

Belfast and South Eastern Domestic Violence Partnerships

Seminar

Working together to support Black and
Minority Ethnic Families

3rd October 2011





Welcome

Carol Diffin

Chair

Belfast Area Domestic Violence
Partnership

Opening Remarks

Councillor Tim Attwood

Chair

Belfast District Policing
Partnership

N. Ireland Policy Context

- Tackling Violence at Home Strategy 2005 and Action Plan 2010-2012 (Dept of Justice and DHSSPS)
- Priority for Action 2009-2010

Local Domestic Violence Partnerships established

“To develop and maintain local partnerships for shared understanding and work to tackle Domestic Violence.”

Partnerships Aims

- Working together effectively
- Identify resources
- Hold perpetrators accountable
- Strategic fit

Membership

- Age N.I.
- Barnardo's
- Citizens Advice
- Community Safety Partnership
- Court Service / Solicitor
- District Policing Partnership
- Education
- Health and Social Services
- Housing Executive
- NSPCC
- PBNI
- PSNI
- Social Security Agency
- Trade Unions
- Victim Support
- Voluntary/Community Groups
- Women's Aid

Finally

Thank you for your
attendance today.



Anna.....

narrated by Catherine Ferrin
Belfast and Lisburn Women's Aid



PUBLIC PROTECTION UNIT

D/Inspector Richard Graham

Personal

Professional

Protective



Child Abuse Investigations

PPANI

Missing and Vulnerable Persons

Domestic Abuse

MARAC

Personal

Professional

Protective



Policing Plan 2011 – 2014

Increase detection rate for Domestic

Violence with Injury Crime by 5 %

Personal

Professional

Protective



Section 32 of Police Act (NI) 2000

Protect Life and Property
Preserve order
Bring Offenders to Justice

Personal

Professional

Protective



Article 6 Equality
Police shall give equal respect
to all individuals and their
traditions, beliefs and
lifestyles provided that such
are compatible with the law

Personal

Professional

Protective



Privacy and Confidentiality

All information in accord with respect for privacy and family life.

Personal

Professional

Protective



DOMESTIC ABUSE

Any incident of threatening behaviour,
violence or abuse
(psychological, physical,
verbal, sexual, financial or emotional)
inflicted on one person by another
where they are or have been intimate
partners or family members,
irrespective of gender and sexuality

Personal

Professional

Protective



DASH FORMS

MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

Personal

Professional

Protective



2010/11

22,685 Domestic abuse incidents

9,546 Domestic Abuse Crimes

Trends in Domestic Abuse July 2011 PSNI

Personal

Professional

Protective



7 Murders
3,386 with Injury
88 Rapes
12 Sexual offences

Personal

Professional

Protective



Age and Gender

Female and over 18 yrs

5,867

Male and over 18 yrs

1,883

Personal

Professional

Protective



ACCESS COMMUNICATION

Personal

Professional

Protective

Women's Aid

**Lead Agency
Tackling Domestic
Violence**



Global Statistics

Globally, men's violence against women causes more deaths and disability among females aged 15 - 44 than Cancer, Malaria, Traffic Accidents or War.

The Global Burden of Disease, Harvard University, 1996

Domestic Violence is...

“the intentional and persistent physical or emotional abuse of a woman, or of a woman and her children in a way that causes pain, distress or injury”

Domestic Violence is...

“Threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation”

TYPES OF DOMESTIC VIOLENCE

- **PHYSICAL**
- **EMOTIONAL**
- **FINANCIAL**
- **SEXUAL**
- **AS A MOTHER**

Countries of Origin

CHINA	LITHUANIA	UKRAINE	GUINEA
TURKEY	LATVIA	CANADA	HUNGARY
THAILAND	NIGERIA	POLAND	GERMANY
SPAIN	AFGHANISTAN	ROMANIA	ESTONIA
MEXICO	JAMAICA	BULGARIA	SLOVAKIA
INDIA	CONGO	CZECH REPUBLIC	
MALTA	RUSSIA		
SOMALIA	AMERICA		

POSITIVE IMPACT

- **COMMUNITY LIVING**
- **BREAK DOWN OF ISOLATION**
- **ADVICE AND SUPPORT**
- **PATHWAY TO ACCESS APPROPRIATE AGENCIES**
- **DEVELOP A NETWORK OF SUPPORT AGENCIES**
- **SHARING OF CULTURES**

CHALLENGES

- **LANGUAGE BARRIERS**
- **CULTURAL DIFFERENCE**
- **IMMIGRATION ISSUES**
- **NO FUNDING**
- **DIFFICULTY ADDRESSING DV**
- **EXPECTATIONS**

Women's Aid Services

- **24 Helpline**
- **24 Hour crisis Accommodation**
- **Outreach**
- **Court support**
- **Self Development Programmes**
- **Children and Young People's Groups**
- **Prevention programmes**
- **Counselling**
- **External training to a range of statutory, voluntary and community groups**
- **Volunteering opportunities**

Services

- **One Stop Shop**
- **Young Women's Group**



Interpreting and Domestic Violence

Northern Ireland Health and Social Care Interpreting Service

BHSCT Health & Social Inequalities Unit

Ligia Parizzi



Belfast Health and
Social Care Trust



Northern Ireland Health and Social Care Interpreting Service

Primary aim of the Service is to improve access to
Health & Social Care for Patients who do not speak English as a first or competent
second language

24 hour service

Face to face Interpreting only

Free-of-charge to HSC Practitioner and Patient

317 Trained, professional, quality-controlled Interpreters

36 Registered Languages

Over 225,000 Requests to date

Most requested Languages Polish, Lithuanian, Portuguese, Chinese-Mandarin,
Chinese - Cantonese

Northern Ireland Health and Social Care Interpreting Service Top 10 Languages

1. Polish
2. Lithuanian
3. Portuguese
4. Chinese – Mandarin
5. Chinese - Cantonese
6. Slovak
7. Russian
8. Tetum
9. Latvian
10. Romanian

Extract from Racial Equality in Health Good Practice Guide, produced by the Equality Commission for Northern Ireland in partnership with the Department of Health, Social Services and Public Safety (DHSSPS):

"I saw a woman the other day who had been all round the hospital departments. She had severe headaches and she had had every test under the sun. Finally the doctors decided it must be psychosomatic so they sent her to me. I was the first doctor who'd been able to speak to her directly, without her husband being present to interpret. It turned out the headaches were caused by her husband hitting her. She hadn't been able to tell anyone before."

■ (Source: Multicultural Resource Centre)

Untrained Interpreters/Family Members/Friends

Interpreting is a specific skill and profession. Using an untrained person as an 'Interpreter' is bad practice and can be dangerous

Dangers of using untrained Interpreters include:

- Lack of fluency
- Inaccurate Interpreting/lack of Interpreting Skills
- No obligation to maintain confidentiality, honesty and impartiality
- Lack of knowledge in the subject matter and terminology
- Possible misuse of trust, power and information (domestic abuse incidents)
- Conflict of Interest (children interpreting for parents)
- Friends, relatives or other persons should not be used as Interpreters unless in an emergency, or for very routine administration tasks such as setting up an appointment

When is a NIHSCIS Interpreter allocated for working with Domestic Violence related assignments?

- When the need for professional language assistance is identified by the HSC practitioner who comes in contact with a case/client
- A HSC interpreter will only be allocated for appointments booked by HSC practitioners (mainly Social Services)
- The sessions can take place at the client's home, Women's Aid Refuge, Community Centre, Social Services premises and Hospitals
- The interpreter will be a professional, qualified and quality controlled Community Interpreter who should be wearing the NIHSCIS badge for identification
- The interpreter will have signed to a robust Code of Ethics and confidentiality, accuracy, impartiality and cultural guidance are paramount to their core work

... Challenges to the standard role of the Health Community Interpreter have been highlighted by Interpreters and Practitioners through their experience along the years working with Domestic Violence and Child Protection cases...

Specialised Interpreters working with Domestic Violence and Social Services related cases:

Guidance produced by '**Standing Together**' on the main Good Practice pointers for Interpreters working with Domestic Violence Situations

- Consulting with Domestic Violence Practitioners and Community Interpreters on good practice
- Design and running of workshops and training sessions on the dynamics of Domestic Violence/ Child Protection and best practice pointers

(pre-pos interview with interpreters, continuity, geographical distance for allocation, interviews at safe and quiet places, transference and countertransference issues, supervision and debriefing for interpreters etc)

- Impact and analyses of cultural background and information and the best techniques for addressing it with clients/practitioners within assignments

The NIHSCIS is currently on the process of training a specialised pool of interpreters to be specifically available for appointments involving Domestic Violence and Child Protection Cases – 2011/2012

HSC Practitioners - Arranging a Face to Face Interpreter Guide

PRE-BOOKED APPOINTMENTS – Interpreter Booking Form

- Name / Language (Dialect) of the Patient/Client
- Name and role of practitioner and HSS contact person (email address)
- Day, date, time and probable duration of the appointment
- Exact location of the appointment
- The General Nature of the appointment
- **EMAIL** completed Interpreter Booking Form to:

interpreting@belfasttrust.hscni.net

In an emergency Monday to Friday 9am – 5pm, please call NIHSCIS then follow up with the booking form

OUT OF HOURS APPOINTMENTS:

- Tel: 028 9056 3794 – book via phone

NIHSCIS/Health & Social Inequalities Unit

Contact Details

NI Health & Social Care Interpreting Service
Health & Social Inequalities Team
1st Floor, Graham House
Knockbracken Health Care Park
Saintfield Road, Belfast BT8 8BH
Tel: 028 9056 3794

interpreting@belfasttrust.hscni.net

The logo for Bryson Charitable Group features the word "Bryson" in a large, dark blue serif font. A thin, yellow, curved line arches over the letters "y" and "s". Below "Bryson", the words "Charitable Group" are written in a smaller, dark blue serif font. The entire logo is centered on a white, curved background that resembles a page or a banner. This white area is bordered by a thick yellow arc at the top and a purple arc on the right side.

Bryson
Charitable Group

Multi-Cultural Resource Centre

One Stop Service (Asylum Support)

Nursery Accommodation

Roma Intercultural Project

Roma Education Project



What is Cultural Awareness

- Cultural awareness consists of patterns of behaviour and beliefs which characterise a group of people at a given point of time. The behaviour may relate to religious practice. Rituals, food choices etc. Within the health system, cultural awareness is an understanding of the likely impact of these behaviours and beliefs, on health, illness, care and hospitalisation.

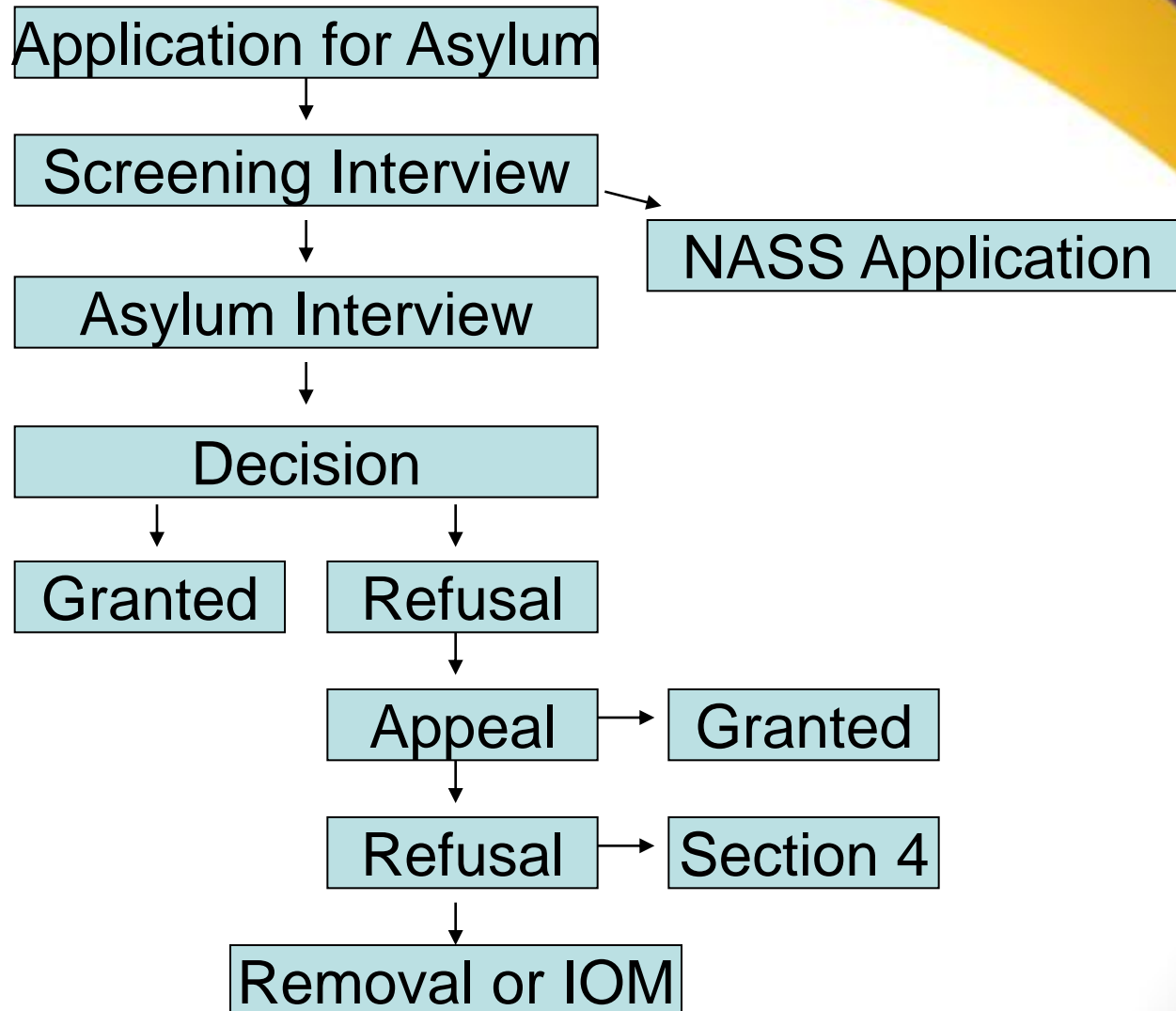


Institutionalised Racism

- Organisation may have a culture, policies and procedures which although not intended to be racist, disadvantage people of minority cultures and religions. The main problem with institutionalised racism is that it is so embedded in organisations that it is difficult to detect. (Allen et al. 1999)



Support Process



Countries of origin include

Eritrea
Afghanistan
Iran
Kuwait
Nigeria
Palestine
Somalia
Sudan
Zimbabwe



Referral Process

Facilitating contact with other agencies

- Red Cross
- St. Vincent de Paul
- Health Visitors (monthly office visits)
- Central Services Agency (GP Reg.)
- Education Welfare Officer
- Housing Executive
- UKBA Enforcement



Challenges

- Cultural, language, and ethnic differences bring difficulties in refugee's integration e.g. no experience with the UK socio/economic infrastructure
- Absence of any funding for English language courses for speakers of other languages e.g. ESOL



- Asylum/ Refugee clients are offered voluntary work experience in MCRC
- MCRC provides a free English class in MCRC weekly
- MCRC continues to lobby for statutory funding for accredited ESOL classes



Nursery Accommodation

- MCRC currently provides office space and support to the following group.
- Sudanese Association.



Good Relations Work

- Through bespoke training MCRC can answer questions and address tensions arising from increasing diversity in Northern Ireland



Roma Liaison Project.

- MCRC received small amounts of funding from Community Foundation(NI) and the Police Service Northern Ireland (PSNI) for a self employed consultant to work with Roma and local communities.
- Community Liaison Officers have helped Roma adults register as self employed.
- Roma Liaison Officer has helped register Roma children in local schools.



Education Project

- MCRC has received funding from the Van Leer Foundation for a two year pilot project to provide educational support for Roma children. The project will have two parts.
- After school club for children age 7-10 years.
- Early years support for children and their parents 0-5 year old.



MCRC refers clients to appropriate agency's.

MCRC acts as an advocate for clients with external agencies and at all times strive for equity of service provision.



Any Questions





Chinese Welfare Association

Eileen Chan-Hu
Chief Executive



Chinese Welfare Association

Domestic Violence - Health Implications of Chinese community

Mission Statement

“To secure the future of the Chinese community in Northern Ireland within a framework of racial equality and enable all sections of the community to fully participate in both the development of the community and in the wider society.”



‘The voice and ears of the community’

Core Aims:

- **Aim 1** - To work to ensure that Chinese community groups and people have the opportunity and capacity to participate in society on the basis of equality.
- **Aim 2** - To identify the needs of all sections of the community and provide or ensure they have access to appropriate services which improve their quality of life.
- **Aim 3** - To promote diversity, equality and mutual understanding and the elimination of racism.
- **Aim 4** - To sustain the organisation through fundraising and income generation and the best use of management, human and other resources.



CWA Health Team

- Bilingual Health And Social Services Advocacy Project – EHSSB
- Chinese Older People's Development Project – BHSCT
- Chinese Health Community Interpreting – NHSCT



Chinese Health Community Interpreting - WHSCT

CWA Health Services in the past 25 years

- Chinese Lay Health Project - a partnership between Barnardo's and CWA
- Chinese Community Interpreting – EHSSB: permanent contract until Regional Health Interpreting Project came into effect.
- Older Chinese People Project, BHSCT.
- Bilingual Health Advocacy in NHSCT and EHSSB areas
- Chinese Community Interpreter, WHSCT

Other associated groups working with CWA on health provision:

- Oi Kwan Women's Group
- Chinese Surestart and Mother and Toddlers
- Sai Pak (Derry) Mother and Toddlers
- Live and Learn Open Door Project - Partnership agreement with Annadale and Haywood residents Association
- NI Wushu Association (Delivers weekly Tai Chi classes to the Chinese Elderly)

Hoi Sum Chinese Elderly Group

Chinese Chamber of Commerce

Barnardos' Parenting Programme



Health Related Activities available at CWA

- WhizzKids Intercultural After-School Club
- Surestart Creche at Chinese Resource Centre, CWA
- Generation Y Youth Group
- English for Health classes
- Health workshops and seminars bilingually supported.
- Delivering Living in Belfast course
- Chinese Women's Chinese Dancing
- Tai Chi, Martial Arts and Wing Chuen
- Dragon boating - CWA has secured funding for its own boat that will support other local communities to take up this sport.
- Main Hall has table tennis, pool, badminton and other sports equipment.
- Soft play area outside crèche/ children's room for children to play.
- Gardening - volunteer gardening.
- Lion and Dragon dancing.

Bilingual Community Safety Advocacy Scheme partnered with Polish Association NI.

CWA Welfare Rights service.

Referrals to Barnardos and Multi-cultural Resource Centre



The Chinese community in NI

- The Chinese Community came to NI in the 1960s
- Influx of newer migrants after 1997
- Estimated 12000 to 15000 Chinese members in NI
- Chinese community comprises of members from Hong Kong, China, Singapore, Malaysia, Vietnam and Taiwan.
- Variety of diverse backgrounds apart from catering
- Undocumented workers
- Trafficking, Labour Exploitation and Criminal Activities
- Isolation and Social Exclusion
- Language Barrier



Domestic Violence within the Chinese community

Research Findings

Chinese Information and Advice Centre

- The number of Chinese women who are subject to domestic violence due to problem gambling has grown year on year.
- In 2007 around 10% of domestic violence domestic violence cases within the Chinese community were a result of gambling related problems, by last year this had rocketed to nearly 30%. Previous cases at the Centre also point to the fact that gambling addiction is at the heart of many cases of homelessness and spousal and child abuse



Domestic Violence within the Chinese community

Research Findings

Latest News from China

All China Women's Federation in 2009, one-third of Chinese homes have seen incidents of domestic abuse, with 85 per cent of them directed against women.

The founder of Crazy English admits ‘domestic violence’!

Li Yang, the founder of Crazy English, admitted yesterday that he beat his wife in family. He apologized to his wife Kim on his Weibo “Sorry to let you down”.

Last week, Kim uploaded some pictures to her Weibo and complained about domestic violence. Li Yang didn’t respond directly. Yesterday he admitted domestic violence.

It is reported that Li Yang has undergone a psychoanalytic treatment now.

By the way, he never forgot to teach English on his Weibo.

"I wholehearted apologize to my wife Kim and my girls for committing domestic violence. This has caused them serious physical and mental damage."



Domestic Violence within the Chinese community

Research Findings

- **The prevalence of domestic violence against pregnant women in a Chinese community.**

Department of Obstetrics and Gynaecology, The University of Hong Kong, Tsan Yuk Hospital, China.

OBJECTIVE:

- To study the incidence of domestic violence in pregnant women attending the antenatal clinic of a local teaching hospital.

RESULTS:

- Pregnant women (631) were interviewed; 113 of them (17.9%) had a history of abuse; 99 women (15.7%) had been abused in the last year; 27 of them (4.3%) had been abused during their current pregnancy; 59 women (9.4%) had been sexually abused in the last year. The husband was the perpetrator in the majority of cases. The nature of violence during pregnancy was mainly psychological in the form of threats of abuse without any physical injury. Risk factors included unplanned pregnancy ($P = 0.002$) and women with husbands/partners who were unemployed or manual workers ($P < 0.05$). Unexpectedly, domestic violence occurred more commonly in permanent local residents rather than new immigrants ($P < 0.05$).

CONCLUSION:

. The incidence is comparable to that from American studies. Routine screening with structured questions during the antenatal visits is necessary in order to identify the abused





Chinese Welfare Association

William Olphert

**Bilingual Health Advocate/ CWA Health
Team Leader**



Chinese Welfare Association

What is Bilingual Advocacy?

Are we Interpreters?

CWA Bilingual Health and Social Service Advocacy Project

What we are:

AIM:

To improve the quality of life of Chinese people living in the EHSSB area by maximising their equality to access to health and social services.

Who can use the service?

This service is available to all Chinese people including new arrivals within the EHSSB area.



CWA Bilingual Health and Social Service Advocacy Project

- Signposting and referrals
- Helping members of the Chinese community to access Health services
- Running Health seminars
- Training to Health professionals



william@cwa-ni.org (Mandarin)

rebecca@cwa-ni.org (Cantonese)

Case Study 1: Mrs Lin

- Language barriers
 - Unfamiliar with local services
 - Isolation and Lack of family support: their family and friends are far away in home country
 - Financially dependent
 - Worry that it will affect their residence status: they can be the dependent of work permit holders or have applied asylum as a family
 - Culture factors: in some cultures, women are brought up to believe that marriage is for life
- Employability: their qualification may not be recognised in UK



Case Study 2: Mrs Wang

Key Issues:

- Language barrier
- Other extenuating circumstances which prevent the victim reporting (ie Immigration)
- Fear that reporting will make matters worse
- Sometimes the perpetrator is the provider so his/her removal would jeopardise the family income

Complexities of working as a link in a bilingual advocacy role





Barnardo's
—Northern Ireland—

BELIEVE IN CHILDREN

**Tuar Ceatha Black, Minority Ethnic and
Refugee
Family Support Service**

Contact:

joan.mcGovern@barnardos.org.uk

23 Windsor Ave Belfast Bt0 6EE
tel: 028 9066 8766



Presentation aim:

- To share information Barnardo's Tuar Ceatha Services and the management of a domestic abuse referral.



What does Tuar Ceatha do?

- Tuar Ceatha Services consists of three separate services grouped together under one single project management structure. The Traveller Pre-School Service ,BMER and pilot BMER Pyramid Plus Service.
- The name 'Tuar Ceatha' is Gaelic for 'Rainbow'.
- Tuar Ceatha have worked with BMER communities since 1993. Chinese Lay Health project 1993,became BMER 2004



Service Outcomes:

- Minority ethnic parents will better understand the developmental needs of their children and how they can support these within the home environment through the use of culturally specific Toybox material on an individual or a group basis.
- Black, minority ethnic and refugee parents will better access key universal and specialist services through the provision of family support, advocacy and signposting activities.
- A reduction in isolation and an increase in networking opportunities for Black and Minority Ethnic families through family support, community and culturally specific parenting group work provision



Who do we work with?

- Country of origin ranges from Nigeria, Somalia, Philippines, India, Mainland China and Hong Kong, and a number of Eastern European countries including Poland, Lithuania, Czech Republic and Slovakia.
- 2010-11 we worked with over 28 nationalities
- Can self refer or be referred by agency/voluntary org.
- Key factor in our success is bi lingual staff



Case Study:

- Self referral: Polish mother re her daughter (7yrs)
- Bereavement counselling for daughter.....
- Through bilingual worker with guidance from our child bereavement service.
- Issues arising from the work: child disclosed Domestic violence



How we managed the case

- Liaised with police and SS to see if they had any knowledge of the family and to seek their advice
- Conversation with parent: she was open and relieved and glad child could trust worker enough to talk about her feelings
- Had a number of sessions with mother : this included possibility of her leaving her husband: have discussed outline safety plan but she has other issues which she wants to focus on i.e. work problems and child management
- Made referral to GP and counselling service for mother
- Liaised with school re child's issues and getting a volunteer to help child with reading English



The Challenges

- Keeping mother focussed on children's needs while supporting her
- It's a challenge to complete the safety plan
- Mother's depression following family bereavement
- Mother has other problems e.g. lost her job and financial independence
- Retain professional boundary due to mother's isolation (differences in Polish system)



BELIEVE IN CHILDREN



BELIEVE IN CHILDREN

Working Together to Support Black & Minority Ethnic Families

Supporting Health Needs

Catherine Doherty

Health Visitor

Chinese Welfare Association

Monday 3rd October 2011



**Belfast Health and
Social Care Trust**

Client Group

- New Entrants
 - 168 in 2010
 - Asylum Seekers
 - 92 Families – total of 266 individuals
 - 68 Singles
 - Roma Families
 - Approximately 300 Adults & children within Belfast Trust
- September 2011



Countries of Origin – Approximately 30 Countries

- Albania
- Botswana
- Eritrean
- Ghana
- Grenada
- Indian
- Western Sahara
- Pakistan
- Palestine
- Iran
- Kenya
- Malawi
- Nigeria
- PRC
- Chechnya
- Cambodia
- Syria
- South Africa
- Sudan
- Zimbabwe
- Ethiopia
- Kuwait
- Tibet
- Bangladesh
- Morocco
- Egypt
- Nepal



Role in Relation to BME Community

- Nurse Led Service provides
- Screening
 - Health Promotion
 - Onward referral
 - Signposting
 - Home Visits
- Immunisation
 - Mantoux & BCG Clinics
- Contact Tracing
 - In collaboration with Public Health Agency & Chest Clinic
- Partnership working
 - GUM Clinic
 - Chest Clinic
 - Public Health Agency/Port Authority
 - Primary Care



Increased health needs due to:

- Physical and psychological consequence of imprisonment, torture or rape prior to migration.
- Previous poor health provision
- Poor nutrition and sanitation in refugee camps prior to migration
- Effects of journey to the UK i.e. temperatures, stress, overcrowding
- Effects of social isolation, culture shock, hostility, racism, uncertainty, housing difficulties, poverty and lack of choice and control.



Mental Health

- Issues
 - Depression, anxiety & PTSD are common
 - History of torture
 - Witnessing the consequences of societal breakdown of their home country
 - Culturally mental illness may not be expressed or may manifest as physical complaints.
 - Stigma attached to mental ill-health
 - Children are particularly neglected.



Women's Health

- Poor antenatal care and pregnancy outcomes amongst refugees and asylum seekers.
 - Pregnant women are:-
 - 7 times more likely to develop complications during childbirth
 - 3 times more likely to die than the general population.
- Uptake rates for cervical and breast cancer screening are generally poor
- Other concerns include
 - Female genital mutilation
 - Domestic violence



Additional Issues for BME Clients

- Fear
- Application Process
- Language
- Isolation
- Harassment and Discrimination
- Enforced Idleness
- Poverty
- Diet
- Climate



Challenges for Health Visiting Service

- Those who have failed to leave the UK once their asylum claim have been refused or who have been illegally trafficked.
 - These migrants have significant health needs and are largely hidden from health services
- No system to vaccinate children of illegal immigrants
- Increased referrals from Accident & Emergency
- Cultural and language differences



Closing Remarks

Sheila Simons

Chair

South Eastern Domestic
Violence Partnership



Lunch

