WPG NI Response to Draft Refugee Integration Strategy

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1. Introduction:

The Women's Policy Group (WPG) is a platform for women working in policy and advocacy roles in different organisations to share their work and speak with a collective voice on key issues. It is made up of women from trade unions, grassroots women's organisations, women's networks, feminist campaigning organisations, LGBT+ organisations, migrant groups, support service providers, NGOs, human rights and equality organisations and individuals. Over the years this important network has ensured there is good communication between politicians, policy makers and women's organisations on the ground.

The WPG uses our group expertise to lobby to influence the development and implementation of policies affecting women. The WPG is endorsed as a coalition of expert voices that advocates for women in Northern Ireland on a policy level. This group has collective expertise on protected characteristics and focus on identifying the intersectional needs of all women; in line with international human rights mechanisms.

The organisations represented in this response have extensive experience and expertise through working with a range of groups impacted by the upcoming legislation including; women, girls, trans men, non-binary people, disabled people, bisexual and lesbian women, victims of domestic abuse, victims of rape and sexual assault, rural women, those with dependants, migrant women and more.

This evidence submission will highlight the evidence compiled by the WPG in recent years and will make several recommendations in relation to specific aspects of the Refugee Integration Strategy. This evidence is a joint submission from several WPG members including:

Women's Resource and Development Agency

WRDA is a feminist membership organisation that was established in 1983. WRDA's work covers lobbying, policy, Good Relations, health promotion and training. WRDA's vision is of a fair and equal society where women are empowered and are a visible force for change and influence in all areas of life. We take a participative, grassroots approach to this work – all women have the right to be involved in policy decision-making and we aim to amplify the voices of the women who engage with the women's sector.

Migrant Centre NI

Migrant Centre NI (MCNI) was established in 2010 and constituted as a registered charity in 2012 to protect the rights of migrant workers in Northern Ireland, eliminate barriers against migrant workers, tackle racism, advance education, and raise public awareness of migrant and ethnic minority communities in NI. MCNI has three offices across NI, in Belfast, Lurgan, and Derry-Londonderry. MCNI services and programmes include EU Settlement Scheme immigration advice, hate crime victim support and advocacy, financial health and wellbeing advice services including benefits advice, and the administration of the Comic Relief "BAME COVID-19 Recovery and Relief" grant schemes for all of NI. Migrant Centre NI advocates for a more just immigration system and for the rights of migrants and ethnic minorities in NI through policy, lobbying, and advocacy work informed by our service provision.

Raise Your Voice

Raise Your Voice is a project that seeks to tackle sexual harassment and violence in communities across Northern Ireland. Our goal is to create true cultural change in order to tackle the root causes of these behaviours and empower people to act to change this in their own lives.

HERe NI

HERe NI (previously LASI), established in 2000, is a regional organisation that works across all areas of Northern Ireland (NI) and the boarder counties to support lesbian and bisexual (LB) women and their families. We advocate for and support LB women and their families and improve the lives of LB women across Northern Ireland. We do this in lots of different ways; through providing information; peer support; facilitating training; lobbying government and agencies on LB women's issues; offering a community space for meeting and much more. HERe NI is the only women focused organisation within the NI LGBTQ+ sector.

African Caribbean Support Organisation for Northern Ireland

African and Caribbean Support Organisation Northern Ireland (ACSONI) is an autonomous community-based Organisation formed in 2003 with a proactive approach towards targeting needs and facilitating belonging among

individuals from the continent of Africa, the Caribbean (West Indies) and other families in Northern Ireland with these linkages

ACSONI also assists in the preservation and promotion of the African & Caribbean peoples identity and cultural heritage, conveyed through arts, educational and cultural programmes, as well as the intercultural exchanges which aids in the wider integration process

Women's Centre Derry

Women's Centre Derry work to promote women's equality and access to education, employment, social and economic life. We do this by developing and providing opportunities to women's aspirations. Our projects are organised to provide access and enablement taking account of women's lives and choices, with regard to timing, class-size and using holistic support model. We address specific barriers women face. We provide access to high quality on-site childcare focussed on the needs of the child.

We provide information, guidance and signposting services. We support the development of women's groups and support organisations delivering programmes with a focus on enabling women who live in disadvantaged communities who face multiple barriers to participation. We strive for financial sustainability through our social economy programme. We provide a voice for women from disadvantaged communities by engaging in regional forums and partnerships, locally, regionally and globally.

Committee on the Administration of Justice

The Committee on the Administration of Justice (CAJ) was established in 1981 and is an independent non-governmental organisation affiliated to the International Federation for Human Rights (FIDH). CAJ seeks to ensure the highest standards in the administration of justice in Northern Ireland by ensuring that the government complies with its responsibilities in international human rights law. CAJ works closely with other domestic and international human rights and equality groups.

Women's Aid Federation Northern Ireland

Women's Aid is the lead voluntary organisation in Northern Ireland addressing domestic and sexual violence and providing services for women and children.

Women's Aid exists to challenge attitudes and beliefs which perpetuate domestic violence. We work to promote healthy, non-abusive relationships. Women's Aid supports all women and children affected by domestic violence. We work to help women and children be safe, to break free from the cycle of violence, and to rebuild their lives. Women's Aid has nine local groups and one regional umbrella body covering the whole of Northern Ireland, and our wraparound services are available across Northern Ireland. Our core work includes:

- Refuge accommodation for women and their children suffering domestic violence.
- Support services to enable women affected by domestic and/or sexual violence to rebuild their lives and the lives of their children.
- Support services for children and young people who have experienced domestic violence.
- Preventative education programmes in schools and other settings.
- Educating and raising awareness among the public, media, police, courts, social services and other agencies of the impact of domestic and sexual violence.
- Advising and supporting other agencies in responding to domestic & sexual violence.
- Working in partnership with other agencies to ensure a joined-up response to domestic and sexual violence.

Throughout this response, the term "Women's Aid" refers to the overall Women's Aid movement in Northern Ireland, including our local groups and Women's Aid Federation.

1.1. Endorsements

The WPG would like to endorse the responses submitted to this call for evidence by Migrant Centre NI, Law Centre NI, Red Cross, North West Migrant's Forum and the Children's Law Centre.

1.2. Further Information

If you have any questions or queries about this evidence submission, or would like the WPG and the relevant membership organisations involved in this joint

submission to discuss this evidence with the committee further, please contact Rachel Powell, Women's Sector Lobbyist, rachel.powell@wrda.net or Aoife Mallon, Feminist Recovery Plan Independent Contractor, aoife.mallon@yahoo.com.

2. WPG Feminist Recovery Plan

2.1. Overview of WPG Feminist Recovery Plan

The WPG NI COVID-19 Feminist Recovery Plan, originally launched in 2020[1] and relaunched in 2021[2], highlights the disproportionate impact of the pandemic on women and makes several recommendations for addressing this impact. The Plan also provides detailed evidence of pre-existing gender inequalities in our society, which have become exacerbated as a result of the pandemic. The Plan covers a wide range of topics, including violence against women, health inequalities and women's poverty, within six main Pillars: Economic Justice, Health, Social Justice, Culture, Brexit, Human Rights and a Bill of Rights, and International Best Practice.

The Feminist Recovery Plan provides a comprehensive roadmap on how the NI Executive could not only address the disproportionate impact of COVID-19 on women, but also address the structural inequalities existed before the pandemic that led to such a disproportionate impact on women. A summary of recommendations from the Relaunched WPG Feminist Recovery Plan can be accessed here.

2.2. Content from WPG Feminist Recovery Plan

The WPG would like to reiterate some of our evidence and recommendations from the WPG Feminist Recovery Plan in relation to the experiences of migrants, refugees and asylum seekers in Northern Ireland in this section.

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[1] Women's Policy Group (2020) 'WPG NI COVID-19 Feminist Recovery Plan' Available here: https://wrda.net/wp-content/uploads/2020/07/WPG-NI-Feminist-Recovery-Plan-2020-.pdf

[2] Women's Policy Group (2020) 'WPG NI COVID-19 Feminist Recovery Plan: Relaunch – One Year On' Available here: https://wrda.net/wp-content/uploads/2021/07/WPG-COVID-19-Feminist-Recovery-Plan-Relaunch-One-Year-On.pdf

2.2.1. No Recourse to Public Funds

The barriers in accessing social security for the migrant community have been painfully highlighted during the economic uncertainty of the COVID-19 crisis. Section 3(1)(c)(ii) of the Immigration Act 1971 provides that limited leave to enter or remain in the United Kingdom may be subject to a condition requiring that person maintain themselves, and any dependants, without recourse to public funds. This is known as 'No Recourse to Public Funds' or NRPF. Since 2012, a 'NRPF condition' has been imposed on nearly all migrants granted the right to live or work in the UK.

The Home Office justifies this condition on the basis that people seeking to establish their family life in the UK must do so on a basis that "prevents burdens on the taxpayer and promotes integration."[3] This covers a huge number of visas including those for spouses, parents and adult dependants. The effect of this condition is that the person holding leave is permitted to work in the UK and pays taxes but is prohibited from accessing the safety net of public funds paid for by those very taxes. Other migrants such as those without status, or those subject to a sponsor maintenance undertaking, can also be prevented from accessing welfare benefits. Collectively these are known as NRPF groups. Breaching a NRPF condition can result in a criminal conviction and can negatively impact future immigration status.

Paragraph 6 of the Immigration Rules lists the benefits considered as 'public funds' for the purpose of the Immigration Rules.[4] This definition covers most benefits which are paid for by the state such as child benefit, housing benefit or Universal Credit. It does not include benefits that are based on National Insurance contributions, such as statutory sick pay or statutory maternity pay.

The imposition of NRPF by the Home Office is discretionary, but in practice this discretion is rarely exercised. Generally, discretion will only be exercised where the applicant is destitute or there are particularly compelling reasons relating to the welfare of a child or they provide proof of other exceptional circumstances relating to their finances.

Some people who have a NRPF condition on their visa can apply to have it lifted, but they must show they have become destitute, or have particularly

[3] UK Home Office (January 2021), 'Family Policy, Family life (as a partner or parent), private life and exceptional circumstances', https://bit.ly/3qITOxH
[4] UK Home Office (February 2016), UK Immigration Rules, https://bit.ly/2TZ7Vn2

compelling reasons relating to the welfare of a child, or exceptional circumstances relating to their finances. This option is also limited to persons on certain visa routes such as family and private life. Applying to have NRPF lifted can also result in your visa renewal period being changed to a ten-year route; effectively doubling the time it will take for the person to gain indefinite leave to remain in the UK.[5]

Local authority and social services departments have some limited statutory duties to provide support to people who are subject to NRPF. For example, in Northern Ireland social services commonly are required to step in and protect the welfare of children who have become destitute due to NRPF under Article 18 of the Children (Northern Ireland) Order 1995.[6] However, some NRPF groups are excluded from local authority support, unless it is necessary to prevent a breach of their human rights. In practice it can be very difficult to obtain support from social services.

NRPF stands out as a particularly draconian element of the hostile environment because it impacts such a broad range of migrants. A report by the Migration Observatory found that around 1.376 million people hold valid UK visas that would usually be subject to the NRPF condition.[7] People who have been living, working and contributing to taxes in the UK for years are subject to this measure.

The policy also disproportionately impacts vulnerable groups such as single parent households, pregnant women and people subject to domestic violence, leaving them without the safety net of social welfare and throwing families into destitution.[8] This was exacerbated during the COVID-19 crisis as job losses and economic uncertainty left people subject to NRPF unable to access support, leaving them forced to work in unsafe conditions, trapped in unsafe housing and unable to self-isolate and support their families. An example in Northern Ireland is the Discretionary Support (Amendment) (COVID-19) Regulations (Northern Ireland) 2020 which created a Discretionary Support Grant designed

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[5] UK Government (March 2014) Application for change of conditions of leave to allow access to public funds if your circumstances change, UK Visas and Immigration, https://bit.ly/3zQ5Udg

[6] The Children (Northern Ireland) Order 1995

[7] The Migration Observatory (June 2020), Between a rock and a hard place: the Covid-19 crisis and migrants with No Recourse to Public Funds (NRPF), https://bit.ly/3zON9qt

[8] Maternity Action (June 2020) Migrant Women, No Recourse to Public Funds and the Pandemic, https://bit.ly/2Uv5eKa

to urgently support those affected by the COVID-19 crisis.[9] However, these grants are listed as a public fund in Paragraph 6 of the Immigration rules, excluding persons subject to NRPF from accessing them.

A recent High Court challenge to the NRPF policy has led to a slight softening of the rules. In R (W, A Child By His Litigation Friend J) v Secretary of State for the Home Department & Anor, the court found the Home Office's policy of imposing NRPF under paragraph GEN.1.11A of Appendix FM to be unlawful and a breach of Article 3 ECHR.[10] This decision only addresses the fact that Home Office guidance does not provide for those who are not yet suffering inhuman and degrading treatment, but are about to. This ruling did not abolish NRPF but required the Home Office to publish a revised policy instruction.

The Home Office amended its guidance to state that: "In all cases where an applicant has been granted leave, or is seeking leave, under the family or private life routes the NRPF condition must be lifted or not imposed if an applicant is destitute or is at risk of imminent destitution without recourse to public funds."[11] A further recent High Court challenge to the NRPF also found that the scheme does not comply with the Home Office duties to safeguard and promote the welfare of children under Section 55 of the Borders, Citizenship and Immigration Act 2009.[12] It remains to be seen how the Home Office will respond to this ruling.

There is a vocal movement from Westminster and external stakeholders calling for the suspension or complete lifting of NRPF in light of the COVID-19 crisis.[13] Boris Johnson even appeared to call for a review into the policy on the 27th May 2020 when he stated before the Liaison Committee "people who've worked hard for this country who live and work here should have support of one kind or another."[14] However, a review is not enough, the human rights and equality impact of NRPF is shockingly clear and the stated policy goal of

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[9] The Discretionary Support (Amendment) (Covid-19) Regulations (Northern Ireland) 2020
[10] R (W, A Child By His Litigation Friend J) v Secretary of State for the Home Department & Anor
[11] Home Office (January 2021), Family Policy, Family life (as a partner or parent), private life and exceptional circumstances, https://bit.ly/3qlToxH
[12] ST & Anor v Secretary of State for the Home Department [2021] EWHC 1085 (bailii.org)
[13] The Guardian (May 2020), Scrap UK rule that has left 1m migrant workers at risk of destitution, say MPs, https://bit.ly/3xRrJaF
[14] The Guardian (May 2020), If Boris Johnson is baffled by Britain's cruel migration laws he should change them, https://bit.ly/3zMsC69

preventing migrants becoming a burden to the taxpayer is not proportionate to the detrimental impacts caused.

Advocates for migrant justice and against No Recourse to Public Funds are consistently told at the devolved level in Northern Ireland that it is a reserved issue so as to absolve responsibility at the local level to mitigate the effects of this harmful policy. This is not good enough. The NI Executive must commit to adequately resourcing organisations which support those with No Recourse To Public Funds, including women's organisations and refugees who assist victims of domestic abuse with NRPF, as well as sufficiently resourcing immigration advice provision for women applying to the Domestic Violence Disclosure Scheme and the EU Settlement Scheme.

In March 2020, the distribution of National Insurance Numbers (NINs) was halted across the UK. However, services resumed in England, Scotland and Wales after the first lockdown – Northern Ireland offices remained shut until 2021. The reasoning for the continued delays to NIN distribution in Northern Ireland was linked to the need to reshuffle staff to help process increased benefits claims.[15] At the time, NI Direct said that if the individual could prove they have the right to work in the UK under normal circumstances, then they could work without the NIN.[16]

Further confusion was created as most employers were not made aware of this. For those who were able to obtain work without a NIN, many were placed in the emergency tax bracket, paying a higher rate than they normally should[17]. NIN services have resumed, but the impacts faced by those who were unable to get hired, those who paid higher taxes, or those who were affected in other ways due to the disproportionately long closure of the Northern Ireland NIN Office need to be addressed and mitigated.

For women living in Northern Ireland with no recourse to public funds, accessing services for domestic violence and abuse can be especially difficult. Partners of settled persons, students or temporary workers and people seeking asylum with their partners do not have access to public funds, which means they do not have access to housing benefit.[18] This means that women with

[15] BBC News (October 2020), 'Thousands unable to get an NI number because of coronavirus', https://bbc.in/3zUnpcf
[16] Ibid
[17] Advice NI, 'THINK Policy Newsletter' (April 2021), https://bit.ly/3xL5NO7
[18] Monica McWilliams and Priyamvada Yarnell The

insecure immigration status fleeing abusive partners can have issues accessing refuge services. This is an issue that majorly affects BAME women. If we are to have legislation in Northern Ireland that protects all victims and survivors, this must include women with no recourse to public funds.

Currently, if a woman or a woman with children with no recourse needs refuge then the refuge that accepts them must take a potentially huge financial risk to accommodate them. Different Health Trusts within NI respond differently to the situation and these cases can be complicated and protracted. If any refuge cannot find a source of financial support, then the costs fall to them and the needs of an abused woman and the needs to have a sustainable organisation can be incompatible. If we wish to support all victims and survivors, then we require systems that place the immediate safety of victims and survivors at their heart. During the last year, Women's Aid supported 12 women with no recourse to public funds – without children, 24 women with children and a total of 28 children. These women often stay longer in refuge as well as the general population due to less housing options available to them.

2.2.2. Detention of Trafficking Victims

There is specific concern that victims of trafficking are ending up in detention. Between January 2019 and September 2020, 4,102 people who were referred into the UK's modern slavery framework (the National Referral Mechanism, or 'NRM') were locked up in detention. This included 658 women with trafficking indicators.

In 2020 alone, despite a significant overall reduction in the use of detention due to the Covid-19 pandemic, 969 people with trafficking indicators were detained. Women for Refugee Women has highlighted concern that although fewer women than men are being detained, women are increasingly being held in facilities intended for men, where lack of privacy and support make disclosing trafficking and seeking adequate support even more difficult[19]. These concerns have previously been raised in relation to asylum detention centres.[20]

Protection and Rights of Black and Minority Ethnic Women Experiencing Domestic Violence in Northern Ireland — Ulster University

[19] Women for Refugee Women (2021) Survivors behind bars, https://bit.ly/3h2xeMV

[20] See eg. Engender, NIWEP, WEN Wales and Women's Resource Centre (2019) Four nations CEDAW shadow report

Within Belfast & Lisburn Women's Aid are funded by the Department of Justice to run the trafficking project within its services: As at February 2022 the Trafficking Project is supporting women in the refuge and in the community. This includes 104 women and 27 children, 7 Pregnant women, and one baby born in January 2022. There are 5-6 new referrals a week from the Home Office, for the women and children who are housed in hotels in and around Belfast North Down and Antrim. This is a problem that has increasing demand and not enough dedicated funding to support all of the women, children and young people who need support.

2.2.3. Asylum Detention

Across the UK, the women's sector has highlighted extreme concern over planned new detention centres for women[21] following the closure of Yarl's Wood, which was dogged by accusations of sexual abuse,[22] hunger strikes[23] and critical inspection reports[24] and where women were threatened with accelerated deportation.[25] The new centre is proposed for Co Durham, to hold 80 women and is the first new detention centre to open in seven years. Campaigners in England have repeatedly highlighted the harmful consequences of asylum detention to women, including suicidality and depression, and emphasise that women seeking asylum frequently escape sexual violence and torture, therefore requiring care and support rather than detention.[26] There are concerns that many cases are mishandled, and therefore women with evidenced claims are being turned down and threatened with deportation.[27]

Throughout the pandemic, concern has been raised regarding the health and wellbeing of asylum seeking and refugee women, including many who were forced to leave as detention centres were emptied over concerns relating to issues including lack of social distancing measures. All asylum seeking and

[21] See Refugee Women: https://bit.ly/3h0mr5E
[22] Guardian (2013), 'Sexual Abuse Yarls Wood Immigration', https://bit.ly/3xI5fZx
[23] Guardian (2018), 'Minister defends deportation threats over yarls wood hunger strike', https://bit.ly/3h1Kst2
[24] Guardian (2017), 'More Rape and Torture Victims being held at Yarls Wood', https://bit.ly/3gVUZGl
[25] Medical Justice confirmed it had been consulted but said it had been highly critical of the policy. It said it had voiced concern at the time about the threat to expedite removals: https://bit.ly/3h1Kst2
[26] See Refugee Women: https://bit.ly/3h0mr5E
[27] Women's Resource Centre (2021) CEDAW Interim report

refugee women overall have experienced hunger and homelessness, while the mental health of many women has deteriorated and women with pre-existing health conditions have struggled to access healthcare. Women have experienced high levels of social isolation as a result of digital poverty and haven't been able to secure basic items such as soap and hand sanitiser.[28]

There are specific issues for LGBTQ+ people which Micro Rainbow have outlined as follows:[29]

Once detained, LGBTQI migrants are particularly vulnerable and face serious issues:

- In detention they experience discrimination and harassment from other detainees who can be as homo-transphobic as the society they left behind. Those who are more visible, like trans people, are at risk of even greater abuse;
- Detention jeopardises LGBTQI people' chances of winning their claims: in case of asylum claims for example, how can they satisfy a decision maker as to their sexuality or gender identity from a detention centre where they are not even free to express themselves for fear of attack?
- Detention severely affects the mental health of LGBTQI people, often the medical support available fails them (especially trans people) which results in their physical health being affected as well.

2.2.4. Health Inequalities and Hostile Environment for Migrants and Black and Minority Ethnic People

"Black, [Asian] and Minority Ethnic (BME) communities are generally considered to be at increased risk of poor mental health (Bhui and McKenzie, 2008; UK Department of Health, 2011; Fernando, 2012) and frequently have less confidence using available services (Rooney, 2013)."[30] Furthermore, Black, Asian and minority ethnic people living in Northern Ireland are at a heightened risk of discrimination and racist hate crimes in Northern Ireland.[31] Prejudice and hate crimes impart a significant psychological toll on victims. Any attempt to

[28] Sisters Not Strangers (2020) Hear us
[29] https://microrainbow.org/alternative-to-detention/
[30] Institute for Conflict Research (December 2015)
'Waking this thin line Report' Black and Minority Ethnic (BME) Experiences of Mental Health Wellbeing in N.Ireland (conflictresearch.org.uk), https://bit.ly/2TYhkei
[31] BBC News Northern Ireland 12 June 2020 'Racism: More than 600 hate crimes reported to PSNI', https://bbc.in/3qkQrgK

address the mental health needs of the Black, Asian and minority ethnic community in Northern Ireland needs to encompass a strategy to combat racism, particularly institutional racism in the health care system.

Some of the identified challenges to minority ethnic and migrant communities accessing mental health services include language barriers, discrimination, difficulty with GP registration and other aspects of accessing care and the stigma associated with accessing mental health services.[32] Further, the culture and power dynamics of psychiatry - a field dominated by white men - can be off-putting to BME people attempting to access care.

A report commissioned by Migrant Centre NI and the Black and Minority Ethnic Women's Network found that a substantial minority (34.7%) of migrant women surveyed did not know or were unsure of what healthcare they were entitled to under their immigration status.[33] Though there is interpreter provision available through the NHS, in practice some women report that they are not always provided with interpreter services even upon request and 16.6% of BAME women surveyed report being unable to adequately express their needs to their healthcare provider. Black African and Caribbean Women rated their experiences of healthcare among the most negative of all respondents.

These women, compared demographically to the rest of the group, represented a lower proportion of English speakers, a higher proportion of refugee and asylum seekers, higher rates of unemployment, lower household income and lower levels of educational attainment. This is illustrative of the impact of systemic racism and anti-Blackness to account for even starker levels of health inequalities for Black African and Caribbean communities.

Refugee and asylum seekers reported additional health needs related to the trauma of persecution and fleeing their countries of origin which are not adequately addressed by local health providers due to lack of awareness, lack of resourcing, perceived discrimination, or the barriers outlined above. Women with no or low levels of formal education reported the highest levels of need compared to the group, particularly the need for interpreter provision, being

[32] Institute for Conflict Research (December 2015) 'Walking this thin line Report: Black and Minority Ethnic (BME) Experiences of Mental Health Wellbeing in N.Ireland', https://bit.ly/2TYhkei

[33] Austin, J. (2017) 'Ethnic Minority Women's Access To Quality Healthcare In Northern Ireland,' Migrant Centre NI and Black and Minority Ethnic Women's Network.

able to communicate healthcare needs, comfort with exclusively seeing a female GP, comfort expressing women's health issues and unmet healthcare needs, in particular, gynaecological and sexual healthcare needs. Women who took part in the survey made specific reference to community organisations who helped them to access care including GP registration and assistance with appointment scheduling, highlighting the importance of adequate funding and resourcing for organisations doing this work.

Health outcomes for Traveller communities in Northern Ireland are among the worst in the country, illustrating severe disenfranchisement and systemic neglect. A report completed by Strabane Access Youth Engagement commissioned by Migrant Centre NI found that health outcomes in Traveller communities were not only lower than those in the general population but also compared to those in other socially deprived areas.[34] 33.5% of all respondents surveyed reported their health as "poor" or "very poor." 89.5% of respondents indicated that at least one person in their household has a disability or limiting long-term illness. Irish Travellers are nearly seven times as likely to die by suicide than the general population. From a gendered perspective, there are severe inequalities in maternal healthcare, with Traveller women experiencing significantly higher rates of miscarriage, stillbirth, neonatal deaths as well as maternal deaths during and shortly after pregnancy.

A conservative estimate of life expectancy gaps between Traveller women and settled women shows that Traveller women's life expectancy is 12 years shorter. Barriers to healthcare include discrimination by GP surgeries to require proof of permanent address to register, inadequate or inappropriate public health outreach, awareness, and education to meet the needs of Traveller communities experiencing higher levels of illiteracy, anticipation of discrimination and a lack of cultural awareness on the part of healthcare providers. These barriers are embedded within broader social frameworks of systemic discrimination and socio-economic disenfranchisement of Travellers.

It is also the case that, should an individual have a negative experience in accessing mental health care or any kind of health care, they will be unlikely to engage in the future. The lack of cultural competency on caring for BME people, widespread language barriers and the UK Government's hostile environment policy have ensured that these off-putting negative experiences

[34] Strabane Access Youth Engagement (2018) 'The Needs and Issues of the Traveller Community in Northern Ireland,' Migrant Centre NI.

happen more often to people of colour accessing services, to the detriment of community health.

Members of the migrant community, particularly those without secure immigration status may be put off from accessing healthcare for themselves or their families during COVID-19 because of the continued operation of 'hostile environment' measures which have the NHS sharing migrant data with the Home Office. This impacts some of the most vulnerable women in society such as pregnant women, victims of trafficking and domestic violence and persons living with HIV.

The history of data sharing between the Home Office and the NHS differs across the UK. In England a 2016 Memorandum between the NHS, English Department of Health and Social Care and the Home Office previously allowed the Home Office to request confidential patient information for immigration enforcement purposes, including for minor immigration infractions.[35] This Memorandum was halted in November 2018 following condemnation from a Health & Social Care Select Committee inquiry and legal action taken by Migrant Rights Network, represented by Liberty.[36] UK wide data sharing continues between the NHS and the Home Office regarding migrants who have incurred a debt to the NHS.[37]

Migrant women and mothers are specifically targeted and harmed under the UK's hostile environment immigration policies. Utilisation of the NHS to document and report patients' immigration status discourages women to access care, important medical screenings and specialist services (including prenatal and antenatal care) or report domestic abuse.[38] Women not considered "ordinarily resident" in the UK, including those who are undocumented or are awaiting an asylum decision, do not have their maternity care costs covered under the NHS. Reports exist of asylum seekers being told that debts incurred to the NHS for maternity services will be used

[35] Memorandum of Understanding between Health and Social Care Information Centre and the Home Office and the Department of Health (came into effect January 2017, subsequently withdrawn)
[36] Liberty press release, Legal victory against Government's hostile environment (November 2018)
[37] Department of Health & Social Care (March 2019) Overseas chargeable patients, NHS debt and immigration rules,https://bit.ly/3gRZmn4
[38] Equality and Human Rights Commission (2018) The lived experiences of access to healthcare for people seeking and refused asylum, https://bit.ly/2U1x5S4

against them in decisions on the outcome of their asylum claims[39][10]. Xenophobic rhetoric targets migrant mothers specifically, with the UK government and media stoking fears of "heavily pregnant" migrant women using the NHS en masse despite no empirical evidence to support this. NISRA figures for 2019 show that just under 11 per cent of births were to mothers from outside Northern Ireland, the UK and Ireland; this figure has stayed relatively stable since recording began in 2009.[40]

NI legislation such as the Provision of Health Services to Persons not Ordinarily Resident Regulations (Northern Ireland) 2015 does not embed hostile environment practices in the same manner that equivalent English legislation does. However, data sharing related to migrants who have incurred debt to the NHS does apply to treatment received in Northern Ireland.

The Health Minister Robin Swann publicly said in a debate on 24 March 2020 that data on migrants/Asylum seekers accessing treatment for COVID-19 would not be passed on to the Home Office. At the same time, he also gave a (clearer) assurance that treatment would be free to everyone. This was later backed up by a response from the Minister to a written question from Gerry Carroll MLA (AQW 3899/17-22), which was answered in May 2020, almost two months after the question was first tabled. While these assurances are welcome, the atmosphere of fear created by the hostile environment policies means that this is not enough to ensure migrants will seek treatment. At no point has this information been widely publicised by the NI Executive or another public authority. A public information campaign would have allayed the fears of many migrants.

A different approach was taken in the Republic of Ireland where Simon Harris TD gave a clear, widely reported declaration at the start of the crisis that all people, documented or undocumented, could access health services in Ireland without their details being passed on the Department of Justice and Equality.

It is crucial that all persons in Northern Ireland, including migrants living here without immigration status, feel safe contacting health services to report COVID-19 symptoms and to seek advice. It is not enough to remove charging practices without also making it clear that no person's data will be shared with

[39] Coddington, K. (2020) Incompatible With Life: Embodied Borders, Migrant Fertility, and the UK's 'Hostile Environment, , Politics and Space, 0 1-14. https://bit.ly/3vV6X8u
[40] NISRA (December 2020) Registrar General Annual Report 2019, https://bit.ly/3wQLHSt

the Home Office during the crisis. With the statutory basis for data sharing practices in Northern Ireland unclear and healthcare a devolved competence, it is within the power of the NI Executive to take action to address this issue.

There has also been a lack of clarity regarding access to the vaccination programme for people living in Northern Ireland without status. It appears clear from the regulations that there are legal entitlements to all persons to receive health services – including vaccines – relating to COVID-19 for free (with the sole exception of persons travelling for vaccination).[41] However, this is not always reflected in practice. There is evidence of individuals being informed that there are British citizenship requirements for vaccinations. This may be an isolated case but a systemic problem also relates to booking on the HSC COVID-19 online portal which asks questions regarding GP registration and place of residence.[42]

People who cannot answer yes to questions on GP and residence are then told that they are not eligible. Anyone who is told they are not eligible for the vaccine is then advised to email if they 'still think' they are eligible. The process is confusing and requiring people to follow up themselves is not appropriate. Online guidance on eligibility is also unclear stating the vaccine is available 'If you live in Northern Ireland and are entitled to treatment by the Health Service'.[43] This statement is misleading as many migrants will not be eligible for all healthcare and others will pay fees, which may lead them to believe they aren't eligible for vaccination. Further, there does not appear to be guidance on vaccine eligibility available in languages other than English.

A lack of clarity on access to vaccines will prevent people accessing the programme and undermines public health. Clear messaging is particularly essential for members of the migrant community who may have been restricted from accessing healthcare previously and who may have a fear of coming forward due to hostile environment practices. A clear public statement from the Department of Health is needed to confirm that all persons can access the COVID-19 vaccination programme, regardless of status and that no data on people accessing vaccines will be shared with the Home Office.

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[41] UK Government (2020), The Provision of Health Services to Persons Not Ordinarily Resident (Amendment) Regulations (Northern Ireland) 2020, https://bit.ly/35JyOOi
[42] Get Vaccinated | COVID-19 (Coronavirus) Northern Ireland
[43] Am I eligible to use the vaccine service? | Guidance | COVID-19 (Coronavirus) Northern Ireland (hscni.net)

Article 12 of the International Covenant on Economic, Social and Cultural Rights provides the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and includes steps which should be taken by states to achieve this.[44] The UN Committee on Economic, Social and Cultural Rights has clearly stated that this obligation also applies to migrants with or without status.[45] The right to health and wellbeing is also found in Article 25 of the Universal Declaration of Human Rights. Therefore, removing barriers to access to healthcare is an approach grounded in human rights.

2.3. Recommendations from the WPG Feminist Recovery Plan

The No Recourse to Public Funds (NRPF) policy must be suspended in light of the COVID-19 pandemic and the economic downturn faced as we move out of lockdown.

- Long term, the NRPF policy must be abolished in order to ensure that those who have worked and contributed taxes and the most vulnerable in our society can access the support they need to live in safety and dignity.
- The NI Executive must commit to adequately resourcing organisations which support those with No Recourse To Public Funds, including community organisations and women's refuges who assist victims of domestic abuse with NRPF as well as sufficiently resourced immigration advice provision for women applying to the Domestic Violence Disclosure Scheme and the EU Settlement Scheme.
- Address and mitigate the impacts caused by the delay in reopening the Northern Ireland National Insurance Number Office.
- Take immediate action to ensure all refugee and asylum seeker women have access to legal aid for immigration and asylum cases, regardless of where they are located in Northern Ireland. This is particularly an issue faced by those with refugee status living outside of Belfast where they cannot access the NI Law Centre or other resources which specifically deal with immigration and the visa system. Currently, the families in the North West with Refugee status

[44] International Covenant on Economic, Social and Cultural Rights (adopted December 1966)
[45] CESCR General Comment No. 14 (August 2013)

have to travel to Belfast for Advice and Biometrics which is costly and extremely time consuming.
- Protect access for refugee and asylum seeker women to legal aid for immigration and asylum cases.
- Close Larne House Detention Centre immediately.
- Women have distinct vulnerability and gender-specific needs that must be considered in the detention of female asylum-seekers.
- Detention is being used in the absence of social and community care for vulnerable women. Any plans by the Department of Justice relating to women in detention should focus on gaps in community care.

3. Lived Experiences in Northern Ireland

3.1. Evidence from Women's Centre Derry

Women's Centre Derry work closely with refugee women and families in Derry and have considerable experience and expertise in identifying and working to address the needs of the refugee community in relation to access to education, employment, social and economic life. We would like to share some evidence provided to us by Women's Centre Derry in regards to the experiences of refugee women and children in Northern Ireland.

3.1.1. Overview

The North Western region of Northern Ireland is experiencing multiple regional inequalities which impacts the ability of vulnerable communities to access help and support. The consortium of groups that welcome Syrian refugees and Afghan refugees are based in Belfast and do not have a presence in Derry. This means that families in the North West are utterly devoid of support from the very consortium that is tasked with providing support to all refugees in Northern Ireland.

Refugee families in the North West are also given minimal support by Councils and largely rely on organisations such as Women's Centre Derry who work independently of public services and bodies and have limited resources and funding. The sentiment reflected by Women's Centre Derry is that families in the North West "have been brought here and abandoned."

It is important to first highlight the type of people living with refugee status in Northern Ireland, when discussing the 'integration' of refugees into Northern Irish society. The Vulnerable Persons Resettlement (VPR) scheme is based on need. It prioritises those who cannot be supported effectively in their region of origin: women and children at risk, people in severe need of medical care and survivors of torture and violence. Those accepted through the scheme initially had been granted five years humanitarian protection.

Since 1st July 2017, individuals accepted have been granted full refugee status. After being in the UK for five years, all 'resettled' refugees may be eligible to apply to the Home Office for permanent settlement (Indefinite Leave to Remain) in the UK if they are not able to return to their region of origin. All refugees who arrived in the UK under the VPR scheme will have access to health care, employment, public funds and right to family reunion.

Northern Ireland's response is led by the Department for Communities (DfC) which works with a number of statutory agencies to put in place the arrangements to resettle the refugees here, including housing, healthcare and education. The Department has also appointed a consortium of community and voluntary sector organisations with relevant experience working with refugees and new entrants to operationally assist with the resettlement programme for refugees in Northern Ireland.

The Northern Ireland Refugee Resettlement Consortium (NIRRC) is a Voluntary and Community Sector response designed to meet the objectives set out in the Department for Communities (DfC) plan for refugees under the VPR scheme. The Consortium's design and delivery of their services are underpinned by a collaborative approach which ensures that:

- Refugees coming to Northern Ireland are treated with respect and dignity upon arrival.
- Within two weeks of arrival essential services from the voluntary and community sector and their statutory partners are provided to the refugees in an efficient, effective and sensitive manner.
- Refugees are assisted to settle into their new lives in Northern Ireland and successfully integrate into Northern Ireland society.
- In conjunction with central and local government, the general public and in particular those communities that will be called upon to host refugees are prepared and kept informed of the resettlement process.

3.1.2. Health

Women's Centre Derry reported in the North West that the Telephone system of healthcare is completely inaccessible for refugee families. This is because, without access to face to face contact, a patient with no English skills is unable to arrange an appointment or understand healthcare staff. There is often an assumption that the patient can understand the medical terminology, medication, treatment plan, when in reality the patient could be missing many critical details about their health. For example, how to take their medication and the details of future appointments.

Refugees can often have additional health needs related to the trauma of persecution and fleeing their countries of origin, yet this is not reflected in current healthcare provisions. There is a notable lack of awareness, lack of resourcing, perceived discrimination and additional barriers faced by this community in accessing this specialised support. In Derry, support services for meeting the health needs of refugees have been neglected since the families arrived. The Multi-Cultural Women's Group provides vital support to refugee women yet it is underfunded and resource constrained. For some migrant women, this is their only source of health and wellbeing support.

Women refugees in the North West also experience significant barriers in accessing reproductive healthcare, such as language barriers and racism. For example, the "Pregnancy Book" on the PHA WEBSITE is in English only, without any translations for ethnic minority women.[46] There are also issues around family planning appointments as there is often no interpreter present so that refugee women can understand what the healthcare provider is telling them.

Similarly, language barriers have proven to be an issue in the distribution of COVID-19 information, as the government updates are usually in English. This means that refugee families in the North West have remained ill-informed throughout the pandemic with no face-to-face support from the Consortium Support Groups. Refugees in Derry have found that communication via phone has resulted in them receiving only sporadic information that was inadequate and largely unhelpful.

[46] Public Health Authority 'Pregnancy Book' Available here: https://www.publichealth.hscni.net/search/node?keys=pregnancy+book

3.1.3. Housing

Housing is an ongoing issue for the refugee community in the North West region. Women's Centre Derry works with several individuals who have been classed as homeless and in Temporary accommodation for over 5 years. This includes people with disabilities and with small children. As a result, these families have faced additional challenges throughout the pandemic and lockdowns, such as having to home-school children in inadequate living environments.

The Northern Ireland Housing Executive do not attend the local forums in the North West which means that they remain unaware of the real issues faced by those in need of permanent housing. The Housing Executive office that deals with VPRS families is based in Belfast and is unfamiliar with Derry Housing Stock. The houses being given to refugees are old, damp, small, without gardens, and often inaccessible for people with disabilities. These houses also often have old heating systems or broken boilers that are not fuel efficient which means that residents have to pay more to run them.

Refugees in Derry often experience a lack of concern by private landlords when they request repairs to the property. For example, one family was experiencing a leak from the upstairs bathroom into their kitchen for months before any action was taken to address this. These housing conditions had an exacerbated impact on refugee families during lockdown with children home-schooled and families spending more time at home.

In terms of integrating families with refugee status, the Grant allocated on arrival on the NIRRs is wholly inadequate as families have to purchase most items that their home currently does not have. Refugee families have reported to Women's Centre Derry that the properties given to them are usually furnished with old and unsanitary furniture and described the conditions as "unbearable." Trauma History, and the original reason for being part of the Northern Ireland resettlement scheme should also be taken into consideration when housing points are attributed. This is not currently the case. The NI Housing Executive seem to give the same points to all the families without taking the time to assess families individually.

Women's Centre Derry would like to reiterate the concerns raised by PPR[47] that: "The Department for Communities and Housing Executive are de-facto enabling a housing policy in the City of Belfast which embeds 'no-go areas' for refugees and concentrates them in specific areas with multiple deprivations."

3.1.4. Education

There are several issues faced by those with refugee status in accessing the education system in Northern Ireland. One of the most considerable barriers faced by children from refugee families in school is language barriers. These children still aren't being given adequate support with learning the English language and are expected to pick up the language themselves with minimal support.

Language barriers are also an issue for parents when communicating with their child's school online and at parent teacher meetings. For example, Women's Centre Derry have heard reports of schools communicating primarily with parents through Facebook pages, which are inaccessible to those who do not speak English or have Facebook accounts. This impacts the degree to which parents are aware of their child's level of academic attainment and the dates of school holidays. There is also an increasing reliance by schools on online teaching tools and platforms such as 'SeeSaw' which are not accessible to those who do not have stable internet, adequate computers or a good grasp of the English language.

Information from schools must be more accessible for parents, especially those struggling with English, so that they can understand what their child needs in the school environment. Parents should be provided with translators at parent teacher meetings so that they can get accurate and comprehensive information about their child and their education.

There are also issues around the teaching of religion in schools and how this relates to children who are not Christian. It is assumed and expected that all children in Northern Ireland schools should learn about Christianity, including

[47] PPR 'No One Left Behind' Available at: https://www.nlb.ie/investigations/FOI/2021-12-nihe-places-vulnerable-refugee-families-in-private-rentals-in-areas-of-the-highest-housing-need-in-belfast?fbclid=IwAR1h_z16cBS6cGRCxFkyT4auZ1FRhBm8dAGk-ns2opaEHh2PfY0PXvgxQJM

Christian holidays such as Christmas and Easter, without giving recognition to differences in faith among different families.

This shows a lack of respect and insight for families who the Department for Communities seeks to 'integrate' into Northern Ireland society. It is important that schools and other public services take time to help families and children who are most in need of support and listen to their experiences so that adjustments can be made. This is particularly important in the context of refugee families struggling to access places of worship in Northern Ireland, which means that school is an important place for religious learning for their children. For example, the place of worship for many refugee families is currently located in Springtown Industrial estate, which is considered inappropriate and inaccessible.

3.1.5. Rights Protections

Those with refugee status in Northern Ireland face barriers in accessing and claiming their rights. Women's Centre Derry has found that women are sometimes unclear of their Visa status and do not understand what this means for the rights they are entitled to. Women are often here on de facto Visa with their husband and this can become very uncertain when relationships break down and women and children are destitute with no status whatsoever. Women with refugee status are also often afraid of the Hostile environment and sharing of data between Agencies and this can create barriers to them accessing support.

There is also a lack of transparency and openness about what those with refugee status are entitled to. For example, Women's Centre Derry works with families who ask about winter fuel allowance and do not know how to apply. Women's Centre Derry has also found that some families did not know they were entitled to the £100 Shopping vouchers and did not apply as they didn't know how. This relates to the broader issue of barriers to accessing social welfare and benefits.

Advice North West is a service that intends to provide advice to those who are unsure of their rights and entitlements. According to their website, they aim to *"Ensure that individuals do not suffer through lack of knowledge of their rights and responsibilities, lack of knowledge of the services available to them, an inability to express their needs effectively, an inability to challenge injustice and to hold those responsible for decisions to account and equally to exercise*

a positive influence on the development of social policies and services both locally and nationally, responsive to the needs of those most vulnerable." However, this service does not provide translators which means that it is inaccessible to those who do not speak English. This means that many of those with refugee status are excluded from benefiting from this service.

3.1.6. Social

Those with refugee status in the North West face social barriers to inclusion and integration in Northern Ireland. These barriers relate to the regional inequalities as identified previously. For example, the impact of living far away from support services in Belfast is exacerbated by the fact that these families often do not have family or friends living nearby that they can rely on for help.

Isolation from friends and family, many of whom may still be in their country of origin, can be extremely distressing for those with refugee status living in Northern Ireland. The issue of family reunion must be treated by the Department as an issue that seriously impacts the wellbeing of those with refugee status in the drafting of this Refugee Integration Strategy. The Department should consider introducing a programme similar to that of 'Community Sponsorship' in England that "allows communities to welcome refugees to their neighbourhoods... welcome refugees by creating meaningful relationships between refugees and host communities."[48] It is extremely painful for those with refugee status living in Northern Ireland to know that their family is suffering in their country of origin and more should be done to help reunite these families.

3.2. Evidence from Migrant Centre NI

This section will provide a brief overview of the findings from a collaborative research report by the Migrant Centre NI and the Black and Minority Ethnic Women's Network about the experiences of ethnic minority women in the healthcare system in Northern Ireland. This research illuminates barriers that create inequalities in access to and quality of healthcare. The report is titled:

[48] Community Sponsorship Programme: https://www.london.gov.uk/what-we-do/communities/migrants-and-refugees/community-sponsorship-refugees

'Ethnic minority women's access to quality healthcare in Northern Ireland' report.[49] Some key findings include:

The results of the questionnaire showed that from the overall sample, many women found it difficult to get appointments with their GP (14.9%) and get referrals to specialists, felt there was a lack of culturally sensitive care (20.1% undecided or in disagreement), and were uncertain what healthcare they were entitled to with their immigration status (34.7%). Notably, almost half (47.6%) of women said that there was at least one healthcare service that they weren't currently accessing that they wanted or needed. Many women also expressed they weren't able to access the healthcare they needed because they weren't sure how or where to access the service. Comparison of demographic subgroups of the sample revealed inequalities in access and quality of healthcare, notably based on the following characteristics: ethnic group, immigration status, knowledge of healthcare entitlement, educational attainment, need for an interpreter, and language spoken…

When asked if they were provided an interpreter when they visit the hospital or their GP, 48.5% responded that they need an interpreter while 54.8% of women said that they don't need an interpreter. Of women who need an interpreter, 75.6% said that they use an in-person interpreter, 18.9% say they use an interpreter over the phone, and 18.9% say they use their child or a relative as their interpreter. Additionally, 8.9% of women said that they have requested an interpreter but it was not provided to them, and 2.2% of women have been told they couldn't have an interpreter by healthcare staff…

When asked why they were unable to communicate their health need or concern [to healthcare provider], respondents gave a variety of responses. The most common problem women had was that they were "unable to communicate a complex health problem to [their] GP" (35.1%). Refugees and asylum seekers had the highest response rate of saying they were unable to communicate because "there is a cultural stigma around [their] health concern", at 33.3% (p=0.0812). They also had the highest response rate of saying "I was unable to communicate a complex health issue to my GP", at 55.6% (p=0.327).

[49] Austin, J. (2017). Ethnic Minority Women's Access To Quality Healthcare In Northern Ireland. *Migrant Centre NI and Black and Minority Ethnic Women's Network.*

Women who needed an interpreter had a higher response rate of saying they "didn't feel comfortable discussing their health concern with [their] male GP" than women who don't need an interpreter, with 28.6% compared to 7.7% (p=0.21). Women who needed an interpreter also had a higher rate of saying their GP "misdiagnosed [their] health concern", with 28.6% compared to 15.4% (p=0.4438). Non-English speakers had a higher response rate of saying that "I was unable to communicate a complex health issue to my GP", with 42.3% compared to 0.0% of English speakers (p=0.0711)...

This study, which was aimed at exploring the experiences of ethnic minority women in the healthcare system in Northern Ireland, shows that some barriers are creating inequalities in access to quality healthcare. Further, comparisons of different demographic groups within the community emphasize that ethnic minority women are not homogenous in identity or experience, and that in particular, more vulnerable groups face more barriers in accessing quality care.

Some other key findings from this research worth noting include:

- Only 66.1% of women agreed that healthcare staff provided them with culturally sensitive care, with some women expressing concern that staff lacked awareness and knowledge of cultural issues.
- A substantial minority of women (34.7%) either did not know or were unsure of what healthcare they were entitled to with their immigration status.
- About half of respondents (49.5%) said they needed an interpreter. Of women who needed an interpreter, 11.1% have had problems getting an interpreter at their health service (not being provided an interpreter after requesting one, or being told they couldn't have an interpreter by healthcare staff).
- A substantial minority (16.6%) of women reported being unable to communicate their health needs and concerns to their healthcare provider. Common problems included being unable to communicate a complex health problem to their GP, the GP misunderstanding the health issue they were describing, feeling uncomfortable sharing their health concern with their male GP, and believing their GP had misdiagnosed their health concern.
- Black African and Caribbean women rated their experience among the most negatively for many topics covered, and seemed to face the most challenges in navigating the healthcare system. Demographically,

compared to the rest of the sample, this group also included a lower proportion of English-speakers, a higher proportion of refugees and asylum seekers, had twice the rate of unemployment, lower household income, and lower educational attainment, all of which may contribute to difficulties in accessing healthcare.

- Women who didn't know or who were unsure of what healthcare they are entitled to with their immigration status had significantly more negative experiences than women who knew their healthcare entitlement. Uncertainty about healthcare entitlement is an issue unique to ethnic minority women who have migrated to Northern Ireland, and in particular, women whose immigration status is less secure. Some women referenced facing difficulties or being refused registration for their GP because they did not have the correct documentation. This isn't a problem that women born in Northern Ireland have to face, as they are often registered at their local GP from birth. It seems that uncertainty about healthcare entitlement is detrimental to ethnic minority women's overall experience in the healthcare system.
- There was a large amount of variation in the experiences of women of different immigration statuses, and in particular, between those with more and less secure status. British citizens had a significantly easier time navigating the healthcare system than the rest of the sample. In contrast, refugees and asylum seekers had the most, or among the most, difficult and negative experiences on many of the topics covered, including ease with registration, making appointments, cultural sensitivity, and communication. Though asylum seekers are entitled to free healthcare through the NHS, including registering with a GP, their immigration status in the U.K. is by nature insecure while they are waiting for the Home Office to decide whether or not they will get refugee status (Northern Ireland Strategic Migration Partnership, 2014). This may have an impact on their experience navigating the healthcare system.
- Refugees and asylum seekers may have physical, mental or emotional needs related to their histories of fleeing persecution that are currently not being addressed by healthcare providers. As one woman, who recently migrated to Northern Ireland from a country in direct conflict, said, *"NOT evaluating each case correctly, and especially not taking the mental state into consideration."*

This research paper also makes a series of recommendations following on from its findings that are relevant to TEO in the drafting of the Refugee Integration Strategy:

- Healthcare professionals should ensure that ethnic minority women are given guidance on the process of registering for their GP.
- Healthcare professionals should ensure that ethnic minority women, and newly-arrived migrants in particular, are given guidance on navigating the NI healthcare system, including the process of making appointments with GP and getting referrals to specialists.
- Healthcare professionals should ensure that ethnic minority women are given sufficient information about what health services are available to them and how to avail of them.
- Healthcare professionals should be provided with cultural sensitivity training related to the varied cultures and traditions of ethnic minority women in Northern Ireland.
- Healthcare professionals should be provided with training on the mental health needs of ethnic minority women, and in particular, the needs of more vulnerable groups like refugees and asylum seekers.
- Healthcare professionals and institutions should ensure the enforcement of prohibitions against direct and indirect discrimination.
- Healthcare professionals should ensure that ethnic minority women are given sufficient information about what healthcare they are entitled to with their immigration status.
- Healthcare professionals should be provided with training on what healthcare services migrant women are entitled to with their immigrations status.
- Healthcare professionals and institutions should ensure the availability of translations and interpreters and ensure all staff members know procedures for interpreter provision.

3.3. Evidence from Women's Aid NI

3.3.1. Women's Aid Case Studies

<u>Laura's story</u>

Laura is from NI. She was trafficked for sexual exploitation. She has been conclusively recognised as a victim of trafficking and her trafficker is in prison awaiting trial. Laura is a very determined and resilient young woman. She

wants to move forward with her life and further her education. She has embarked on studies to help her secure a job in the health and social care sector. Laura was recently offered a job as a care worker in a nursing home. She was absolutely delighted and excited to start a new chapter of her life. She filled out the Access NI and disclosure checks honestly and openly. Laura was devastated when the employers retracted their offer of employment due to criminal convictions relating to prostitution from her past.

Emma's story

Like Laura, Emma is from NI and is conclusively recognised as a victim of trafficking. Unlike Laura, Emma is still working as a prostitute. The trauma and consequences of being trafficked have had a profoundly negative impact on Emma's confidence, self-esteem and well-being: she has been exploited by traffickers for so long that she is now afraid she will have no access to income or any ability to make money if she exits prostitution. Emma has hopes and dreams of becoming a nurse one day but struggles to find a way forward. She is fearful of applying for Universal Credit as she would find it too difficult to explain how she has managed to survive without any income. She would like to find other work but is frightened that her criminal record will be discovered through Access NI and would disqualify her for any health-related role. The thought of having to disclose her past to potential employers would be too humiliating and simply too much.

3.3.2. Quashing historical convictions relating to exploitation

Women's Aid feels strongly that Laura and Emma (and other clients) continue to be blighted by past convictions. In Laura's case, her criminal record is the main barrier that is keeping her trapped in prostitution. At present, the criminal justice system fails to recognise these women as victims of abuse. Legislative change is necessary to ensure that female victims of sexual exploitation are fully recognised as victims rather than perpetrators of crime.

The statutory defence is designed to protect victims and survivors of modern slavery and human trafficking from prosecution for offences relating to exploitation. However, the statutory defence does not provide a remedy for recognised victims who have prior convictions relating to their exploitation. Women's Aid has highlighted a number of cases where prior convictions

related to prostitution are making it extremely difficult for trafficked women to exit prostitution and move into mainstream employment. Despite the fact that these women have been conclusively recognised as victims of trafficking, they cannot avail of the protections afforded by the statutory defence.

3.4. Evidence from HERe NI - LGBTQ+ community

There are at least 69 countries which criminalise homosexuality, 36 of these countries are former British Colonies and the criminalisation stems from British legislation.[50] In 2020 there were 1,012 asylum applications lodged in the UK where sexual orientation formed part of the basis for the claim; 44% of these claims were upheld at the initial decision. While the number of appeals has decreased over time, 47% of appeals were upheld, a higher rate than appeals for other reasons.[51] Since 2010, the asylum process has recognised than many LGBTQ+ people will have had to be secretive about their sexual orientation or gender identity in their home country due to fear of persecution. However Rainbow Sisters, a support programme for LGBTQ+ women refugees, shared this comment from a participant in 2021:

> *"The Home Office assumes you are lying. When you go to them, it is not to share your story, it is to defend yourself, because they've already decided you are lying. They have to start seeing us as people."*[52]

There is a barrier to accessing government services as many LGBTQ+ asylum seekers are fleeing countries where the government actively persecutes them.[53] LGBTQ+ Asylum Seekers are often asked intrusive questions with reports of people showing intimate pictures or videos as 'evidence' of their sexual orientation.[54] A 2020 study 'Sexual Orientation and Gender Identity Claims of Asylum: A European human rights challenge', which included the UK as one case study, found that there were many heteronormative assumptions made by decision makers in the UK. We agree that decision makers must have sexual orientation and gender identity awareness training.

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[50] https://www.bbc.co.uk/news/world-43822234

[51] https://www.gov.uk/government/statistics/immigration-statistics-year-ending-june-2021/asylum-claims-on-the-basis-of-sexual-orientation-2020

[52] https://www.refugeewomen.co.uk/rainbow-sisters-takeover/

[53] https://www.sogica.org/wp-content/uploads/2020/07/The-SOGICA-surveys-report_1-July-2020-1.pdf.

[54] https://www.areweeurope.com/stories/lgbtq-asylum-seekers-europe.

'Judicial decision-makers struggle to make assessments on whether a person is LGBTQI+ or not. It is extremely difficult, and they do not have the tools to do so. Many decision-makers (and government functionaries cross-examining) have not had the opportunity or cause to question heteronormative assumptions and are unaware of their own assumptions and stereotypes. There is a real need for training.'

Rainbow Migration, a London based organisation, has shared a number of case studies of LGBTQ+ Asylum Seekers they have helped. There are common threads in these stories such as Home Office accommodation being unsafe as many of the other residents subjected them to homophobic harassment[55] as well as trans people being housed in facilities which did not match their gender identity.[56] People also shared the difficulty of having to 'prove' their sexual orientation, with one woman noting that the examples such as going to certain clubs or using dating apps were rooted in British cultural norms.[57]

Here NI have had several service users who are refugees or going through the asylum process. Often they have experienced extreme sexual and physical violence in their home country. When they arrive in NI, they are reluctant to be 'out' amongst others from their home community due to the likelihood of homophobic abuse, with their time at Here NI events the only safe space for them to be themselves. One example of this is that a woman seeking asylum was happy to accompany Here NI in the Foyle Pride parade, but did not want to attend the Belfast Pride parade despite that being where she lived. The balancing of concealing one's sexual orientation for self-preservation day-to-day, while also having to 'prove' one's sexual orientation to the home office can be extremely difficult.

4. Responses to Consultation Questionnaire

This section of our response will consider specific areas of the Strategy that the WPG believe could be strengthened based on evidence from other countries and international best practice.

[55] https://www.rainbowmigration.org.uk/en/case-studies/arthur-britneys-story
[56] https://www.rainbowmigration.org.uk/en/case-studies/nishas-story
[57] https://www.rainbowmigration.org.uk/en/case-studies/marinas-journey-freedom

1. Section 1 of the draft Refugee Integration Strategy sets out the Vision as: *'Our vision is a cohesive and shared society where refugees and asylum seekers are valued and feel safe, are integrated into communities and are supported to reach their full potential'*. **Do you agree that this should be the overall Vision for the Strategy? Why or why not?**

Disagree. Women's Policy Group endorses the following revised Vision for the Strategy put forward by Migrant Centre NI: 'Our vision is a cohesive and shared society where refugees and asylum seekers are valued and feel safe, are supported to reach their full potential, are protected in keeping with international human rights standards, and where the negative impacts of the UK Hostile Environment policies on refugees and asylum seekers are mitigated at the devolved level with policies implemented by the NI Executive'.

When referring to the hostile environment in this submission, we refer to a suite of legislation and policy imposed by the Home Office particularly through the Immigration Acts of 2014 and 2016.[58] These measures expressly aim to make the lives of persons in an irregular migration status unbearable with the stated aim of discouraging 'illegal' immigration and encouraging those without status to leave the UK. These measures move immigration control into daily life, placing duties on public services and private actors to police immigration status. The policies impact every part of life; housing, healthcare, marriage, driving, education, banking etc. There is no evidence that these policies achieve their stated aim, but they have been found to cause racism and discrimination.[59] The impact of the hostile environment was most notoriously typified by the Windrush Scandal.

While hostile environment policies are aimed at persons with irregular immigration status, it has been repeatedly shown that their enforcement affects all persons from the migrant and minority ethnic community. We believe that the impact of hostile environment policies on the integration and wellbeing of asylum seeking and refugee communities in Northern Ireland must be a key consideration of this strategy. Many of the barriers to integration highlighted in areas such as housing, education and healthcare are directly linked to hostile environment practises and policies. Further, hostile

[58] Immigration Act 2014 https://www.legislation.gov.uk/ukpga/2014/22/contents/enacted
Immigration Act 2016 https://www.legislation.gov.uk/ukpga/2016/19/contents/enacted
[59] https://www.ippr.org/research/publications/access-denied

environment policies by their very nature are the antithesis to any strategy which aims to promote rights, equality and integration.

Many areas on which hostile environment policies encroach, fall within devolved competences. Immigration is an excepted matter to Westminster but it is not the case that each and every matter impacting the migrant community is beyond the legislative competence of the Assembly. We believe that any strategy aimed at integration for asylum seekers and refugees must examine areas where it is open to the devolved institutions to reassert their own priorities within the scope of devolution. Through this, devolved institutions can protect against many of the detrimental impacts of hostile environment policies.

2. The draft Strategy has 4 high level outcomes. Outcome 1 is *'Refugees and asylum seekers are valued and respected: Refugees and asylum seekers are respected as members of our communities and their knowledge and contribution to society is recognised and valued.'* **Do you agree that this should be a key outcome for the Strategy? Why or why not?**

Agree.

3. Outcome 2 is *'Refugees and asylum seekers are safe and feel secure: Refugees and asylum seekers feel welcome and live here safely without fear of persecution or discrimination resulting from their immigration status.'* **Do you agree that this should be a key outcome for the Strategy? Why or why not?**

Agree.

4. Outcome 3 is *'Refugees and asylum seekers exercise their rights and responsibilities: Refugees and asylum seekers are integrated into diverse and inclusive communities and are aware of and able to exercise their rights and responsibilities.'* **Do you agree that this should be a key outcome for the Strategy? Why or why not?**

Agree.

5. Outcome 4 is '*Refugees and asylum seekers are supported to achieve their full potential: Refugees and asylum seekers have access to services and support to achieve their full potential.*' **Do you agree that this should be a key outcome for the Strategy? Why or why not?**

Agree.

6. Is there anything else which should be considered as a key outcome?

A fifth outcome should be included, "Refugees and asylum seekers' wellbeing is supported through devolved mitigations of hostile environment policies." This should include mitigations for those vulnerable to destitution as a result of the NRPF condition and should include mitigations to support those barred from accessing public housing, benefits, and who are subject to NHS charges.

Refugee and asylum seeker women are at a particular disadvantage under hostile environment policies and are made more vulnerable to violence and abuse as a result. No Recourse to Public Funds, which applies to those awaiting asylum decisions as well as those with refused decisions or who are in the appeal stage, constitutes state-enforced poverty and destitution in practice for asylum seekers given that they are forbidden to work in most professions and receive an allowance of only £39.63 per week. A report by Women For Refugee Women on asylum seeking women made destitute in the UK found that:[60]

- Over three-quarters of destitute asylum seeker women experienced gender-based violence perpetrated by the state or private individuals in their countries of origin,
- Almost a third of women who had been raped or sexually abused in their countries of origin were then subject to rape or sexual violence while in the UK after claiming asylum,
- Over a third of destitute asylum seeker women reported being forced into unwanted relationships as a result of homelessness or lack of financial recourse to meet basic needs, with 60% of those in unwanted relationships disclosing that they were subject to rape or sexual violence from their partner,

[60] Dudhia, P. (2020). Will I Ever Be Safe? Asylum Seeking Women Made Destitute in the UK. *Women for Refugee Women.* https://www.refugeewomen.co.uk/wp-content/uploads/2020/02/WRW-Will-I-ever-be-safe-web.pdf

- As a result of having No Recourse to Public Funds, one quarter of destitute asylum seeker women have been rape or sexually assaulted while rough sleeping or sleeping in other peoples' homes,
- Fear of deportation or detention fuelled by immigration reporting by police and other public bodies stops women from reporting abuse.

The hostile environment is a facilitator of and vehicle for gender-based violence and the NI Executive has a moral and legal obligation to mitigate against the harms caused by these policies. These mitigations go beyond policy change and also include working to change the culture of racism and misogyny that underpins these harms. Although the WPG supports the introduction of a Strategy that directly addresses issues faced by refugees in Northern Ireland, this Strategy must be actionable so that it makes a meaningful difference in the lives of refugees. This includes embedding monitoring and accountability mechanisms into the Strategy to ensure it is meeting its proposed objectives.

7. Do you agree that Engagement and Inclusion should be a priority to achieve outcome 1?

Agree.

8. Do you agree that the action identified will be the best approach to achieve outcome 1?

Agree, with notes (see below).

9. Are there any other actions which should be considered to deliver the priority?

Yes. There are currently a number of issues around the use of the term 'engagement and inclusion' by the Department in this Strategy that we would like to raise.

The WPG and wider voluntary/ community sector have several concerns about how Government Departments and other public bodies understand engagement and inclusion, particularly with marginalised groups. The voluntary/ community sector has been calling for better engagement with

Department officials on policy and legislative development for many years. In recent months, there has been an increasing emphasis on 'co-design' and 'co-production' processes by Departments when developing policy and legislation. While these are welcome intentions, the sector is concerned that these intentions have not resulted in genuine and meaningful engagement. Rather, these terms have become buzz-words for Department officials without bearing any substantive outcomes.

Meaningful engagement through co-design and co-production processes involves actively listening to those with lived experiences of the issues being discussed and allowing these experiences to inform policy and legislative decision-making. This approach is based on the principle that those with lived experiences are best placed to understand the issues and needs faced by those in similar circumstances. For example, the voices of those with experience of living with refugee status in Northern Ireland should be at the core of decision-making on the Refugee Integration Strategy.

This means meaningfully engaging with groups, such as Migrant Centre NI and Women's Centre Derry, who work with those who have lived experience in this area and use these experiences to inform their work. It also means providing adequate ring-fenced funding for these organisations and investing in capacity building for refugee advocacy services so that they can continue to support and advocate for those most in need.

Those who are placed in positions of authority and responsibility working on this Strategy should have expertise and a genuine interest in the issues faced by the refugee community in Northern Ireland. This would facilitate more positive engagement and more meaningful co-design processes. There is an opportunity with the Refugee Integration Strategy to learn from experiences with the development of previous social inclusion strategies to improve the way that policy is developed in a culturally sensitive and transparent way.

The WPG would like to emphasise that there is an important distinction to make between the terms 'engagement' and 'inclusion' and that they should not be considered synonymous and/or interchangeable. Engaging with groups does not simply mean including their voices in the development of policy. Similarly, the inclusion of voices does not necessarily mean that there has been effective or meaningful engagement.

10. Do you agree that Education and Training should be a priority to achieve outcome 1?

Agree.

11. Do you agree that the actions identified will be the best approach to achieve outcome 1 ?

Agree.

12. Are there any other actions which should be considered to deliver the priority?

Yes. The WPG believes that there should be ring-fenced funding for youth groups and youth programmes that support young people with refugee status. This type of funding should be built into Good Relations funding, rather than treating 'Good Relations' as just a "green and orange" issue. The WPG also recommends that specialised funded training is introduced for women with refugee status as they face unique and disproportionate barriers to education and employment due to the intersectional harms of racism and sexism.

We would also like to draw your attention to comments made previously in this response in section 3.1.4., which discusses issues faced by refugee families in the North West, in relation to Education. Issues relating to Education cannot be considered in isolation to issues around housing, health and employment and we would encourage the Executive to take a holistic approach to understanding the linkages between these. We would also like to reference research conducted by Migrant Centre NI as cited in their response to this consultation:

> Focus groups carried out by Migrant Centre NI in May 2021[61] with youth from ethnic minority backgrounds in NI captured several findings, including the sentiment from youth that education is the most important tool to combat ignorance, that racially motivated bullying is not a rare occurrence in schools, that stereotyping is prevalent, and that

[61] Migrant Centre NI (2021). Beyond Orange and Green. Video available here: https://www.youtube.com/watch?v=TRdSq12lOMY

good relations programming should be for "all ethnicities and backgrounds."

The impact of hostile environment policies on access to education should also be examined. Practises such as relocating asylum seeker families without choice, refusing asylum seekers the right to work and NRPF conditions all have impacts on the ability of children and adults to meaningfully engage with educational opportunities. These issues have been raised by organisations such as Housing4All and PPR.[62] There are clear actions that can be taken within devolved powers to mitigate the impact of these hostile environment policies, such as providing support outside of NRPF restrictions for educational needs such as school uniforms and extra-curricular activities. Action taken to provide free school meals during holiday periods is an example of an impactful action which helps mitigate against the impact of hostile environment policies.

13. Do you agree that Community Support should be a priority to achieve outcome 1?

Agree.

14. Do you agree that the actions identified will be the best approach to achieve outcome 1?

Agree.

15. Are there any other actions which should be considered to deliver the priority?

Yes. It is important that there are transparent structures that engage with refugee advocacy service organisations, not only as advocates and activists but as critical partners in strategic decision-making within current policy frameworks and conventions. Having transparent structures involves being transparent about selection processes for civil society groups who are invited to stakeholder events. It also means being inclusive of a wide range of groups from society and meaningfully engaging with them in a way that addresses their concerns and represents these concerns in policy-making. As highlighted previously in this response, the WPG believes that Good Relations

[62] https://issuu.com/ppr-org/docs/h4all_report_june_2019_final_17.06.

programming should include and consider youth of all backgrounds, including those with refugee status.

16. Are there other higher priority areas and associated actions that should be considered to achieve outcome 1: Refugees and asylum seekers are valued and respected?

17. Do you agree that Housing should be a priority to achieve outcome 2?

Agree.

18. Do you agree that the actions identified will be the best approach to achieve outcome 2?

Agree, but with notes (see below).

19. Are there any other actions which should be considered to deliver the priority?

There is a serious need for a long term solution for those with No Recourse to Public Funds (NRPF) to receive emergency or temporary accommodation. A model for this could potentially draw from the current "Everyone In" Memorandum of Understanding between the NI Housing Executive, Department of Health, and Department for Communities which has allowed the provision of temporary accommodation for those with NRPF during the COVID-19 pandemic, as a public health measure. While the Everyone In MoU has been an important mitigation to hostile environment policies, it is renewed on a quarterly basis and there is no guarantee that it will continue to operate beyond its current life span (at present, March 2022). A long term solution should be developed to provide housing for those with NRPF that is not tied to the COVID-19 pandemic, as the stability of such a policy is threatened as restrictions are lifted.

Housing solutions for refugee and asylum seekers women who are victims of domestic abuse, including those subject to the NRPF condition and those who are in the process of applying for immigration protections because of domestic abuse are of the utmost importance. Based on research from Women for Refugee Women, destitute asylum seeker women who are homeless as a

result of destitution are at significant additional risk of sexual violence while rough sleeping or staying in unwanted relationships as a means of having shelter. Women's shelters who assist women with NRPF conditions are placed in the undesirable position of having to triage women who would otherwise be housed in accommodation funded publicly so as to not violate a woman's NRPF condition and place her in danger of immigration violations. This creates an undue burden for victims of domestic abuse and for service providers who support them.

Hostile environment policies have a detrimental impact on access to housing by creating a culture of racism and discrimination. The 'right to rent' policy most closely associated with this practice was found in court to create racism and discrimination.[63] This policy has not yet been rolled out in Northern Ireland and it is clear any attempt to introduce it would run counter to the stated aims of this strategy. If the 'right to rent' policy is to be brought into effect in Northern Ireland it will form part of the housing law of Northern Ireland and will be open to modification in line with the legislative competence of the Assembly. Opposing the imposition of the right to rent policy within the parameters of devolved powers should be a key action within this priority.

20. Do you agree that tackling Destitution should be a priority to achieve outcome 2?

Agree.

21. Do you agree that the actions identified will be the best approach to achieve outcome 2?

Agree. We would like to echo comments by Migrant Centre NI that:

> "The actions identified are extremely important, and therefore should be supplemented with a concrete plan to create pathways out of destitution for refugees and asylum seekers and those with No Recourse to Public Funds facing destitution."

[63] https://www.jcwi.org.uk/news/court-of-appeal-agrees-that-the-right-to-rent-scheme-causes-racial-discrimination

The imposition of No Recourse to Public Funds (NRPF) condition is an excepted immigration matter relating to the immigration status of a person. Social security, however, is a devolved matter in Northern Ireland. In light of the clear detrimental impacts of NRPF on the stated aims of this strategy a key action is for the devolved authorities in Northern Ireland to explore how social welfare payments can be created outside of NRPF restrictions for persons who require support.

22. Are there any other actions which should be considered to deliver the priority?

Specialist resourcing, training and services must be provided for both policy and frontline staff working with those facing destitution, particularly training on working with service users who are at most risk. At-risk groups should include those at risk of or who have experienced gender-based violence, because of the additional barriers facing Refugee and Asylum seeker victims. This should be implemented with ring-fenced funding for specialist services. Furthermore, disaggregated data should be collected on at-risk groups given the current gaps in data in NI on minority populations.

23. Do you agree that Protecting the Most Vulnerable should be a priority to achieve outcome 2?

Agree.

24. Do you agree that the actions identified will be the best approach to achieve outcome 2?

Agree.

25. Are there any other actions that should be considered to deliver the priority?

Yes. Before setting out what these actions should be, it is important to ensure that we accurately conceptualise the vulnerability faced by those with refugee status. Vulnerability comes from facing desperate survival circumstances, causing those with refugee status to end up in other precarious circumstances, such as in their relationships and work. Those with refugee status are not

inherently vulnerable, but are made vulnerable by the circumstances in which they are situated. This includes systemic structures characterised by racism and discrimination that lead to the existence of medical bias and other health inequalities. The vulnerability of those with refugee status must be understood in terms of intersectionality and the intersections of structural violence against identities that can cause someone to face unique and compounded harms.

Vulnerability assessments should be introduced in a trauma-informed manner and should be supplemented by ring-fenced funding for specialist support services. These assessments should also be gender-specific and screen for victims of domestic abuse, sexual abuse/offenses, female genital mutilation, torture, forced prostitution, trafficking, and modern slavery.

Specialist victim support services should be introduced specifically designed to serve refugee and asylum seeker, migrant, and ethnic minority victims of domestic and sexual violence. These specialist services should provide holistic support to victims including assistance accessing housing, benefits, healthcare, immigration advice, etc. and not exclusively exist to support interfacing with the criminal justice system. This is important because many victims of domestic/sexual abuse will not ever go through the criminal justice system even if the option is available, and because victims, regardless of whether they report to the police, require basic needs of safe accommodation, financial independence, healthcare, and secure immigration status met in order to sustainably exit abusive relationships. Specialist services for refugee and asylum seeker, migrant, and ethnic minority victims of abuse currently exist in England, Scotland, and Wales, but not Northern Ireland - this is an area where NI needs to catch up.

Resourcing and training should be implemented to support increased multi-lingual counselling services, as need currently far exceeds supply. This is especially important because some people are not comfortable having an interpreter in the room for a counselling session due to the intensely private nature, or there may be logistical issues associated with interpreters for counselling (especially over-the-phone counselling).

Significant improvements must be made to the accessibility of interpreting services within the Health Trusts. While the policies are straightforward on paper for arranging interpreting services, we know that there are huge

deviations from policy and practice and many are not able to access interpreters or communicate healthcare needs adequately. A 2017 report commissioned by Migrant Centre NI on ethnic minority women's experiences of healthcare in NI found that refugee and asylum seeker women have higher levels of difficulty accessing interpreters than the general migrant population.[64]

Steps must also be taken to improve ease of access to GP registration. Services users regularly report difficulty registering with GPs, and are frequently turned away on the grounds of not providing adequate documentation or being able to provide "acceptable" proof of residence despite the fact that this is not a legal requirement for registration, or due to communication issues. MCNI's 2017 report on ethnic minority women's experiences of healthcare found that 20% of refugee and asylum seeker women found registering with a GP "difficult" or "very difficult", and 26.7% reported that getting an appointment with their GP is "fairly difficult" or "very difficult".

The need for training medical professionals on culturally competent practice is also necessary. In addition, grassroots public health outreach and awareness campaigns targeted at refugee and asylum seeker women should be supported through ring-fenced funding. According to MCNI's BAME Women's Health report, 14.8% of refugee and asylum seeker women disagreed with the statement, "I feel as though my health service staff provide me with culturally sensitive care."

Refugees and asylum seekers also exhibited a significantly higher preference for having a female GP compared to other migrant groups, with 58.6% indicating this preference. 33.3% of refugee and asylum seeker women reported being unable to communicate a health need because "there is a cultural stigma around [their] health concern". 13.8% of refugees and 14.8% of asylum seekers report not feeling comfortable discussing women's health issues (for example, contraception, sexual healthcare, maternity care) with their GP. The report found that "refugee and asylum seekers may have physical, mental, or emotional needs related to their histories of fleeing persecution that are currently not being addressed by healthcare providers". Respondents reported that cases were sometimes not evaluated correctly due

[64] Austin, J. (2017). Ethnic Minority Women's Access To Quality Healthcare In Northern Ireland. Migrant Centre NI and Black and Minority Ethnic Women's Network.

to a lack of consideration for the mental state of patients as a result of their history and trauma.

Transparency from the NIHSC Trusts on immigration reporting is required given that the British Medical Association states that immigration reporting has a deterrent effect on migrants accessing healthcare, including asylum seekers.[65] We are aware that immigration reporting continues to take place in various public services, as the PSNI have recently confirmed that they are checking the immigration status of victims who report domestic abuse. A coordinated engagement and outreach plan should be implemented to counteract the potential deterrent effect of immigration reporting on those who would otherwise seek preventative medical screenings, report abuse, or access care. There should also be a review of training for the Northern Ireland Housing Executive HIPA Scheme for victims of hate crime.

In spring 2021, the Women's Policy Group conducted primary research on issues relating to topics covered by the WPG Feminist Recovery Plan, originally published in July 2020 and relaunched in July 2021. This research was compiled in a research report titled 'Putting Women's Voices at the Core'[66] and involved conducting interviews and publishing a survey which received over 140 responses. The survey found that of those who said they belonged to an ethnic minority community, 50% had experienced issues in attempting to access health services. One respondent told us that these issues included "Not being able to get through on the phone to the surgery & having to rely on out of hours services or private healthcare."

This research also found that 4.5% of migrant respondents were subject to a No Recourse to Public Funds condition. When asked what this experience was like, one respondent told us it was: "HORRIBLE as, even though not needed thankfully, just knowing that there was no LIFELINE was extremely STRESSFUL. A lot of pressure to get jobs, basic work, in an environment which is NOT WELCOMING to foreign-born residents and citizens."

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[65] Coddington, K. (2020). Incompatible With Life: Embodied Borders, Migrant Fertility, and the UK's 'Hostile Environment. *Politics and Space*, 0 1-14

[66] WPG (2021) 'Putting Women's Voices at the Core' Available at: https://wrda.net/wp-content/uploads/2021/07/WPG-Feminist-Recovery-Plan-Research-Report-Womens-Voices-at-the-Core.pdf

We would hope to see a resourced tailored programme for LGBTQI+ Asylum Seekers and refugees delivering services similar to those offered by the English group Micro Rainbow,[67] including safe housing, events to combat social isolation, and increasing employability. Several of these services could dove tail into the already established LGBT+ sector, however housing provision is not currently offered by the sector nor are there any LGBT+ specific emergency accommodation. It is important that there are affirming professional translation services available for LGBTQI+ people, particularly as people from their country of origin may not support them being LGBTQI+.[68]

26. Are there other higher priority areas and associated actions that should be considered to achieve outcome 2: Refugees and asylum seekers are safe and feel secure?

Yes. There are a number of barriers to accessing healthcare faced by those with refugee and asylum seeker status which should be addressed in order to achieve outcome 2.

Evidence suggests that healthcare charges have been levied against those who *are* exempt under legislation due to lack of coordination within the BSO/Trusts. Another barrier to accessing healthcare is that completely new intakes for each Trust places an barriers for patients, especially those with interpreter needs and those who are asked to prove immigration status. It is unclear what mitigations are currently in place to address these issues.

Other barriers include health waiting lists, lack of coordination throughout different Trusts, registering for GPs, language barriers and inaccessible communication regarding COVID-19 measures, such as vaccine rollout. Many of these barriers are caused by the expectation that refugees and asylum seekers must repeatedly prove their immigration status to different healthcare bodies. These barriers have implications for the degree to which refugees and asylum seekers feel safe and secure in accessing healthcare and urgent measures are required to mitigate against these fears. For example, there need to be more assurances that individuals will not be reported to the Home Office for accessing various types of healthcare.

[67] https://microrainbow.org/
[68] https://www.rainbowmigration.org.uk/en/ways-support-lgbtqi-people-seeking-asylum)

The lack of provision of translators in the health service is of significant detriment to those who cannot speak English as it prevents them from having equal access to healthcare. It is the responsibility of the Government to ensure translators are provided in health settings and it should not be expected that individuals or charities will provide these. Charities and advocacy services are resource constrained and individuals may not have any family or friends who can translate for them. There is currently a complete failure on adequate interpreter provision in the health service for non-English speakers.

27. Do you agree that Pathway to Citizenship should be a priority to achieve outcome 3?

Agree.

28. Do you agree that the actions identified will be the best approach to achieve outcome 3?

Agree.

29. Are there any other actions that should be considered to deliver the priority?

A key outcome which should be examined is ensuring access to free legal advice for all asylum seekers and refugees. This is relevant to the pathway to citizenship but also to all legal processes such as asylum applications and family reunion. Currently legal aid is available for the vast majority of immigration matters in Northern Ireland, including asylum applications, detention, family reunion applications and support with applying for indefinite leave to remain and citizenship.

Access to legal aid for immigration matters in Northern Ireland is subject to means testing and merit testing at civil level. It is also open to any qualified solicitor to undertake legal aid work. This means legal aided advice is open and accessible to anyone who needs it in Northern Ireland. This is an extremely important factor in ensuring that asylum seekers and refugees can access their rights and are supported in the complex legal processes associated with their status.

In other UK jurisdictions, availability of legal aid for immigration matters has been severely restricted; a move that has been widely criticised due to the detrimental impact on access to justice.[69] As a key action it is essential that the Department of Justice in Northern Ireland protects access to legal aid for immigration matters and does not allow this to be restricted.

There is a lot of misinformation around the availability of legal aid for immigration matters, despite its importance. Much of the guidance found online has been designed for people residing in other UK jurisdictions with different legal aid systems. Frontline service and support organisations can also struggle to understand the rules applying in NI. As a result asylum seekers and refugees can be dissuaded from accessing legal advice available to them, or may end up paying unnecessary fees. The availability of free, accessible legal advice is essential to any integration strategy and we believe a body of work aimed at providing and promoting accessible guidance on NI legal aid for asylum seekers and refugees would be an impactful key action.

Further, despite the availability of legal aid for asylum seekers and refugees in Northern Ireland there is a severe shortage of solicitors undertaking immigration work, particularly outside of Belfast. One of the key reasons stated for this has been the lack of reform of legal aid funding, with advice and assistance remuneration set at the same level for over twenty years. Further, there has been reform of the immigration tribunal system which has not been reflected in legal aid remuneration policy.

This lack of fair remuneration has resulted in law firms being unable to maintain immigration departments and discourages firms from taking on immigration practice. The Law Society of NI raised this issue with the Legal Services Agency and were informed that there are no plans to reform or update legal aid remuneration. As part of ensuring access to free, expert legal advice for asylum seekers and refugees, legal aid must not only be protected, but also modernised and reformed to ensure fair remuneration and sustainability for practitioners.

Specific consideration should be given to the need to create pathways to citizenship and its importance to protecting and supporting victims of abuse. Specialist funding is required to support immigration advice for those who

[69] The Guardian (2018) 'Strain of legal aid cuts showing in family housing and immigration law' Available at: https://www.theguardian.com/law/2018/dec/26/strain-of-legal-aid-cuts-showing-in-family-housing-and-immigration-law

require immigration protections based on the grounds of domestic abuse. Ring-fenced funding for this purpose is required to ensure that specialist, free, high-quality immigration advice is available to those who need it. The Home Office does not provide adequate funding to ensure that all who need it are able to avail of these services, so statutory funding from NI is crucial.

30. Do you agree that Partnership with Communities should be a priority to achieve outcome 3?

Agree.

31. Do you agree that the action identified will be the best approach to achieve outcome 3?

Agree.

32. Are there any other actions that should be considered to deliver the priority?

33. Do you agree that Access to Services should be a priority to achieve outcome 3?

Agree.

34. Do you agree that the actions identified will be the best approach to achieve outcome 3?

Agree, but with notes (see below).

35. Are there any other actions that should be considered to deliver the priority?

Yes. These actions must be accompanied by sustainably funding specialist support organisations including those supporting Refugees and Asylum Seekers to access housing, entitlements, legal advice, victim support and health services.

36. Are there other higher priority areas and associated actions that should be considered to achieve outcome 3: Refugees and asylum seekers exercise their rights and responsibilities?

Yes. A Bill of Rights should be introduced in Northern Ireland so that all people in Northern Ireland can easily access and understand their rights entitlements.

37. Do you agree that ESOL should be a priority to achieve outcome 4?

Agree.

38. Do you agree that the actions identified will be the best approach to achieve outcome 4?

Agree.

39. Are there any other actions that should be considered to deliver the priority?

40. Do you agree that Employability and Welfare should be a priority to achieve outcome 4?

Agree.

41. Do you agree that the actions identified will be the best approach to achieve outcome 4?

42. Are there any other actions that should be considered to deliver the priority?

Yes. It is important that free and accessible childcare is provided to facilitate the involvement of women with refugee status in employment and training. Women are more likely to have childcare responsibilities which creates barriers to accessing work. For example, it is unrealistic to expect women with children to attend a full-time course, five days a week, if she does not have access to free childcare.

It is also important that transportation issues are taken into account in the development of these employment and training opportunities for those with refugee status, particularly for those living in the North West and far away from Belfast where these tend to be located. This means ensuring that there are accessible public transport routes from where refugee families are located to sessions and workshops aimed at improving employability and welfare. Special consideration should also be given to disabled people with refugee status who may have additional access issues.

43. Do you agree that Effective Partnership Working should be a priority to achieve outcome 4?

Agree.

44. Do you agree that the actions identified will be the best approach to achieve outcome 4?

Agree.

45. Are there any other actions that should be considered to deliver the priority?

Resourcing specialist service delivery and funding capacity building programming for refugee and asylum seeker-led organisations will be crucial to effective partnership working.

46. Are there other higher priority areas and associated actions that should be considered to achieve outcome 4: Refugees and asylum seekers are supported to achieve their full potential?

47. Do you agree with the approach to monitoring progress through the Strategic Planning Group?

Further information is needed about the structure, co-design process, aims, and membership of the Strategic Planning Group.

48. Do you agree with the approach to consider research taking into account the experiences of refugees and asylum seekers here to provide a wider and more informed picture on the effectiveness of the strategy?

Strongly Agree. The collection of disaggregated data should be built into the research.

49. Please provide any other comments to inform the final strategy.

No other comments.

ENDS

For any questions or queries relating to this submission, please contact:

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