Northern Ireland Assembly

Committee for the Office of the First Minister and deputy First Minister

OFFICIAL REPORT (Hansard)

Racial Equality Strategy: Common Platform

18 March 2015

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Chris Lyttle (Deputy Chairperson)
Mr Alex Attwood
Ms Megan Fearon
Mrs Brenda Hale
Mr Alex Maskey
Mr David McIlveen
Mr Jimmy Spratt

Witnesses:

Dr Mazhar Khan	Belfast Islamic Centre
Ms Kasia Garbal	Common Platform
Mr Ashok Sharma	Indian Community Centre
Mr Patrick Yu	Northern Ireland Council for Ethnic Minorities
Mrs Bernadette McAliskey	South Tyrone Empowerment Partnership

The Deputy Chairperson (Mr Lyttle): I am delighted that we are able to welcome to our meeting Mr Patrick Yu, director of the Northern Ireland Council for Ethnic Minorities (NICEM); Ms Kasia Garbal, chair of the Common Platform; Dr Mazhar Khan, trustee of the Belfast Islamic Centre; Mrs Bernadette McAliskey, coordinator of the South Tyrone Empowerment Partnership; and Mr Ashok Sharma from the Indian Community Centre. We have a paper from the Common Platform and NICEM in our meeting papers. I invite the panel to make some short opening remarks. We will try to remain within about 10 minutes, folks, if you are able to divide that time amongst you. I realise that we have a party panel before us today. I will hand over to you.

Ms Kasia Garbal (Common Platform): Thank you for this opportunity to brief the Committee on the Common Platform. As the Chair stated, the Common Platform is a response to the draft racial equality strategy, which was agreed by almost 80 organisations from across all the sectors, including statutory, voluntary, community and employers. The Common Platform highlights agreed common themes and principles. We believe that the draft racial equality strategy falls short of the expectations and aspirations of civil society here and the minority ethnic sector in particular. We also believe that the vision fails to acknowledge the important contribution that ethnic minority people make to society in Northern Ireland. We further believe that the evidence is flawed and that key inequalities are not identified and addressed. We have concerns about governance arrangements, lack of actions and other issues. However, in our evidence today, we will focus on the need to identify and prioritise the main inequalities. We will also talk to you about coordination, accountability and the need for allocation of resources.

Mr Patrick Yu (Northern Ireland Council for Ethnic Minorities): Thank you, Chair and Committee members. I will focus more specifically on the reform of race relations law and ethnic monitoring. The reform of race relations law is not new; it was one of the key areas in the last racial equality strategy. It needs to be changed to promote racial equality in Northern Ireland. The default position is that, in 2000, the UK Government enacted a major amendment to the Race Relations Act 1976, which is our current law. We agreed to wait for the change under the single equality Bill for Northern Ireland, but it never materialised. Therefore, in 2009, the all-party group on ethnic minority communities sponsored a motion to reform the current race law, and Members voted unanimously in favour of that motion. However, OFMDFM has taken no action.

We have been waiting patiently for the last 15 years. It is time for action, otherwise ethnic minorities will continue to be second-class citizens in Northern Ireland. That violates all international law. It is also not proportionate to the contribution of ethnic minorities to our society. Moreover, the current racial inequality and social exclusion is due to the current weakness of a law that is based on the 1970s. We are now in 2015, which is 45 years on. The law that we have is outdated. To address racial inequality and social exclusion in Northern Ireland, we must strengthen current race law. The Equality Commission has put forward a suggestion similar to those in the 2009 motion and the consultation document. We urge the Committee to scrutinise OFMDFM to ensure that one of the actions in the plan is to put forward a proposal based on the Equality Commission's proposal and a timetable to reform the law.

Another key area in promoting racial equality is ethnic monitoring. Currently, no Department has any monitoring data on ethnic minorities to ascertain the level of the uptake of services that the Department provides. Under section 75 of the Northern Ireland Act, it is their duty to promote equality, including racial equality. How can they benchmark the promotion of equality if they do not even have any monitoring data on race to benchmark? The reform of race law and ethnic monitoring is the minimum package to promote racial equality. They are just like two sides of the same coin: you cannot have one without the other. Non-discrimination law is there to set the standard of behaviour in our society in law. Ethnic monitoring assists public authorities to promote racial equality in order to facilitate integration and a sense of belonging among ethnic minorities in Northern Ireland.

Ms Garbal: I wish to concentrate on some key inequalities, namely in employment, education and access to health care. I am a co-chair of the Common Platform, but I also work for the Irish Congress of Trade Unions. I wish to point out some key inequalities in employment. Employment problems have been identified by research as the main barrier to the integration of migrant and minority ethnic people here and elsewhere. As you are aware, the workplace is the key point of contact with people from other backgrounds. The experience of the workplace and the relationships that minority ethnic people develop in the workplace are, therefore, crucial to successful integration.

The issue of exploitation of migrant and minority ethnic workers needs to be addressed as a matter of urgency. Black and minority ethnic (BME) workers are particularly vulnerable to exploitation and differential treatment for a number of reasons, such as concentration in low-paid jobs; poorly regulated, non-unionised and generally precarious employment; low awareness of employment rights; language barriers; difficulties in seeking legal redress; immigration status; and the fact that many of them are agency workers. They are also vulnerable to harassment and bullying in the workplace from colleagues and management, and clients and patients in the case of the health service.

The issue needs to be properly researched, and an action plan needs to be created to address this widespread phenomenon. We believe that the current inspection and enforcement regime is ineffective and does not protect the most vulnerable workers, who actually have more need to use the system. Both the Irish Congress of Trade Unions and the Northern Ireland Strategic Migration Partnership have advocated the creation of a single enforcement and inspection regime in Northern Ireland similar to those in other EU countries or, at the very least, better cooperation and information sharing among existing agencies.

In relation to the broader issue of employability, I want to point out the need for targeted support for the employability of foreign nationals, in particular the recognition of qualifications, especially for workers from outside the EU, and the utilisation of skills, as BME people normally work well below their skills and qualification level. Designation of English for speakers of other languages (ESOL) as an essential skill is also crucial.

Dr Mazhar Khan (Belfast Islamic Centre): I will speak about health. Having been a consultant in the National Health Service for over 32 years, I think I can speak about health a little more than my colleagues. There is clearly a problem of lack of access, essentially due to language barriers. Lack of

information about entitlement to treatment is also a very important factor. A lot of my patients complain that they do not know how to approach the National Health Service and what sort of treatment they are entitled to. The recent squeeze in health service funding is also going to be a major problem in the provision of health care.

The life expectancy of BME people, especially those who have migrated to Northern Ireland, is lower than that of the indigenous population of Northern Ireland. Similarly, maternal and infant mortality rates among the BME group are quite high. All these factors relate to one important thing: provision of health care is not equal. We need equality for everyone in the provision of health care. That is the ethos of the racial equality document, 'Together: Building a United Community'. It can be achieved only if we have equality in the provision of health care. You also know that the BME group, particularly people who have recently migrated due to war, displacement, or other reasons, can have mental health issues, and those services are not freely available to them.

Before I stop talking about health, I will make one other point, which is about the unfair stereotyping of patients who come from an ethnic minority background. For example, a lady was waiting in the hospital for several hours and when she asked why she was not being seen by the consultant, she was told that they were waiting for an interpreter to come. She told them that she was doing a PhD in chemistry at Queen's University. It was a completely nonsensical response to a patient who had been waiting for that length of time. It means that we need a special training programme for desk staff in the National Health Service.

Mr Ashok Sharma (Indian Community Centre): My main concern is about the education of BME children. They face a number of barriers to educational achievement, including limited English language ability. These are recent migrants, not the children of permanently settled Indians and Pakistanis. There is lack of knowledge of the education system, and there is racist bullying and social exclusion. Ethnic minority people experience a lower level of belonging and a higher level of exclusion than their white settled Northern Irish peers.

There is poor educational achievement among some minority ethnic groups, particularly Afro-Caribbean people and Travellers. The serious problem is that BME people currently occupy the top and the bottom places in educational achievement. Children with broken education or lack of formal education are particularly disadvantaged. People do not see their culture or language reflected in the curriculum, and this should be addressed as part of citizenship classes. The development of first-country languages of people should be encouraged and promoted. Barriers to the participation and progression of BME people need to be identified and addressed.

Bullying is a serious issue of concern. In the majority of cases, schools tend to lack knowledge on how to deal with and effectively confront the issue. Targeted strategies and training should be employed to address the issue.

Mrs Bernadette McAliskey (South Tyrone Empowerment Partnership): I work with the South Tyrone Empowerment programme. The issues I have been asked to take on board on behalf of the panel are at local level where communities interact. If we follow our panel members across, we can see how work needs to be done at every level from the implementation of legislation right down to where people live, work and go to school in a shared space. That brings our racial equality strategy and the need for a strong strategy into the broader remit of building a strong and united community, which is a more diverse issue than simply bringing the two traditional communities together.

The key issue around that is about recognising the significant good work that is going on. There is good practice out there on all the issues we have mentioned, but there is a lack of strategic coherence around that in a racial equality strategy so that people can see where they fit in, what strategies they are working to and how they are contributing to the collective overall aims.

There is a great opportunity, if we look at the intersection of the tools we have. We have section 75, and we have the race relations legislation, which needs to be strengthened. We have a number of strategies, but they are not sitting together cohesively to allow for the necessary positive action that is required, particularly in relation to developing the great resource of skills and qualifications we have in the minority ethnic community itself or with raising awareness and building on the willingness of the majority communities to move over, share, and to be part of a more diverse community. Part of the issue is around recognising evidence bases at local level, seeing what works and what does not work, and bringing adequate resources to that position. It is not always about financial resources necessarily; it is about skills and strategic opportunities, and making the best use of the funding available.

Significant good work has gone ahead, and all of us have worked well with the racial equality unit through the minority ethnic development fund. By and large, that has been very effective. There have been areas around capacity, perhaps, with small funds, but the development of racial equality should not be financially dependent on the small minority ethnic development fund. There has to be responsibility in every Department, be it DEL or DE to clearly identify how they are ring-fencing finances for racial equality. In DE, that should be particularly for the education of Travellers and for securing higher levels of achievement for Traveller children and new migrant children who have an issue with English. We have all the ingredients to bring this together, but what we are short of is a racial equality strategy.

Dr Khan: I wish to make some comments about the coordination and accountability part of the racial equality strategy. This long-awaited document is extremely important, and it should have a very robust and strong accountability strategy. Unfortunately, that was missing. The role of OFMDFM in coordinating across Departments, especially in integrating racial equality into the work of Departments and reporting to the OFMDFM Committee on transparency, and the formal reporting structures against actions, time frames and resources are the key elements of proper coordination and accountability.

One of the other factors that are very important in terms of accountability is the appointment of the racial equality panel. Unfortunately, the panel appointed for the previous strategy document was a rather mysterious appointment. It was non-transparent. What is needed is the transparent appointment of the racial equality panel according to the public service appointment procedures. It should also include members and representatives of the BME community. Without that community's active participation, such a panel would be of no great help. Not only that, but there should be a proper descent from the top to the bottom of Departments in accountability and coordination, either by the appointment of a person who is responsible, like a so-called champion, or by some other method. We recommend that it should be a very transparent mechanism that is acceptable and accessible to all members of ethnic minority communities.

The Deputy Chairperson (Mr Lyttle): Thank you very much. There are a number of issues for us to take into consideration and to raise with the Department. I want to focus on the racial equality panel that you mentioned at the end, Dr Khan. The consultation on the draft racial equality strategy indicates that the consultation paper was prepared in close consultation with the racial equality panel. Obviously, the Common Platform has a significant number of BME organisations — I think you said that in the region of 80 are represented in that umbrella body — are any members of the Common Platform represented on the racial equality panel?

Mr Yu: Yes.

The Deputy Chairperson (Mr Lyttle): To what extent?

Mr Yu: A couple of the key people sitting here are panel members, including the CRC and our Equality Commission colleague.

The Deputy Chairperson (Mr Lyttle): OK. Would the characterisation of close consultation in relation to the strategy ring true with your experience?

Dr Khan: Not in my experience. We found that it was a completely out-of-the-blue document. We were informed only partially that something was going on around it. No members of the Belfast Islamic Centre community were on the panel, despite the fact that it forms a very large section of the BME community in Northern Ireland. I thought that the panel appointments should have been more open and transparent. Without transparent appointments, this type of exercise will not be of great help. It does not invoke a great deal of confidence.

The Deputy Chairperson (Mr Lyttle): OK. That is something that we can raise with the Department. You also mentioned the need for robust monitoring in relation to progress on the racial equality strategy. Do you see the racial equality panel being able to fulfil that type of role?

Dr Khan: Yes, if it is given the appropriate powers and has access to the Committee and to the ministerial level committee. Only then can it have the power. Also, we recommend that the co-chairperson should be a member of the community who can have direct access to the Committee.

The Deputy Chairperson (Mr Lyttle): OK. My understanding is that the timelines they were working to were that the consultation was scheduled for April 2014, it was to be published in June 2014 and was to be concluded in October 2014; but we are still waiting for the production of the strategy in March 2015. Do you have any explanation or understanding as to why such time has elapsed in relation to the production of the strategy?

Mr Yu: You would be better to ask the officials.

The Deputy Chairperson (Mr Lyttle): Fair response.

Mr D McIlveen: Thank you very much for your presentation. I just want to get a bit of clarification on a couple of the issues raised. Dr Khan, you raised the issue of language barriers in health. I took a bit of interest in that towards the end of last year, in October. I asked a few questions and was led to believe that we had a fairly good interpreting service in Northern Ireland for clinics, GP appointments and dentists.

Dr Khan: That is where it is not absolutely up to the mark, but there is a fairly good interpreting service in the hospitals.

Mr D McIlveen: Are you saying that there are no interpreting services for —

Dr Khan: I would not use the words, "There is not", but I will use the words, "It is not up to the mark".

Mr D McIlveen: As a snapshot, I was assured that, at the minute, there are 39 Lithuanian interpreters, 22 Russian interpreters, 15 Hungarian interpreters and 25 Portuguese interpreters. There appears to be a provision there, so the language barrier issue —

Dr Khan: If a patient arrives at a GP clinic at short notice and there is no interpreter available for that language, the patient will try to communicate with the GP and will not give the full information about the details of her health. That can create a problem.

Ms Garbal: The problem is not so much the quality of the interpreting service. It is a good service, and it has a very good database. However, the surgeries and hospitals need to be aware of the service and use it to the extent that they should with every patient whom they perceive to have a language need.

Mr D McIlveen: Bearing it in mind that Northern Ireland is a devolved region of the United Kingdom, then, to the best of my knowledge, if a foreign national were to go to a hospital in England, Scotland or Wales and if notice were given, an interpreting service would not be provided there.

Mrs McAliskey: If I might raise an issue, one of the things we have here is the seventy-fifth most important thing in the Good Friday Agreement, which is a bit sad, but at least we have section 75 of the Northern Ireland Act, which clearly sets out the need to ensure the protection of those who are particularly vulnerable to inequalities in accessing opportunities and services to which they have a fundamental human right.

You may well be right that the opportunity for a person whose health depends on understanding something is better served in Northern Ireland. I do not think that any of us would deny that around interpreting, but there are a number of issues that arise: first, there is the understanding of the service user, the most vulnerable person, that they have an entitlement to that support; secondly, there is the pressure on the service provider to make a judgement on balancing the immediate needs of the client against the financial cost of providing the service, which is an unfair position to put the service provider in. My organisation also provides and trains interpreters, and we back up the regional interpreting service when it cannot do short-notice appointments. There are two problems with this. It is very difficult for any person to discover a diagnosis of cancer, but to not be able to understand that you are being told that you have cancer — these are real issues.

You are right; we do have good potential, but it is about bringing these things together. It is about people being aware of them and those in the service provision having cultural competence and confidence to recognise that people have a right and need that should not necessarily be balanced against cost. It is a cost to the health service and the education service for not doing it, if a person is denied their basic rights because we failed to make information available to them in a way that they

understood it. So, it can be very costly to the health service to deny the person that, if money is the issue. We have to make it work better. Lives depend on it.

Mr D McIlveen: I am trying to get my head around this. I have raised it with other groups, and I have yet to get an answer that helps it engage in my brain. I genuinely want to engage. On Monday night, for example, I spent the evening with people from Belfast's Jewish community. A lot of these people are senior citizens now. They came here as eastern European migrants. Many did not speak English and did not have a lot of skills. There was no such thing as a racial equality strategy, an interpreting service or section 75, yet those people seem to have assimilated very successfully. It is not exclusively the Jewish community; there were obviously Italian migrants who came over around the same time.

I genuinely want to get my head around this, because it just seems to me that we used to do it a lot better without — I will sound like a libertarian here — the interference of government. It almost appears that the interference of government actually holds things back here. I want to get my head around it, because I genuinely want to engage. I suppose that — perhaps, Bernadette, with the exception of you, and you will understand why when I say it — each of the panel here brings a degree of experience outside Northern Ireland and the UK as well. It might be helpful for me to understand, from the countries you represent and that you previously belonged to, what degree of racial equality strategy was in place — in different words, obviously — to aid ethnic minorities that might have been living there. I am genuinely trying to understand just what we can learn from your experience. It would be really helpful, because this has to be a two-way conversation.

Mr Yu: You need to put it into context. In most of our countries of origin, the numbers of so-called non-Chinese, non-Indian or non-Polish are pretty small in relation to the population, nearly nil. To go back to the question you asked earlier, I was the only outsider at the DHSS review committee on interpreting services. The issue is quite simple. There is already a system in place to accommodate the language needs of all ethnic minorities, but I understand that the older generations are much more difficult, like the Jewish community, because no one is volunteering to be trained to provide the Jewish language. That is what we face.

I will give you some figures for the financial year 2012-13, because it was the review year. In that financial year we are talking about over 80,000 interpretations sanctioned. That is quite high; you are not talking about 8,000 or 18,000. The majority of those sanctioned, 80%, fall under GP services. From the review, we know that the bigger issue is the hospital or the other part of primary care and secondary care by consultants. They use interpreter services less.

Occasionally, there are instances like the ones Dr Khan mentioned. There are a lot of issues around GP services when someone who is not the patient phones on behalf of someone who cannot speak English. That is why you have a situation where people go to a clinic and realise that they cannot speak the language. There are different ways to sort that out, but there is a bigger issue. We should tackle the problem of accessibility. The health care system is more focused on hospitals and consultants. Bernadette mentioned that it could very difficult to understand a diagnosis of cancer if there is no one to give you the right information. Those are the very technical issues we need to deal with in the future. In general, on accessibility to health care services, we have achieved a lot compared with 10 years ago.

Ms Garbal: I am not sure whether I understood your question. Were you saying that the older established communities seemed to fare better than the new communities or seemed to integrate better?

Mr D McIlveen: Not necessarily, and apologies if that was the way it sounded. I am talking about the older generation of people who were migrants to Northern Ireland in the early 1900s. They have had time on their side, and I appreciate that we are dealing with a relatively new wave of migration, which we welcome of course, but they came to a Northern Ireland that was every bit as divided as the Northern Ireland of today. They came to a Northern Ireland that had no such thing as a racial equality strategy — it was not even on the cards — and had no support for migrant communities through interpreting services and so forth. I struggle to get my head around the difference between that group and the group we have now, because —

Ms Garbal: Those people, were they living today, would be grateful for the support that we give the new migrants. We cannot expect people to come and work for £6·50 an hour and not give anything in return. We are happy to accept doctors and nurses who come from India and other continents, but we

are not happy to give them the same provision as patients and the same support when they fall sick. We have to look at the balance of things happening out there. It is not a one-way situation.

The Deputy Chairperson (Mr Lyttle): Ashok wants to come in on that point. We will have to move on shortly.

Mr Sharma: An interpreting service existed at that time, although it was voluntary. I am a third generation of Indian here, and my children are the fourth generation — my father and his father came from India in 1949. At that time, there were only 130 Indians here. They took their children along as interpreters to explain what they were saying to doctors. Because society was so engulfed in its own problems, people did not know that another section of society — Indians, Pakistanis and Jews — existed.

After the Good Friday Agreement, things totally changed. As the only Hindu chaplain in HSC, I cover a lot of hospitals. Sometimes, I get asked to come because an interpreter cannot be found. I do not get paid for that, but I oblige. At the time you are talking about, there was a need to be successful. The children have grown up, they are successful and the old-age pensioners do not need to learn any more English. However, the new migrants need to learn about the local system, the health system and everything else. What comes with that? The language barrier. They find that they are totally isolated and there is nobody to help. I delivered a lecture in the Royal hospital two days ago on how to deal with Hindus when they are dying. My audience was pathologists. The staff had no clue, but we explained it to them. There has been a progression, but there is a big institutional gap that has to be addressed.

The Deputy Chairperson (Mr Lyttle): We still do not have a racial equality strategy, by the way, David, just in case you are making it sound as if we do.

Ms Fearon: Are there opportunities through the new council structures to focus more on local work, which can be overlooked and is often most effective? Is there anything missing from the new councils, or is there anything that you would like to see in the new structures? I am thinking of my area in particular and other rural communities, where isolation can be even more of a problem.

Mr Yu: There is a duty on all councils to promote racial equality and good relations between ethnic groups through article 67 of the current race legislation. Unfortunately, most councils do not know about that or ignore it. There is already something very basic there. The challenge is to ensure that the super-councils know about that, as well as section 75 and other legislation. They should do it. NICEM would be very happy if the super-councils would like training; we could help them to make sure that they know the law. It is important to recognise that they have a duty to promote racial equality. As Bernadette and other colleagues rightly say when talking about race and nationality, normally in connection with OFMDFM, the responsibility to promote wider racial equality and good relations cuts across all Departments, as well as, importantly, the local councils.

The Deputy Chairperson (Mr Lyttle): We have had a late burst of interest, so I ask you to keep questions and responses as concise as possible.

Ms Fearon: I just want to touch on two other issues. Do you know of examples of good practice in councils across the North? Progressive institutions produce better policies, and representation of a number of groups in society is a problem for us. What is your take on positive or affirmative action to improve that, not just for BME communities but for women and the LGBT community?

Mrs McAliskey: There was good practice by councils in the last round of the Peace programme, Peace III. Because of the high level of new migrant workers and immigrants in the west and rural areas, there is quite a battle with the European partnerships about the right of new migrants to access European Peace funds. The cluster at Magherafelt, Dungannon, Cookstown and Fermanagh had a very good migrant engagement programme as an integral part of the Peace programme involving a three-way process between the nationalist, unionist and new migrant communities.

Some excellent work was done by Newry council through the Challenge of Change project. At local council and subregional level, the racial equality unit, through the minority ethnic development fund, has funded very good practice. The key issue, I think, is learning from that and mainstreaming some of that practice into local government and the new councils' broad strategies for council support at work, rather than keeping it in a pocket of work funded out of the minority ethnic development fund.

Community funding should be used to actively support BME communities and build capacity and shared space for minority ethnic groups, as well as the two majority communities. Good practice is there. There is some bad practice too, but there is good practice. It is about councils and policymakers learning from it.

Ms Garbal: Under-representation and lack of participation is a serious issue for black and minority ethnic communities. There have been initiatives by NICEM, such as the BME parliament, which was an enormous success. We need more funding to support initiatives like that, as it was only a one-off. Rather than taking a piecemeal approach, I hope that the Assembly will consider the idea of mainstreaming and the introduction of quotas for under-represented groups such as women and ethnic minorities.

Mr Attwood: Thank you for the evidence that you have given today and for the fact that you represent such a range of organisations and people in Northern Ireland. I am reminded of a Committee meeting in September 2013 when the then Victims' Commissioner advised of her multiple concerns about the roll-out of the victims' strategy. We would be well advised to hear your concerns today about the racial equality strategy, in the same way that we heard her concerns in September 2013.

My view is that, when it comes to critical issues in Northern Ireland, we need strong law, firm enforcement and good practice. You must have all three to tackle these issues, which are fundamental to the character of our society and to integration. From my point of view, that is my answer to David's question. There may have been times when migrants were able to integrate more fully into our society — I do not necessarily agree with that — but there are a lot of other examples where an inclusive society was built only through good law, firm enforcement and best practice, including in 1998 with section 75 of the Northern Ireland Act 1998, and all the other structures and laws before and since. It is the same when it comes to racial equality: we require strong law, hard enforcement and best practice.

My question goes back to what you said at the beginning. You raised some pretty fundamental questions, and you gave evidence about jobs, economic opportunity, education and health. When it came to the draft strategy, you said that the evidence was flawed. That is a very big statement because if the evidence is flawed, the actions are flawed, whatever they might be. Indeed, you indicated that there was a lack of actions as well. Could you elaborate further on those flaws? Secondly, I agree with you on the need for a single enforcement and inspection regime, but what does that look like? What is a single enforcement and inspection regime? There are a lot of other questions I would like to ask, but I will stick to those two.

Ms Garbal: I can probably answer that. Our problem was that the evidence included in the draft racial equality strategy was outdated. It did not even utilise the latest census figures; it used figures from 2001, when the situation was dramatically different. The make-up of ethnic minorities was completely different, hence the problems that were out there were quite different. At the moment, we face a completely different set of issues that newcomers have, and a separate set of issues that established minorities have. That is why the evidence needs to be improved. Quite a lot of research has been produced in the last 10 years or so from various quarters and organisations to show what inequalities minority ethnic people suffer.

The single enforcement and inspection body is advocated by the Irish Congress of Trade Unions and the Northern Ireland Strategic Migration Partnership because it seems that, when migrant workers experience problems at work, they are reluctant to raise a grievance with their employer because, obviously, they do not want to put their head above the parapet due to the fear of being dismissed and suffering the consequences. A single enforcement body exists in a majority of EU states. It is an umbrella organisation that can take an anonymous complaint from a complainant and pursue it on their behalf, for a collective group of workers or individual workers. Something similar exists in the Republic of Ireland; it is called the National Employment Rights Authority and it seems to be quite a success.

We were told that the problem here is that the responsibility for enforcement and inspection falls under five or six different agencies. Although some of them are devolved, some of them are non-devolved. For example, we have the Gangmasters Licensing Authority, which only inspects agencies operating in food processing. That is its only remit of work. We have HMRC, which prosecutes for the national minimum wage. We have the Health and Safety Executive, and so on and so forth. DEL enforces the Agency Workers Regulations. Because it is so fragmented, assistance is difficult to access, especially for people who are not from here and who are afraid of taking their complaints anywhere. OK, you

can also take your case to tribunal, but that process is quite expensive and complicated for most minority ethnic people to navigate.

Mr Yu: Can I just say a little more about the census figures? I think that it also answers part of the question raised by David earlier. It is about looking at the migration trends starting from 2000. Before that, the settled ethnic minority people either had jobs or ran businesses during the Troubles. That is why the Jewish community, the Chinese community, the Indian community or the Asian community from Pakistan in particular are in the NHS system. They have jobs, but the new migrants are doing low-paid, insecure jobs. That is why the first casualties started in 2008-09, when the economic downturn started.

Racial inequality is far worse than 10 or 15 years ago. That is something that the Committee and the Assembly need to address. We have more and more data and information about the extent of exploitation, discrimination and social exclusion. We need to look at that context to develop the strategy alongside the other measures; otherwise, we will miss the point. At the moment, the population of non-settled migrants is a few times more than the original settled ethnic minorities, so you can see that the scale has changed a lot since then.

Mr Maskey: Thank you for your very informative presentation this afternoon. I want to put on record our serious disappointment that we do not have a far more advanced set of protections for people of different races from the BME community. It is very disappointing that, politically, we have not managed to secure that. The promise of the Good Friday Agreement was that we would have a fairer society — probably an exemplar society — with the highest standards of rights that protect everybody, with everybody a winner. The fact that we have not achieved that shows a big flaw in our society still. We have to do a lot of work to address that. I and many others had hoped that we would be operating to the highest international standards of rights. That is how we all win, and I think that everybody would agree with that.

It is a bit of a mixed bag. I see some brilliant examples of people working together and tackling the challenges. Undoubtedly, there has been progress. Going back to David's contribution, you cannot compare two decades ago or even one decade ago with today because of the way that some areas have fairly dramatically changed. The challenges and the needs are greater. The need for protection is greater, and there is a need to win and benefit from the good practice. Bernadette, you identified some good examples, and I know that there are a lot of other examples where people in local communities are working very well together. There are also some institutional bodies that are working very well.

I think that the central point that you are making is that, collectively, we need to mainstream this work because it is not enough to have a good minority ethnic fund. That is very important, and it is good that people will benefit from that. Having a meal in Botanic or wherever else is all very well, but it does not tackle the problem. I think that it is good that it is putting a face on it, and it shows and highlights different cultures and communities, but the kernel of this is to get the rights established and mainstream this.

Ashok, you mentioned institutional gaps. Now that we have a smaller number of councils, it should be easier to replicate the good practice that is there currently across all of the councils. Not one of the new 11 council areas does not have greater diversity than they would have had 10, 15 or 20 years ago, so they will all benefit from and need to avail themselves of good practice. People living in those communities will need to benefit from their rights.

Speaking on our behalf, we want to see the protections enshrined and have a far better and more advanced racial equality strategy in place. For us, it is about making sure that we have strong law, which Alex Attwood referred to. For me, it is about having the highest standards of protection. It is clearly about enforcement and delivery. At the heart of all that has to be inclusivity. If people from different communities and different backgrounds are not at the heart of the strategy's development, it will be flawed from the outset, in my opinion. Whatever about my view and my politics, unless we are at the table, nobody else will represent me. I do not care who they are; I will represent me and people like me. That has to apply to everybody else in every other community.

Megan and I certainly want to work with you. We very much appreciate the work that you all do. I am aware of a lot of it, and I have worked with a number of you over the years. I want to wish you luck. Keep up the good lobbying. If one thing is different nowadays, it is that you have put a much stronger, more positive and constructive face on the different levels of diversity that we as a community have

here. I think that you need to keep that up and try to keep marshalling support in defence of the arguments that you make.

The Deputy Chairperson (Mr Lyttle): Thank you very much indeed for coming to the Committee today. I want to give you sincere thanks on behalf of all the Committee members for the detail into which you have been able to go on the issues that we need to see addressed by the racial equality strategy. We have the Department following your session. Maybe you will be able to stay and see how many of those issues are being addressed or are not being addressed at this stage. As a Committee, we want to remain closely engaged with you to ensure that we see these issues addressed robustly by the racial equality strategy as soon as possible.