs.

Recommendations:

In line with the recommendation from the UNCRC, the NI Government should reintroduce a statutory duty for local authorities to “provide safe and adequate sites for Travellers.

The NI Government should ensure that Travellers travelling between Northern Ireland and the Republic of Ireland do not suffer any discrimination when seeking to access services.

The Department of Health, Social Security and Public Safety (DHSSPS) should produce a detailed, timetabled action plan on addressing the health needs of Traveller women, particularly in respect of maternity services and in line with the findings of the AITHS. This action plan should also include appropriate implementation and evaluation measures.

The DHSSPS should review its policy on access to primary care to ensure that Travellers travelling between Northern Ireland and the Republic of Ireland will not be discriminated against.

The Department of Education should build monitoring and evaluation measures into the new Action plan to ensure substantive equality can be achieved in the long-term.

The Department of Education should consider including Traveller cultural history in the curriculum in order to create a greater understanding of Traveller culture and lifestyle.

Special training should also be compulsory for teachers and staff in Traveller cultural awareness and anti-discrimination and there should be a particular emphasis on supporting Traveller girl children.

The NI Government should ensure that support services for Traveller women and girls are adequately funded and resourced and are designed in close consultation with the community in order to meet the needs of the community.

1. Introduction

The Northern Ireland Council for Ethnic Minorities (NICEM) is an independent non-governmental organisation. As an umbrella organisation¹ we represent the views and interests of black and minority ethnic (BME) communities.² Our vision is of a society where equality and diversity are respected, valued and embraced, a society free from all forms of racism, sectarianism, discrimination and social exclusion, where human rights are guaranteed.

As part of NICEM's Strategic Advocacy Project, we combine community development work with policy and lobbying work to uphold BME communities' human rights. Capacity building and grassroots participation of BME communities lies at the core of NICEM's work and through this experience we have seen how BME women are often underrepresented in leadership and/or decision-making roles. This reflects the CEDAW Committee's (hereafter referred to as 'the Committee') observation in 2008 that "ethnic and minority women are underrepresented in all areas of the labour market ... [and] in political and public life".³

As a result, in preparation of this submission, NICEM sought the views of BME women living in Northern Ireland (NI) through workshops, a conference and a survey, which attracted over 450 responses, in order to allow their experiences to inform NICEM's shadow/alternative report. Since this submission relates to the NI Government's obligations in respect of BME women only, the principles underpinning Article 9 (nationality) of the Convention will be taken as a point of departure. In respect of immigration and asylum/refugee law and policy we will be commenting on the UK Government as a whole since the NI Government does not have specific powers to set law and policy in these areas.

Nevertheless, in line with its international human rights obligations, the NI Government does have duties to make provision with respect to all persons living in NI to ensure that they do not fall into poverty or destitution. In addition, it should also be pointed out that "in any process of devolution, States parties have to make sure that the devolved authorities have the necessary financial, human and other resources to effectively and fully implement the obligations of the State party under the Convention".⁴ Thus, comments set out here relating to immigration law and policy will be supplementary to that set out in the UK-wide NGO shadow report⁵ in order to provide an understanding of the lived experience of migrants and asylum-seekers and refugees in NI. Further to the issues identified in NICEM's shadow list of issues, this report will comment in more detail on those issues. This report will also comment on the extent to which the NI Government has implemented the Concluding Observations of the Committee at its 41st session on the UK's joint 5th & 6th periodic report, specifically paragraphs 292 to 296, which relate to "vulnerable groups of women".

¹ Currently we have 27 affiliated BME groups as full members. This composition is representative of the majority of BME communities in Northern Ireland. Many of these organisations operate on an entirely voluntary basis.

² In this document "Black and Minority Ethnic Communities" or "Minority Ethnic Groups" or "Ethnic Minority" has an inclusive meaning to unite all minority communities. It refers to settled ethnic minorities (including Travellers, Roma and Gypsy), settled religious minorities, migrants (EU and non-EU), asylum seekers and refugees and people of other immigration status.

³ UN Committee on the Elimination of Discrimination against Women, Concluding Observations: UK, UN Doc. C/UK/CO/6, 10 July 2008, para. 292.

⁴ CEDAW, *General Recommendation No. 28 on the core obligations of States parties under Article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, UN Doc. CEDAW/C/GC/28, 16 December 2010, para. 39.

⁵ Women's Resource Centre (2013), *Women's Equality in the UK – A Health Check*, available at: http://thewomensresourcecentre.org.uk/wp-content/uploads/WRC-CEDAW-Booklet_final-links.pdf.

2. National machinery for the advancement of women (Articles 1-4)

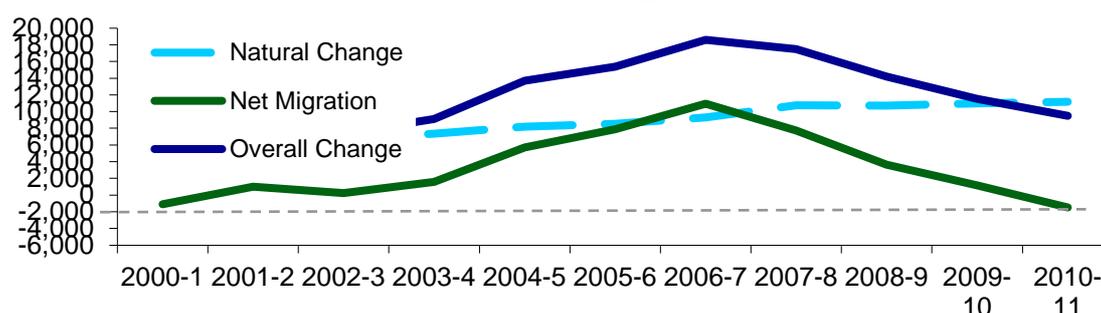
In its 2008 Concluding Observations, the Committee urged the UK to take the following steps, among others, to the advance the rights of BME women:

- “intensify its efforts to prevent and eliminate discrimination against ethnic and minority women”⁶;
- “conduct regular and comprehensive studies on intersectional discrimination against ethnic minority women, to collect statistics on their situation in employment, education, health and public life”⁷;
- “keep under review and carefully monitor the impact of its law and policies on women migrants, refugees and asylum-seekers with a view to taking remedial measures that effectively respond to the needs of those women”.⁸

This section will consider whether the UK and NI authorities have taken effective steps to implement these recommendations. Before such consideration takes place, however, it is necessary to reflect on some of the changes to the social, economic and political landscape in both the UK and NI, which are relevant to the advancement of BME women’s rights NI.

Since the last examination in 2008, some new statistics on migration patterns have become available. The Census 2011 revealed that the proportion of the usually resident population born outside NI rose from 9.0 per cent (151,000) in 2001 to 11 per cent (202,000) in 2011.⁹ This increase may be attributed in part to the further enlargement of the European Union in 2007. For example, between 2008 and 2011 NI had 9.5 per cent of the UK’s approved applications for Bulgarians on the accession worker card scheme.¹⁰ However, as the graphic below illustrates, net migration has continually gradually reduced since 2006/07, which is most likely attributable to the economic situation.¹¹ Nevertheless, research carried out in NI strongly emphasises that whilst the numbers of migrants coming to live in NI may be decreasing, this “does not mean that migration related issues will dissipate”.¹² That research also revealed the demand for specific services for BME communities; for example, it stated “the requests for services such as the regional interpretation services for the five regional health trusts have increased year on year”.

Components of Population Change (2000/01 to 2010/11)



⁶ CEDAW, Concluding Observations: UK, UN Doc. C/UK/C0/6, 10 July 2008, para. 294.

⁷ *Ibid.*

⁸ *Ibid.*, para. 296.

⁹ NISRA, *Statistics Bulletin: Census 2011: Detailed Characteristics for Northern Ireland on Health, Religion and National Identity*, 16/5/13.

¹⁰ Home Office, Immigration and Nationality Directorate, November 2011, accessed at: <http://www.migrationni.org/demographic-trends#DemNI>.

¹¹ NISRA, *Statistical Report: Rebased Population and Migration Estimates NI (2001-11)*, 30/4/13.

¹² NI Strategic Migration Partnership (NISMP), *A Migration Information Portal for Northern Ireland*, November 2012, p. 14, available at: http://www.conflictresearch.org.uk/Resources/Documents/Full%20brochure_3%20-%20NISMP%20print.pdf.

Source: NISRA, *Statistical Report: Rebased Population and Migration Estimates NI (2001-11)*, 30/4/13.

According to the Census 2011 figures, there are 925,100 women in NI but, at the time of writing, further disaggregation was not available to ascertain the exact number of BME women in NI. However, statistics collected on national identity may give some indication. On the question of national identity, the Census 2011 recorded 52,795 people including 25,703 women who did not identify as British/Irish/Northern Irish/English/Scottish/Welsh.¹³ However, it must be noted that many BME people in Northern Ireland do identify with one of these national identities. For example, 1,825 of 3,616 Black people and 10,944 of 19,130 Asian people view themselves as British/Irish/Northern Irish/English/Scottish/Welsh.¹⁴ In general terms, despite guidance being issued by the Office of the First Minister and Deputy First Minister (OFMDFM),¹⁵ there are considerable issues with effective data collection on the BME community in Northern Ireland across all Government departments.

One of the biggest developments since the 2008 examination has been the impact of the economic recession and subsequent UK Government's austerity policies, which have also been followed by the NI administration. This has also led to increased tension around the topic of migration in the media in the UK¹⁶ and in 2013 leading human rights figures in Europe warned austerity is no excuse for racism¹⁷. Since the last CEDAW examination there have been fluctuations in the prevalence of hate crime in NI but the statistics do not reveal whether BME women were more affected than men.¹⁸ In addition, survey research conducted by NICEM reveals high levels of anxiety (72 per cent of respondents) about the current economic climate and its impact.¹⁹ Concerns related to the financial impact of the crisis (42 per cent), job security (30 per cent) as well as a fear of not being able to provide for their families and falling into poverty, especially given the changes to the welfare system (17 per cent were concerned about changes to social security).

Nevertheless, the positive benefits of migration continue to be highlighted. These can be economic²⁰, skills-based²¹ and obviously cultural. More importantly however, given its past

¹³ Northern Ireland Statistics and Research Agency (NISRA), Census 2011: National Identity (Classification 1) by Age by Sex_DC2105NI Accessed at: <http://www.ninis2.nisra.gov.uk/public/Theme.aspx>

¹⁴ Northern Ireland Statistics and Research Agency (NISRA), Census 2011: National Identity (Classification 1) by Ethnic Group_DC2206NI Accessed at: <http://www.ninis2.nisra.gov.uk/public/Theme.aspx>

¹⁵ OFMDFM, (2011), *Guidance for Monitoring Racial Equality*, available at: http://www.ofmdfmi.gov.uk/guidance_for_monitoring_racial_equality_v2.pdf.

¹⁶ Minority Rights Now, 'Immigration hysteria: the consequences of Cameron's Speech', 3/4/2013, available at: <http://minorityrightsnow.wordpress.com/2013/04/03/immigration-hysteria-the-consequences-of-camersons-speech/>.

¹⁷ EU Fundamental Rights Agency, the OSCE Office for Democratic Institutions and Human Rights, and the Council of Europe's European Commission against Racism and Intolerance joint statement on the International Day for the Elimination of Racial Discrimination, 'Austerity is no excuse for racism', available at:

http://fra.europa.eu/sites/default/files/anti_racism_day_statement_en.pdf. For analysis from NICEM see: <http://minorityrightsnow.wordpress.com/2013/03/21/fighting-racism-in-times-of-austerity/>.

¹⁸ See, Steven McCaffrey, 'Racism, the Good Friday Agreement and Northern Ireland's 'new minority'', 10 April 2013, the detail.tv, available at: <http://www.thedetail.tv/issues/189/racism-and-the-good-friday-agreement/racism-the-good-friday-agreement-and-northern-ireland-s-'new-minority'>. See also, Mc Veigh, *Race and Criminal Justice in Northern Ireland: Towards a Blueprint for the Eradication of Racism from the CJSNI*, January 2013: NICEM, available at:

http://nicem.org.uk/uploads/publications/Race_and_Criminal_Justice_2013.pdf.

¹⁹ See also, Mc Veigh & McAfee, 'Za Chlebem': *The Impact of the Economic Downturn on the Polish Community in Northern Ireland*, 2009, available at: http://nicem.org.uk/uploads/publications/Za_Chlebem_Report.pdf.

²⁰ A study by Oxford Economics (2009) which estimated that migration had resulted in an additional 40,000 jobs and £1.2bn GVA. Department for Employment and Learning (2009). *The Economic, Labour Market and Skills Impacts of Migrant Workers in Northern Ireland*. Oxford Economics with FGS McClure Watters and Perceptive Insight Market Research. Belfast: DEL. Available at: http://www.delni.gov.uk/the_economic_labour_market_and_skills_impact_of_migrant_workers_in_northern_ireland.pdf.

history of conflict and discrimination, some commentators have noted the contribution of migrants in bringing Northern Ireland from “a relatively insular and inward-looking country” to “a vibrant and culturally diverse society”, and even go on to state “our new residents deserve credit for contributing to this transformation”.²²

Looking at the principle of equality in Northern Ireland specifically, in 2008 the Committee noted that “varying levels of public understanding of the concept of substantive equality have resulted only in the promotion of equality of opportunity and of same treatment, as well as of gender-neutrality”.²³ Combined with the failure to deliver a Bill of Rights for Northern Ireland²⁴, a Single Equality Bill²⁵, and the delayed implementation of key strategies such as the Racial Equality Strategy, this is indicative of total failure on the behalf of the Northern Ireland Executive to formulate any policy that addresses the complex issue of intersectionality or multiple discrimination, either in the constitutional, legislative or institutional framework. These concerns were also raised by the Committee on the Elimination of Racial Discrimination (CERD) in 2011, particularly the fact that the Equality Act 2010 does not extend to Northern Ireland.²⁶

In addition, it must be noted at this stage that according to General Recommendation No. 28 “intersectionality is a basic concept for understanding the scope of the general obligations of the States parties” and that “States parties must legally recognize such intersecting forms of discrimination and their compounded negative impact on the women concerned”.²⁷ Furthermore, the European Parliament has also called on Member States to “ensure the protection of victims of multiple discrimination, among whom ethnic minority women represent a big group, by adding explicit clauses and binding regulations on multiple discrimination to the legal system”.²⁸

Recommendations:

All NI Government Departments should follow OFMDFM’s guidance for monitoring racial equality and OFMDFM should monitor the implementation of the guidance and issue annual reports that collect the statistics from all Departments.

The NI Government should introduce policy and legislation to address multiple discrimination and ensure that all collected statistics can be disaggregated, which can then be easily used to develop laws and policies to advance the rights of BME women in NI.

The NI Government should also conduct studies on the impact of the economic recession and austerity policies on BME women.

²¹ The health service has also benefitted from the skills and experience of highly-skilled doctors and nurses from India and the Philippines.

²² <http://www.niassembly.gov.uk/Documents/RaISe/Publications/2012/general/3112.pdf>

²³ CEDAW, Concluding Observations, 10 July 2008, para. 264.

²⁴ As required by the legally binding Good Friday/Belfast Agreement between the UK and Ireland.

²⁵ This measure has been taken in Great Britain but the legislation does not extend to Northern Ireland and as a result there is an anomaly in the standards of equality law in Northern Ireland as compared with the rest of the UK.

²⁶ CERD, Concluding Observations on UK’s 18th-20th Periodic Report, UN Doc. CERD/C/GBR/CO/18-20, 2011, para. 19.

²⁷ CEDAW, *General Recommendation No. 28 on the core obligations of States parties under Article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, UN Doc. CEDAW/C/GC/28, 16 December 2010, para. 18.

²⁸ European Parliament resolution of 7 September 2010 on the social integration of women belonging to ethnic minority groups (2010/2041(INI)).

2.1. Constitutional framework

As set out in the Periodic Report, section 75 of the Northern Ireland Act 1998 places a legal duty on public authorities to promote equality of opportunity across nine categories of protected characteristics. The Periodic Report also mentions that under this mechanism it is possible for public authorities to carry out an Equality Impact Assessment (EQIA). However, Departments first consider whether a policy will have a significant impact before even carrying out a full EQIA – this decision is taken in the screening process. In NICEM’s experience, many policies have been ‘screened out’ in recent times, which would have a significant impact on affected groups. Where EQIAs are carried out, they are often inadequate, e.g. the recent EQIA on the Welfare Reform Bill.²⁹ In addition, some of the information provided by policy-makers in a recent screening document represents a clear misunderstanding of the concept of multiple discrimination.³⁰

Furthermore, the UK Government’s continued failure to implement the terms of the peace agreement in NI, the Belfast/Good Friday Agreement, through the introduction of a Bill of Rights for Northern Ireland, leaves a substantial gap in the constitutional infrastructure in NI. Recently, a Commission on a Bill of Rights for the UK recognised that the Bill of Rights process in NI should remain a separate one and NICEM strongly urges that the UK Government takes this advice since the process in NI is particular to a transitional society emerging from conflict.³¹ Moreover, during the NI Bill of Rights process it was envisaged that this would be an inclusive instrument which would afford equality to all persons living in NI, including BME women, and not only focus on passed divisions. Therefore, the UK Government’s failure to introduce a Bill of Rights for Northern Ireland is also a missed opportunity for the advancement of women’s rights.

Recommendations:

The NI Government should take steps, beyond training, to ensure that substantive equality is realised and that the concepts of intersectionality and multiple discrimination form the basis of all policy and administrative practices.

The UK Government should work with the Government of the Republic of Ireland and the NI administration to ensure that a strong and inclusive Bill of Rights for Northern Ireland is legislated for, as per their obligations Belfast Agreement, as a matter of urgency.

2.2. Legislative framework

Gaps remain in current race relations legislation in NI (Race Relations (Northern Ireland) Order 1997). For example, no legislative amendments have been introduced in NI to level up the protection afforded as was done in the other two jurisdictions in the UK, namely England and Wales, and Scotland, through the Race Relations (Amendment) Act 2000 and the Equality Act 2010.³² Legislation has, however, been amended twice in NI as the result of

²⁹ A report from CAJ also highlights other issues with the implementation of section 75. CAJ, *Unequal Relations?*, May 2013, available at: www.caj.org.uk/contents/1181.

³⁰ Screening documents, ‘Transforming Your Care,’ Department of Health, Social Services and Public Safety 2012; available from the Department on request.

³¹ Commission on a Bill of Rights Final Report, 18 December 2012, available at: <http://www.justice.gov.uk/about/cbr>. See NICEM’s consultation responses here: <http://nicem.org.uk/elibrary/publications>.

³² See NICEM’s briefing paper: <http://www.nicem.org.uk/elibrary/publication/nicem-paper-on-the-formal-review-of-the-race-relations-ni-order-1997-august-sept-2010>-[http://www.nicem.org.uk/uploads/publications/NICEM_RRO_Review_Paper_final.doc_\(no_date_\).pdf](http://www.nicem.org.uk/uploads/publications/NICEM_RRO_Review_Paper_final.doc_(no_date_).pdf).

infringement proceedings brought about by non-compliance with the EU Race Equality Directive 2000/43/EC. Despite such gaps (i.e. inconsistent definitions in equality and anti-discrimination law) in Northern Ireland, the current Programme for Government does not include any reference to a Single Equality Bill for Northern Ireland, similar to that in Great Britain, i.e. the Equality Act 2010. While the NI Government has stated that it is undertaking a review of equality legislation currently, this review is being conducted without consulting with civil society and there is no clear indication of the timelines for completion of this work. We are also concerned that this piecemeal approach will not address the issues of intersectionality and multiple discrimination and may erode the rights of those with multiple identities.

Recommendations:

NICEM calls for the implementation of CERD's recommendation in the Concluding Observations of 2011 recommending the UK to "take immediate steps to ensure that a single equality law and a Bill of Rights are adopted in Northern Ireland or that the Equality Act 2010 is extended to Northern Ireland".

The NI Government should publish a legislative timeframe for the review of equality legislation and, if each piece of legislation is to be updated separately, the Government should provide for intersectionality and multiple discrimination within each piece of legislation.

The NI Government should reconsider adopting a Single Equality Bill as the preferred model.

2.3. Institutional framework

The UK's Periodic Report describes NI's Gender Equality Strategy 2006-2016 (GES) as "a strategic framework to mainstream gender equality".³³ In NI, OFMDFM has developed separate strategies for the protection of various vulnerable groups, notably the Racial Equality Strategy 2005-2010 (RES) and the Gender Equality Strategy 2006-2016 (GES).

These strategies lack correlation with each other, and indeed an understanding of multiple discrimination, which points to ineffectiveness, since vulnerable groups such as BME communities are often not adequately covered by such isolated policies. This clearly fails to discharge the NI Government's obligations under Article 2 CEDAW since the Committee has stated that such a policy "must identify women within the jurisdiction of the State party (including non-citizen, migrant, refugee, asylum-seeking and stateless women) as the rights-bearers, with particular emphasis on the groups of women who are most marginalized and who may suffer from various forms of intersectional discrimination".³⁴

As already mentioned there have been several delays in the development of key government strategies. For example, the RES was suspended in 2007 when there were discussions of a community relations strategy, called the Cohesion, Sharing and Integration strategy (CSI).³⁵ In May 2013, a new strategy was published, which seems to have replaced

³³ United Kingdom's 7th Periodic Report to CEDAW, June 2011, para. 3.

³⁴ CEDAW, *General Recommendation No. 28 on the core obligations of States parties under Article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, UN Doc. CEDAW/C/GC/28, 16 December 2010, para. 26.

³⁵ See NICEM's response here: http://nicem.org.uk/uploads/publications/NICEM_CSI_submission_final-3.pdf.

the latter strategy, called *Together: Building a United Community*.³⁶ At the time of writing a revised draft of the RES had not been published for public consultation. As noted by the Committee, policies for the advancement of women must be put into operation “without delay”.³⁷

In 2013 a review of the effectiveness of the GES was undertaken,³⁸ which is to be welcomed in principle but the findings are yet to be published. It is hoped that this review will take account of the measures set out in General Recommendation No.28.

Recommendations:

The NI Government should produce a new Racial Equality Strategy with explicit links to the Gender Equality Strategy, and the review of the Gender Equality Strategy should be published and all actions implemented.

The NI Government should incorporate protections for vulnerable groups with multiple identities into their departmental Gender Equality action plans.

3. Violence against Women

3.1. Policy and Legislative Framework

The Gender Equality Strategy specifically identifies the elimination of ‘gender-based violence’ as an objective. However, the accompanying cross-departmental action plans make little reference to multiple discrimination issues, and they lack dedicated resources or monitoring mechanisms.

In addition, the Periodic Report makes reference to the Violence Against Women and Girls (VAWG) strategy³⁹, which is currently being developed in GB. The equivalent joint Domestic and Sexual Violence Strategy is currently being drafted by the Department of Justice and the Department of Health, Social Security and Public Safety in Northern Ireland. This strategy had not been published for consultation at the time of writing and, having attended a pre-consultation meeting in 2012, it was indicated by the relevant Government departments that this would not be a dedicated strategy addressing violence against women and girls, as it would also encompass violence against men.

3.2. Violence against BME women and girls and the need for specialist services

Groundbreaking research into domestic violence undertaken by NICEM in early 2013 (attached in the appendix) shows the compounded effects of more than one form of discrimination. The research draws attention to the additional barriers in accessing criminal justice and welfare systems due to non-citizen status and/or unfamiliarity with the English

³⁶ OFMDFM, *Together: Building a United Community*, May 2013, available at: http://www.ofmdfmi.gov.uk/together_building_a_united_community.pdf.

³⁷ CEDAW, *General Recommendation No. 28 on the core obligations of States parties under Article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, UN Doc. CEDAW/C/GC/28, 16 December 2010, para. 29.

³⁸ This report was prepared by the NI Statistics and Research Agency on behalf of the Office of the First Minister and Deputy First Minister. At the time of publication a draft of this review had been circulated to the Gender Advisory Panel (GAP) of which NICEM is a member, however members were told the content could not be shared externally until the review was finalised.

³⁹ United Kingdom’s 7th Periodic Report to CEDAW, June 2011, para. 278.

language and local systems. Low income, economic dependency, isolation and stigma are additional barriers. There is a need for differentiated responses by public bodies tasked with responding to domestic violence against BME women and girls. NICEM's research highlights the persistent lack of special measures for BME women currently needed to correspond to these additional risks and barriers in NI.

In addition to the issues highlighted in the research regarding domestic violence we are aware of broader issues of violence affecting BME women in NI including and interlinked to issues of trafficking, sexual violence, forced marriage and harmful cultural practices. Such issues are under researched in the NI context and many statutory agencies are unaware of their existence.

Recommendation:

The State should develop a specific strategy for violence against BME women. This should build on a participatory approach, engaging with BME women and providing adequate funding empowering them to develop and provide protection for those BME women experiencing violence in Northern Ireland. In order to assist the development of this strategy, funding should be provided for further independent research into violence against BME women and girls in NI.

3.3. Failures in Data Collection in relation to BME women and girls

NICEM's research has highlighted that public bodies in NI are falling short of the data collection requirement outlined by the Committee's General Recommendation 19, paragraph 24(c).⁴⁰ What our research found was that some public bodies, most noticeably in contrast to England and Wales⁴¹ the Public Prosecution Service (PPS), were not recording statistics on religious or ethnic backgrounds since they were not obliged to do so under the Northern Ireland Act.⁴² The PPS has expressed its concern that collecting such data in the context of NI could lead to questions of whether more Catholics than Protestants were prosecuted or vice versa. However this also meant that there was no data on the number of prosecutions of those from BME groups. The lack of data in this area means that there are no statistics currently being collected on prosecutions for domestic violence related offences committed by BME people in Northern Ireland.

Recommendations:

The Director of the PPS should request that statistics be recorded on the ethnicity of offenders and victims of domestic and sexual violence related offences and the extent to which special measures have been put in place to assist the prosecution of these cases.⁴³

The recently opened Sexual Assault Referral Centre⁴⁴ in NI should be resourced to develop a template for recording data and maintaining comprehensive statistics on the ethnic and

⁴⁰ "States parties should encourage the compilation of statistics and research on the extent, causes and effects of violence, and on the effectiveness of measures to prevent and deal with violence." General Recommendation 19, para. 24(c), 1999.

⁴¹ Race Relations Act 1976, Schedule 1A and the Equality Act 2010.

⁴² Northern Ireland Act 1998, s.75 (4A).

⁴³ The Director of Public Prosecution has indicated to one of the researchers that he would seek to have this gap in data collection remedied.

⁴⁴ This recently opened in NI and it provides specialist medical attention, specific support and specialized evidence gathering for victims of sexual violence therefore from the findings of our research we believe they would be best placed to undertake this task.

national background of its cases. In doing so it should liaise with the PSNI and other bodies to ensure consistency across the statutory sector.

4. Human Trafficking – Article 6

Human trafficking raises issues of concern for BME women because they are the most likely victims of this crime. Since the publication of the Periodic Report a number of developments have occurred in relation to the issue of human trafficking.⁴⁵

Firstly, in order to comply with its EU obligations the Northern Ireland Executive has introduced legislative reform. While this is to be welcomed on the one hand, it is submitted that the piecemeal nature of law reform in this area has left legislative gaps, particularly in relation to the protection of victims' rights.

In addition, whilst we welcome the UK's ratification of the Council of Europe Convention against Trafficking in Human Beings in December 2008, more needs to be done to ensure its adequate implementation. For suspected victims of trafficking, there is a lack of rehabilitation and respite care, as well as immigration advice. Lack of dedicated resources and the lack of a joined up approach between agencies means that victims are often passed from one agency to the next without receiving the care and assistance they need. It is also concerning that trafficking victims are rarely granted refugee status, despite a high risk of re-trafficking. In the Periodic Report, it was stated that Migrant Helpline, in conjunction with the Women's Aid Federation of Northern Ireland, are providing support to victims.⁴⁶ It should be noted that Migrant Helpline (which only supports male victims) is part of the National Referral Mechanism for reporting trafficking, but Women's Aid is not.

High profile awareness-raising media initiatives, such as the Blue Blindfold campaign mentioned in the periodic report,⁴⁷ are to be welcomed, but we are concerned that resources may be more effectively spent on targeted initiatives aimed at community groups on the ground and frontline staff who may unknowingly encounter victims of trafficking. In contrast to the rest of the UK, NI does not have any prosecution guidelines in relation to human trafficking. The Public Prosecution Service for NI (PPS) held a consultation on such guidelines in Autumn 2012, however such guidelines are yet to be published.⁴⁸

We welcome that the Department of Justice has established an NGO Engagement Group on Human Trafficking and that in June 2013 the Department published its action plan on Human Trafficking, incorporating recommendations from the recent examination of the UK by the Council of Europe's Group of Experts on Action against Trafficking in Human Beings (GRETA). However we regret that the consultation period with relevant stakeholders⁴⁹ was limited to 5 working days and that there was no formal consultation on the action plan.

⁴⁵ In 2012 NICEM produced a briefing paper on current responses to human trafficking in NI. Obokata, *NICEM Briefing Paper: Analysis of Current Responses to Human Trafficking in NI*, December 2012, available at: http://nicem.org.uk/uploads/publications/NICEM_Trafficking_Report.pdf.

⁴⁶ United Kingdom's 7th Periodic Report to CEDAW, June 2011, para. 69.

⁴⁷ *Ibid.*

⁴⁸ NICEM's response to the consultation is available at:

http://nicem.org.uk/uploads/publications/NICEM_response_to_PPSNI_consultation_on_prosecuting_cases_of_HT.pdf

⁴⁹ The Department of Justice NGO Engagement Group on Human Trafficking; <http://www.northernireland.gov.uk/news-doj-131212-justice-minister-hosts>

Recommendations:

It is recommended that the Northern Ireland Executive develop one single consolidated piece of legislation to deal with the complex nature of human trafficking, taking multiple discrimination into account.

NICEM calls for robust NGO participation and support and urges the UK Government to designate Women's Aid as a first responder in the National Referral Mechanism.

The UK Government should ensure its approach to tackling trafficking is in compliance with all elements of the EU Directive by taking steps to implement outstanding obligations, including the appointment of an independent anti-trafficking coordinator.

NICEM calls upon the Department of Justice to ensure that the action plan on Human Trafficking is fully implemented with monitoring mechanisms put in place to gauge its effectiveness.

5. Participation in political and public life – Article 7

In its 2008 Concluding Observations the Committee urged the State party to “take effective measures to increase the participation of ethnic and minority women in ... political and public life”.⁵⁰ It is submitted that since the 2008 examination no effective measures have been taken to increase the participation of ethnic and minority women in political and public life in Northern Ireland.

Firstly, looking at political life, a recent UK study places Northern Ireland at the bottom of the leader board in terms of the percentage of women in the national legislature, with 18.5% representation.⁵¹ In fact, there is only one elected representative who is a BME woman in the NI Assembly (Parliament).⁵² Furthermore, as already mentioned, the Equality Act 2010 does not apply to Northern Ireland, therefore it would not be possible for political parties to adopt the envisaged temporary special measures set out in sections 104-5.⁵³ In addition, NICEM's survey research pointed out some interesting trends in relation to BME women's political participation in NI. For example, while 61.7 per cent of respondents stated they have a right to vote, 13.6 per cent revealed they did not know whether they had a right to vote or not. Despite the fact that over half of the respondents stated they have the right to vote, 72.3 per cent of respondents stated they did not vote in the last election, citing their lack of interest in politics as the main reason (24.4 per cent). In addition, only 2.6 per cent of respondents are members of a political party and 90 per cent of respondents never considered standing for elections.

Secondly, in terms of public life, the Periodic Report notes that women are under-represented amongst public appointees and again BME women are even more invisible in terms of public appointments. There is only one woman in a high-level position in the police

⁵⁰ UN Committee on the Elimination of Discrimination against Women, Concluding Observations: UK, UN Doc. C/UK/C0/6, 10 July 2008, para. 294.

⁵¹ Centre for Women and Democracy (2013) Sex and Power 2013: Who runs Britain? Counting Women In Coalition: London http://www.countingwomenin.org/wp-content/uploads/2013/02/Sex-and-Power-2013-FINALv2.-pdf.pdf?utm_medium=email&utm_source=WRC&utm_campaign=2282094_WRC+March+e-news&dm_i=4DW,1CWVI,BQJQT,4LVG0,1.

⁵² Ms. Anna Lo of the Alliance Party was elected to the Legislative Assembly in 2007 from the South Belfast constituency.

⁵³ Nevertheless, it would be possible under the Sex Discrimination (Election Candidates) Act 2002.

and she is not an ethnic minority.⁵⁴ NI also ranks lowest in terms of female representation on national governing bodies with less than 10%.⁵⁵ No disaggregated statistics are available which highlight the number of BME community representatives sitting on these bodies.⁵⁶ Anecdotal evidence also suggests that there is poor representation of BME communities on school boards.

Thirdly, in terms of participation in community life it appeared that respondents to NICEM's survey are most active in their respective places of worship (25 per cent) and only 17.6 per cent are active in women's groups. Furthermore, over half of respondents believed that these places cater for the needs of BME women whereas a third did not share that view. Many respondents called for more BME women's groups, particularly bespoke services for Traveller women, Polish women and Muslim women. Many of the respondents noted isolation and the challenge of being alone in a new country without family members as a key barrier to participating in society in NI.

Thus, it is clear from the research that there is a high demand amongst BME women for bespoke support services to realise BME women's right to participate in all levels of society in NI. Compared to other regions of the UK there is a significant lack of capacity in the BME women's sector in NI. The sector remains highly under-developed and lacks resources, which can partly be attributed to the particular circumstances of NI as a post-conflict society. According to the UK's periodic report, "funding to women's groups and organisations will inform the mid-term review of the Gender Equality Strategy".⁵⁷ Nevertheless, the Government has not expressed any concern about the underdevelopment and need to target resources to develop the BME women's sector in NI.

Lastly, participation is crucial to the advancement of BME women. During NICEM's workshops in preparation for this report we understood there was a clear correlation between a BME woman's participation in the labour force and their participation in public life, which has also been pointed out by the European Parliament.⁵⁸ Moreover, participation in society can be a vehicle for integration, but often contribution to society is linked to self-sufficiency and participation in the workforce. In NICEM's experience, participation in society is closely connected with BME women's educational opportunities as well as employment prospects, and key structural barriers still exist in NI, such as access to affordable childcare, which make participation more difficult.⁵⁹ For some BME women, the UK Government's policies prohibit certain communities, such as asylum-seekers, from participating in society. This was recently reinforced by Lord Atlee, a Conservative party member (currently the governing party), who stated "denying asylum seekers the right to work does make it difficult for them to integrate into our society and that is what we

⁵⁴ Centre for Women and Democracy (2013) *Sex and Power 2013: Who runs Britain? Counting Women* In Coalition: London

⁵⁵ Ibid.

⁵⁶ NICEM is aware that there was a recent recruitment drive by the Northern Ireland Prison Service (NIPS) targeted at BME communities, which is to be welcomed but such initiatives are rare. See evidence from the Prison Service delivered at the NI Assembly All Party Group on BME communities: <http://nicem.org.uk/userFiles/File/November%20minutes.pdf>.

⁵⁷ United Kingdom's 7th Periodic Report to CEDAW, June 2011, para. 34.

⁵⁸ European Parliament resolution of 7 September 2010 on the social integration of women belonging to ethnic minority groups (2010/2041(INI)).

⁵⁹ See Women's Resource and Development Agency (WRDA), *Women Living in Disadvantaged Communities: Barriers to Participation*, March 2009, available at: http://www.wrda.net/Documents/Barriers_to_Participation_-_Final_March_2009_version_2.pdf.

want”.⁶⁰ The devastating impact that the curtailment of the right to participation can have on a woman’s life was powerfully summed up by one of NICEM’s workshop participants: *“I have no option to contribute to society because I am an asylum seeker”*.

Recommendations:

The NI Executive should ensure that dedicated resources on building the capacity of BME women’s groups, so that women will be empowered to tackle issues affecting their own communities, should be included as a part of each Department’s action plan under the GES. Temporary special measures, such as quotas for BME women specifically, should be considered as part of these plans.

The NI Executive should prioritise the participation of BME women in public life during the upcoming reviews of the Gender Equality Strategy and the Race Equality Strategy and subsequent action plans.

It is recommended that the review of the equality strategies should be taken as an opportunity to specifically review the work being done with BME women and to ensure that such work is adequately resourced.

6. Education and Employment (Articles 10-11)

In its 2008 Concluding Observations the Committee urged the State party to “take effective measures to increase the participation of ethnic and minority women in the labour market”.⁶¹ Since there is a clear link between access to education and access to employment, particularly in relation to the common barrier of access to childcare, both of these articles will be considered together. In addition, this section should be read in the context of section 5 above on participation.

6.1. Education and Skills (Article 10)

Firstly, one of the key findings emerging from NICEM’s survey research indicated that the majority of BME women living in NI arrive with qualifications that they have obtained abroad (85.2 per cent). Of those who have gained qualifications abroad, over half are equivalent to a university degree (56.4 per cent). In addition, 20 per cent of the qualifications gained by respondents in the UK were at postgraduate and PhD level. This indicates that many BME women living in NI are highly qualified, but worryingly, over half the respondents (58 per cent) stated that their jobs did not match their qualifications, which will be explored further in the next section.

Secondly, in terms of skills, it seemed that English language skills are crucial for BME women seeking jobs in NI. Around two thirds of survey respondents considered their level of English to be excellent, very good or good and 20 per cent reported their level of English to be satisfactory. Thus, many BME women living in NI had good language skills and others noted they were interested in attending more classes. However, accessing English classes can be

⁶⁰ Dominiczak, Tory peer Earl Attlee: Don’t encourage asylum seekers to integrate, Telegraph, 20 May 2013, available at: <http://www.telegraph.co.uk/news/uknews/immigration/10069294/Tory-peer-Earl-Attlee-Dont-encourage-asylum-seekers-to-integrate.html>.

⁶¹ CEDAW, Concluding Observations: UK, UN Doc. C/UK/C0/6, 10 July 2008, para. 294.

very costly and free classes are not provided by NI authorities with the exception of a pilot project for refugees and asylum-seekers⁶².

Thirdly, in line with the Committee's General Recommendation No. 28,⁶³ it is important to address education and the experience of BME girls. While it is acknowledged that the Convention on the Rights of the Child (CRC) deals more robustly with the issues affecting BME girls, it is also noted that the State Report provides some information on education policy for those of school-going age, i.e. under 18s. We also acknowledge that educational opportunities in a young girl's life can have a long-lasting impact on a woman's life and therefore it is important to consider this here.

In addition, it is important to bear in mind that, due to the legacy of the conflict, the education system remains segregated in Northern Ireland, which was highlighted by the Committee on the Rights of the Child in 2008,⁶⁴ and it can therefore be challenging for ethnic minorities to integrate into that system.⁶⁵ The impact of this can be clearly seen in the following case study:

Case Study

A Slovak woman's child was enrolled in and attending a Catholic school but the family subsequently had to move house because they feared for their child's safety wearing a Catholic school uniform in a predominantly Protestant area.

The State Report states "the Pupils Emotional Health and Wellbeing Programme is a Ministerial priority and will be a vehicle to integrate individual policies and services ... in a consistent and coherent way".⁶⁶ It is also mentioned in the response to the list of issues that a new policy for youth work, Priorities for Youth, is currently under development and it will be "targeted at young people who are at greatest risk of social exclusion".

It is also mentioned in the response to the list of issues that a new policy for youth work, Priorities for Youth, is currently under development and will be "targeted at young people who are at greatest risk of social exclusion". In response to the consultation on this policy, NICEM raised concerns about the strong linkage between youth work and educational outcomes, which is may be problematic for BME communities.⁶⁷ There are already low-levels of educational attainment in some instances in BME communities; some factors may be language barriers and difficulties learning English and unfamiliarity with the formal

⁶² See, Law Centre (NI), 'Access to free accredited ESOL Classes for asylum seekers and refugees (Update)', (2011), available at: <http://lawcentreni.org/component/content/article/63-policy-briefings/806-access-to-free-accredited-esol-classes-for-asylum-seekers-and-refugees.html?q=esol>.

⁶³ CEDAW, *General Recommendation No. 28 on the core obligations of States parties under Article 2 of the Convention on the Elimination of All Forms of Discrimination against Women*, UN Doc. CEDAW/C/GC/28, 16 December 2010, para. 21.

⁶⁴ CRC, Concluding Observations: UK, UN Doc. CRC/C/GBR/CO/4 20 October 2008, para. 66.

⁶⁵ For further information see: Connolly, P., Kelly, B. and Smith, A. (2009) Ethnic habitus and young children: A case study of Northern Ireland, *European Early Childhood Research Journal*, 17(2): 217-232. See also a recent report on the concept of 'shared education' which was published by a specially established Ministerial Advisory Group: Ministerial Advisory Group (2013), *Advancing Shared Education*, Belfast, available at: <http://www.qub.ac.uk/schools/SchoolofEducation/MinisterialAdvisoryGroup/Filestore/Fileupload,382123,en>.

⁶⁶ State Periodic Report, para. 139. Please refer to section on vulnerable groups for information on Traveller children.

⁶⁷ NICEM, Submission to Department of Education's consultation on *Priorities for Youth*, December 2012, available at: http://nicem.org.uk/uploads/publications/NICEM_Priorities_for_Youth_consultation.pdf

education sector.⁶⁸ Youth work provides an alternative personal and social development model and learning opportunity for young people, particularly those who may not engage as easily with formal education. Youth work is also often better able to address the particular needs of BME young people. If youth work is linked to education outcomes, those young people who are already disadvantaged at school are at risk of being further alienated, this time from informal education, which provides an opportunity for empowerment, developing respect for diversity and integration. They will thus also risk losing the benefits of informal education, particularly for newcomer children, those with English as a second language, and those with little to no familiarity with formal education (common in refugee young people arriving as teenagers through family reunification).

In addition, the statistics in Table A below highlight that ethnic minority school leavers have lower levels of educational attainment across the board, and in one instance there is a 10% differential between ethnic minority groups and the white category (At least 5 GCSE's A*-C including English and maths).

On the other hand one worrying trend coming from the statistics in Table A is the fact 7.8% of the ethnic minority group leave school without any formal qualifications, in contrast to 1.4% of the white population. In addition, the statistics in Table B point out that, when compared to the white population, 3% less of the BME school leaver population have gained jobs and over 4% more are unemployed.

While it is to be welcomed that the Government is gathering regular statistics on the qualifications and destinations of school leavers, the way in which these statistics are disaggregated needs to be reviewed. The statistics in Tables A and B below are not broken down by gender. Table C does provide a gender breakdown but only in relation to Free School Meal Entitlement. Free School Meal Entitlement (FSM) is indicative of a child's socio-economic background but does not necessarily reflect whether the child is from an ethnic minority background. In addition, research carried out by NICEM revealed that "language barriers, culturally unsuitable school dinners, a lack of knowledge of how to apply or cultural aversion to welfare are possible factors for the relatively low proportion of some BME groups receiving FSM".⁶⁹

Moreover, the white category does not provide any breakdown in terms of European migrants, such as the Polish population. In 2009 the Department of Education "recognised that there are gaps in statistical evidence on the achievements of newcomer pupils and is working to rectify this".⁷⁰ Despite recommendations for change from NICEM in 2011, nothing has changed.⁷¹

⁶⁸ For more information on educational attainment levels of BME young people, see NICEM, *Promoting Racial Equality in Northern Ireland's Post-Primary Schools*, 2011, available at: http://nicem.org.uk/uploads/publications/Education_report_-_Final_PDF.pdf.

⁶⁹ *Ibid.*, p. 16.

⁷⁰ Department of Education (DENI), *Supporting Newcomer Pupils*, at page 8, available at: http://www.deni.gov.uk/main_doc_english-2.pdf.

⁷¹ NICEM (2011), http://nicem.org.uk/uploads/publications/Education_report_-_Final_PDF.pdf.

TABLE A – QUALIFICATIONS OF SCHOOL LEAVERS BY ETHNIC ORIGIN 2011/12

	Total	
	Numbers	%
White		
3+ A Levels A*-C	8060	36.4
3+ A Levels A*-E	11117	50.2
2+ A Levels A*-E	12316	55.6
At Least 5 GCSEs A*-C inc English and maths	16958	76.6
At Least 5 GCSEs A*-G		
No GCSEs	13766	62.2
No Formal Qualifications	20986	94.8
	364	1.6
	306	1.4
TOTAL WHITE	22143	100.0
MINORITY ETHNIC GROUPS		
3+ A Levels A*-C	157	36.9
3+ A Levels A*-E	211	49.6
2+ A Levels A*-E	232	54.6
At Least 5 GCSEs A*-C inc English and maths	305	71.8
At Least 5 GCSEs A*-G		
No GCSEs	224	52.7
No Formal Qualifications	377	88.7
	33	7.8
TOTAL MINORITY ETHNIC GROUPS	425	100.0

SOURCE: NISRA, *Qualifications and Destinations of Northern Ireland Schools Leavers 2011/12*.

TABLE B – DESTINATION OF SCHOOL LEAVERS BY ETHNIC ORIGIN 2011/12

	Total	
	Numbers	%
White		
Institutions of Higher Education	9369	42.3
Institutions of Further Education	7677	34.7
Employment	1379	6.2
Unemployment	693	3.1
Training	2475	11.2
Destinations Unknown	550	2.5
TOTAL WHITE	22143	100.0
MINORITY ETHNIC GROUPS		
Institutions of Higher Education	188	44.2
Institutions of Further Education	131	30.8
Employment	14	3.3
Unemployment	32	7.5
Training	35	8.2
Destinations Unknown	25	5.9
TOTAL MINORITY ETHNIC GROUPS	425	100.0

SOURCE: NISRA, *Qualifications and Destinations of Northern Ireland Schools Leavers 2011/12*.

TABLE C - DESTINATION OF SCHOOL LEAVERS BY FSM AND GENDER 2011/12

	BOYS		GIRLS		Total	
	Numbers	%	Numbers	%	Numbers	%
ENTITLED TO FSM						
Institutions of Higher Education	267	13.5	470	23.7	737	18.6
Institutions of Further Education						
Employment	826	41.8	885	44.7	1711	43.2
Unemployment						
Training	126	6.4	124	6.3	250	6.3
Destinations Unknown	123	6.2	131	6.6	252	6.4
	548	27.7	297	15	845	21.3
	87	4.4	74	3.7	161	4.1
TOTAL ENTITLED TO FSM	1977	100.0	1981	100.0	3958	100.0
NOT ENTITLED TO FSM						
Institutions of Higher Education	3769	39.9	5051	55.1	8820	47.4
Institutions of Further Education						
Employment	3264	34.6	2833	30.9	6097	32.8
Unemployment						
Training	683	7.2	460	5	1143	6.1
Destinations Unknown	267	2.8	204	2.2	471	2.5
	1224	13	441	4.8	1665	8.9
	231	2.4	183	2	414	2.2
TOTAL NOT ENTITLED TO FSM	9438	100.0	9172	100.0	18610	100.0

SOURCE: NISRA, *Qualifications and Destinations of Northern Ireland Schools Leavers 2011/12*.

Lastly, during workshops facilitated by NICEM, participants stated that racist bullying⁷² is a problem in schools and that the divided education system in Northern Ireland perpetuates prejudice. In relation to this issue, the Department of Education in NI seems to adopt the stance that any form of bullying is negative and fails to address the particular impact of racist bullying on BME young people, particularly girls.

Recommendations:

It is recommended that the Department of Education carries out a full Equality Impact Assessment to examine how the attachment of formal educational outcomes will affect youth work policy and the potential for engaging with and facilitating the participation of marginalised BME communities, particularly girls.

It is recommended that the Department of Education review its ethnic monitoring policy in line with OFMDFM's guidance (mentioned above) and provides disaggregated information detailing the educational attainment of newcomer pupils, minority ethnic communities (including a breakdown of the white category), and BME girls.

The Department of Education and the NI Government should recognise racist bullying as a specific form of bullying which requires a targeted policy response and commit to a zero tolerance approach to racist bullying in schools. Furthermore, the Government should ensure that all schools have monitored, targeted action plans in place, which aim to eradicate bullying.

⁷² This issue was highlighted as a key concern in NICEM's research.

6.2. Employment (Article 11)

According to NICEM's survey research, only 41.6 per cent of respondents were in employment, 12.9 per cent were self-employed and 45.6 per cent were unemployed. The highest levels of employment were recorded among the EU A2/A8. On the other hand, the highest levels of unemployment were recorded among the North African/Arab group (90 per cent) and the Black African group (88.9 per cent). The three most common reasons for unemployment were difficulty finding a job (17.6 per cent), unable to match qualifications to jobs (12 per cent) and childcare responsibilities (35.2 per cent), which will each be dealt with in turn below.

Firstly, looking at the issue of difficulty in finding a job, it is clear that there is a wide range of factors, which may influence this. Since the last CEDAW examination the economic downturn has had a dramatic impact on the labour market. Participants at NICEM's workshops frequently stated that the economic situation is making the situation much worse. This sentiment is in line with the results of NICEM's survey research, as mentioned in section 1 above, as well as more in-depth research carried out on the impact of the recession on women's lives in NI.⁷³

Of particular importance in that regard is the CEDAW Committee's General Recommendation No. 26 on migrant women workers, particularly paragraph 26, which outlines the responsibilities of the country of destination to ensure non-discrimination and equal rights of women migrant workers. Many of the measures listed in paragraph 26 relate to the creation of a legal and policy environment, which actively facilitates the employment of women migrant workers. One particular example of restrictions on immigration is the treatment of EU migrants.

Despite the fact that EU citizens have the right to work and reside in another EU Member State, the UK Government has continually put in place additional measures, which make it more difficult for EU citizens to work in the UK. Previously the UK had a 'Worker Registration Scheme' in place to which EU migrants were required to sign up. Restrictions still exist for migrant workers coming from Romania and Bulgaria (these will be lifted at the end of this year) and with the addition of Croatia to the EU this year it is suspected that some restrictions may be put in place.

One particular restriction on residency is the so-called "right to reside test". The European Commission is currently taking a legal challenge against the UK on the application of this test.⁷⁴ While the test primarily applies to social security benefits and is referred to below, it also has a particular impact on women migrant workers, since they may need to access benefits to support their family in the initial stages of looking for a job.

Secondly, over half the respondents (58 per cent) to NICEM's survey research indicated that their jobs did not match their qualifications. This highlights two major areas of concern, namely the recognition of qualifications gained abroad and the underemployment of migrant workers. In relation to the former, NICEM's survey results revealed that 81 per cent of those who were unemployed had gained qualifications abroad, whereas only 27 per cent

⁷³ For a more in-depth discussion see: WRDA, *The Northern Ireland Economy: Women on the Edge?*, 2011, pages 67-86.

⁷⁴ *Minority Rights Now, Of Migrants and Benefits: UK facing Court over 'Right to Reside' test*, <http://minorityrightsnw.wordpress.com/2013/06/04/of-migrants-and-benefits-uk-facing-court-over-habitual-residence-test/>.

of the unemployed respondents had gained their qualifications in the UK. Further anecdotal evidence from NICEM's service users suggests that difficulties with recognition of qualifications have an adverse impact on employment prospects in Northern Ireland. Despite the existence of the national qualification recognition system, it seems that there are still many barriers to gaining such recognition, particularly cost barriers, as is illustrated in the case study below. In that regard, the recommendation of the European Parliament to Member States to implement policies targeting BME women and introduce "clear, speedy procedures for the recognition of skills and qualifications" should be taken into consideration.⁷⁵

In addition, research has also indicated that underemployment is a significant issue affecting BME communities in Northern Ireland.⁷⁶ While this is not specific to women migrant workers, anecdotal evidence suggests that well-qualified women migrant workers find themselves in low-skilled jobs such as cleaning jobs and working in factories in order to make some money to support their families. Interestingly, NICEM's survey research indicated that the majority of respondents (63 per cent) did not feel they experienced discrimination in finding a job nor did a similar number of respondents (62 per cent) feel they had been discriminated against in the workplace. However, there are a wide range of factors which may influence the underemployment of BME women in NI, which is illustrated by the below case study.

Case study

A Ukrainian women, who was a qualified vet in her home country, found it impossible to practice as a vet in Northern Ireland because she would have to pay a lot of money for a number of equivalence courses in London (and would thereby incur travel costs). In addition, she would have to obtain a very high level of English before she could practice, which would require paying for language courses as well as a test to prove language ability. Furthermore, because this woman is a Ukrainian national, she is considered a third country national and thereby does not qualify for support in paying for childcare.

Recommendations:

The NI Government should ensure migrant workers' skills are recognised and that BME women are supported through positive measures to actively participate at all levels of the labour market.

The NI Government should develop an action plan setting out how it will address the measures set out in General Recommendation No. 26.

The UK Government should ratify the United Nations Convention on the Rights of Migrant Workers and take steps to implement it in the national law.

6.3. Childcare provision – a common barrier

It was noted in the Periodic Report that OFMDFM was consulting on a Childcare Strategy. For the purposes of clarity, it should be noted that this consultation was not on a finished strategy but a pre-consultation exercise and officials have indicated that there may be no further consultation on this integral strategy, which is quite worrying. In terms of particular

⁷⁵ European Parliament resolution of 7 September 2010 on the social integration of women belonging to ethnic minority groups (2010/2041(INI)).

⁷⁶ JRF, Poverty and Ethnicity in Northern Ireland, 2013.

problems facing BME families, only one sentence in the strategy addressed this, simply stating that BME needs must be addressed.

While childcare provision is a problem for all families living in Northern Ireland, specific issues affecting BME women and their families need to be addressed. For example, migrant workers are more likely to work shift patterns outside normal office hours, in industries such as care homes⁷⁷ or meat processing industry, and therefore childcare needs to be available to suit irregular times. Another issue is access and affordability as often migrant workers living in rural areas have difficulty getting transport to childcare facilities, and also depending on immigration status, women may not be eligible for any state support in accessing childcare. In relation to the issue of affordability, 37 per cent of respondents to NICEM's survey research indicated that they do not use childcare in NI because it is too expensive. Therefore, the inaccessibility of childcare has an impact on BME women's ability to both participate in the labour market and to access further education and training. Again the European Parliament argues that in order to prevent the "de-skilling of women belonging to ethnic minorities", it is necessary for Member States to provide "access to affordable, high-quality childcare".⁷⁸

Case study

An EEA national woman working in a factory in a rural area in Northern Ireland became pregnant and was forced to leave her job because her low salary was not sufficient to cover the cost of childcare. In addition, appropriate childcare was not available in that area because the situation of shift workers was not catered for. As a result, this single mother and baby may be deported from the UK because it is considered that since she is not a worker she has no right to reside in the UK. In addition, even if she were to consider herself a jobseeker in order to be able to remain in the UK, it would be practically impossible for her to work because of the inadequacy and expense of childcare in Northern Ireland.

Recommendation:

When finalising the new Childcare Strategy, OFMDFM should commit to ensuring that childcare will be provided for all children regardless of their mother's immigration status in order to ensure that BME women will have the opportunity to participate in the labour market.

7. Health – Article 12

7.1. Barriers to accessing healthcare

The Department of Health, Social Security and Public Safety's Equality Action Plan (version 1.1. of April 2012) identifies BME women's access to maternity services as a key inequality, as well as migrant workers' access to services more generally. The actions to be undertaken by the Department to address these inequalities include issuing clear and concise guidance to health care professionals and undertaking a review of maternity services.

⁷⁷ As is evidenced by NICEM's research on the Filipino community, NICEM, 'Bayanihan – Research on the Filipino community in NI', January 2012, available at: http://nicem.org.uk/uploads/publications/Bayanihan!_January_2012.pdf.

⁷⁸ European Parliament resolution of 7 September 2010 on the social integration of women belonging to ethnic minority groups (2010/2041(INI)).

In relation to migrants' access to services, the Department issued a consultation on so-called 'overseas visitors' access to healthcare. The proposals therein depart from the approach in the rest of the UK in a number of respects in terms of some persons having to pay for access to healthcare in Northern Ireland when they wouldn't have to pay for access in Great Britain. The Department claimed that the policy intent was to ensure that persons from the Republic of Ireland would not be accessing care that they were not entitled to, even though there was inadequate evidence to substantiate this claim.

Prior to this consultation on overseas visitors, the NI Human Rights Commission (NIHRC) published an in-depth research paper outlining the difficulties experienced by BME communities in accessing publicly funded medical care.⁷⁹ Significantly, the NIHRC found the impact of the residence test to be so great that the policy link between health care access and ordinary residence should be revoked for primary care.

While the majority of respondents to NICEM's survey research enjoyed very good, good or satisfactory access to both their local GP or hospital (86 per cent and 84 per cent respectively), NICEM is concerned that the proposed changes will have a devastating impact on BME communities' access to healthcare. In addition, NICEM believes that the restricting access to health care, particularly A&E services, which in our experience can be the only contact point for BME communities who have difficulties registering with a GP, would potentially violate Articles 2, 3 and 8 of the European Convention on Human Rights (ECHR). The impact of linking immigration rules to healthcare access can often lead to administrative difficulties in that decision-makers are inadequately trained to make the correct decision. The impact this can have is illustrated in the below case study:

Case Study

A child with both British and Irish passports, whose mother was a failed asylum seeker, was refused registration with a doctor (GP). This decision had been taken by the Business Service Organisation (BSO) in Northern Ireland, which is responsible for processing registrations. The mother sought the support of a number of community organisations, statutory services and even legal advice. Eventually, one organisation, when it came to their attention, escalated the issue to the attention of the UK Border Agency, who then clarified the position to BSO and both the child and the mother were registered. The child had suffered with a urinary infection for months and was unable to receive medical attention during this time.

Other barriers that can impact on access to health services include the following:

Language barriers: Often professional interpreters are not made available to those who request it. According to NICEM's survey research 15 respondents mentioned that no interpretation was available to them when accessing health services. Whilst there have been notable improvements in this area,⁸⁰ many women are unaware that they are entitled to such services.

Culturally appropriate services: Difficulties also arise in securing appointments with female doctors for Muslim women, as well as difficulty in obtaining test results due to a combination of the language barrier and the health service's confidentiality policy. There is a need for specialist tailored services to meet the needs of ethnic minorities within the health

⁷⁹ NIHRC, *Access denied – or paying when you shouldn't: Access to publicly funded medical care: residency, visitors and non-British/Irish citizens*, January 2011.

⁸⁰ The health service has put in place interpreting services since the last CEDAW examination and that is to be welcomed.

service. NICEM is currently working with several health trusts to develop a pilot project to monitor ethnic minority usage of frontline health services. Such monitoring work is vital for the development of appropriate services; similar initiatives with dedicated resources should be carried out throughout the health system. According to NICEM's survey research 10 respondents stated that there was no cultural accommodation of their needs. The European Parliament has also stressed the "importance of intercultural training for health care providers in partnership with ethnic minority women's groups".⁸¹

Recommendations:

The Department of Health, Social Security and Public Safety (DHSSPS) should remove the link between nationality and access to primary health care in order to ensure that health needs are catered for.

The NI Government (DHSSPS) should draw up an action plan on addressing the barriers BME women experience when accessing healthcare.

7.2. Mental Health

In its 2008 Concluding Observations, the Committee noted that "women of minority and ethnic communities suffer higher rates of depression and mental illness, while women of Asian descent have higher suicide and self-harm rates".⁸² The Committee also recommended the adoption of targeted and culturally appropriate strategies and programmes, including preventive and interventional programmes, to address mental health issues faced by women of different ethnic and minority communities.⁸³ Mental health concerns were raised in NICEM's survey research with one respondent stating:

"I got depression because of thinking too much what will happen; what my life will be; I don't have any future".

Language barriers have been mentioned above but in particular, the use of interpreters raises significant issues in the context of mental health issues. Many people find it difficult to talk to health professionals through an interpreter. Such arrangements also have severe consequences for women with limited English who are victims of domestic violence, as these women may be accompanied to the doctor by their husband or a member of their husband's family, and subsequently may be unable to disclose to the GP that they are living in a situation of domestic violence. In addition, an experienced counselling practitioner at a meeting co-ordinated by NICEM stated that there was a lack of provision for such services in NI, as compared with the rest of the UK.

Recommendation:

Northern Ireland should learn from best practice in the rest of the UK to ensure that bespoke mental health services are provided for BME communities.

⁸¹ European Parliament resolution of 7 September 2010 on the social integration of women belonging to ethnic minority groups (2010/2041(INI)).

⁸² UN Committee on the Elimination of Discrimination against Women, Concluding Observations: UK, UN Doc. C/UK/C0/6, 10 July 2008, para. 293.

⁸³ *Ibid.*, para. 294.

8. Social and economic benefits (Article 13)

The findings from NICEM's survey research reveal that nearly all respondents (98.6 per cent) are in receipt of benefits, with the majority receiving child benefits (37 per cent) and one in five receiving housing-related benefits. Throughout NICEM's work, we have identified a number of issues affecting BME women in the area of social and economic benefits, which will be set out briefly below.

Firstly, workshop participants disclosed that there is a perception of difficulties in accessing benefits because they feel like some front-line decision-makers are not as willing to help migrant workers.

Secondly, some workshop participants were concerned about the perception of migrants coming to the UK as 'benefit tourists' and stated: "we are here to work, we will work if we are given jobs and we are not here to claim benefits". In fact, a transnational study funded by the European Commission found in the UK case study that migrant women were shown to be less likely to receive benefits relative to their British/Irish counterparts.⁸⁴ In addition, NICEM's survey research revealed that only 15 per cent of the women who stated they were unemployed, were claiming benefits. This may indicate that these women are relying mainly on the income brought into the household by their partner or husbands, which leaves women in a vulnerable position of economic dependence.

Thirdly, BME women's immigration status often depends on their relationship with their spouse or partner. Therefore, BME women are also often directly reliant on their partners for access to public services. A breakdown in a relationship has severe consequences for women and children often during a period when welfare support is most needed.

Fourthly, NICEM is concerned that the ongoing welfare reform process in the UK will have a disproportionate impact on women and migrants in particular. The Welfare Reform (Northern Ireland) Bill 2012 (hereafter 'the Bill') will have far reaching consequences for every section of society in Northern Ireland, and indeed the effects of this reform can already be seen in Great Britain where the reform is well underway. This 'reform' represents an ideological shift in social security policy, and fundamentally the welfare state itself. Within this new ideology, there is a worrying trend of treating certain sections of society less favourably than others, for example, migrant workers.

Paragraph 7 of Schedule 1 of the Bill provides for the power to subject all EEA national carers and persons with disabilities to all work-related requirements, even in the case where British or Irish nationals are in the same situation, i.e. falling within the scope of sections 19-21, would not be subject to the same. NICEM strongly believes this would amount to direct discrimination prohibited by Article 18 of the Treaty on the Functioning of the European Union (prohibition on the grounds of nationality). Therefore, it is clear this provision may have a negative impact on BME women specifically, as they traditionally fulfil the caring role, and therefore it is an example of multiple discrimination.⁸⁵

⁸⁴ Institute for the Study of Labour (IZA) and the Economic and Social Research Institute (ESRI), Study on Active Inclusion of Migrants, September 2011, at page 78, available at: http://www.esri.ie/publications/search_for_a_publication/search_results/view/?id=3476.

⁸⁵ For more information see NICEM's briefing paper, April 2013: http://www.nicem.org.uk/uploads/publications/NICEM_Welfare_Reform_Briefing.pdf

Recommendations:

The NI Executive should work with civil society to ensure that the concerns raised in the Ad Hoc Committee on Equality and Human Rights Requirements: Welfare Reform recommendations are taken into consideration and measures are also taken to mitigate the negative impacts of welfare reform.

It is recommended that all front-line staff undergo rigorous equality and anti-discrimination training as well as training on the application of EU law and the entitlements of EU migrants to ensure that migrant workers are afforded access to the benefits they are entitled to in a timely fashion.

9. Vulnerable groups of women

9.1. Asylum-seeking women and refugee women

In its 2008 Concluding Observations, the Committee noted its concern at the situation of immigrant women and women asylum-seekers, who may be subject to multiple forms of discrimination with respect to education, health, employment and social and political participation. Since asylum and immigration policy is a reserved matter, which is not within the competence of the Northern Ireland Government, NICEM would like to echo the recommendations provided in the UK-wide shadow report produced by the Women's Resource Centre.⁸⁶

During NICEM's workshops, one asylum seeker noted that her housing conditions were very poor and stated "I feel like I have been dumped somewhere". She also felt that even though she had experienced a racist incident she could not report it because "I had no witness so I would not be believed".

In addition, some women have raised the issue of both gender-sensitive and culturally-appropriate accommodation which meets the needs of asylum seekers and refugees and their families in order to prevent them falling into destitution.

Recommendation:

The UK Government should urgently review its asylum and immigration policies in order to ensure it is in compliance with international human rights obligations, particularly in relation to the right to family life and the right to an adequate standard of living.

9.2. Traveller women

In 2008, the Committee recommended that "the State party take concrete measures to address the high maternal mortality rate in Traveller communities, including the allocation of adequate resources to increase access to affordable health services, in particular post-natal obstetric services, as well as other medical and emergency assistance".⁸⁷ Traveller women living in Northern Ireland experience high levels of discrimination for a variety of reasons which will be addressed thematically below.

⁸⁶ Women's Resource Centre (2013), *Women's Equality in the UK – A Health Check*, available at: http://thewomensresourcecentre.org.uk/wp-content/uploads/WRC-CEDAW-Booklet_final-links.pdf.

⁸⁷ UN Committee on the Elimination of Discrimination against Women, Concluding Observations: UK, UN Doc. C/UK/CO/6, 10 July 2008, para. 294.

9.2.1. Experiences of Discrimination

The Traveller women we consulted with explained that they felt that the stigma attached to being a Traveller impacts on all aspects of Traveller women's lives. They also felt that the State often fails to tailor its structures to accommodate their lifestyle. One woman explained that she had problems getting a passport due to the fact that her birth was not registered; she explained that this was common practice when travelling around as often support was sought at convents run by the Catholic Church when there was no hospital nearby.

In many parts of NI, Travellers are living on unofficial sites, where there are no appropriate sanitation facilities on site. Living in such conditions is a clear and unequivocal breach of human rights of Traveller women and their families. Despite a recommendation from the United Nations Committee on the Rights of the Child to reintroduce a statutory duty for local authorities to "provide safe and adequate sites for Travellers"⁸⁸ such a duty does not exist in Northern Ireland. The issue of appropriate accommodation was also raised at the CERD hearing in 2011 and there has not been any substantive action since.

Some Travellers also live for a certain amount of time in Northern Ireland and then move across the border to the Republic of Ireland and this can often lead to indirect discrimination by the state. Due to the nomadic lifestyle, Travellers will encounter problems when seeking to access to services, and it can also be very difficult for Travellers to open bank accounts due to the requirement to show proof of address. Often caravan sites will not be accepted as an address and there are no electricity bills, etc. to confirm residence.

In addition, Travellers still experience substantial discrimination when accessing goods, facilities and services, particularly when it comes to booking hotels for occasions, as well as daily activities such as going to the pub, etc. Despite successful legal challenges, Travellers continue to be subjected to this practice of casual racism.

Recommendations:

In line with the recommendation from the UNCRC, the NI Government should reintroduce a statutory duty for local authorities to "provide safe and adequate sites for Travellers.

The NI Government should ensure that Travellers travelling between Northern Ireland and the Republic of Ireland do not suffer any discrimination when seeking to access services.

9.2.2. Health

Since the last CEDAW examination, a large-scale research project conducted by University College Dublin with Travellers on the island of Ireland (including Northern Ireland and the Republic of Ireland) on the issues of health, the All-Ireland Traveller Health study (AITHS)⁸⁹, which had a response rate of 80%, highlighted that health is a key issue of concern for Travellers. The study estimated the Traveller population in NI to be 3,905 and revealed that Traveller female life expectancy has increased from 65.3 years in 1987 to 70.1 years. This is 11.5 years less than women in the general population and the equivalent of that in the

⁸⁸ UNCRC, Concluding Observations on the UK, 2008, para. 65.

⁸⁹ All Ireland Traveller Health Study, September 2010, School of Public Health, Physiotherapy and Population Science, University College Dublin, http://www.dohc.ie/publications/aiths2010/ExecutiveSummary/AITHS2010_SUMMARY_LR_All.pdf?direct=1

1960's. The AITHS found that such high mortality rates were explained by a variety of factors, as set out below; Traveller women also raised these issues in 2013.⁹⁰

Barriers to access: Registration with a GP and a dentist remains difficult due to the requirement to have a permanent address as halting sites will not be accepted for this purpose. Therefore, the system does not have any regard for the nomadic lifestyle of Travellers. This is reflective of unfamiliarity with the system, attitudes of frontline staff, and a failure by the authorities to recognise and accommodate nomadic culture. Lack of consistent contact with health providers may also result in a lack of medical record maintenance, so the development of potential diseases is difficult to assess.

Case Study

In one instance a local GP claimed it was not possible to accept Travellers, but when support workers enquired they found out that this particular doctor was listed as an 'enhanced provider', yet he claimed not to be able to provide the service.

Case Study

In one case of premature labour, a Traveller woman was sent home and advised to "have a bath". The woman felt too embarrassed to explain that she did not have a bath at home. This clearly illustrates that health professionals are not sensitive to the lifestyle of Travellers.

Awareness of services and information provision: Workshops have illustrated that there is a lack of awareness amongst Travellers of preventative health services such as immunisation and screening programmes. Access to health information is difficult due to low levels of literacy. In addition, if Traveller women are not registered with a GP, they will not receive an invitation to come for regular health checks, e.g. smear tests. Therefore, the uptake of smear tests and other health checks can be low among Traveller women.

Disease: There are also high levels of hereditary disease. Many illnesses are hereditary in Travellers but there is not much awareness of this.

Case Study

After two women in the same family died from cancer, another female family member, who had attained a higher level of education, questioned this with the doctor, and after specific tests were carried out, it was found that they all carried a gene, which made them susceptible to contracting cancer.

Infant mortality: Infant mortality rate for Travellers is 3.6 times the rate of the general population (14 infant deaths per 1,000 in Traveller population compared to 4 in general population). This was attributed in part to the increased likelihood of accidents caused by living on unsafe halting sites.

Accommodation: Due to inadequate accommodation, families experience poor sanitation and access to water and electricity.

Mental Health: The AITHS revealed suicide rates of both young men and women are higher than their contemporaries in the general population. Mental health problems remain significant for Travellers - contributing factors include social isolation, stress, uncertainty of tenure, inadequate living conditions, overcrowding in confined places, unemployment and

⁹⁰ These case studies were gathered during consultation exercises with the Travelling community in 2013 in preparation of this report.

domestic violence. Specifically looking at women's mental health, the study revealed 62.7% Traveller women said their mental health was not good for one or more days in last 30 compared to 19.9% GMS female medical cardholders.

Sexual Health: Sexual health is generally not spoken about in young Traveller women, particularly in the home; girls would be embarrassed if the topic arose. If Traveller girls leave school early, they may not benefit from sexual health education in school and therefore there is a low level of awareness about contraception etc.

Travellers with a disability: During NICEM's consultation with Traveller women, some felt there was very little awareness of learning disabilities within the Travelling community.

Case Study

A consultee explained that she was now taking care of a child who had been taken into care in Great Britain. In fact, three children had been taken into care from that family. After this occurred, the mother of the children was diagnosed with a learning disability which had not previously been detected and therefore, she had not previously received any support. Those three children were put into foster care in the settled community and brought up in a different religion and therefore, it is likely that they will lose their Traveller identity.

In addition, as mentioned above in relation to access to healthcare, the changes to the regulations relating to "overseas visitors" may have a very negative impact on Travellers who are travelling around Ireland. The policy intention of these regulations is to prevent persons from the Republic of Ireland availing of access to healthcare in Northern Ireland. However, if a Traveller is living a nomadic lifestyle upon returning to Northern Ireland he/she may have difficulty in accessing health care because she will have to pay. Anecdotal evidence suggests that maternity services are being targeted and this is particularly worrying.

The AITHS recommended to the Government to take action on four priority health care needs:

1. Improvement in mother and child services
2. Men's health issues need to be addressed specifically
3. There is a concerted need to address cause-specific issues for respiratory and cardiovascular disease
4. Priority should be given to a new model of primary care delivery for Travellers

In NICEM's view, the evidence suggests that the Department of Health, Social Services and Public Safety (DHSSPS) has a lot to do in order to address the health needs of Traveller women and to effectively implement the recommendations of the AITHS. For example, in relation to the first recommendation there is no specific mention of Travellers in the Department's recently published Maternity Strategy 2012-18.⁹¹ However, in the equality screening document the Department accepted that "mothers with complex needs may require the services of a number of agencies" but when screening the strategy for equality implications the following conclusion was reached: "the recommendations set out in the strategy apply equally to all women regardless of section 75 [equality duty] grouping and the provision of high quality, safe, accessible maternity services is applicable to all women who use the service".⁹² This is particularly worrying given the fact that the Department noted the

⁹¹ Available at: <http://www.dhsspsni.gov.uk/maternitystrategy.pdf>.

⁹² DHSSPS, Equality Screening document on Maternity Strategy, 11 June 2011. This is not published online but is available from the Department on request.

difficulties Traveller women face in accessing maternity care in its audit of inequalities. However, this was not accompanied by any actions so it is unclear how the Department intends to address this issue.⁹³

Recommendations:

The Department of Health, Social Security and Public Safety (DHSSPS) should produce a detailed, timetabled action plan on addressing the health needs of Traveller women, particularly in respect of maternity services and in line with the findings of the AITHS. This action plan should also include appropriate implementation and evaluation measures.

The DHSSPS should review its policy on access to primary care to ensure that Travellers travelling between Northern Ireland and the Republic of Ireland will not be discriminated against.

9.2.3. Education and Employment

Traveller women often have low levels of competency in literacy and numeracy. This can have a detrimental impact on their family life as well, as they are unable to help their children. During our consultations, Traveller women explained that they are interested in learning how to read and write but often programmes are designed with a particular corporate vision in mind and to meet organisational needs rather than meeting the needs of Traveller women themselves. It is submitted that in order to comply with the Convention right to education, States must recognise and respect Travellers cultural rights and design bespoke programmes to meet the needs of Traveller women.

Case Study

One example of good practice was where a health initiative was able to fund a private tutor to teach basic literacy and numeracy skills to Traveller women alongside their children in their own homes. At the end of such a programme the woman might not receive an essential skills certificate but she will have been empowered to read and write and can therefore help her children with school activities.

The 2001 Census revealed that 69% of Travellers of working age had no qualifications and a further 22% had low-level qualifications.⁹⁴ According to the Department of Education there are fewer than 1,000 Traveller children enrolled in schools and pre-school provision in Northern Ireland.⁹⁵ During NICEM's consultation exercises, Traveller girl children identified the following as key issues impacting on them in their school experience:

- Due to the stereotyping and stigmatisation of Travellers, bullying has a significant impact on Traveller children and this can contribute to leaving school early.
- Computer skills can be an issue because Traveller children do not tend to have as much experience with computers as they do not have them in the home.
- Often Travellers are required to pay in advance for services such as after-school clubs, etc. when the settled community is not required to do so.

⁹³ DHSSPS, Audit of Inequalities, 2011, available at: http://www.dhsspsni.gov.uk/dhssps_draft_equality_action_plan.pdf.

⁹⁴ At the time of writing the same statistics were not available from the 2011 Census but will become available at the end of June 2013.

⁹⁵ Department of Education, Every School a Good School – Draft Traveller Child in Education Action Framework, 2012, available at: http://www.deni.gov.uk/english_action_framework.pdf.

- There is a sense that many teachers do not invest too much time in encouraging Travellers girls in schools because there is a view that Traveller girls will leave school at age 16 or earlier as they will be getting married.
- Girls leaving school early are not aware of their opportunities, e.g. don't realise they can attend further education colleges and this impacts on their aspirations and employment prospects, even girls who are committed to finish their schooling.

In the State's Periodic Report, it was mentioned that a taskforce was set up and due to report back on better educational outcomes for the Traveller community.⁹⁶ NICEM welcomes the publication of the Draft Traveller Child in Education Action Framework, particularly the attached implementation plan with specific timescales and notes that the actions are to be completed by 2015. In addition, such measures should be closely linked to the implementation of the new Racial Equality Strategy and the Gender Equality Strategy, with a strong emphasis on multiple discrimination.

Recommendations:

The Department of Education should build monitoring and evaluation measures into the new Action plan to ensure substantive equality can be achieved in the long-term.

The Department of Education should consider including Traveller cultural history in the curriculum in order to create a greater understanding of Traveller culture and lifestyle.

Special training should also be compulsory for teachers and staff in Traveller cultural awareness and anti-discrimination and there should be a particular emphasis on supporting Traveller girl children.

9.2.4. Funding and services for Traveller women

When consulting with Traveller women's groups, particular issues arose in relation to funding for Traveller support projects. It should also be noted that there is limited support for initiatives that are led by Travellers. In addition, often Travellers are not directly involved in the design of initiatives or support projects or supported to deliver projects and work directly with their own community.

Case Study

One group raised the issue that in the past after-school support in one particular school had been provided 5 days a week but, due to austerity measures, the services had been cut to 2 days per week. This support had been crucial in assisting Traveller children with homework since parents often have difficulty with fulfilling this role due to a number of factors, such as a lack of experience with the formal education system and low levels of literacy, numeracy and academic attainment.

Case Study

Some workshop participants suggested that they do not feel like they are able to access mainstream services due to discrimination and lack of understanding of their needs. In order to address this, they suggested, in keeping with Traveller culture and the respect for one's private life, the establishment of a 'one-stop-shop' or 'drop-in centre' which would be accessible to Travellers throughout Northern Ireland where Travellers could receive legal advice as well as health advice and other forms of support.

⁹⁶ United Kingdom's 7th Periodic Report to CEDAW, June 2011, para. 139.

In addition, given the disadvantaged position of Traveller women, it is important to ensure that support services, such as women's groups, etc., are adequately funded as these are crucial in the empowerment and confidence building of Traveller women.

Recommendation:

The NI Government should ensure that support services for Traveller women and girls are adequately funded and resourced and are designed in close consultation with the community in order to meet the needs of the community.

Annex – 1 NICEM’s Engagement with BME women in NI

According to the Committee’s General Recommendation No. 3 (1987) State parties are urged to “adopt education and public information programmes, which will help eliminate prejudices and current practices that hinder the full operation of the principle of the social equality of women”. In addition, the Preamble of the Universal Declaration of Human Rights recognises the importance of education in promoting respect for rights. Further to this, as well as similar statements in other human rights instruments, NICEM is committed to delivering information and training on human rights concepts and standards to BME communities in NI. This is particularly important given the under-developed nature of the BME women’s sector in NI as well as the low levels of BME women’s participation in public life in NI, as outlined earlier in the submission. It is hoped that raising awareness about CEDAW with BME women in NI will help to contribute to the development of the sector.

In preparation for the CEDAW examination of the UK’s 7th periodic report, NICEM held information sessions and workshops reaching out to individual BME women as well as some of the following groups who support BME women in NI:

- Chrysalis Women’s Centre, Craigavon
- Barnardo’s Women’s Group, Fitzroy Presbyterian Church, Belfast
- Wishing Well Family Centre, Belfast
- Worldwide Women of North Down
- Armagh Travellers Support Group
- Bessbrook Traveller women’s group (County Down)
- Windsor Women’s Centre, South Belfast
- Springwell Polish Family Support Group
- Falls Women’s Centre, Belfast
- Interethnic Forum, Ballymena
- Northern Ireland Community of Refugees and Asylum Seekers (NICRAS)
- Thai NI
- Belfast Islamic Centre
- Chinese Welfare Association
- Taiwan NI
- Indonesian Association

In addition, NICEM jointly hosted a conference with the Congo Support Project UK in Belfast City Hall in February 2013 entitled “Ethnic Minority Women in Northern Ireland: from local issues to international solutions”, which included keynote speaker Hannana Siddiqui from the Southall Black Sisters and attracted over 70 participants.

Moreover, during the dissemination of the questionnaires for the survey research, awareness was raised about CEDAW. That means that over 450 BME women were made aware about of their rights and invited to share their experiences.

NICEM would like to highlight that given the small population in NI, the above listed methods participation represents a significant engagement. NICEM would like to take this opportunity to thank all the BME women who shared their experiences with us as well as the group leaders who made workshops and information sessions possible.

Annex 2 - The Experiences of Ethnic Minority Women in Northern Ireland

Prepared for Submission to CEDAW, June 2013 NICEM Report

Sarah Isal

I. INTRODUCTION

This report was produced as part of NICEM's key activities in preparation for the forthcoming examination of the UK by the Committee on the Elimination of Discrimination Against Women (CEDAW) to be held in July 2013.⁹⁷ The overarching aim of these activities is to empower Black and Minority Ethnic (BME) women in Northern Ireland and to build an evidence base to identify their needs and corresponding gaps in service provision. With this in mind, the objectives of this research are:

- To gain a better understanding of the experiences of BME women in Northern Ireland in relation to the articles covered by CEDAW
- To develop a benchmark for the situation of BME women in Northern Ireland, informed by a literature review of available research in Great Britain and action research carried out in Northern Ireland.
- To submit information on the situation of BME women in Northern Ireland to CEDAW and feed into their concluding observations.

This report therefore highlights the main findings emerging mainly from the analysis of a questionnaire that was circulated and returned by over 450⁹⁸ BME and migrant women and makes some recommendations that can be used in NICEM's advocacy efforts at the CEDAW examination and beyond.

II. SETTING THE CONTEXT

There is limited existing research on the situation of BME women in Northern Ireland. Some studies have focused recently on the experiences of specific groups such as the Polish community (McVeigh and McAfee, 2009) which have included women in the research sample, or reports that look at the experiences of women in the context of the current economy, which have included some information on the experiences of migrant women (Women Resource and Development Agency, 2011). A brief review of existing research in Great Britain follows, to set the context for this study and for the analysis of the survey questionnaires. Although most of the research mentioned below concerns Great Britain, due to lack of available research on Northern Ireland BME or migrant women, it can in most cases be useful for the Northern Ireland context, as the issues affecting BME women in GB are similar to those in Northern Ireland.

Equality Legislation (CEDAW Article 2 – Legislative approach to obligations to eliminate discrimination)

As highlighted by NICEM's last submission to the Committee on the Elimination of Racial Discrimination (NICEM, 2011a), there is no appropriate legislation in Northern Ireland to address the multiple discrimination or intersectional discrimination experienced by BME

⁹⁷ Please note that this is a late draft of the research and whilst statistics will remain the same, the report may be subject to further minor amendment prior to its official launch on 1st July 2013.

⁹⁸ Not all returned were usable, see methodology section for further explanation.

women. Yet discrimination does impact BME women in specific ways that are different from ethnic minority men or white women. Examples include the barriers faced by Pakistani and Bangladeshi women to access the labour market as a result of perceptions linked specifically to a combination of their gender and their ethnicity (Hart Dyke and James: 2009) or access to appropriate maternity services for Traveller women (University College Dublin: 2010)

Development of a BME women's sector (CEDAW Article 3 – The development and advancement of women)

Research carried out in Great Britain has pointed to the invaluable role of social networks and BME women's organisations in supporting women and increasing their capacity as well as access to resources and services. These groups often serve as a crucial alternative to the sometimes inadequate provision of mainstream services, and offer more tailor made, culturally sensitive and supportive services to BME and migrant women. The latter point is particularly important for organisations working with vulnerable migrant and refugee women (JRF, 2002). However, two factors have threatened the operation and existence of BME women's organisations in the last few years. First the economic downturn and the subsequent cuts in public spending have led to the women's NGO sector generally experiencing "its worst funding crisis in recent history and its sustainability [...] being seriously undermined while demand for services is increasing" (WRC, 2013, p.39) which in turn is affecting BME women's organisations. A second factor of concern has been the tendency over the last few years to consider that funding should not be provided to organisations that cater for specific ethnic groups on the ground that it undermines community cohesion. This has led to some local authorities cutting funding to organisations that in some cases filled a crucial gap in mainstream services, the most well-known example of this being that of the Southall Black Sisters, a domestic violence charity working with ethnic minority women in the UK.

Political participation (CEDAW Article 7 – Political and public life)

Research on the voting patterns of BME women in the UK could not be found. Research has shown that BME communities (both men and women) are less likely to vote (although there is no research looking specifically at the voting patterns of non British citizens.) An extensive study of voting patterns of ethnic minorities in Great Britain has highlighted that disparities between ethnic minority and white voters lie more around voter registration rates than turnout, with 78% of BME people in the research sample registered to vote, as opposed to 90% for the White British sample (Heath and Khan, 2012). The research found that the proportion of voters registered was significantly lower amongst Black Africans (59%.) Reasons for this can be attributed to a variety of factors, including lack of knowledge about eligibility (especially on the part of Commonwealth citizens), compounded by a lack of fluency in English for the more recent arrivals from Africa. As highlighted by Heath and Khan "[t]hese barriers take on greater salience in the context of proposed changes to registration, namely weakening the requirement of councils to register electors, and will likely lead to even lower registration rates." (Heath and Kahn, 2012)

This research also found that migrants are more satisfied with the British political system than second generation. Heath and Khan explain this by the fact that British democracy compares favourably with the migrants' countries of origin, whereas the second generation does not compare with country of origin of their parents but rather with "[Great] Britain's own claims of equal opportunities and fairness." Finally, the research highlights that "most recent arrivals, who lack citizenship and are less than fluent in English, have lower levels of turnout and identification"

What is known is that there is an under-representation of BME women in parliament and other decision-making posts across the UK. The Northern Ireland Assembly has only 1 BME female member (and 18.5% are women). Following the 2010 general elections, the UK parliament saw the elections of eight BME female MPs, an increase of six on the previous parliament (Durose *et al*, 2011). This under-representation occurs at all levels of political representation. For instance, research by the Government Equalities Office has found that only 1% of the 20,000 councillors in England are ethnic minority women (GEO: 2011.)

Immigration and Legal status (CEDAW Article 9 – Nationality)

As highlighted by Kofman et al. in their report on the equality implications of being a migrant in Britain, “[w]omen may accrue very different bundles of rights, have different settlement outcomes, and experience migration and settlement in different ways” (Kofman et al., 2009, p.xi)

There are many examples of immigration rules and policies that are having an adverse effect on women. These include:

- Family migration rules
- No Recourse to Public Funds rule
- Immigration Points Based System
- Overseas Domestic Workers Visa
-

Family migration rules

NICEM’s submission to the All-Party Parliamentary Group on Migration inquiry into the new family migration rules reports that the latter are likely to indirectly discriminate against women. In particular, the minimum income requirement for bringing family to the UK discriminates against women because of the gender pay gap observed in Northern Ireland and across the UK: “According to the results from the Northern Ireland Annual Survey of Hours and Earnings 2012 there has been a widening of the gender pay gap. Female median hourly earnings were some 90.3% of male earnings (compared to 91.2% in 2011)” (NICEM, 2013). It is therefore likely to be more difficult for women to meet the minimum income requirement to bring over their partner or their children.

Immigration Points Based System

The structure of the UK immigration points based system has also been found to admit more men than women (two thirds of applicants are male in Tier 1 and 78% in Tier 2), leading to concerns that “it is structured in a manner which is biased against female workers” (Murray, 2011, p.5).

No Recourse to Public Funds rule

In addition, the negative impact of the No Recourse to Public Funds (NRPF) rule on the safety of migrant women in situations of domestic violence has been well documented, an issue campaigned on by a coalition of human and women’s rights organisations, including Amnesty International, Southall Black Sisters and the Women’s Resource Centre, amongst others.⁹⁹ This rule which prevents migrants from claiming any benefits if they have insecure immigration status (such as being on a spousal visa, work visa or a temporary visa) can have the most devastating impact in particular, for women trying to escape from abusive marriages. In these cases, they are unable to get adequate support such as access to refuges because under the NRPF rule they do not receive any housing or income benefits (a precondition for accessing a refuge for instance). This leaves women who are experiencing

⁹⁹ Further information on the campaign can be found here: <http://thewomensresourcecentre.org.uk/our-work/no-recourse-to-public-funds/>

domestic abuse with an extremely difficult choice of either having to stay in the abusive relationship or facing destitution (Amnesty International and Southall Black Sisters, 2008). This situation was reported by NICEM to the UN Committee on the Elimination of all forms of Racial Discrimination (CERD) in 2011. In its submission, NICEM refers to the setting up of the Sojourner pilot project, funded by the Home Office and enabling women who came on a spousal visa to apply for Indefinite Leave to Remain (ILV) if they can prove that domestic violence was the cause of the relationship breakdown. However, the strict eligibility requirements have resulted in only 2 women in Northern Ireland benefiting from this provision in the pilot phase (NICEM, 2011).

Overseas Domestic Worker's Visa

Aside from the No Recourse to Public Funds rule, changes to the Overseas Domestic Worker's Visa mean that migrant domestic workers are in breach of their immigration status if they want to change employers, therefore preventing them from escaping abuse (Lalani, 2011).

The precarious situation in which some migrant women find themselves has therefore in some cases been reinforced by government policies, which affect them in different areas of their lives, whether it is employment, health or otherwise.

Education (CEDAW Article 10 – Education and skills)

ESOL class provision

As two thirds of people taking ESOL (English for Speakers of a Second Language) classes in England are women, the latter are particularly affected by policies that facilitate or hinder their access to these classes. Proposals were put forward in 2010 by government to restrict free ESOL classes to people actively seeking a job, therefore people on income-related benefits would have to pay half the class fees. With the additional proportion of women likely to have childcare responsibilities and therefore not being able to seek work, these proposals were likely to impact women disproportionately. The latter fact was confirmed by an impact assessment carried out by Government, which found that only 7% of female ESOL learners were receiving Jobseekers Allowance and putting these new rules in place would have contributed to excluding women from access to these classes. These proposed policy changes have been temporarily abandoned following the results of the equality impact assessment, however the Government has launched new discussions on the topic and might decide to introduce those changes again in the future (WRC: April 2013).

As pointed out by Kofman et al., free and accessible ESOL classes are all the more important as knowledge of English plays an essential role in the path to UK settlement and citizenship (Kofman et al., 2011)

Recognition of qualifications gained abroad

According to Kofman et al. "there is extensive evidence, often based on the experiences of refugees, of many foreign qualifications not being recognised in the UK. This can be both a cause of disadvantage and a way in which discrimination takes place." (Kofman et al., 2011)

Employment (CEDAW Article 11 – Employment)

Unemployment and economic inactivity

Labour Force Survey figures show that BME women in Great Britain are more likely to be unemployed than ethnic minority men and white women. 14.3% of BME women are

unemployed compared to 6.8% white women. A recent inquiry conducted by the UK All Party Parliamentary Group on Race & Community highlights that the unemployment rates of Black, Pakistani and Bangladeshi women is even higher with 20.5% of Pakistani and Bangladeshi women and 17.7% of Black women being unemployed compared 6.8% of white women. The highest rates for unemployment among women are found among those of Black African heritage (Runnymede, 2012).

The Shadow Report on the Situation of Racism in the UK 2011-2012 reports higher levels of economic inactivity amongst some minority ethnic women in Great Britain: 66% of Pakistani and Bangladeshi women are economically inactive compared to 31% of Black African and 25% of White British women (ENAR, 2013).

It has also been reported that BME women are more likely to be in jobs for which they are overqualified and are more likely to be in temporary and part-time jobs (Moosa and Woodroffe, 2009).

Childcare

As women are more likely to bear childcare responsibilities, any discussion on employment for women can seldom be dissociated from childcare provision. Research undertaken by the Daycare Trust found that BME families are less likely to access good childcare and lists the following barriers: costs of childcare, lack of cultural accommodation of childcare provision and lack of flexible childcare. The latter disproportionately affects Black women who are more likely to work evenings and weekends (Daycare Trust, 2008).

Discrimination

Discrimination has been put forward as a reason for the higher levels of unemployment within BME groups generally. Research carried out in Great Britain by the Department for Work and Pensions in 2008 found that if you have an African or Asian sounding surname you need to send approximately twice as many job applications as those with a traditionally British name even to get an interview (Wood et al., 2008).

In addition, stereotypes and assumptions about the choices made by women from certain cultural backgrounds have been mentioned as barriers to accessing the labour market for certain BME women, in particular Pakistani and Bangladeshi women (Hart Dyke and James, 2009 and EOC, 2007).

Health (CEDAW Article 12 – Health)

Research into maternity services for BME women in England found that, compared to white women born in the UK, BME women born outside the UK report getting poorer information and are less likely to be treated with respect by staff in the provision of maternity care (Redshaw and Heikilla: 2010). Health inequalities can affect women because of a variety of different factors, such as her migration status, her ethnicity, or whether she is an asylum-seeker or refugee, for instance. Research has shown that the provision of services by GPs, for instance, can be discriminatory towards migrants with GPs often refusing to register new patients who are migrants, even if their migration status entitles them to be registered (WRC: 2013.) This disproportionately impacts on women given their needs to access antenatal and maternity services. Of relevance to BME women is also the need for healthcare providers to provide a culturally sensitive environment as well as offer interpretation services.

Lack of adequate pregnancy and maternity rights can also affect women in the workplace. The British Commission on Equality and Human Rights (EHRC) carried out an inquiry into the employment practices in the meat and poultry processing sector, where a high proportion of workers are migrant women. It found in particular that poor treatment of pregnant workers was widespread, with women reporting that they were often forced to work in conditions that were posing significant health and safety risks to them and their unborn children (EHRC, 2010).

Health inequalities affecting Travellers in particular were highlighted through the All-Ireland Traveller Health Study (AITHS), a major piece of research carried out on the island of Ireland (including both Ireland and Northern Ireland). The study found that, at 70.1 years, Traveller women “now have a level of life expectancy experienced by the general population in 1960 to 1962 when it was 71.9 years” (University College Dublin, September 2010, p.95). In terms of infant mortality rates, the study finds that Traveller infants today are 3.6 times more likely to die than infants in the general population,” a situation which has actually worsened since 1987 (University College Dublin, September 2010, p.87).

BME women living in poverty and impact of the recession (CEDAW Article 13 – Economic and Social benefits)

Poverty

Moosa and Woodroffe report that in the UK “about 40% of ethnic minority women live in poverty, twice the proportion of White women. Poverty extends to more than a third of Black women and almost two thirds of Pakistani and Bangladeshi women” (Moosa and Woodroffe, 2009). In their research, they point to the fact that ethnic minority women are likely to continue experiencing higher levels of poverty unless the government thinking shifts in the following ways:

- Increase data and access to evidence specifically on the experiences of BME women (as opposed to women generally or BME communities generally) and consult directly with BME women to gain a better understanding of their experiences
- Start from the assumption that BME women make “rational choices relative to their lives and experiences, and plan to tackle their poverty from an understanding of why those choices are made and what support women need to continue making rational choices”
- Ensure that examination of issues affecting BME women goes beyond employment income-related issues, and adopts a broader approach to support BME women’s economic wellbeing (Moosa and Woodroffe, 2009, p9).

Partly as a result of the over-representation of BME women living in poverty, the various changes to the tax and benefit systems, including the introduction of the Universal Credit are likely to hit BME women disproportionately (Women Resource Centre: 2013, p.129).

Impact of recession

Investigation of the government’s unprecedented cuts to public spending is increasingly finding that they are impacting ethnic minorities disproportionately, in particular BME women, not least because of the cuts to public sector jobs. With nearly half Black Caribbean and 37% of Muslim women working in the public sector, it is likely that government’s cuts to public spending over the last 3 years have disproportionately impacted these groups (ENAR: 2013) For instance, a survey of 17 London boroughs carried out by UNISON found that BME

women were disproportionately hit by job cuts, citing one particular Council where BME women constituted 55% of the workforce but 23% of redundancies (UNISON: 2012)

Conducting this brief literature review of existing literature on BME women has allowed us to uncover a number of issues that are affecting them across a broad range of areas. These issues will be explored further in the next section, with the analysis of the survey responses.

III. SURVEY QUESTIONNAIRE ANALYSIS

Methodology

The methodology used for collecting the data was a self-completed questionnaire, with questions covering issues relating to women's lives, many in line with the articles of CEDAW. The questionnaire is attached as an appendix to this report. It consisted of 67 questions, covering the following topics:

Nationality

Education

Employment (including experiences of discrimination in employment)

Family, Childcare and School

Political Participation

Health

Racial Harassment

Knowledge of English Language

Transport and Rural Life

Access to Benefits and Impact of Recession

The questionnaire included an open-ended question at the end with space for respondents to highlight their current main concerns. The latter are included in the analysis under the relevant headings and are referred to as responses arising from Question 67. Comments in Question 67 will generally have already been brought up by one or more questions but provide a more qualitative element to the analysis and when possible quotes from responses are included.

The analysis provided is based on 434 returned questionnaires. In addition nine questionnaires, which were filled out on paper copies, could not be inputted as they were incomplete. Finally, it is worth noting that an additional 12 questionnaires were returned and uploaded on Survey Monkey after the final cut off date and as a result could not be included in the analysis.

Data collection and issues related to inputting the data in survey software

The questionnaire was piloted by NICEM staff members, who provided comments for adjustment. It was then translated in eight languages (Polish, Lithuanian, Thai, Arabic, French, Spanish, Chinese-simplified and Traditional) and disseminated widely through the NICEM network.

NICEM staff members at times have provided direct support to women to fill the questionnaire out. Paper copies were collected and manually inputted to the survey software English version.

Methodological issues arising from the questionnaires

It is worth mentioning that NICEM staff members have noticed whilst inputting the questionnaire, that a number of respondents did not seem to understand some questions. In particular, reference was made to Question 8 (Do you have any dependents?), with women

in some cases answering no when it was apparent from the way they responded later in the questionnaire, that they did have children.

Issues were highlighted in relation to Question 19 (Is your qualification gained abroad recognised in Northern Ireland?), with a significant number of respondents not knowing and writing down 'not yet'.

Skipped questions

It is worth noting that in some instances a large number of respondents skipped particular questions. Throughout the analysis, the statistics that are reported are based on those of who have responded (as opposed to the full sample). On some questions, the numbers are small, something which is highlighted throughout the analysis. The questions with a particular low response rate (less than one third) included:

- Question 12: on whether their entitlement to stay in Northern Ireland depends on their husband
- Question 30: on the reasons for not reporting harassment at work
- Question 33: on types of childcare provision
- Question 37: on reasons why they answered 'difficult' or 'very difficult' to the question 36 on finding a school for their children
- Question 47: on the reasons they did not go to the police to report racial harassment
- Question 49: on the quality of their experience with the police if they did report harassment
- Question 57: on reasons they answered 'poor' or 'very poor' to question 56 on their experience of visiting their GP or local hospital.
- Question 60: on reasons they answered 'poor' or 'very poor' to question 59 on their experience of childbirth.
- Question 62: on experiences of public transport if they live in rural areas.

For most of the above questions, the low response rate can be explained by the fact that they are follow-up questions and the situations they refer to apply to only part of the sample. Potential reasons for the low response rate of question 12 are discussed in the section on legal status

Nationality and age of the sample

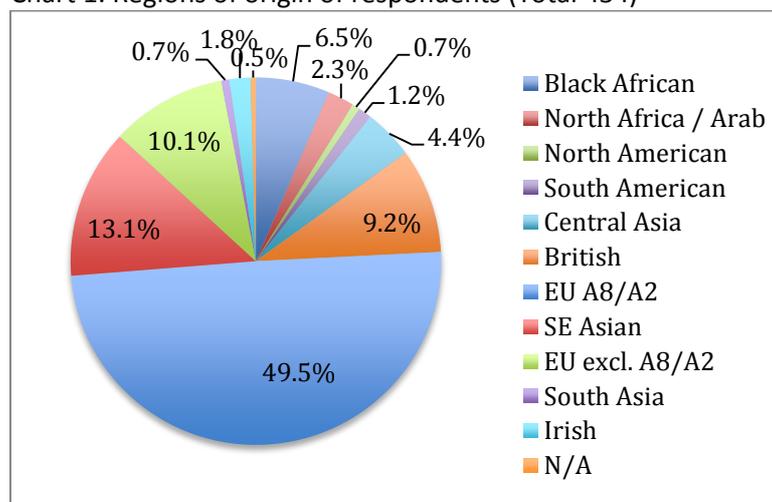
Nationality of respondents

Just under half (49.5% or 215) of respondents are nationals from the EU A8 and A2 countries (Eastern European countries and Baltic countries that joined the EU in 2004 and 2007).¹⁰⁰

The largest group of respondents is Polish, which constitutes over a third (35.7%) of the whole sample. This is consistent with the fact that A8/A2 migrants are the largest group to have migrated to Northern Ireland in the last 8 years. The Polish minority is now estimated to be the largest ethnic minority group in Northern Ireland (McVeigh and McAfee, 2009). Other nationalities represented in the A8/A2 group included Bulgarian, Czech, Estonian, Hungarian, Latvian, Lithuanian, Romanian and Slovak.

¹⁰⁰ A8 countries are: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovenia and Slovakia. A2 countries are: Bulgaria and Romania

Chart 1: Regions of origin of respondents (Total 434)



Thirteen per cent (13% or 57) of respondents came from South East Asia, with the majority of respondents from that group being Chinese and Thai. Other nationalities represented in that group included East Timorese, Indonesian, Laotian, Malaysian, Singaporean, Taiwanese. Notably, only one respondent came from the Philippines, which is at odds with the trend in the general population of Northern Ireland.

The third largest group of respondents is the EU excluding A8 and A2 countries group at 10% (44) of the total. Nationalities represented in that group included Dutch, French, German, Greek, Italian, Portuguese and Spanish. The largest group in this category is the Portuguese, which again is consistent with migration trends in Northern Ireland (R Russell, 2012).

This group does not however include the Irish and British respondents who have been kept separately for analysis. The British constitute just under 10% of the sample (9.2% or 40 respondents) and only 1.8% (eight) of respondents were Irish. Closer examination of the Irish responses indicates that these include Irish travellers as well as BME women.¹⁰¹ All the British respondents, except for two, were born outside the UK and have acquired UK citizenship. Of those, the South East Asian group is the largest group (13 from China and Thailand mainly) followed by the South Asian Group (seven – from India, Pakistan and Bangladesh). Other countries of origin include Egypt, Russia, Kosovo, Moldavia, Kazakhstan, Iraq, and Jordan.) Only one EU national (from Lithuania) has acquired UK citizenship, probably because the level of rights and entitlements to live and work in Northern Ireland are higher for EU citizens as opposed to third country national. There is therefore less incentive to acquire citizenship. When respondents have indicated they hold dual nationality (in nine cases) they have been included in the British group for the purpose of analysis. There is a small sample of respondents from South Asia (three) mainly because the South Asian respondents have acquired UK citizenship and therefore fall in the “British” category (see above). Six point five percent (6.5% or 28) respondents came Africa (excluding North Africa), including Congo, the Ivory Cost, Nigeria, Somalia, Sudan, Zambia and Zimbabwe.

Four point four percent (4.4% or 19) of respondents come from Central Asia, the largest group amongst them being the Russian group (13). Interestingly, on examination of the

¹⁰¹ This was deducted from the comments written in open-ended questions, referring directly to their ethnicity

Russian responses, it is noticeable that although they have written Russian as their nationality, they were based in a Baltic country (Lithuania or Estonia) where they are a national minority. It is not clear whether they hold an EU passport, a Russian one, or both.

Only 2.3% of respondents came from North African or the Middle East (Egyptian, Jordanian, Moroccan, Algerian, Omani and Turkish) and at 1.2% (five), an even smaller group of respondents came from South American (Brazilian, Argentinian and Venezuelan). Finally, only three respondents came from North America (USA and Canada)

Table 1: summary of Nationality of respondents

Nationality	Region	Num	Percentage
Congo, Ivory Cost, Nigeria, Somalia, Sudan, Zambia, Zimbabwe	Black African	28	6.5%
Egypt, Jordan, Morocco, Algeria, Oman, Turkey	North Africa / Arab	10	2.3%
Canada, USA	North American	3	0.7%
Argentina, Brazil, Venezuela	South American	5	1.2%
Armenia, Belarus, Kazakhstan, Russia, Ukraine	Central Asia	19	4.4%
(Country of birth): Argentina, Bangladesh, China, Egypt, India, Indonesia, Iraq, Jordan, Kazakhstan, Kosovo, Lithuania, Moldova, Pakistan, Russia, Thailand.	British	40	9.2%
Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia	EU A8/A2	215	49.5%
China, East Timor, Indonesia, Laos, Malaysia, Singapore, Taiwan, Thailand	SE Asian	57	13.1%
France, Germany, Greece, Italy, the Netherlands, Portugal, Spain	EU excl. A8/A2	44	10.1%
Bangladesh, India, Pakistan	South Asia	3	0.7%
	Irish	8	1.8%
None given	N/A	2	0.5%

Age of respondents

Nearly three quarters of the respondents are aged between 26 and 44.

Table 2: Age of respondents

Age group	Number (out of 429)	Percentage
<16	1	0.2%
16 - 25	50	11.7%
26 - 35	201	46.9%
36 - 44	108	25.2%
45 - 54	51	11.9%
55 - 64	16	3.7%
65 - 74	1	0.2%
75 - 84	0	0.0%
>85	1	0.2%

Reasons for moving to NI

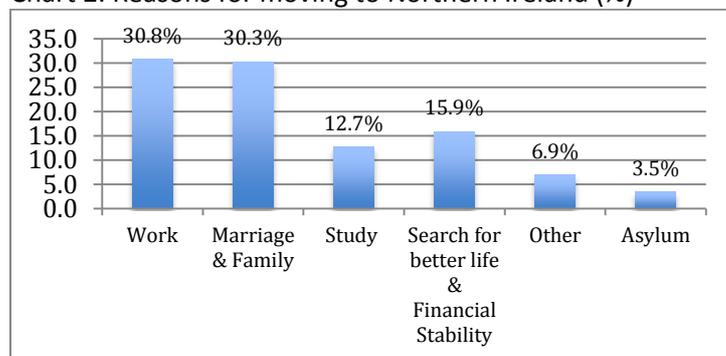
Out of the 398 women who responded to this question, a third (133) have stated they moved to Northern Ireland to find work. Linked to that, another 23 respondents stated they came because they felt the financial situation back in their home country was not good and 33 mentioned they wanted a better life for themselves and their children. Economic reasons therefore seem to be the main driver for coming to Northern Ireland for just under half of all respondents. This is particularly the case for the EU A2/A8 group, two thirds of which has given financial and employment related reasons for moving.

Another third (127) of the women who responded to that question stated marriage or family reasons (82 out of the 127 specifically stated marriage reasons). This reason was given by the majority of women in the South East Asian group, with just over half of them answering marriage or joining family as the reason for settling in Northern Ireland.

Marriage is the reason cited by the majority of women within each group except for the EU A2/A8 and the EU (excl A2/A8) groups who have given work as the main reason for coming. But family and relationship were also given as a reason by nearly one in four women from the EU A2/A8, highlighting that a significant number are moving to Northern Ireland to follow their partner or husband. More than half of the British respondents also reported coming to Northern Ireland for marriage or family reasons, which confirms the fact that most of the respondents in the British group have acquired UK citizenship as opposed to being born British.

Asylum was given as a reason by 10 out of the 24 Black African women who have responded to that question. Finally, 45 women cited studying as their main reason to come to Northern Ireland

Chart 2: Reasons for moving to Northern Ireland (%)

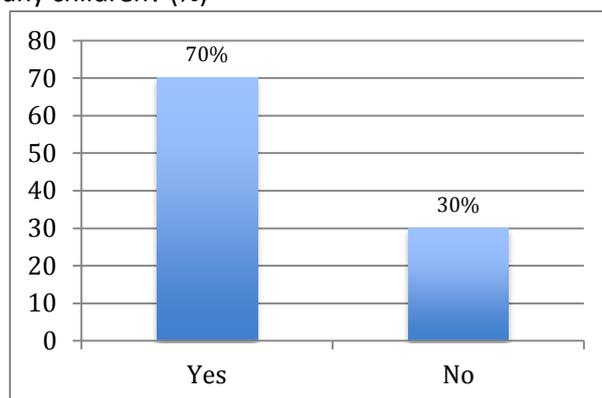


Marital Status and Children

The majority of respondents (63.8%) are in a relationship (either married or co-habiting) and 22.8% are single. This is not surprising since it has been established that marriage or relationship was the reason given for settling in Northern Ireland by the largest number of respondents.

Over two thirds of respondents (70%) have children and a similar percentage can be found when looking separately at the Black African, the A8/A2 and the South East Asian groups.

Chart 3: Do you have any children? (%)



Answers from question 67 on domestic issues

Domestic and relationship issues have come up as concerns in response to question 67 for nine women. One clearly states the “*loss of income support*” and “*risk of deportation*” if she divorces her husband. Another eight mention difficulties in their relationship although do not specify of what nature. Whilst relationship challenges are not specific to migrant women, the latter are affected in particular ways. These relate mainly to the consequences of separating or divorcing their partner, for instance in relation to their entitlement to stay in the country and the vulnerability they can find themselves in both emotionally and financially (see section below on legal status).

Legal status and entitlement to reside in Northern Ireland

Just over one in five women (21.9%) answered that they needed a special resident permit or visa to stay in the UK. This is likely due to the over-representation in the sample of EU nationals (70%) who therefore do not need a special permit to stay in the UK. The majority (61%) of non-EU respondents stated they needed a special visa or resident permit.

There seems to be some degree of confusion and uncertainty linked to their legal status from respondents. For instance, a limited number (18) of A8/A2 and even nationals from EU excl. A2/A8 stating that they need a specific resident permit and visa to stay in Northern Ireland, something which is not actually correct, since EU citizens are entitled to stay in the UK (although there are varying registration processes and rules to follow, depending on the country of origin.)

Equally worrying were instances where women answered that they did not need a permit, however it was obvious from the rest of the questionnaire that they did need one.

This points to the need to raise awareness and provide better information on what women’s rights and entitlements are in relation to their legal status. This is particularly important in order to avoid exploitation in the workplace due to lack of awareness of rights. It is also important to allow women who might have come with their partners (and sometimes prompted by the latter) to consider the option of staying in Northern Ireland even if the relationship breaks down. This confusion and lack of awareness of their legal status leaves them in a potentially vulnerable situation that might be uncovered in future, should their circumstances change (such as losing their jobs, or separating from their partners).

Answers from question 67 on immigration status

Difficulties around their status as residents in Northern Ireland have been mentioned a few times:

“The main problem I faced has been to prove that I’m habitually resident here”

“Work permit arrangements”

“Immigration law barriers”

“My immigration status”

Recommendation: Better information and support is needed to ensure that women are aware of their rights in relation to their legal status and entitlements to reside in Northern Ireland.

Recommendation: Efforts as well as resources, including interpretation and practical support, should be put in place to provide free immigration advice to women and help them deal with the bureaucracy attached to their immigration status.

Relationship between legal status and marriage.

Related to that issue, question 12 asked whether the legal status of the respondents depended on their spouse. This is an important issue to explore as some women may find themselves in the situation of not being able to exit from an abusive relationship because their entitlement to stay in the country and access to benefits are attached to the fact that they are married. If the marriage ends, so do their entitlements in Northern Ireland.

Only 29% of women responded to question 12, so the majority of respondents skipped that question. This can be explained by the fact that the majority of women in the sample stated they do not need a resident permit (78.1%). But the low response rate could also point to the fact that this is a sensitive question that women are not necessarily comfortable talking about or responding to via a questionnaire. Investigating this issue further using a qualitative methodology such as interviews or focus groups are therefore likely to yield better results.

Of the 126 women who did respond to question 12, the majority stated they could stay in Northern Ireland even if they separated from their husband or spouse (80) and just over a third said they could not (46).

The highest response rate to that question came from the South Asian and North American groups (though these represent extremely small numbers, 2 and 3 respectively), followed by the Black African group and the South East Asian group. For the latter, 15 women out of the 34 who responded stated they could not stay if they separated from their spouse (44.1%)

Interestingly, 37 A8/A2 women responded to that question, and of these nearly half stated that their status did depend on their spouse (16). Similarly, of the few respondents from the EU 15 group (seven), five of them answered that they would lose their entitlement to stay in Northern Ireland if they separated with their husband or spouse, something which again points to a certain confusion and lack of awareness of their rights and entitlements to stay in the country even if they separate from their husbands.

Based on these responses, it seems that the majority of women perceived that their marriage or relationship does not determine their entitlement to stay in Northern Ireland,

even if marriage was one of the main reasons for moving in the first place. Similarly, it is not clear what the proportion of respondents affected by the No Recourse to Public Funds rule might be in the context of this research. However, even if they are not likely to get deported or sent back if they were to divorce or separate from their spouse, there might be other factors preventing them from doing so, especially if the very reason they have moved to Northern Ireland is marriage (having children, fear that they will not be able to make ends meet in Northern Ireland by themselves, cultural pressures from within their community that considers they should stay in a marriage at any cost, fear of domestic violence etc...)

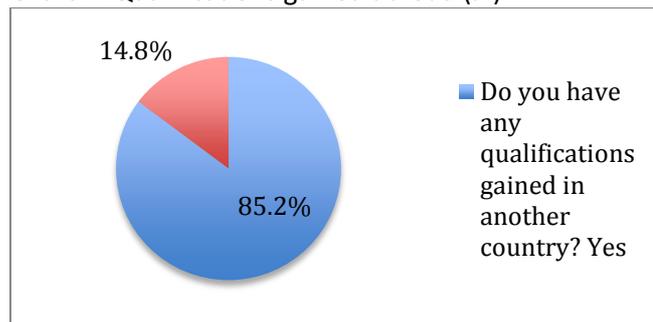
Recommendation: Further qualitative research is needed to establish the experiences of married migrant women in Northern Ireland, to ascertain the extent of restriction on their freedom of choice should they want to separate from their spouse, and how they might be affected by the No Recourse to Public Funds rule.

Qualifications

Looking at the respondents overall, only a little more than a third responded that they had gained any qualifications in the UK (37.3%). Of these, one in five have a Postgraduate degree or a PhD. When examining the different groups separately, the only two groups where a majority of respondents do have a qualification in the UK are the Central Asian group – which can be explained perhaps by the fact that studying was the second most common reason for moving to Northern Ireland given by women in this group – and logically the British; although interestingly, a third of the British respondents still said they had no qualifications in the UK. However, all of these except for one reported they had gained qualifications outside the UK. It is therefore likely that a significant proportion of British citizens in the sample has acquired citizenship (as opposed to being born British) and studied in the country of origin before coming to the UK.

When looking at the result of question 15 on qualifications gained abroad, 85.2% of respondents stated they have qualifications gained outside of the UK. Of these, over half of respondents have qualifications equivalent to a university degree (56.4%)

Chart 4: Qualifications gained abroad (%)

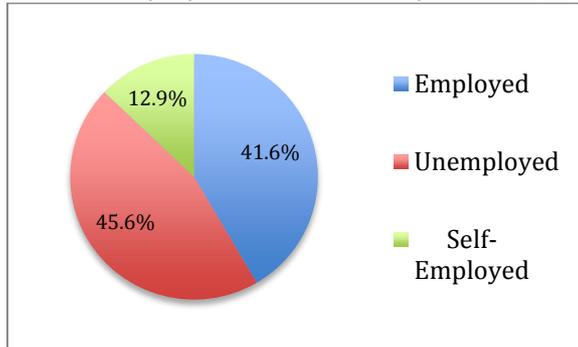


The sample therefore includes quite a high proportion of women who are highly qualified with over half of the qualifications gained abroad being university degrees and 20% of those gained in the UK being postgraduate and PhD level. It is important to examine the qualifications question together with the employment questions below, in particular to ascertain whether there is a correlation between employment and qualifications and whether the skills and qualifications are underused as a result of the latter not being recognised in Northern Ireland.

Employment

A little under half of the respondents are unemployed (45.6%), with 41.6% having responded that they were employed and 12.9% self-employed. The highest levels of unemployment in the sample are found in the North African/Arab group with 90% being unemployed and the Black African group, with 88.9% being unemployed. It is then followed by the Irish group, with 75% respondents being unemployed and the EU excl. A2/A8 group with 65.9% being unemployed.

Chart 5: Employment status of respondents (%)



With half the EU A2/A8 having responded that they are employed, they constitute the group with the highest proportion in employment.

When looking at the reasons provided by those who have responded that they are unemployed, the main reason given is childcare responsibilities (35.2%) followed by “I cannot find a job” (17.6%) and 12% responded that they could not find a job to match their qualifications.

Other reasons given by respondents for not being in employment included:

Language (and the need to improve English)

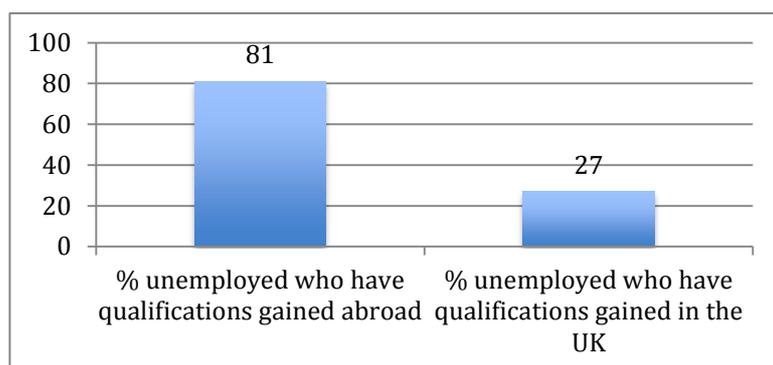
Studying (and therefore not looking for a job)

Discrimination (“Fired while pregnant” – “wearing a headscarf”)

Caring responsibilities (towards husband or children with ill-health)

When cross-referencing respondents who have answered they were unemployed with where they have gained their qualifications, one finds that 81% of those who are unemployed have qualifications gained abroad, whereas only 27% who stated being unemployed have gained their qualifications in the UK. This points to the potential difficulty of finding a job without UK qualifications and the lack of recognition of foreign qualifications (an on-going problem mentioned by respondents under question 67).

Chart 6: % unemployed respondents with qualifications (%)



Answers from question 67 on Employment

The worry of not finding a job and/or losing their current job is the issue mentioned most frequently by respondents in response to question 67 (mentioned in 70 out of 373 responses).

These comments included anxieties around job security as well as unemployment:

"Few jobs available"

"Not being able to find a job to help with family finance"

"I can't get a permanent teaching position"

"I worry I will lose my job"

"I can't find a permanent job – it's hard to make ends meet for my family"

Respondents are not only worried about their job security but also that of their spouse. A few comments reflect that by referring to their husbands' situation:

"I worry that my husband's hours in work will be cut"

"Lack of job opportunities for my husband (not able to get a decent job despite being well qualified)"

"My husband could lose his job and I won't find one when the kids are older"

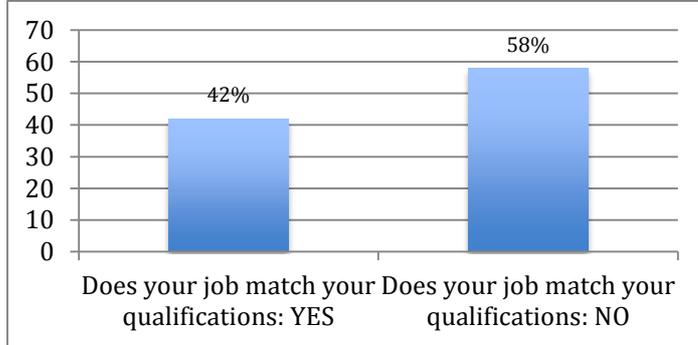
This could be partly because their husbands are the sole breadwinners of the household and therefore losing their jobs would have serious implications for their families.

Recommendation: The Government should develop strategies to increase the participation of BME women on the labour market. These should recognise the specific barriers encountered by BME women as a result of their ethnicity or migrant status as well as their gender and find solutions to address them, including better provision and more flexible childcare.

Recognition of qualifications gained abroad

To question 23 on whether their jobs matched their qualifications, 58% of respondents answered 'no'. This seems to be a particularly stark issue for women of the South East Asian group, the A8/A2 group and the Black African group.

Chart 7: Does your job match your qualifications? (%)



Answers from question 67 on recognition of qualifications

Concerns about their qualifications not being recognised in the UK came up 15 times in response to question 67. In particular, this seems to be a great subject of concern amongst women coming from the EU A2/A8 group. Comments on this issue included:

"I can't use my qualification in Northern Ireland"

"My degree isn't really applicable, unless I teach foreigners"

"Trying to get my degree recognised in Northern Ireland"

"Prejudice against my foreign qualifications"

These concerns are understandable when one remembers that the main reason for the majority of the respondents to come to Northern Ireland was to work. The challenge then becomes finding work that is in line with the qualifications gained. Although this research does not provide the necessary data to ascertain whether women are over-qualified, it is likely that this phenomenon, which has been demonstrated in existing research, applies in this case. Failure to recognise the skills and qualifications of these women is a waste of talent that could be crucial to contribute to economic recovery, in particular given the current economic downturn.

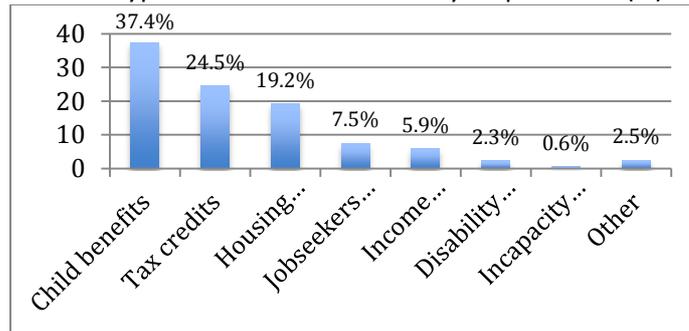
Recommendation: There is an urgent need to recognise the qualifications gained abroad by BME and migrant women, both to allow them to access the labour market and ensure that they are employed in jobs that match their qualifications.

Benefits

Nearly all the respondents (98.6%) receive some benefits with the majority being child benefits (37%). This is not surprising since over two thirds of respondents have children. Around one in four respondents receive work tax credits, highlighting that they are likely to be in the low-income brackets. Nearly one in five respondents receive housing benefits. Other benefits mentioned by respondents include Employment Support Allowance and National Asylum Support (although the latter is not considered a benefit in terms of social security but is support provided by the Home Office to asylum seekers).

Only 15% of the women who stated they were unemployed claim the Jobseekers Allowance. This is a worryingly low take up and could indicate that women who are unemployed rely heavily on the income brought by their partner or husbands, which puts them in a dependent and potentially vulnerable position. The low take up of is also worrying given the talks by government to reduce access to free ESOL classes to those on Jobseekers Allowance and Employment Support Allowance. However, it is important to recognize that the low take-up might be explained by the fact that most women who are unemployed are not necessarily actively seeking employment.

Chart 8: Types of benefits received by respondents (%)



Answer from question 67 on anxiety around benefits

Respondents have expressed concern around losing some benefits as a result of government cuts and the economic downturn:

“My housing benefit has been reduced”

Some have also mentioned the bureaucracy around claiming benefits and the difficulties they have faced as a result of not knowing how the system works:

“I didn't know the forms that I fill for jobseekers and the people didn't explain to me”

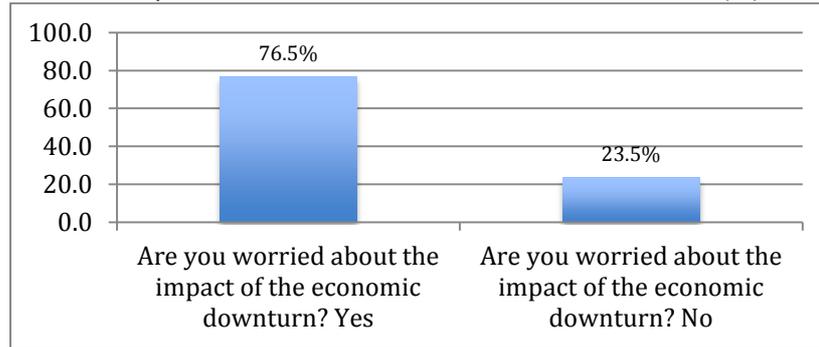
“Bureaucracy - all letters in English - no cultural awareness”

- Recommendation:** Any changes to the benefits-related policies should ensure they do not adversely impact on BME and migrant women.
- Recommendation:** Specific attention should be paid by authorities to ensure that women are not left in a vulnerable financial position, with less access to benefits, as a result of changes to their marital status.
- Recommendation:** The low take-up in Jobseekers Allowance should be investigated further to understand the potential barriers to accessing this specific benefit.
- Recommendation:** Further support should be provided to women to ensure that they access all the benefits that they are entitled to. This includes practical support such as interpretation services and help with navigating the bureaucracy when needed.

Anxiety around economic downturn

There are high levels of anxiety about the current economic climate across all groups with nearly three quarters of respondents (72%) answering yes to question 65 (are you worried about the impact of the economic downturn on yourself and your family?)

Chart 9: Respondents' anxieties about economic downturn (%)

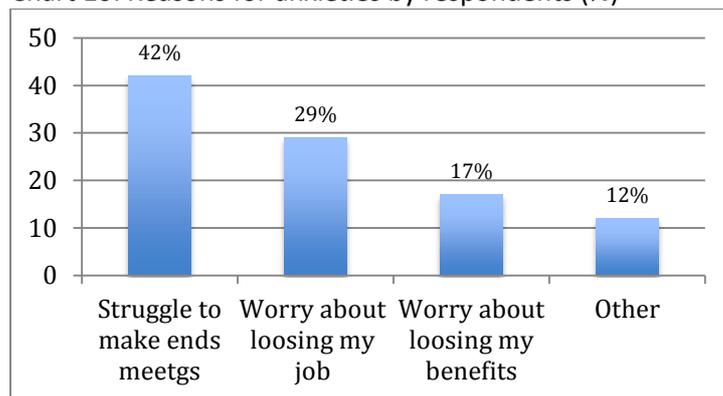


Nearly half are worried about how the crisis might impact on them financially (42% answered "I will struggle to make ends meet"). Twenty nine percent (29%) worry they would lose their job and 17% are worried about losing their benefits. Others are anxious about not being able to provide a suitable future for their children:

"My child's plan to go to university may be hard as a result of the crisis"

"I will not have enough to feed my children"

Chart 10: Reasons for anxieties by respondents (%)



Answers from question 67 on the economic downturn

There is great anxiety around the economic downturn – whilst the main concern around the recession is the difficulty in finding a job, the second and interlinked source of anxiety is financial. Respondents recognise that their job security is at risk and are worried about not being able to cover the most basic costs, such as providing food for their children or paying electricity and gas bills:

"To make ends meet in the current economic recession"

"I feel the crisis will get worse and I won't find a job"

"Poor economic climate and its consequences"

"The present economic situation may influence our lives to a great degree"

"The economy is very bad and very little money to survive and provide for my kids"

"Is my income enough for my bills and other expenses"

Perceptions of discrimination in Employment

The majority of respondents do not feel they experienced discrimination in finding a job (63%). Of those that did feel they experienced discrimination, 21.5% felt they did as an ethnic minority or migrant and a small number felt it was because of their gender (3.4%) whilst 12.3% felt it was a combination of being both a woman and an ethnic minority or migrant.

Only 45% answered question 25 on how they experienced discrimination. Of these, just over a quarter of respondents felt that they experienced discrimination via the interview process (27%) and 15% responded that the discrimination took place via the application form.

Respondents referred to other ways in which they felt discriminated against including:

- A lack of recognition of their qualifications;
- Being told their English is not good enough;
- Assumptions about their ethnicity, culture or religion that led employers to question their ability to do the job;
- Legal status that makes it more difficult for employers to recruit non-UK citizens;
- Their applications being overlooked because they are not British and priority being given to people with UK citizenship;
- Differential treatment between UK and non-UK citizens.

Again, when asked whether they experienced discrimination in the workplace, a majority (62%) answered 'no.' A quarter of respondents responded they felt discriminated against as an ethnic minority or migrant and 10% as a combination of being an ethnic minority and a woman. The main way in which they felt the discrimination occurred was through lack of promotion (22%) followed by lack of support networks (19.6%) and bullying (14.2%).

Nearly three quarters of respondents stated that they did not experience any harassment in their workplace. Those who did experience harassment at work felt they did so mainly because of their ethnicity or migrant status (14.5%). The majority of respondents did not report the harassment to their management; the main reasons given was the feeling that it would make the situation worse (28.3%) and that it would not be taken seriously by management (29.7%). Eighteen point one (18.1%) of those who responded to that question replied they were afraid to lose their job as a result of reporting the harassment to which they were subjected.

Answers from Question 67 on discrimination in employment

Discrimination in recruitment and in the workplace was mentioned numerous times by respondents, who referred to it as a barrier to their ability to access to the labour market:

"Sometimes I feel discriminated (in the short-listing process) because of my nationality/origin."

"Discrimination at work and Offices"

"Discrimination when apply for a job"

"Discrimination in all areas"

"Unequal treatment at work"

Childcare and school

In response to question 33 on types of childcare, half of the respondents stated that they put their children in nursery or with a childminder (50%) with around 1 in 5 relying on members of their family to look after their children. This is particularly important because it shows that rules restricting family migration, including bringing over family members can have an impact on the childcare options for some communities.

Reasons given for not putting their children in childcare are mainly the fact that it is too expensive (37% of respondents) and a reluctance to leave their children with strangers (18%), perhaps pointing to the lack of cultural accommodation for women to feel comfortable enough to leave their children in a nursery or with a childminder.

Answers from question 67 on Childcare and children's education

Anxiety around finding suitable and affordable childcare and good education was mentioned by 31 out of the 373 respondents.

"Childcare is very expensive"

"I worry about my children's education when they become of school age"

"I worry about my child's future"

Less than one third of respondents (29%) did not know that each child is entitled to up to 15 hours of funded pre-school childcare when they turn three, pointing to a lack of information provided to them on this issue.

The vast majority of respondents (81.7%) felt it was either very easy or easy to find a school space for their children. As a result, only 46 respondents answered question 37 on the types of difficulties encountered when looking for a school for their children. Of the 46 responses, the majority (18) did not know where to turn to for information, 16 felt that they had no access to information about schools and 12 felt they had no support from their local authorities in finding a school for their child.

Recommendation: Further information should be provided to parents about the 10-15 hours of funded pre-school childcare available to all children who turn three years old.
Recommendation: Further attention should be paid to the provision of culturally sensitive childcare, to ensure that all women are comfortable with making use of childcare facilities.
Recommendation: Childcare provision should be more flexible to allow women who work outside the traditional working hours (including weekends and evenings) to make use of childcare facilities.

Political Participation

A majority of respondents (61.7%) answered they have a right to vote in Northern Ireland; 13.6% stated they did not know whether they have a right to vote or not and 24.7% responded that they did not have a right to vote.

The right to vote in the UK is offered in varying degrees depending on the citizenship status: whilst EU citizens have a right to vote at local and European elections, citizens from a Commonwealth country and the Republic of Ireland are entitled to vote at all UK elections.

It is interesting that there are still significant numbers of respondents who think that they cannot vote when in fact they are entitled to. Nearly a third of EU citizens responded either that they could not vote or did not know if they had a right to vote, thus pointing to the need for better information on voting rights.

Although the majority of respondents reported that they are registered to vote, nearly three quarters of respondents (72.3%) stated that they did not vote at the last election (question 40).

Only half of the sample responded to question 41 (why did you not vote). The two main reasons given for that were their lack of interest in politics (24.4%) and their lack of knowledge of who to vote for (18.2%). A limited number of respondents felt that politicians did not represent them (6.7%). Perhaps as a logical consequence of the findings above, only 2.6% of respondents are members of a political party and an overwhelming majority (90%) of respondents never considered standing for elections.

There were notably no comments under Question 67 on political participation, highlighting that this is not an issue of concern for most respondents and that this topic is not a priority for BME women compared to the more urgent financial and job-related concerns, which they have highlighted. Another interpretation could be that women might not see the link between being politically active and the potential for changes in their lives, specifically on the issues that they are concerned about.

Recommendation: Further awareness raising and clarification is needed to ensure BME women know when they are entitled to vote and at which elections.

Recommendation: There should be increased efforts to encourage women to participate in politics, both as voters and actors. This should be done through articulating a clear message about the relevance of political participation to their lives and the impact that voting can actually have on addressing some of their concerns.

Racial Victimisation and harassment

Although the majority of respondents (62%) stated that they did not experience victimisation because of their ethnicity, religion or country of origin, it is worth looking at the various groups and their experiences of victimisation:

the majority of Black African women stated they experienced victimisation (63%), almost half of the South East Asian reported victimisation (44%), and 35% of EU A2/A8 respondents and 42.6% of EU 15 respondents (including the Irish group) stated they had experienced victimisation.

Less than half of the sample responded to question 45 on the forms of racist harassment experienced. Of those who did respond, the most common type of victimisation was verbal abuse (45%) followed by damage to their property (22%).

Only a quarter of respondents reported the harassment to the police (25%). In response to question 47 on the reasons why they did not go to the police, the majority answered that they did not think the police would help them. A few respondents, especially from the Black African group mentioned specifically their poor level of English as a reason for not going to the police. Others stated they did not feel the incident was serious enough to justify reporting it to the police. It is worrying that the majority of women surveyed did not report the abuse (neither to the police nor a third party reporting centre) and points to the need to

consider the impact of being victimised, even if the abuse does seem relatively “low-level” such as verbal abuse.

Answers from Question 67 on Racism and victimisation

Racism, victimisation, discrimination and stereotyping of migrants or ethnic minorities was mentioned in 45 comments (11% of all comments) and ranged from general worry about the tolerance of society towards their community to fears for their safety. ‘Fear of racist attacks’ and “bullying” were mentioned by a number of respondents both for them and their children (“I’m worried about safety of my children at school and in the community around us.”)

Other respondents highlighted a general sense of not feeling welcome or being misunderstood as migrants in Northern Ireland:

“People from outside are treated like trash, especial the one running away from persecution in their countries, there is no help for them from anywhere”

“Negative media coverage of migration makes me very uncomfortable”

“My children will be mistreated as immigrant children”

“Verbal abuse from some unfriendly local young people”

“When walking in Belfast I never speak in my mother tongue as I fear the reaction of passers-by”

“Feeling as if I am constantly having to explain where I’m coming from and meeting with blank stares”

*“Negative attitude towards immigrants by the local community
“Prejudice against my nationality”*

“Ignorance people do not know where I am from and many feel accent defines your intelligence level”

A few comments referred to their lack of trust in the police and the fact that the police were not helpful in dealing with racial harassment or victimisation:

“PSNI deciding no racist attack after bricks are thrown on my front door”

“100% no trust to the local police”

“Inactivity of the police. Poor work in their actions. Discrimination towards foreigners could be felt”

Also mentioned, was the worry that intolerance and racism towards them as migrants might increase as a result of the current economic downturn, illustrated by these comments:

“Theft in my home, which I feel is because of economic downturn and many people with loss of jobs. Felt a little unsafe at that point”

“Will public sentiment in Northern Ireland allow me to remain here”

“I worry that racism in Belfast will get worse”

Since we know that migrants are often the scapegoats in times of economic hardship and that levels of xenophobic sentiments tend to go up in times of recession, with migrants often serving as scapegoats in those situations (K. Schmitz, 2012) it is important to ensure that this tendency is not exacerbated by the media and political discourse.

Recommendation: Politicians and the media should take special care not to fuel xenophobic attitudes and sentiments that are likely to be more prevalent in the current economic climate

Recommendation: Further efforts should be made to encourage victims of racial harassment to report the abuse to either the police or other bodies.

Recommendation: The police should be sensitive to victims coming to them to report racial harassment or abuse.

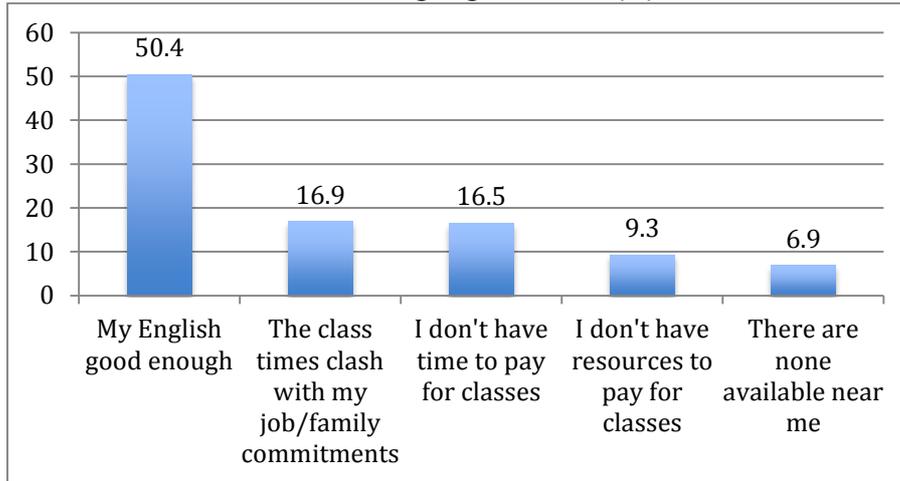
Language

Around two thirds of respondents consider their level of English to be excellent, very good or good and 20% reported their level of English to be satisfactory.

Poor language skills therefore did not seem to be an issue for the majority of respondents to the questionnaire, thus contradicting some assumptions and generalisations made in the media or in policymaking circles about migrants living in the UK not being able to speak English. However, as this figure is based on the self-assessment of the respondents proficiency level, it should perhaps not be interpreted to mean that language issues are not important for BME and migrant women, especially since knowing the language of the host country is such a key element in labour market inclusion as well as participation in society more broadly. It has also become a key requirement for settlement and acquisition of citizenship.

Twelve point seven percent (12.7%) of respondents do consider their English level to be poor or very poor. Notably, only one respondent reported her English level to be very poor. A little over half of the sample (248) responded to question 52 (reasons for not attending English classes). Of those, the main reason given by half of them was that their level of English was good enough. A third of them (83) answered that they either did not have the time to attend or that the times of classes were inconvenient and clashed with their job or family commitments. Twenty-three women gave lack of resources as a reason and 17 stated they were no classes available near them.

Chart 11: reasons for not attending English classes (%)



Answers from Question 67 on Language

Language was the biggest worry reported by respondents after financial and job-related concerns. It constitutes 10% of all concerns raised and the majority stated that their poor level of English is what prevents them from finding a job:

“I can’t find work because of my English”

“I need to improve my English. I need more English classes to provide childcare”

“I have problems communicating in English”

Recommendation: Access to English language classes must be made flexible for women to attend them despite other responsibilities such as childcare or work. This is particularly important for those women who are unemployed, as they have identified that their poor language skills are one of the main barriers to finding work.

Recommendation: ESOL classes should remain free for women claiming benefits (not just Jobseekers Allowance), as gaining a sufficient level of English is crucial to ensure their participation in the labour market, and facilitate their full inclusion in society.

Health

The majority of respondents consider both access to their local GP or hospital and their experience once there to be very good, good or satisfactory (86% and 84%) whilst 13.6% consider the access to be poor or very poor and 15.8% report their experience of visiting the GP or hospital to be poor or very poor.

Only 30% (128) responded to question 57, which asked them the reasons for their negative experience. Of these, the majority (56) answered that they did not get the medical treatment they felt they needed. Sixteen women responded that they felt discriminated against, 15 mentioned that no interpretation was available to them and 10 women stated that there was no culturally sensitive accommodation of their needs. Other issues mentioned included the long waiting time before getting an appointment with a doctor or in hospital.

Similar data comes out of looking at the respondents experiences of childbirth, with nearly 90% of women reporting their experience to be very good, good or satisfactory. Only 50 women answered question 60 on the reasons for their poor experience; of these 21

reported they did not get the treatment they felt they needed, six mentioned that no interpretation was available, six mentioned a lack of cultural accommodation of their needs and six felt discriminated against

Answers from question 67 on health

Thirteen respondents mentioned health as one of their concerns, without giving much more detail. A few respondents did mention that their difficult living conditions adversely affected their health, including their mental health. Even though there were no questions in the questionnaire to ascertain the mental health situation of women, the issue was brought up in the concerns raised under question 67. Depression was mentioned 5 times and in one instance, reference was made to suicidal feelings, highlighting the severity of the mental health situation that some BME women face.

"I got depression because of thinking too much what will happen what my life will be; I don't have any future"

Recommendation: Healthcare providers should recognise the needs of different communities and gain a good understanding of how health inequalities affect different groups. This includes providing adequate cultural accommodation for BME women when needed.

Community Life

The place in which the respondents are most active is a place of worship (church, mosque, temple etc. ...), which was mentioned by 25% of respondents, whilst 17.6% mentioned that they were active in women's groups. When looking at the category 'Other', respondents have mainly mentioned their involvement in activities and groups organised around their ethnic or national community, such as a Polish Saturday school. There are also a few respondents who mentioned being involved in inter-ethnic or inter-faith organisations as well as some more "mainstream" groups, such as gardening clubs or golf clubs.

Asked whether these existing places cater for the needs of BME and migrant women, 53% responded 'yes' whilst a bit over a third responded 'no'. Comments under that question included the need for more minority ethnic women's groups; others mentioned the need for groups to be set up to teach English or to help with practical matters such as writing CVs or helping with filling out job application forms.

Answers from question 67 on community support

Concerns expressed in relation to community life point to the need for further organisations and community initiatives that cater specifically for the needs of BME or migrant women.

"Not enough facilities for Traveller women's groups"

"Lack of Polish groups"

"No advocates for minority groups, even more so for women who are in forced marriages"

"Islamic organisations in Northern Ireland don't provide enough support and services for migrant women and children"

“I am an Irish Muslim and I feel there is very little support for individuals like me except in Belfast”

Many women mentioned their feelings of isolation and the challenges of being alone in a new country without family members; having those community initiatives are therefore all the more important in filling this gap.

Some respondents referred to the lack of support by the state to these initiatives

“Can't get enough funding to support Polish School I run in Derry”

“Lack of state support for community activities”

“Lack of social support and social networks”

Recommendation: Government should recognise the importance of community groups in supporting the inclusion, integration and sometimes resilience of BME and migrant women. Funding should be guaranteed to support these groups and ensure that they do not close down as a result of lack of funds.

IV. CONCLUSIONS AND SUMMARY OF RECOMMENDATIONS

The analysis of the responses to the survey questionnaire has shown that many of the issues affecting BME women highlighted in the literature review are relevant to the experiences of BME women in Northern Ireland.

In particular, the following conclusions are worth noting:

- Women can be vulnerable through the uncertainty of their legal status, in particular if they are married and their entitlement to stay in Northern Ireland is dependent on their husbands. In several cases, women seem to lack clarity in relation to their legal status.
- BME and migrant women suffer specifically from a lack of recognition of their qualifications, which prevents them from accessing the labour market and getting jobs that match their qualifications and skills.
- BME women report high levels of unemployment or economic inactivity. Whilst there are numerous factors to explain this, lack of flexible and affordable childcare has been mentioned (as well as lack of recognition of relevant qualifications gained abroad)
- The majority of BME women receive different types of benefits and any changes of benefits policies are likely to impact heavily on their lives.
- There is still a low take-up of childcare by BME women, partly as a result of the lack of flexible and affordable childcare, as well as a lack of culturally sensitive childcare options.
- BME women have a very low rate of political participation, both as voters and actors, and have generally reported a lack of interest in politics, highlighting a worrying disconnect between themselves and political decision makers.
- Although the majority of BME women reported their language skills are good enough, there is still a sizeable minority stating their need to improve their English, pointing to the need for appropriate language classes, which are both flexible and affordable.

- There is a lack of appropriate community organisations catering for the needs of BME women. These groups have been reported to be particularly important to their lives by the women themselves, highlighting the need to support their development and sustainability.

The following recommendations are therefore a reflection of the emerging findings highlighted through this report and relate to the different articles of CEDAW in the following way:

CEDAW Article 1 – Overarching approach to the elimination of discrimination

- Government should recognise the importance of community groups in supporting the inclusion, integration and sometimes resilience of BME and migrant women. Funding should be guaranteed to support these groups and ensure that they do not close down as a result of lack of funds.

CEDAW Article 5 – Sex roles and stereotyping

- Politicians and the media should take special care not to fuel xenophobic attitudes and sentiments that are likely to be more prevalent in the current economic climate

CEDAW Article 7 – Political and public life

- Further awareness raising and clarification is needed to ensure BME women know when they are entitled to vote and at which elections.
- There should be increased efforts to encourage women to participate in politics, both as voters and actors. This should be done through articulating a clear message about the relevance of political participation to their lives and the impact that voting can actually have on addressing some of their concerns.

CEDAW Article 9 – Nationality

- Better information and support is needed to ensure that women are aware of their rights in relation to their legal status and entitlements to reside in Northern Ireland.
- Efforts as well as resources, including interpretation and practical support, should be put in place to provide free immigration advice to women and help them deal with the bureaucracy attached to their immigration status.
- Further qualitative research is needed to establish the experiences of married migrant women in Northern Ireland, to ascertain the extent of restriction on their freedom of choice should they want to separate from their spouse, and how they might be affected by the No Recourse to Public Funds rule.

CEDAW Article 10 – Education and skills

- There is an urgent need to recognise the qualifications gained abroad by BME and migrant women, both to allow them to access the labour market and ensure that they are employed in jobs that match their qualifications.
- Access to English language classes must be made flexible for women to attend them despite other responsibilities such as childcare or work. This is particularly important for those women who are unemployed, as they have identified that their poor language skills are one of the main barriers to finding work.

- ESOL classes should remain free for women claiming benefits (not just Jobseekers Allowance), as gaining a sufficient level of English is crucial to ensure their participation in the labour market, and facilitate their full inclusion in society.

CEDAW Article 11 – Employment and economic rights

- The Government should develop strategies to increase the participation of BME women on the labour market. These should recognise the specific barriers encountered by BME women as a result of their ethnicity or migrant status as well as their gender and find solutions to address them, including better provision and more flexible childcare.

CEDAW Article 12 – Healthcare and women’s health

- Healthcare providers should recognise the different needs of different communities and gain better understanding of how health inequalities affect different groups. This includes providing adequate cultural accommodation for BME women when needed.

CEDAW Article 13 – Social and economic benefits

- Any changes to the benefits-related policies should ensure they do not adversely impact on BME and migrant women.
- Specific attention should be paid by authorities to ensure that women are not left in a vulnerable financial position, with less access to benefits, as a result of changes to their marital status
- The low take-up in Jobseekers Allowance should be investigated further to understand the potential barriers to accessing this specific benefit.
- Further support should be provided to women to ensure that they access all the benefits that they are entitled to. This includes practical support such as interpretation services and help with navigating the bureaucracy when needed.

CEDAW Article 15 – Equality before the law

- Further efforts should be made to encourage victims of racial harassment to report the abuse to either the police or other bodies. The police should be sensitive to victims coming to them to report racial harassment or abuse.

CEDAW Article 16 – Equality in marriage and family life

- Further information should be provided to parents about the 10-15hours of funded pre-school childcare available to all children who turn three years old.
- Further attention should be paid to the provision of culturally sensitive childcare, to ensure that all women are comfortable with making use of childcare facilities.
- Childcare provision should be more flexible to allow women who work outside the traditional working hours (including weekends and evenings) to make use of childcare facilities.

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APPENDIX I: List of Issues & Concerns raised in response to question 67 – “What are your main issues of concerns?”

Issue	Times mentioned
Access to healthcare	8
Accommodation	9
Asylum Process	9
Away from family	6
Benefits related concern	2
Bureaucracy	4
Caring responsibilities	1
Childcare	14
Children's education and future	17
Depression	7
Discrimination	13
Domestic issue	9
Economic downturn	7
Financial	49
Finding a job	49
Health	13
Identity	2
Integration	4
Job insecurity	21
Lack of community support	14

Lack of information on access to services	3
Lack of recognition of qualifications	14
Lack of support to claim benefits	1
Language	38
Legal status	8
No concern	3
No interpretation	1
Police unhelpful	3
Poor Transport	2
Problem with social services	1
Racism	13
Safety	5
Stereotyping of migrants	6
Supporting children	1
Unemployment	1
Victimisation	8
Work/life balance	7

APPENDIX II: SURVEY QUESTIONNAIRE

SHARE YOUR EXPERIENCE AS AN ETHNIC MINORITY WOMAN IN NORTHERN IRELAND

WHY SHOULD I FILL OUT THIS QUESTIONNAIRE?

The UN will be examining how the UK government is complying to the UN Convention on the Elimination of Discrimination against Women (CEDAW). This will take place in a hearing in July 2013 where the UK government will present to the Committee what it feels it is doing to protect women against discrimination.

We want to provide our own report to the CEDAW Committee, highlighting the experiences of ethnic minority women on the ground. By filling out this questionnaire, you can help us get a better picture of the real issues affecting ethnic minority women in Northern Ireland. This will help inform our report that we will present to the UN.

HOW WILL MY ANSWERS BE USED?

Your anonymous answers will be reflected in a report, which will be used to advocate for your rights

Your answers will be kept completely confidential

Many thanks in advance for taking the time to fill out this survey.

SECTION A: YOUR DETAILS AND LIFE IN NORTHERN IRELAND

1. Age: -----

2. Nationality: -----

3. Country of birth: -----

4. Date settled in NI: -----

5. Reasons for moving to NI: -----

6. First Language: -----

7. Marital Status:

- | | | |
|----|--------------------|--------------------------|
| a. | Single | <input type="checkbox"/> |
| b. | Married | <input type="checkbox"/> |
| c. | Divorced/Separated | <input type="checkbox"/> |
| d. | Widowed | <input type="checkbox"/> |

8. Do you have any dependants?

YES

No

9. If YES, how many live in Northern Ireland? -----

10. Postcode (or county) -----

11. Do you need a special resident permit or visa to stay in Northern Ireland?

YES

NO

12. If YES, does your resident permit or visa allow you to stay in Northern Ireland even if you separated from/divorced your husband?

YES

NO

SECTION B: EDUCATION & EMPLOYMENT

EDUCATION

13. Do you have any qualifications gained in the UK educational system?

YES

NO

14. If YES, what level qualifications did you gain in the UK?

a. GCSEs

b. A-Levels

c. Bachelor's degree

d. Master's degree

e. PhD

15. Do you have any qualifications gained in another country?

YES

NO

16. If YES, what is your qualification level?

a. Secondary School degree

b. University degree
(Please provide details)

c. Other (please provide details)

17. Please specify in which subject you have gained your qualification (ie. Chemistry, social science, journalism etc...)

18. Please write here any other training qualifications you may have gained, including level and subject

19. Is the qualification gained abroad recognised in Northern Ireland?

EMPLOYMENT

20. Are you currently employed?

- YES
- NO
- Self-Employed

21. If you are not in employment, what is the main reason?

- a. I do not have the right to work in Northern Ireland
- b. I cannot find a job
- c. I cannot find a job that matches my qualifications
- d. I have childcare responsibilities
- e. I have a long-term illness
- f. Other (Please provide details)

22. If you are in employment, what is your job title?

23. Does your job match your qualifications gained either in the UK or abroad?

- YES
- NO

24. Do you feel you experience(d) discrimination in finding a job?

- a. YES, as a woman
- b. YES, as a person from an ethnic minority/migrant background
- c. YES, as a combination of both
- d. NO

25. If you answered Yes to the question above tell us where you feel the discrimination took place *(please tick all that apply)*:

Via the sorts of questions on the application form (Please provide details)

Via the interview process (Please provide details)

Other ways (Please provide details)

26. Do you feel you experience(d) discrimination in your workplace?

- a. YES, as a woman
- b. YES, as a person from an ethnic minority/migrant background
- c. YES, as a combination of both
- d. NO

27. If yes how do you feel you are experiencing discrimination at work? *(please tick all that apply)*

- a. Name-calling
- b. Bullying
- c. Lack of training opportunity
- d. Lack of support through networks, support groups etc...)
- e. Lack of promotion
- f. Other (Please provide details)

28. Have you ever felt intimidated/harassed at work?

- a. YES, as a woman
- b. YES, as a person from an ethnic minority/migrant background
- c. YES, as a combination of both
- d. NO

29. If you have experienced harassment/discrimination at work did you report it to your management?

- YES
- NO

30. If you didn't report it, was it because *(please tick all that apply)*:

- a. I didn't know who to report this to
- b. I didn't think it would be taken seriously
- c. I was afraid I would lose my job as a consequence
- d. I was afraid of making the situation worse for myself and/or my colleagues
- e. Other (please provide details)

SECTION C: FAMILY, CHILDCARE AND SCHOOL

31. Do you have any children?

- YES
- NO

If YES, how many? -----

How old are they?

32. Do you currently put your children in childcare?

- YES
- NO

33. If YES, what type of childcare provision do you have?

- a. Nursery
- b. Childminder
- c. Nanny
- d. Member of the family (ie grandparents)
- e. Other (please provide details)

.....

34. If you don't put them in childcare is it because *(please tick all that apply)*:

- a. There is no suitable childcare in my local area
- b. It's too expensive
- c. Childcare is not flexible around my work schedule
- d. I could not find a place in nursery for them
- e. I feel uncomfortable leaving my children with strangers
- f. I feel that childcare provisions are inadequate for my children (ie lack of culturally sensitive staff; no cultural accommodation for my child's needs)
- g. Other (please provide details)

.....

35. Did you know that if your child is 3 years old, he/she is entitled to 15 hours of free childcare per week?

- YES
- NO

36. How easy was it to find a school for your children

- a. Very easy
- b. Easy
- c. Difficult
- d. Very difficult

37. If you answered difficult or very difficult to the previous question, was it because *(please tick all that apply)*:

- a. I had no access to information about schools
- b. I had no support from my local authority
- c. I did not know where to turn to for information and advice

SECTION D: POLITICAL PARTICIPATION

38. Do you have a right to vote in Northern Ireland?

- YES If YES, go to question 39
NO If NO, go to Question 44
I don't know

39. Are you registered to vote?

- YES
NO

40. Did you vote in the last elections?

- YES
NO

41. If you didn't vote, what were your reasons? *(please tick all that apply)*

- a. I feel politicians don't represent me
b. I am unable to get to the polling station
c. I don't know who I would vote for
d. I am not interested in politics

42. Are you a member of a political party?

- YES
NO

43. Have you ever considered standing for elections?

- YES
NO

SECTION E: HARASSMENT

44. Have you ever felt victimised because of your ethnicity, religion or country of origin?

- YES
NO

45. If YES, what form did the harassment take?

- a. Verbal abuse (ie. Name calling, comments)
b. Damage to my property
c. Physical violence
d. Offensive communication (ie. Graffiti)

e. Other (please specify): -----

46. Did you go to the police to report the harassment?

- YES
NO

47. If NO, why did you not go to the police?
- a. I was scared to go to the police?
 - b. I did not think the police would help me

48. If you didn't go to the police, did you go somewhere else to report the harassment?
- a. YES, to a third party reporting centre
 - b. YES, to my local community centre
 - c. NO

49. If you did report the harassment to the police, was your experience:
- a. Very good
 - b. Good
 - c. Satisfactory
 - d. Not good
 - e. Very bad

SECTION F: LANGUAGE

50. Would you consider your level of English language to be
- a. Excellent
 - b. Very good
 - c. Good
 - d. Satisfactory
 - e. Poor
 - f. Very poor

51. Do you attend English language classes?
- YES
- NO

52. If NO, why do you not attend classes? *(please tick all that apply)*
- a. I don't feel I need language classes as my English is good enough
 - b. There are none available near me
 - c. I don't have the resources to pay for classes
 - d. I don't have the time to attend classes
 - e. The class times are inconvenient as they clash with my job/family commitments

SECTION G: COMMUNITY INVOLVEMENT

53. Are you actively involved in any of the following *(please tick all that apply)*
- a. Local Church/Mosque/Temple/Place of worship
 - b. Community centre
 - c. Women's groups/clubs
 - d. English language schools
 - e. Parents groups
 - f. Other (please provide details)

54. Do you feel that any of the above cater sufficiently for the needs of ethnic minority/migrant women?

YES
NO

SECTION H: HEALTH

55. How would you rate your access to your local doctor or hospital

- a. Very good
- b. Good
- c. Satisfactory
- d. Poor
- e. Very Poor

56. How would you rate your experience when visiting your local doctor or hospital

- a. Very good
- b. Good
- c. Satisfactory
- d. Poor
- e. Very Poor

57. If you've answered Poor or Very Poor to the question above, was it because (*please tick all that apply*):

- a. I didn't get the medical treatment I felt I needed
- b. I needed interpretation but there was none available
- c. There was no cultural accommodation of my needs
(Please provide an example):

- d. I feel I was discriminated against
(Please provide an example):

- e. Other (please provide details):

58. Have you given birth to children in Northern Ireland?

YES
NO

59. How would you rate your childbirth experience?

- a. Very good
- b. Good
- c. Satisfactory

- d. Poor
- e. Very Poor

60. If you've answered Poor or Very Poor to the question above, was it because *(please tick all that apply)*:

- a. I didn't get the medical treatment I felt I needed
- b. I needed interpretation but there was none available
- c. There was no cultural accommodation of my needs
(Please provide an example):

- d. I feel I was discriminated against
(Please provide an example):

- e. Other (please provide details):

SECTION I: RURAL & TRANSPORT

61. Where do you live

- a. In a city/town
- b. In the countryside

62. If you live in the countryside, how would you describe your local transport services?

- a. Good, I travel easily to different places
- b. Poor, I struggle to travel around

SECTION J: ACCESS TO BENEFITS AND IMPACT OF RECESSION

63. Do you currently receive any welfare benefits?

- YES
- NO

64. If YES, which benefits do you receive? *(please tick all that apply)*

- a. Child benefits
- b. Tax credits
- c. Housing benefits
- d. Jobseekers allowance
- e. Disability allowance
- f. Income support
- g. Incapacity benefits

h. Other (please specify): -----

65. Are you worried about the impact of the economic downturn on yourself and your family?

- YES

NO

66. If YES, what are your main concerns? *(please tick all that apply)*

- a. I worry I will lose my job
- b. I worry I will lose my entitlement to benefits
- c. I will struggle to make ends meet

d. Other (please specify): -----

SECTION K: YOUR ISSUES AND CONCERNS

67. What are the main issues or problems you are facing?

1. _____

2. _____

3. _____

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE!

IF YOU HAVE EXPERIENCED DISCRIMINATION OR HARASSMENT OR IF YOU HAVE ANY QUESTIONS REGARDING THE ISSUES MENTIONED IN THE QUESTIONNAIRE, YOU CAN CONTACT THE BELFAST MIGRANT CENTRE, WHICH OFFERS GUIDANCE AND SUPPORT
Belfast Migrant Centre 2nd Floor Ascot House 24-31 Shaftesbury Square Belfast BT2 7DB –
Tel: 028 90438962

Annex 3 - The Protection and Rights of Black and Minority Ethnic Women Experiencing Domestic Violence in Northern Ireland

Prepared for Submission to CEDAW, June 2013 NICEM Report¹⁰²

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Introduction

This report examines the experiences of black and minority ethnic (BME)¹⁰³ women in Northern Ireland in relation to domestic violence and the protection and rights afforded to them as required by Articles 2, 3, 5, 12 and 13 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and General Recommendations 12, 24 and 19.¹⁰⁴ Northern Ireland has changed dramatically since the peace agreement in 1998 and more recently, since 2004, with the increase in immigration from the European Economic Area (EEA) countries. As the census shows, the 'non-national' population of Northern Ireland has rapidly increased from 1.8% in 2001 to 4.5% in 2011.¹⁰⁵ This figure does not represent BME people who hold British or Irish nationality, so it is an under-representation of the proportion of those residing in Northern Ireland who are part of the BME population.¹⁰⁶

In the study¹⁰⁷ undertaken here, the focus is specifically on the support sought and provided in the context of BME women who have experienced domestic violence whilst residing in Northern Ireland. It is also the case that, despite increased migration to Northern Ireland, the BME population remains fragmented with different groups often settling in different parts of the country, though the majority of BME women live in urban areas. The focus of this scoping paper has been on the extent to which an equality **and human rights based framework for BME women experiencing domestic violence applies to Northern Ireland. The paper makes a number of recommendations to CEDAW based on the conclusion to this issue.**

1. Equality Monitoring

It is widely acknowledged that BME victims of domestic violence are particularly vulnerable and, as such, require special protection to enable them to come forward to disclose details of their abusive partners in a safe environment.¹⁰⁸ For that reason, data needs to be collected on

¹⁰² Please note that this is a late draft of the research, the report may be subject to further minor amendment prior to its official launch on 1st July 2013.

¹⁰³ For the purposes of this report the term BME is used throughout and encompasses immigrants, migrants, asylum-seekers and refugees who may be Caucasian.

¹⁰⁴ For the purposes of this report, research was conducted over a six-week period and included interviews with 17 individuals from 15 different organisations as well as with five representatives of BME communities. We also met with representatives from the Police Service of Northern Ireland and the Public Prosecution Service and corresponded with other statutory bodies, such as the Department of Health and Social Services and the Housing Executive in order to collect relevant data for the purposes of this submission.

¹⁰⁵ 'Non-national' meaning those born outside the UK and the Republic of Ireland and who do not hold either British or Irish citizenship, 2001 Census available at: <http://www.ninis2.nisra.gov.uk/public/pivotgrid.aspx?dataSetVars=ds-1833-lh-37-yn-2001-sk-135-sn-Census%202001-yearfilter>.

¹⁰⁶ The proportion of Black and Minority Ethnic (in-line with the UK wide 2011 census is 'Black', 'Asian', 'Mixed' and Irish Travellers) is 1.8%, link as above, although it is recognised that this may also encompass non-nationals residing in Northern Ireland also.

¹⁰⁷ This report is part of a scoping study aiming to identify the particular barriers and issues that face BME women who experience domestic violence whilst living in Northern Ireland.

¹⁰⁸ Erica Burman, et al. (2004). "'Culture' as a Barrier to Service Provision and Delivery: Domestic Violence Services for Minoritized Women." *Critical Social Policy*, 24: 332-357. See also Cecilia Menjivar and Olivia Salcido. (2002). "Immigrant Women and Domestic Violence: Common Experiences in Different Countries." *Gender & Society*, 16(6): 898-920.

BME victims engaging with, or providing evidence to, the Criminal Justice System (CJS) so that the various agencies know the extent to which they need to direct their resources towards those who are particularly vulnerable. Increasing victim confidence in the CJS generally, and more specifically in the Public Prosecution Service for Northern Ireland (PPS), remains a challenge for service providers everywhere. This may be accentuated in the context of Northern Ireland, given the legacy of the conflict and the reluctance of some communities to seek help from 'outsiders'¹⁰⁹. For this reason systematic and consistent data collection for equality monitoring and for other purposes needs to be in place.

Equality monitoring was originally introduced into Northern Ireland in the seventies to address the issue of fair employment and monitoring of non-discriminatory service provision, amongst other concerns. With the subsequent introduction of Section 75 of the Northern Ireland Act (1998), statutory authorities designated as public bodies were mandated to collect data on a more extensive range of grounds. Ethnicity, political identity, age, marital status, disability, dependents and sexual orientation were added to the data collection on religion and gender.

What this research found was that, unlike England and Wales,¹¹⁰ some public bodies, most noticeably the Public Prosecution Service (PPS), were not recording statistics on religious or ethnic background since they were not obliged¹¹¹ to do so under the Northern Ireland Act. The PPS expressed its concern that collecting such data could lead to questions of whether more Catholics than Protestants were prosecuted or vice versa. However this also meant that there was no data on the number of prosecutions of those from BME groups. The lack of data in this area means that there are no statistics currently being collected on prosecutions for domestic violence related offences committed by BME people in Northern Ireland. The absence of comparative analysis not only obscures issues of equality, it has several other consequences such as a lack of attention to offences related to domestic and sexual violence committed by BME individuals and a dearth of knowledge on the current needs of their victims. Addressing these gaps should become a priority for the service. To do this effectively, the PPS should be brought into line with other 'Section 75' public bodies so as to meet the requirements for equality monitoring as specified in the legislation for in Northern Ireland. **The Director of the PPS should request that statistics be recorded on the ethnicity of offenders and victims of domestic and sexual violence related offences and the extent to which special measures have been put in place to assist the prosecution of these cases.**¹¹²

The Northern Ireland Housing Executive statistics show that in 2004 there were 611 individuals (7% of all cases identified as homeless) accepted for re-housing as a result of domestic violence. This compares to the most recent figures where 829 households (or 9% of all homeless cases were experiencing domestic violence in 2010) showing an increase of 2% up to 2010. Given that the data is not disaggregated for ethnicity or nationality, this study could not show the proportion of BME cases included in these numbers, nor do we know if this is an increasing trend. The additional 968 cases of marital breakdown/separation cases may also obscure households experiencing intimate partner violence since some BME women in abusive relationships may be reluctant to state this as a cause of their homelessness. The absence of ethnic-specific data in public sector agencies contrasts with the good practice exhibited by the voluntary sector organisation, Women's Aid. This organisation is the largest

¹⁰⁹ Monica McWilliams and Linda Spence. (1996). *Taking Domestic Violence Seriously: Issues for the Civil and Criminal Justice System*. HMSO, Belfast.

¹¹⁰ Race Relations Act 1976, Schedule 1A and the Equality Act 2010.

¹¹¹ Northern Ireland Act 1998, s.75 (4A).

¹¹² The Director of Public Prosecution has indicated to one of the researchers that he would seek to have this gap in data collection remedied.

NGO support provider offering accommodation and support services to victims of domestic violence, and routinely collects data on BME groupings. It is also able to show patterns and trends over time for BME women seeking its support.¹¹³ This is the type of data required for public authorities to make decisions on how their funds are being used and whether they are being directed towards those most in need. Where the data is available for BME people, it means that organisations working in this field can undertake effective evaluations on a regular basis and assess what changes need to be made for preventative and other programmes on domestic violence.

Cultural norms and political factors can play a part in deciding what is named as domestic violence and what gets counted as 'ordinary' criminal violence.¹¹⁴ The counting is not incidental and not merely about adding a particular label, but is central to what issues gain elevated status as serious human rights violations, what kinds of harms count for the purposes of intervention, and what kinds of violations will be remedied by criminal accountability. What this study has been able to show is that public bodies in Northern Ireland are falling short of the requirement outlined by the Committee's General Recommendation 19, para. 24(c).¹¹⁵

Recently the Sexual Assault Referral Centre (SARC) opened in Antrim (approximately 15 miles from Belfast) providing specialist medical attention, specific support and specialised evidence gathering for victims of sexual violence. The SARC has an annual capacity for 500 examinations. Given the findings of this report, the **SARC should be resourced to develop a template for recording data and maintaining comprehensive statistics on the ethnic and national background of its cases. In doing so it should liaise with the PSNI and other bodies to ensure consistency across the statutory sector.**

2. Barriers confronting BME women

Throughout this study, interviewees stated that the number of BME women in Northern Ireland experiencing physical and sexual violence was widely under-reported. As the barriers outlined below show, it was generally acknowledged that BME women in Northern Ireland are particularly isolated and that those experiencing domestic violence faced particular vulnerabilities preventing them from seeking help.

The barriers include the following:

- Structural failings leading to financial dependence on abusive partners and no recourse to public funds;
- Dependence of some BME women on male partners for their immigration status and/or official leave to remain in the UK;
- Lack of knowledge of their own legal entitlements in the UK;
- An absence of BME community infrastructure to provide practical support and assistance;
- Lack of interpretation at the first point of contact for domestic violence, despite the requirement on public agencies to provide interpretation where necessary;

¹¹³ For example, Women's Aid Annual Report 2011 – 2012 shows an increase of 77 calls from BME women to their domestic violence helpline over the previous year, available at <http://www.womensaidni.org/resources/annual-reports/>

¹¹⁴ The challenge of 'counting' and 'categorization' is obviously not unique to ethnic minorities. See generally, Jamie F. Metal, *Information Technology and Human Rights* 18(4) Hum. Rts. Q 705 (1996).

¹¹⁵ "States parties should encourage the compilation of statistics and research on the extent, causes and effects of violence, and on the effectiveness of measures to prevent and deal with violence." General Recommendation 19, para. 24(c), 1999.

- Reluctance to involve Social Services due to fear of children being removed;
- Community pressure to remain in the family home and the stigma and shame attached to leaving the partner;
- Reluctance of other family members to support the women in this process;
- Reluctance to seek help from public authorities or 'outside' support agencies due to lack of culturally sensitive services;
- Internalising religion and cultural beliefs that view domestic violence as permissible rather than criminal;
- Legacy of poor police response from previous experience in their home country and on occasion in Northern Ireland

For example, most of the practitioners who were interviewed for this study commented on the fact that BME women were often living in a foreign country having left their relatives and social networks; had little English; and that often the only person they knew in Northern Ireland was the abuser himself. One example given to us was of a woman, who had moved here at 21 years of age for an arranged marriage with a Northern Irish national and had five children in the last five years. The respondent, who was this woman's only friend, reflected on her isolation, noting "every time I've been there, I just think – did she really want five children in five years? She never goes out,"¹¹⁶ Others noted the isolation of women who had come to Northern Ireland to accompany their husbands, or later joined them here. Respondents also noted that, irrespective of whether the husband was a UK or Irish citizen or not, some BME women believed they were 'tied into these relationships' and felt particularly alone as a consequence.

Women's social and economic dependency limits a victim's decision to leave an abusive relationship. Structural issues regarding immigration and access to public funds serve to reinforce these BME women's economic dependency on their partner, thereby reducing the woman's potential to leave. These women are even more dependent on their husband by their lack of access to work and it is recognised that this dependency, together with support networks evaporating, can exaggerate the perpetrator's sense of entitlement and proprietary behaviour. This can intensify the brutality, repetitiveness and likelihood of physical and sexual violence, particularly where the victim becomes increasingly isolated and the abusive partner purposively ignores the domestic legal accountability mechanisms for his behaviour.¹¹⁷

Respondents from Women's Aid and a community based women's centre also highlighted the isolation of some women who are abused by their asylum-seeking husbands venting their frustration at the 'powerlessness' of their new situation at their female partners.¹¹⁸ One respondent reflected on the vulnerability of these women, afraid of jeopardising their asylum claim if they reach out for help: "They will stay in [an abusive] relationship because they're looking for [refugee] status as a family. The women are stuck in the relationship because they have to show the Home Office that they are a family unit."

A further barrier that deters women in this situation from leaving an abusive partner is that she will usually have no recourse to public funds should she leave. This double bind in which the UK's "no recourse to public funds" rule places women with insecure immigration status is outlined below. In 2008, the Committee urged the UK to "intensify its efforts to prevent and eliminate discrimination against ethnic and minority women" and to be "proactive in its

¹¹⁶ Interview with a BME woman. This example raises concerns that young women moving to Northern Ireland to join husbands may not have access to family planning or other adequate support services following the birth of children.

¹¹⁷ McWilliams and Spence (1996), *supra* note 7.

¹¹⁸ These reports are based on discussions with one of the authors (Monica McWilliams) and various members of staff at Women's Aid.

measures and to raise awareness of the availability of social services and legal remedies.”¹¹⁹ This research study shows that many of the above obstacles are still preventing victims from coming forward to seek help and protection. As evidenced by the cases reported below, ethnic minority women who did manage to surmount these initial barriers and reach out for help were often let down by the very system to which they turned.

3. Protection Denied - BME women who have come forward

3 (a) Language barriers

Under the Race Relations (Northern Ireland) Order 1997, State bodies are obliged to provide services without discrimination on the grounds of race or ethnicity. This applies to the provision of interpreters to ensure that services are available to individuals in need who do not speak English. The relevant State bodies, such as Health and Social Services Trusts, the Criminal Justice System (CJS) - that is the Police Service of Northern Ireland and Public Prosecution Service, the Housing Executive and Social Security Agency have access to interpreters in Northern Ireland. However, the study undertaken here showed that there was a current lack of certain language interpreters for public sector use concerns were raised that in some instances inappropriate interpretation had been provided due to a lack of training of interpreters working with social services. One respondent, working for an NGO had raised an incident where her colleague (whose first language was that of the woman whose child had been taken into care, after violence in the family house) had noted that the interpreter had not translated accurately what the woman had said and intervened to ensure details were recorded accurately. In another case, we were informed that an interpreter had acted for both the victim and the perpetrator, raising concerns on how accurate a record was being kept in relation to the domestic violence incident. Acting for both parties may have the potential to create a conflict of interest for interpreters, most especially when they have not been adequately trained on the nuances of abusive relationships. The lack of training also arises where the interpreter may be unaware of his/her identification with specific normative/customary values relating to women's role in the household or her status in a marital relationship. This is an issue that particularly arises in the context of domestic violence and is prioritised in training programmes given its implications for help providers' responses to abused women but the extent to which this is included in interpreters' training requires further exploration.

The Health and Social Services Trusts

The Health and Social Services Trusts have an interpreting service with a Code of Practice and guidelines on booking interpreters for staff and practitioners. It has been reported that the Health and Social Care Services are in the progress of training 80 of their 300 interpreters to become a specialised group for domestic violence cases.¹²⁰ This is a welcome development. The issue of language difficulties arose in relation to the provision of counselling services. These were routinely offered by Health and Social Services to victims of domestic violence but a number of organisations raised concerns that this had not been available to BME victims due to language difficulties noted above. The standards set out in Article 12, CEDAW, regarding access to health care and in General Recommendation 24 should be adhered to.

Funding for interpretation should be ring-fenced and relevant government authorities

¹¹⁹ Concluding Observation CEDAW/C/UK/CO/6, para. 294.

¹²⁰ BHSC Health & Social Inequalities Unit "Interpreting and Domestic Violence Northern Ireland Health and Social Care Interpreting Service". This process began in April 2011 and 80 interpreters are expected to be trained by April 2014.

should plan their budgets to ensure BME women who need this service are enabled to access it.

Social Security Agency

It was also the case that a number of staff within the Social Security Agency were unaware that interpreting services are available. Staff from NGOs also raised concerns that there was an over-reliance on their organisations to act as interpreters rather than the statutory bodies accessing their own interpreting services.

The Criminal Justice System (CJS)

Issues of interpretation did not arise in regards to the policing or prosecution of domestic violence cases. Police provide training to the newly recruited interpreters on the legal duties and the sensitivity required when engaging with victims of domestic abuse and sexual violence. This good practice regarding training is welcomed but practical inconsistencies have been noted. If interpretation were needed by the CJS and simultaneously by the health service, interpreters working for the CJS and providing freelance interpretation could potentially end up working on the same domestic violence case for both services. This happens infrequently as the majority of professional interpreters know that they could jeopardise the good practice in this field by engaging in this way, those working in the criminal justice system have been explicitly informed of this in their training.

Voluntary Organisations

Women's Aid has a 24-hour Domestic Abuse Helpline and has funding to use language interpreters¹²¹ where necessary over the phone. Women's Aid provides a number of valuable resources such as counselling and confidence building for victims of domestic violence and substance abuse. These services are crucial as they enable women to rebuild their lives after suffering severe physical stress and/or psychological trauma. Women's Aid currently lacks the funds to provide face to face interpreters to extend the support to BME women whose first language is not English. Respondents also noted that increased staff is needed to help victims access these support services and to raise awareness amongst BME women on the provision of services currently available. In 2008 the Committee urged the UK to "provide increased and sustained funding for NGOs ... involved in the area of women's rights." Funds should be ring-fenced to ensure that support services for a BME organisation working on domestic violence could build on the example of the ethnic minority led Southall Black Sisters in London, developing a local grassroots organisation into a leading BME organisation at the forefront of protecting and promoting BME women's rights.

3(b) Institutional Racism

In July 2010, the Northern Ireland Executive published its programme for Cohesion, Sharing and Integration (CSI). The main focus of the policy was to tackle sectarianism, racism and hate crimes and promote cohesion, sharing and integration for all sections of society. Similarly, the aim of its Race Relations Policies is to ensure that all Black and Minority Ethnic (BME) people in Northern Ireland can enjoy full and fair access to services. In the context of these existing

¹²¹ Women's Aid use the interpreting service 'Language Line' which enables a three-way call between the caller, the Women's Aid helpline staff and the interpreter. Women's Aid reported their satisfaction with their services.

policies, we outline here some of the concerns showing the extent to which the government is falling behind in these commitments.

Respondents highlighted incidents which displayed a pattern of behaviour reflecting institutional racism, defined as: “a collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance and racist stereotyping which disadvantage minority ethnic people.”¹²² An NGO adviser on migrants’ rights, reflecting on her experience over the previous five years, opined that one public authority in particular exhibited racist stereotyping in evaluating cases. She offered evidence that rather than concentrating on individual circumstances, staff focused primarily on ethnic and national background. She quoted responses given to her that reflected this stereotyping such as “they’re not from here so they don’t really know any better” or “that’s just part of their culture.” This raises concerns about the type of normative values held by staff working for public bodies in Northern Ireland and again highlights the need for diversity training, as well as training on domestic violence, so as to challenge prejudicial attitudes about BME cases of domestic violence as well as the judgemental opinions held by staff in relation to this behaviour.

A further disturbing characteristic of one statutory body appears to be a predisposition to deal with vulnerable BME women with no recourse to public funds, by sending them back to their country of origin. One such case involved an Eastern European woman who had been the victim of sexual violence by men known to her, and who was subsequently evicted from her public housing in response to a neighbour’s complaints about her behaviour. The woman sought and received support from an NGO for migrants. The advice worker for this organisation reported how a staff member, working in the local Housing Executive office, had expressed disappointment and surprise that the woman had not accepted an offer of the purchase of an airline ticket to facilitate her return ‘home’ to Eastern Europe. This case highlights the racism, and possible sexism, inherent in such a response.

A further case relates to a family with three children, who also had single tickets purchased for them by Social Services so that they too could return to their country of origin instead of an offer of public housing, which was what they required at that time. The mother in this case had been a victim of domestic violence by her former partner in her home country and did not wish to return. The advice worker for the NGO at which the woman sought refuge, on calling the Housing Executive, was asked by the local manager “could they not just go back home?” In contrast to the Social Services, this voluntary sector organisation provided the necessary funding until the family had found alternative accommodation. The respondent also noted that the tickets, which had been purchased but not used, could have potentially funded a hostel stay for the same period.

Another respondent for an NGO, offering advice on welfare benefits, stated that she had not seen a single case where her clients (all of whom were BME) had been awarded child benefits in the 21 days’ timeframe set out by Her Majesty’s Revenue and Customs (HMRC). She noted the extensive correspondence that was often exchanged with the agency and, despite the required details been provided, her clients’ child benefits did not come through until six or nine months later. Although there are general issues around delay for these benefits a

¹²² The Macpherson report (1999) provided a definition of institutional racism following the racist murder of a black teenager in London in 1993. As a result of the failure by police to respond appropriately to this incident and the fact that no person had been held to account, a public inquiry, chaired by Lord Macpherson, was launched in 1998.

number of correspondents expressed this same view, but noted that without adequate monitoring by HMRC these widely held beliefs could not be supported by statistical evidence.

Attitudes towards Roma migrants by some statutory agencies were highlighted as a major problem in this study as frequently noted by BME women themselves. BME women¹²³ themselves reported poor community relations with the police were known to deter Roma women from coming forward to report incidents of abusive relationships. BME women reported cases where abusive male partners were being dealt with internally by the community rather than asking the police to respond. Utilising this type of 'community justice' raises concerns particularly in the context of Northern Ireland given that this was also common practice in predominantly Republican and Loyalist communities during the years of the conflict.

3(c) Lack of communication and liaison between public authorities

Respondents in our study raised concerns with the lack of effective communication and coordination between different statutory bodies. One respondent who works at an NGO expressed frustration with the "banding back and forth" between different statutory bodies in cases involving women trying to leave abusive relationships. A clear example of the cost of failed communication between statutory bodies and further evidence of the problem of lack of interpretation services was provided by another respondent, who recounted an incident in which a BME woman experiencing domestic violence was advised by the Social Security Agency to claim child benefits as a single claimant in her own name. After following this advice, the woman was charged with making a fraudulent claim for £14,000 by HMRC, since the partner was still registered as living at the same address. The respondent referred to the appeal which is pending in relation to this case, and mentioned that she did not think this miscommunication would have occurred had Social Security Agency used an interpreter during its meetings with the woman.

Given these concerns, key initiatives of the current Tackling Domestic and Sexual Violence Action Plan (2012-2013), developed by the Department of Health, Social Services and Public Safety (DHSS&PS) was to engage with people from hard to reach groups, including ethnic minorities.¹²⁴ The researchers were informed that a sub group (comprising broad representation from a range of organisations) was established in 2011 and although an Action Plan of activities, to better engage with harder to reach groups, was subsequently developed it has not, as yet, been taken forward. **We would strongly urge that a BME specific group should become a priority for any future DHSSPS Action Plan so that issues facing this vulnerable group can be addressed adequately.**

An important outcome of the Tackling Violence At Home Action Plan was the introduction of the Multi Agency Risk Assessment Conference (MARAC), a case conferencing multi agency approach established to respond to domestic violence. This was also an important development in relation to high-risk cases (which BME cases often are by the time the State

¹²³ In two separate interviews a Roma woman and another woman who is working with Roma women raised incidences of domestic violence, which had been dealt with, in the community. This was out of distrust due to previous negative interactions with the police.

¹²⁴ The "Tackling Violence at Home" strategy was published in October 2005 by the DHSS&PS. A sub-group on 'hard to reach groups' was formed by the DHSS&PS however many in the sub-group were dissatisfied with the overly broad groups deemed 'hard to reach' such as Men; People with disabilities, BME people, Lesbian, Gay and Bisexual and transgendered people'. A range of groups was identified with no ownership attached to the project by any group. The strategy can be found at http://www.dhsspsni.gov.uk/tackling_violence_strategy.pdf

becomes involved). The limited data showing the numbers of BME cases identified by the MARAC process points to a rising trend in these high-risk cases.¹²⁵

Despite the Housing Executive's much-needed support to the MARAC process through the provision of accommodation and advice services, the lack of information on BME cases means that the extent to which this support is directed at women from these backgrounds remains unknown. A more recent Housing Executive intervention within the MARAC process is the Sanctuary scheme option, which helps to maintain victims of domestic violence in their homes. One of the aims of the Housing Executive's Homelessness Strategy is to assist all relevant agencies in achieving that goal, but again the problem arises in relation to the evaluation of responses and impact assessment, given the lack of communication between public authorities on the additional complexities associated with BME domestic violence cases.

The 'Tackling Violence at Home' Strategy, originally a five year strategy ending in 2010, has now been extended to 2014 in line with the 'Tackling Sexual Violence and Abuse Strategy'. Although these strategies are now dated, the government decided to wait until 2014 so that a joint domestic and sexual violence strategy could be published. Given the findings of this study, we would urge that this new strategy pays increasing attention to the health and welfare concerns arising as a consequence of intimate partner violence. The strategy also needs to address the provision of more accurate data on the increase in demand for services responding to the needs of BME women living in Northern Ireland.¹²⁶ Local Domestic Violence Partnerships established in each Trust should also be encouraged to disaggregate this information at the local level. Although we are aware that routine checks for domestic violence have been introduced for pregnant women at antenatal clinics, there is an absence of specific information in relation to BME.¹²⁷ **The DHSSPS should be required to retain data on the number of BME women who disclose incidents of domestic violence during their routine pregnancy checks. The introduction of the Independent Domestic Abuse Programme for convicted perpetrators of domestic violence should also be asked to retain information on those individuals who are referred to this programme whose partners are also BME.**

3(d) Dysfunctional Social Security System

The functioning of the benefit system for BME (specifically non-nationals) families reinforces gender role stereotypes and puts women in a position of financial dependence, thereby contravening Articles 5 and 13 of CEDAW. A number of advisers reported to us the issue of child benefits usually being issued in the father's name in BME families. It was surmised that this is done to speed up the processing time for the benefit: often the male partner has moved to Northern Ireland and started working before the family joins, and because he is more firmly settled here, it is easier to prove his entitlement to a benefit than it is to prove the entitlement of a woman who has more recently moved and may not be working.¹²⁸ The result, however, is to leave the woman financially dependent on the man and to open the door to financial abuse.

¹²⁵ PSNI keep statistics for their monthly Steering Group Update, which includes a victim profile, one being 's.75 grouping: BME cases'. This is not publically available but was provided by the relevant staff in the PSNI.

¹²⁶ See Appendix 2 of the Northern Ireland Housing Executive's 2013 Homelessness Strategy, p29.

¹²⁷ These routine checks are undertaken by midwives for all women attending ante-natal clinics so as to assess the risk of domestic violence during pregnancy. They are part of the initiatives introduced by the DHSSPS Regional Strategy. The identification rate is not as yet known.

¹²⁸ NICE is aware that this trend is reversed in the case of Filipinos, predominantly women who come to Northern Ireland to work in the health sector.

In one case reported to the researchers, the man had begun to withhold food from his partner and child, and had stopped giving money for bus tickets to send the child to school. The woman had no independent source of income, and attempts to seek help through the Social Security Agency and the Housing Executive were in vain: Social Security said that because she was still under the same roof as her partner, she could not apply for Job Seekers Allowance, while the Housing Executive said she was ineligible for housing benefit because she was not a Job Seeker. Neither agency referred this woman to Women's Aid, and instead left her to return to a home where she was being denied basic necessities. This demonstrates a failure by the statutory bodies to offer necessary information to a woman in a dangerous situation, and illustrates a narrow and rigid understanding by the statutory bodies of what their responsibilities entail. Fortunately this woman found an NGO advisor who referred her to Women's Aid and helped her navigate the benefits system. Furthermore, while it is conceivable that a local national woman could face similar problems with the benefit system, the isolation specific to recently arrived BME women exacerbates what would be a difficult position for any woman: in this case, the woman had no network of family and friends here to turn to for support or offer her alternative shelter. As there were no rooms immediately available in Women's Aid, this woman was forced to remain for a couple of weeks living with this abusive partner until a room became available.

An additional complication in many of these cases, as one respondent explained, is that "if the family splits, mom [usually] takes the kids, but he holds the benefit that's assigned just for kids, and [which] opens the door for other benefits for help – so she has the kids, no work, and no money, and he's got the benefits, no kids to feed, and no wife [with him]." It usually takes about six months for the transfer to take place so that the benefit is in the woman's name. As the respondent noted, the question arises of what she is meant to do in the meantime. This same respondent highlighted the inadequacy of the system in responding to the needs of a woman who presents herself as a victim of domestic violence: staff in the Child Benefit Agency insist that before any transfer of benefits takes place they must, following their policy guidelines, seek the father's permission to suspend his claim and give him thirty days to respond. The respondent noted that, despite the agency being officially informed that the mother was a victim of domestic violence, the agency insisted on maintaining this procedure. Again, what would be a difficult situation for any woman is intensified by the lack of support network experienced by many BME women, and can be compounded by other factors such as lack of comfort in English and insecure immigration status.

This pattern of BME women being denied adequate access to benefits, including family benefits, is a direct contravention of Article 12(a) of CEDAW. Furthermore, the Committee's General Recommendation 19, paragraph 23, specifically acknowledges that a "lack of economic independence forces many women to stay in violent relationships." Yet, the structure of the benefit system in Northern Ireland reinforces the economic dependence of immigrant women on men. This is even the case for women with no recourse to public funds.

3(e) 'No Recourse to Public Funds' (NRPF) and the Domestic Violence Rule

Spouses or partners of settled persons, spouses of students or temporary workers, people seeking asylum with their spouse or partner, people who have overstayed their visas, and people who have entered without valid permission, have no recourse to public funds.¹²⁹ A woman with insecure immigration status and NRPF experiencing domestic violence is placed

¹²⁹ Sundari Anitha (2010). "No Recourse, No Support: State Policy and Practice Towards South Asian Women Facing Domestic Violence in the UK." *British Journal of Social Work*, 40: 462-479.

in an impossible situation - a decision to leave an abusive partner means destitution, loss of immigration status and potentially deportation.

Furthermore, because women with NRPF are not entitled to housing benefits, Women's Aid does not receive any public funds to provide shelter to these women. Though Women's Aid does not wish to turn away any woman, the financial reality can make it impossible for Women's Aid to shelter a woman with NRPF. The UN Rapporteur on Violence Against Women has provided a critical review of immigration policies that discriminate in this way, particularly within the European Union, and has challenged countries such as the Netherlands to provide an alternative response to such draconian legislation.¹³⁰

Women's Aid previously received government funding for their "Last Resort Fund," which allowed them to provide up to eight weeks of assistance to women with NRPF experiencing domestic violence. Government financing of this fund stopped in 2006, which has caused Women's Aid to suspend their fund.¹³¹ While Women's Aid Federation Northern Ireland has set up its own such fund to support women with NRPF, it is "severely limited in [its] capacity to do so, due to a lack of funding and resources," and calls on the government to set up an emergency fund with adequate financial resources to ensure that no woman facing domestic violence is forced to stay in an abusive and potentially life-threatening situation because of an inability to pay shelter costs.¹³² In 2012, the Northern Ireland Executive provided a £45,000 'Crisis Fund' to a number of organisations to use for destitute persons with no recourse to public funds. Access to the Crisis Fund enabled Women's Aid and other women's groups to provide support to women with no recourse to public funds, who were experiencing domestic violence. This fund, administered by the Community Foundation Northern Ireland, has not been forwarded in the past six months and as of June 2013, the status and availability of this fund is unknown, despite a range of organisations dependent on this fund raising their concerns with the Executive. We would urge that the Crisis Fund be urgently addressed and that the Committee's advice be followed for crisis funds to be maintained, and where possible mainstreamed, by state parties.

Women's Aid and other respondents in this study have welcomed the introduction of the Domestic Violence Rule into the Immigration Rules¹³³, but many have cited its shortcomings and inadequacies. The domestic violence rule enables BME women who have experienced domestic violence whilst residing in the UK with their male partner (spouse or durable partnership), to remain in the UK by virtue of their victim status. However, it is applicable only to married women or women in a durable relationship with a British national or 'settled' man living in the UK. It is also dependent on the woman not having 'over-stayed' her visa requirement. Women who are victims of domestic violence as the partner of asylum-seekers; spouses, partners or fiancées of students or temporary workers in the UK, durable partners of

¹³⁰ The UN Rapporteur on Violence Against Women stated that the law excluding undocumented immigrant women from accessing State shelters for domestic violence in the Netherlands exposed them to arrest, created an obstacle to accessing justice, and made them vulnerable to a range of violations. See '15 Years of the UN Human Rights Council Special Rapporteur on Violence against Women [1994-2009] – A Critical Review', available at <http://www2.ohchr.org/english/issues/women/rapporteur/docs/15YearReviewofVAMMandate.pdf>

¹³¹ <http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=000100010008000100350001§ionTitle=Women+from+Black+and+ethnic+minority+communities>

¹³² <http://www.womensaidni.org/about-us/our-work/policy-and-lobbying/women-with-no-recourse-to-public-funds/>

¹³³ The concession was initially introduced in 1999 and passed into law in 2002 under para.298A of the Immigration Rules.

EEA nationals,¹³⁴ or women who have entered without permission are not protected under this rule.

Furthermore, even women with NRPf who fall into the limited category of those who can apply for indefinite leave to remain (ILR) under the Domestic Violence Rule are often not granted ILR. While data specific to Northern Ireland could not be found, Hansard reports show that in the first five years of the rule being in place, 67 % of applications (2101 of 3144 applications) made throughout the UK under the Domestic Violence Rule were refused.¹³⁵ It has been suggested that this is largely attributable to unreasonable proof requirements.¹³⁶

To apply for a right to remain in the UK under this rule, and independent of any previous partner, is extremely costly, and this has increased dramatically over recent years, rising from £750 in 2011 to £820 in 2012, currently standing at £1051. Not only is this a considerable expense to victims who have left the marital home but each dependent (a child) who wishes to remain with the mother also has to pay a fee. The fee can only be waived if the woman can demonstrate that she is 'destitute'. To be considered destitute for the fee waiver, a woman has to be "totally reliant on third party support." Women who are in 'reasonable' employment¹³⁷ are not eligible and may spend months saving for the application, remaining in an abusive relationship in order to find the funds to pay for this fee.

Conclusion

Applying a human rights based framework for BME women experiencing domestic violence

The Committee's General Recommendation 19 stipulates that "States may also be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence, and for providing compensation." The naming of the State as a duty bearer for prevention and investigation of, protection from, and redress and compensation for wrongs committed by the State, its agents, and non-State actors through the principle of due diligence has been an important advancement in international law regarding women. The mandate's identification of specific groups of women, such as BME women, has helped grant recognition to women who face multiple risks/violations, as well as greater barriers in accessing justice due to marginalisation and multiple discrimination based on ethnicity as well as on gender.

What this study shows is the compounded effects of more than one form of discrimination. The research here emphasises the recognition of the multidimensional aspects of violence faced BME women. It also draws attention to the additional barriers in accessing criminal justice and welfare systems due to non-citizen status and/or unfamiliarity with the English language and local systems. Low income, economic dependency, isolation and stigma also have to be factored in as additional barriers. The intersectional framework outlined here highlights the need for differentiated responses by public bodies tasked with responding to domestic violence. What this study spotlights is the persistent lack of special measures for BME women currently needed to correspond to these additional risks and barriers. Applying a human rights perspective to domestic violence would help to create momentum for breaking the silence around this violence in Northern Ireland. Today, a life free of intimate

¹³⁴ This is an anomaly under EU law where the UK has failed to protect durable partners EEA citizens by advancing the same protection afforded to them as provided to non-nationals of UK citizens are 'settled' persons, see Aire Centre's report at <http://www.airecentre.org/pages/residence-rights-of-durable-partners-in-domestic-violence-cases.html>

¹³⁵ <http://www.theyworkforyou.com/wrans/?id=2007-10-11b.156818.h>; also Anitha (2008), *supra* note 16

¹³⁶ Anitha (2008), *supra* note 16.

¹³⁷ This refers to types of employment that are above the minimum wage.

partner violence should be increasingly accepted as an entitlement rather than merely a humanitarian concern, but the reluctance to come forward shows that there is some way to go yet before this entitlement is internalised by BME women themselves. Embedding this thinking into local communities would mean that the subordination of, and violence against, BME women are no longer seen as fate but instead connected to their abilities as autonomous human beings capable of negotiating the terms of their existence in both public and private spheres.

Viewing domestic and sexual violence in this way means that the State is obligated not merely to protect against violence, but rather to eliminate its “causes” — that is, gender discrimination at structural, ideological and operational levels — as well as to bear the responsibility for addressing its consequences. Making the linkage among unequal power relations and violence against women shows how gender inequality can result in women’s lack of information, disempowerment, an inability to negotiate safe sex and an increasing vulnerability to physical and sexual assaults in intimate relationships. This marks a radical departure from the traditional notions of state intervention, predominantly in the aftermath of the violence and dealing with the consequences rather than prevention. Similar to Women’s Aid, the Northern Ireland Council for Ethnic Minorities’ good practice of involving clients, and drawing on their expertise as well as their concerns, shows that BME women can also be ‘agents of change’ in this area. This process of empowerment and participation builds on the human rights based framework. **The State should develop a specific strategy for BME women on domestic violence. This should build on a participatory approach, engaging with BME women and providing adequate funding empowering them to develop and provide protection for those experiencing domestic violence in Northern Ireland.**

Considerations for the Committee

Article 2: Policy Measures

1. The Committee may wish to ask the UK Government whether it intends to extend the Domestic Violence Rule under the Immigration Rules to all BME women experiencing domestic violence;
2. The Committee may wish to ask the UK Government whether it intends to reduce the cost of the application for indefinite leave to remain for victims of domestic violence;
3. The Committee may wish to ask the UK Government whether it intends to review evidentiary requirements in the Domestic Violence Rule so as to bring them in line with what BME victims of domestic violence would reasonably be able to provide, considering the barriers highlighted in this study;

Articles 5 and 16: Sex Role Stereotyping and Prejudice and Marriage and Family Life

4. The Committee may wish to ask the UK Government how it intends to eliminate the perpetuation of gender role stereotypes that see women as financially dependent on men, which are currently reinforced through the government’s “no recourse to public funds” policies, as well as deficiencies in the benefits system (see also recommendations 1-3, 7);

Article 11: Employment

5. The Committee may wish to ask the UK Government how and whether it intends to ensure that adequate social services are in place to enable mothers who have left an abusive home to balance family obligations with employment, thereby fostering economic independence;

Article 12 and General Recommendation 24: Health

6. The Committee may wish to ask the UK Government how it intends to ensure that appropriate interpretation services are provided in health services, and to ensure that all interpreters and medical personnel are appropriately trained to respond effectively to domestic violence;

Article 13: Economic and Social Benefits

7. The Committee may wish to ask the UK Government whether it intends to amend the current guidelines in the Child Benefit Agency to enable victims of domestic violence to access benefits more easily where the male partner is in receipt of Child Benefit;

General Recommendations 12 and 19: Monitoring Violence Against Women

8. The Committee may wish to ask the UK Government how and whether it intends to ensure rigorous data collection systems are in place to identify victims of domestic violence on grounds of ethnicity and nationality, to enable appropriate allocation of resources and to establish measures for protection and prevention.

General Recommendation 19: Violence Against Women

9. The Committee may wish to ask the UK Government how the devolved administration in Northern Ireland intends to provide education to staff of public services to prevent prejudicial attitudes based on racism and sexism and to encourage effective support to all victims of domestic violence, in order to ensure there are adequate protective and support services for BME women;

10. The Committee may wish to ask the UK Government how and whether it intends to provide effective training to staff of public services to ensure that interpretation services are provided, and to ensure that all interpreters are appropriately trained on responding effectively to domestic violence, in order to ensure there are adequate protective and support services for women who are not proficient in English;

11. The Committee may wish to ask the Northern Ireland Executive why the allocation of emergency funds has been interrupted over the past six months and whether the government intends to renew the Northern Ireland Crisis fund for refuge provision to ensure that there are adequate protective and support services for women with insecure immigration status;

12. The Committee may wish to ask the UK Government whether it intends to increase funding to NGOs such as Women's Aid and NICEM to enable them to provide protection and support for BME women experiencing, or having who experienced, domestic violence, and to foster grassroots leadership to challenge customs and norms in relation to domestic violence within BME communities.