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## **Response to the Consultation on Fit and Well – Changing Lives**

**October 2012**

## 1. Introduction

The Northern Ireland Council for Ethnic Minorities (NICEM) is an independent non-governmental organisation working to promote a society free from all forms of racism and discrimination and where equality and human rights are guaranteed. As an umbrella organisation<sup>1</sup> we represent the views and interests of black and minority ethnic (BME) communities.<sup>2</sup>

Our vision is of a society in which equality and diversity are respected, valued and embraced, that is free from all forms of racism, sectarianism, discrimination and social exclusion, and where human rights are guaranteed.

Our mission is to work to bring about social change through partnership and alliance building, and to achieve equality of outcome and full participation in society.

NICEM has been actively involved in the area of health for BME communities over the last decade. In 1996, the Speaking Out Conference on Health and Social Needs of Ethnic Minorities in Northern Ireland brought the key settled ethnic minority communities together, to address these issues. This conference led on to the first qualitative research report “Out of the Shadow: An Action Research Report into Families, Racism and Exclusion in NI”, which was published in 1997 - a joint project involving NICEM, Chinese Welfare Association, Indian Community Centre, Craigavon Asian Women & Children’s Association, Belfast Travellers’ Education and Development Group, Barnardos, Safe the Children and CAJ.

In 2003, NICEM commissioned Angela O’Rawe to carry out a scoping exercise which led to the publication of “Delivering on Equality, Valuing Diversity: a report examining the impact of ethnicity on health needs and relevant statutory service provision in Northern Ireland”. This was part of NICEM’s Ethnic Minorities Health Advocacy Project focusing on the small groups of ethnic minority communities in NI - these included the Muslim, Pakistani, Bangladesh, Sikh, and Mandarin-speaking Chinese communities, along with asylum seekers and refugees.

In 2006, NICEM published a second report under the Ethnic Minorities Health Advocacy Project “Black and Minority Ethnic Health and Well-being Development Project for North and West Belfast”.

In 2009, NICEM organised a strategic seminar to consider baseline data monitoring issues – the seminar brought together key players in London, and officials from Departments and selected agencies. A report of the seminar is available upon

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

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

request. The seminar led on to a pilot project to improve BME monitoring in the health and social care sector, with the support of HSC Trusts, the Department of Health and OFMDFM. The pilot project aimed to develop and test new monitoring systems both for the Child Health Care System, and the Patient Administration System used in hospitals. The new systems are now in place, and some useful data could be available for analysis from 2013 onwards. This health care project became the cornerstone for subsequent OFMDFM Ethnic Minority Guidance, published in 2011, to assist all public bodies in fulfilling their duties under Section 75 of the Northern Ireland Act.

In 2010, NICEM commissioned Marie Austin to develop a scoping paper on the health of Black and Minority Ethnic communities in Northern Ireland; the paper was published in January 2011. This scoping paper reviewed those regional, national and international research reports on BME health and social care, which had been published during the previous decade. Marie Austin commented that:

*“Each research report tends to reinforce what others have recommended. It is frustrating for those working in the area of racial equality in health that most reports contained consistent and duplicate recommendations, but little has been done to remove the barriers to access health and social care.”*

One observation, in addition to the comments from Marie Austin, is that almost all recommendations are directly related to linguistic, cultural and religious barriers, no more and no less – many focus on the provision of interpretation services. Most analyses, whether based on qualitative or quantitative research (most are qualitative), cannot provide wider practical evidence to guide local Health and Social Care Trusts in planning and developing services to meet the health needs of specific Black and Minority Ethnic communities.

In view of the current lack of useful monitoring data, and the lack of direct useful evidence and/or information on specific health and social care needs and issues, NICEM is undertaking a large-scale data collection exercise across Northern Ireland. It is intended that the data collection exercise will commence before the end of 2012, and be completed by early 2013. After completion of data analysis, a survey Report will be produced in 2013. Once this is complete we will feed back the results to the Department and other relevant stakeholders.

## **2. Comments on the visions, aims and general approach of the strategy**

NICEM agrees that the aim of the strategy is still valid and would like to place emphasis on the need to reduce inequalities in health. On that note, we would like to also point out that it is necessary to have a clear understanding of what those inequalities are, particularly those faced by BME communities. It is hoped that NICEM's research will shed some light on this in the coming year.

NICEM also broadly supports the vision, values and principles of the strategy as well as the life course approach.

In addition, NICEM welcomes the strategic priority of supporting vulnerable people and communities. However, we are somewhat concerned that “prisoners, refugees and immigrant populations” have been grouped together in the same category and would recommend that these groups are free standing in their own right given the specific needs of each group. It should also be considered to include asylum seekers and recognise the difficulties that individuals may face when transitioning from asylum seeker to refugee status. NICEM would also like to seek clarification on the perceived differences between “migrant populations” and “immigrant populations”.

Lastly, NICEM broadly welcomes the two underpinning themes of sustainable communities and building health public policy. Again it is essential to ensure that equality and human rights of BME communities are respected and protected in order to ensure equal access to healthcare for all. In addition, we recommend that a more detailed timetable be attached to the current outcomes in order to ensure that all actions are measurable and outcomes are monitored.

### **3. Further Information**

For further information in relation to this consultation response or NICEM’s upcoming research project please contact:

Karen McLaughlin  
Legal Policy Officer  
karen@nicem.org.uk  
Northern Ireland Council for Ethnic Minorities,  
Ascot House, 1/F 24-31 Shaftesbury Square,  
Belfast, BT 2 7DB UK  
Tel: +44 (0) 28 9023 8645  
Fax: + 44 (0) 28 9031 9485