

Mná ag déanamh athraithe

女性引发变革

خواتین تبدیلی کا ذریعہ بن رہی ہیں

Женщины, создающие перемены.

النساء يصنعن التغيير

Femei creând schimbare



Women Creating Change



Cover photos: Kate Horgan and Press 22

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Foreword



The National Women's Council of Ireland (NWCi) is committed to promoting women's equality and respect for women's diverse experience. We actively pursue strong equality objectives that aim to realise women's affective, social/cultural, economic and political rights.

The In From the Margin (IFM) project has been innovative in grounding the policy work of the organisation, in the lived experience of women most disadvantaged in Irish society; including low income and working class women, women from ethnic minority groups, lesbians and disabled women. Pursuing a community development process has enabled women from these groups to shape the IFM seminars and this has resulted in a lively connection between the women's groups involved and the NWCi.

The project put into practice the NWCi's commitment to a participative and consultative process. The benefits for the NWCi of mainstreaming this way of working are welcome; we have seen a growth in our membership; as well as greater awareness of and participation in our work at a regional and local level.

The progress of women's equality is a story of confused, uneven, erratic and reversible changes through which many women have gained; however, as this Report shows us, for many other women inequality remains a central and defining part of their experience. The injustices caused by poverty, inequalities in health and discrimination resulting from racism intersect differently for

different groups of women, and the experiences documented in this report illustrate the particular ways in which this happens.

This Report also places the issues of health, poverty and anti-racism in a wider structural context, viewing them from a rights-based approach. While the rights of women and men to civil and political equality are widely recognised and accepted; for women to achieve full equality, the NWCi argues that economic, social and cultural rights need to be seen as inseparable from the civil and political rights of all.

Most crucially, women have a right to economic independence, which is a right that many women do not enjoy, leaving them in a position of disadvantage, and often, powerlessness. Economic dependence, for example, is the biggest obstacle to women leaving violent partners. Poverty and racism affects the health of women and whole communities; Traveller women, for example, have a life expectancy that is 12 years lower than settled women's life expectancy, and infant mortality rates 3 times that of the settled community.

The IFM project has promoted the rights of women from marginalised groups to be heard in the policy planning process, and it is their voice that informs the demands recognised in this Report's recommendations. It will now be our collective responsibility to pursue them.

Dr. Joanna McMinn
Director

Acknowledgements

We would like to express our thanks to all the women who participated in the IFM focus groups and seminars - it was their talent, energy and hard work that shaped the success of the IFM Project. (A full list of all groups who participated can be found in The Tools and Resources Section) This Report cannot fully convey all the injustices they address daily in their communities, and we are thankful to them for taking time to contribute to the work of the NWCI. It is the efforts of these women that progress equality and create the change that is greatly needed in Ireland today.

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Many thanks to everyone who supported and participated in the In From the Margin Project.

M.A. Brennan
IFM Project Coordinator

Introduction

This is the Report of the 'In From the Margin' Project at the National Women's Council of Ireland. The project took place between 2002-2004.

This Report aims to highlight issues and demands raised by Participants during the IFM project, and offers tools to assist women's groups in lobbying and working on these policy themes.

The target audiences include; policy and decision makers, IFM Participants, NWCI affiliates, community and voluntary groups as well as national organisations working on the policy themes or with the target groups.

The Report aims to reflect the key issues raised by Participants of the IFM project (in the seminars and focus groups, over 830 women from 300 community groups). It offers tools for women's and community groups working to raise awareness on the target group (marginalised women) and/or working on the policy themes of women and: health, poverty and anti-racism.

The Report is not a definitive document on these policy areas, nor is it a full description of the needs of all marginalised women.

It does however offer information and tools to increase action by decision-makers on the needs of women experiencing

marginalisation, while enabling women's groups to raise awareness and pursue this change. In doing so, we hope it enables further action in addressing the rights of marginalised women living in Ireland today.

1. Issues and Recommendations Section

This section of the Report is laid out as follows:

- a. Overview of the IFM project
- b. Summary - In From the Margin - The Issues?
- c. Theme Sections:
 - Poverty
 - Health
 - Anti-racism
- d. Conclusion

The **IFM project Overview** offers an explanation of the project aims, what it did, who was involved, and explores the impact and outcomes of the seminars and project.

The **Summary** section describes the main issues and key policy goals that emerged from the entire IFM project. It explores the importance of responding to multiple discrimination and the intersectionality of the project themes.

The following **theme sections** offer individual chapters on the three key policy areas of the IFM project; women and **'health'**, **'poverty'** and **'anti-racism'**. Each section:

- Defines the issue area e.g: What is 'health'?
- Explains why we need to analyse the issue from a women's perspective;
- Offers information, facts or statistics on the issue; and
- Describes the key issues and solutions raised by IFM Participants.

These issue sections were written as 'stand alone' pieces to enable policy makers, groups or organisations reviewing the single issue to use them as a tool.

Conclusion

This section presents a conclusion and a Charter of Rights to bring women in from the margins. The list of key policy goals will be useful, both to decision makers who must take urgent action to address the needs of marginalised women, while offering a guideline for groups lobbying for policy change.

2. Tools

This section offers check lists, templates, information and case studies on areas of access, as well as the themes of health, poverty and anti-racism.

3. Resources

The resources section offer lists of further reading and contact details, and includes the list of groups who participated in IFM.

Photo: Brenda M. Callion



Overview of the IFM project

It is impossible to be committed to gender equality without having a clear and unambiguous commitment to eliminating poverty and marginalisation. An urgent need exists for the voices of marginalised women to be heard and addressed by policy makers and service providers. The sidelining and silencing of such voices has meant that the political, social and economic development of modern Ireland does not adequately respond to their needs or prioritise their rights. This is a *critical* conclusion from *In From the Margin* (IFM), an outreach project of the National Women's Council of Ireland (NWCI) that targeted women's and community groups working with women experiencing disadvantage.

The IFM project, funded under the Equality for Women Measure¹, ran for three years (2002-2004). It aimed to:

- enable the NWCI to work more closely with local groups representing marginalised women, so as to make their needs part of our work;
- support locally based women's groups to make their voices heard in the policy areas of poverty, health and anti-racism; and
- promote interculturalism and the participation of women with disabilities in the project.

What did the IFM project do?

The IFM project organised seven regional focus groups and seven one-day regional seminars, focusing on one of three key themes – women and health, women and poverty, and women and anti-racism. The project ended with a national conference in October 2004 to highlight, at a national level, the issues raised in the project and to bring together women's and community groups with policy-makers.

More than 830 participants and 300 community organisations attended the seminars. Events took place in Dublin, Dundalk, Limerick, Sligo, Tullamore, Waterford and Westport and drew participants from the surrounding regions.

Who was involved?

The project's target group was community organisations working with women experiencing disadvantage. They included groups who were affiliated to or worked with the NWCI in the past, as well as many groups who had not previously worked with the organisation. Key target groups who participated in the focus groups and seminars were:

1. funded under the Equality for Women Measure of the Regional Operational Programmes of the National Development Plan

- women experiencing poverty (e.g. lone parent groups, older women and lesbian organisations);
- women participating in national Traveller organisations, local Traveller groups and Traveller primary health care projects;
- organisations working with and representing immigrant, refugee women and women seeking asylum;
- groups representing and working with women with disabilities; and
- members of community based women's groups, as well as Community Development Projects (CDPs), Family Resource Centres (FRCs) and community-based educational projects.

A full list of participating organisations can be found in the Tools and Resources section.

Methodology

IFM used a community development approach; focusing on building relationships and maximising the participation of organisations working with the target groups in the project's delivery. It used mechanisms to involve national and local organisations, affiliates and staff, in the development, implementation and evaluation of the project.

They included:

- a national project advisory group;
- seven regional focus groups for the seminars;
- a national focus group for the conference and publication.

Each group was made up of representatives who were either working on project themes (health, poverty and anti-racism) or representing organisations working with key target groups.

Impact of IFM

The IFM seminars and focus groups gave women's and community groups the opportunity to come together with other organisations in their locality. They enabled these groups to:

- voice their concerns about health, poverty and anti-racism and apply a gender analysis to these issues;
- share their skills, experiences and models of working on these issues;
- receive information and raise awareness about local and national projects and policy work;
- develop strategies to combat women's poverty, challenge racism, promote interculturalism and women's health;
- build links and solidarity between women's groups and

- organisations representing marginalised communities;
- build commitment within women's groups to promote interculturalism;
- organise in a manner which facilitates access and participation of marginalised women, especially women with disabilities.

IFM had a number of positive outcomes; the project:

- enabled the NWCI to reach out to community organisations and women with whom it had not previously worked;
- built relationships between the NWCI staff and local community and women's groups;
- strengthened relationships between the NWCI and marginalised women and organisations working with them;
- broadened the membership base of NWCI, enabling new groups to access the organisation;
- deepened the organisational analysis of the interaction of diversity and gender equality;
- modelled a community development approach to policy development and initiated its mainstreaming within the NWCI; and
- shared project learning with national and local organisations working on health, poverty and anti-racism.

The IFM project was a vital initiative which provided the NWCI with the opportunity to outreach, listen to, learn from and support the work of community groups working with marginalised women. The NWCI will continue to broaden and deepen the meaningful participation of marginalised women into the work of the organisation. The learning from this project will be mainstreamed into the practices and policies of the Council, its affiliated groups and the development of national policy and decision making. **We have only begun to create the change that is needed.**



Photo: NWCI

In From the Margin – The Issues?

This section highlights the main issues that emerged from the IFM project.

The Government record during IFM – Will they listen?

Current policy environment

From 2002-2004, the project brought together women's voices on the issues of health, poverty and anti-racism. Participants raised concerns about the broader policy and political context and how this has limited their ability to achieve solutions and have their voices heard. They expressed the view that Irish society, particularly in the political sphere was:

- becoming more racist;
- turning against people living in poverty; and
- moving away from previous promises in relation to achieving an equal society.

Ineffective Consultation Processes

Marginalised women, along with the rest of the community sector, have contributed a significant amount of time and resources to consultations that resulted in minimal outcomes for women. These consultations included, for example; the review of the National Anti-Poverty Strategy (NAPS).

Regressive legislation and policy actions by Government

In response to the first signs of a perceived slowdown in Ireland's economy, legislation and actions were introduced which have clearly targeted those living in poverty and experiencing inequality, for example; the cuts in Budget 2004 to social welfare, to rent allowance and childcare support.

Communities also saw the introduction of legislation (for example; the trespass laws, Citizenship Referendum and disability legislation) that clearly contradicted the information and advice provided by representative organisations of marginalised communities.

Cutbacks to funding and lack of funding in critical areas

The Community and Voluntary Sector has experienced significant cutbacks which have severely limited its capacity to achieve positive outcomes for marginalised communities. These include: cuts in funding to community projects (for example cuts to Community Employment Schemes); the removal of small grants schemes for developmental work (for example the small grants scheme within the Department of Social and Family Affairs); and the absence of direct funding to women's organisations.

Creating Change for Marginalised Women

Throughout the project a number of themes were raised, these included:

1. **Addressing Multiple Discrimination**
2. **Data and Research**
3. **Information and Entitlements**
4. **Advancing Women's Political Participation**
5. **Community Development and Participation**
6. **Advancing Women's Rights**

1. Addressing Multiple Discrimination

Multiple Discrimination

The IFM project highlighted the importance of understanding gender equality from the perspective of multiple discrimination.

Although all women share the common experiences of gender, and gender discrimination, women are not a homogenous group. Apart from sex and gender discrimination, women may also face discrimination based on race, sexual orientation, disability, social class, and other factors. This is why women's

experience of discrimination is described as one of 'multiple discrimination'. For example; minority ethnic women's experience of sexism and patriarchy may be compounded by racism. They are discriminated against as women, as members of minority ethnic groups, and as women within minority ethnic groups – they may also experience further discrimination due to social class, sexual orientation, status as lone mothers or by living with a disability.

The women involved in the project named how the effects of women's experiences of gender discrimination are diverse and how their lives reflect the multi-dimensional impact of discrimination. Women who participated in IFM described expressions of this discrimination – such as the systemic discrimination in relation to care work and/or how institutional discrimination reduced their access to education, employment and health. However, they also identified how different experiences as women with disabilities, or Traveller women, resulted in varying experiences or outcomes within this commonality.

Equality

Equality is about recognising how each of us as human beings has an equal right to dignity, respect, the realisation of our human rights and access to resources. Treating people equally does not mean treating people in the same way. True equality involves recognising the different experiences that exist between us and the different supports and resources that each of us requires. If we want to measure equality for women, we can really only do so by assessing the outcomes for different groups of women from particular projects, programmes, systems and services.

The women participating in IFM highlighted how health inequalities, poverty and racism interact to affect their lives. They called for the development of multisectoral approaches to policies and services which tackle the intersection of these issues, from a gender perspective.

2. Data and Research

The lack of information, research and disaggregated data on marginalised women is evident and was noted by groups participating in IFM. The lack of information on the issues of

poverty, health and anti-racism from a gender perspective was also evident.

This lack of knowledge limits our understanding of marginalised women's lives and places limitations on our ability to explain or prove their experiences. Without this information, we cannot have statistical evidence on how women interact or experience discrimination by services and policies.

It is important that such information and data are collected within an equality framework and that the benefits, in terms of equality, are understood - not only by those collecting the data but also by those providing the data.¹

3. Information and Entitlements

Many Participants said they had insufficient information and support to advocate for their rights and entitlements and to seek redress under equality legislation.

Problems included:

- lack of physical access to information for rural women and those with disabilities;
- Lack of materials for those with low literacy levels;

1. Pavee Point Fact Sheet on Irish Travellers, http://www.paveepoint.ie/fs_irish_a.html

- language barriers for women for whom English was not their first language; and
- lack of access to information relevant to specific communities.

Women called for more targeted information on their rights and for more support to help them pursue their rights and advocate for other individuals and communities facing discrimination.

They want to:

- inform women of their rights;
- support them to receive their entitlements;
- build the confidence and capacity of groups to speak for themselves; and
- advocate with women to bring about change for equality.

Participants expressed particular frustration and confusion regarding the social welfare system. The lack of transparency and the anomalies and bureaucracy in the system, act as a barrier to women moving out of poverty.

This lack of transparency was also a concern for minority ethnic women attempting to access their rights and entitlements. This was particularly highlighted in the areas of housing, social welfare benefits and citizenship.

4. Advancing Women’s Political Participation

Political Representation - Who makes decisions?

Women comprise 50% of the population, but they hold only 13% of Dáil seats. At local level, only 15% of councillors are women. Women are barely represented in most local and national decision-making bodies.

The number of women from marginalised communities who are involved in local and national decision-making bodies is much lower. Almost no women with disabilities, Traveller women, black or migrant women sit on public decision-making bodies within Ireland.

The low representation of women at all levels of decision-making acts as a significant barrier to attempting to progress policy change for women’s equality.² Throughout the IFM project, women spoke of their anger and frustration that their participation and the participation of their communities in planning and decision-making was so inadequate. They described the effects of their marginalisation from these processes.

Many groups face barriers to their participation in consultation and decision-making processes. Overcoming these barriers

2. *Organising for Change – A Handbook for Women Participating in Local Social Partnership*, Community Workers Co-operative, 2004.

requires a combination of community development, capacity building and resources, and a change in decision-making processes and structures.

**“ We call on the Government to recognise that funding and resources for childcare is a key issue for women and an integral part of political development for women.
We call on the NWCI to recommend the provision of practical supports and resources to women candidates in the next general election.”**

Anti-Racism Seminar, Westport, March 2004

Inclusive and accessible decision-making processes (that respect diversity) must be developed to enable women to represent both themselves and their communities.

Photo: Press 22



5. Community Development and Participation

The IFM project highlighted the importance of methodologies to encourage participation. The fact that a community development process can work to enrich both the participation in, and outcomes of activities, was both expressed by participants and central to the success of the project itself.

Seminar reports and evaluations illustrated a demand for a greater use of community development approaches (within both community and Government policy development and decision-making) to facilitate increased participation of women.

What is Community Development?

Community development is a process that involves and enables people to work together to influence and exert control over the political, social and economic issues that affect their lives. Its objective is to bring about change, by addressing the causes of poverty and social exclusion.

Community development is about a collective focus rather than a response to individual crises and is based on solidarity with the interests of those experiencing exclusion. It seeks to

challenge unequal power relationships within society and to promote the redistribution of wealth and resources in a more just and equitable way.⁴

Community development encourages people to work collectively for social change, that will improve the quality of their lives, the communities in which they live and the society of which they are a part. It involves enabling and empowering those who are disadvantaged to identify and articulate their needs, to participate in working for change, and to influence decision-making structures that affect them, their communities and the wider society.⁵

A central element of a community development approach is that it is 'process led'. In other words, it is not just the outcome of an activity that is important, but the means by which you get an outcome. The process should include active participation, capacity building and empowerment of those invested in the outcome.

4. *Organising for Change – A Handbook for Women Participating in Local Social Partnership*, Community Workers Co-operative, 2004.

5. Burke, S et. al (2004) *'Health in Ireland - An Unequal State'*. Dublin: Public Health Alliance.

"Poverty is about people - involving people experiencing poverty in solution finding".

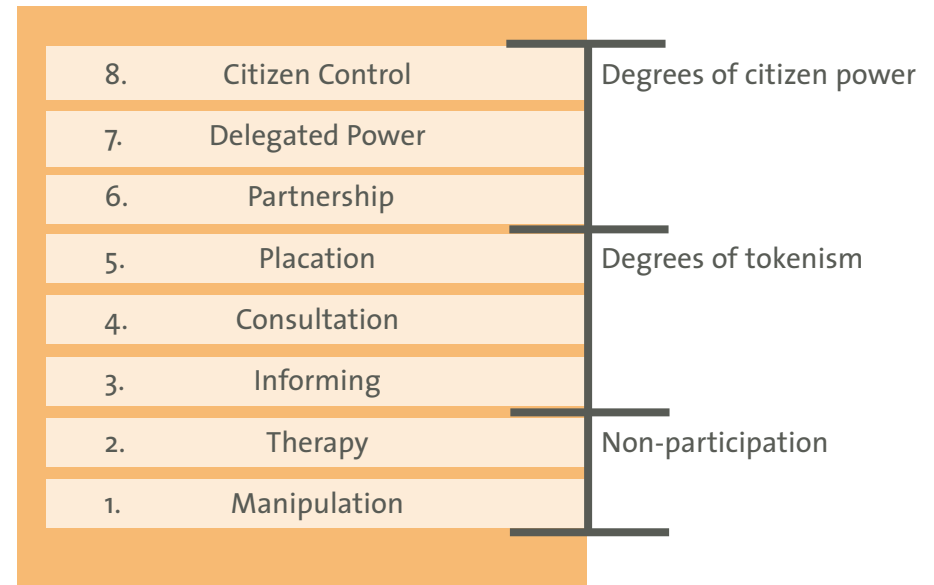
Income Poverty Workshop, Poverty Seminar, Limerick, April 2002

Central to the success of a community development approach is maximising the active participation of women in working for change, for themselves and their communities.

What is Active Participation?

The term participation is often used in different contexts to refer to different levels of involvement. What community development suggests is a form of active and meaningful involvement.

Arnstein's Ladder of Citizen Participation



Arnstein, Sherry R. 'A Ladder of Citizenship Participation'.
Journal of the American Planning Association. Vol 35, No. 4,
July 1969, pp. 216-224

One model which illustrates a measure of participation is called "Arnstein's Ladder of Participation"(see previous page). This model indicates the steps to participating; starting from non- participation at the bottom of the ladder, to tokenism in the middle, and meaningful participation with actual power at the top.

This model highlights the problem with many non-empowerment approaches to participation which regard tokenism or consultation as full participation, rather than forms of participation which share decision-making power.

The IFM project highlighted the need for active participation that offers decision-making power to marginalised women.

Building and supporting community development for women experiencing disadvantage requires the development and support of collective action by marginalised women to redress inequalities within broader society and local communities. This means the creation of decision-making processes which enable women and their communities to define their own needs and to bring about change in response to these needs.

IFM Participants wanted active and meaningful involvement in the shaping, planning and implementing of policies that affected their lives and their communities. They also wanted equal participation in education, employment and society.



Photo: Press 22

6. Advancing Women's Rights

"As women together, we will work collectively and campaign for a rights-based approach."

Health Seminar, Sligo, January 2003

IFM Participants called for a better understanding of their rights. Women's experiences of multiple discrimination, and the obstacles and barriers they face in gaining access to education, employment and services, showed that their rights were not being protected or actively pursued. Participants wanted to have those rights recognised and responded to in social, political and economic spheres.

WHAT IS A RIGHTS-BASED APPROACH?

Women's Human Rights

"As women together we demand that the Government take action on enacting, reviewing and enforcing policies on racism, equality and human rights."

Poverty Seminar, Dundalk, April 2003

The needs of marginalised women in terms of fair wages, access to accommodation, health services, education, employment and freedom from discrimination are rights that the Government has signed up to in national and international documents. Although these rights are spelled out in international instruments, it is important to ensure that they are also translated into domestic legislation and enforceable in the delivery of services and outcomes.

International agreements such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention for the Elimination of Racial Discrimination (CERD) and the Convention on Economic, Social and Cultural Rights (CESCR) outlined many of the rights called for by IFM Participants.

7. Resources Are Our Right

"As women together, we demand the Government recognises the importance and value of the women's sector and the need to provide sustainable resources in accordance."

Workshop Action Statement, Poverty Seminar, Dundalk, April 2003

There is a need for more resources to change the systemic and structural inequalities that women face. This allocation of resources must ensure that equitable amounts of resources are

invested in responding to the diverse needs and rights of women experiencing multiple discrimination.

There is also a need for increased sustainable funding of community development initiatives and projects that focus on supporting and increasing the participation of marginalised women and their communities.

Throughout the IFM project, Participants drew a direct link between their lack of participation and power, and the lack of resources being invested into programmes and organisation, supporting and advocating for them. Many groups involved did not even have resources to continue to advocate for funding. They posed the question: "why is it that marginalised women and women's groups working with marginalised women, have never been properly funded and are recently being hit hardest by funding cutbacks?"

This lack of funding was seen as a key barrier which facilitated a cycle that prevented marginalised women from effectively advocating for change. It meant that they were essentially not given the sustained or necessary resources to facilitate their right to equal participation in Irish society and decision-making. They asked why and demanded change.

Creating change to end women's poverty

What is poverty?

The participants of IFM defined poverty in broad terms to include not only a lack of money but also a lack of rights, resources and access to services. Participants compared their lives to the lives of other people in society. This analysis became a combination of a rights-based approach and a definition of relative poverty.

A rights-based approach to defining poverty highlights the way in which social, political and civil rights are undermined by poverty. A life of poverty means that basic needs go unfulfilled, and fundamental human rights are violated. Women's poverty results in widespread violations of their human rights. When a woman faces a lack of access to adequate housing, food, or health care, her human rights are violated. When she lives in an unsafe and unhealthy environment or lacks access to clean water, she is not enjoying her fundamental human rights to a life of dignity and to an adequate standard of living.

A **definition of relative poverty** explains that people are living in poverty if their income and resources (material, cultural and social) are so inadequate as to prevent them from having a standard of living, which is regarded as acceptable by Irish society generally. It also states that as a result of not having enough income and

resources, people may be excluded and marginalised from participating in activities which are considered normal by other people in society. This definition was adopted in the first National Anti-Poverty Strategy (NAPS) in 1997 and remains the official Government definition of poverty in Ireland. (See Tools for explanation of NAPS).

This approach to defining poverty is critical for women, because it broadens the focus from poverty defined purely on monetary terms, to a definition that recognises the multidimensional nature of poverty. It recognises that poverty involves exclusion from participation in society, lack of power and unequal distribution of resources. It acknowledges that poverty is not a static concept and that changing environments and the expectations of others, fundamentally shape a person's experience of poverty and of participation in society.

The work of IFM clearly reinforced the view that poverty is a structural problem. The causes of poverty are rooted in the economic, social, and political structures of our society. They are neither accidental nor the result of an individual's actions. They can be affected by change in public policy and services, as well as community development action.

Why analyse poverty from a women's perspective?

The causes of women's poverty are distinct and there are specific common threads to women's experience of poverty which relate to their gender roles in society. These relate to:

- women's traditional economic dependence on men and/or economic dependence on the state;
- the fact that women in our society remain the primary carers for children, older people, and family members in ill health and that such care work is not recognised as work in Irish society;
- the way in which discrimination against women combines with other forms of discrimination (class, marital status, ethnicity, age, ability, sexual orientation) in an acute gendered way; and
- the fact that women are significantly under-represented at all levels of decision-making.

The persistence of institutional discrimination and structures which reinforce and facilitate the unequal position of women in our society, requires a specific gender analysis of poverty. Without such an analysis, the differences between men and women are minimised, and the differences among women are

invisible. Failing to recognise that inequalities exist between men and women, and ignoring the fact that gender is a basic organising principle of our society, leads to policies which only reinforce this inequality. This results in the unequal distribution of resources and power between women and men, and between rich and poor.

The facts of poverty for women in Ireland

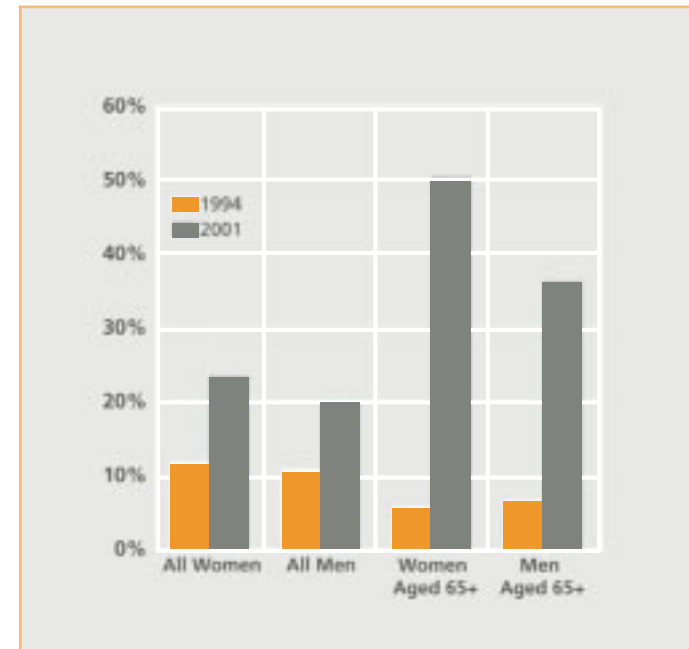
Women are at greater and increasing risk of poverty in comparison to men. This is evident both from the statistics throughout the 1990s and from national data gathered in 2001¹.

- In 1994, women experienced a slightly greater risk of poverty than men.
- By 2001, the gap had widened with 23% of women at risk of falling below the poverty line compared to 19% of men. (The poverty line, defined as 60% of average industrial earnings, was €164 per week in 2000).

1. Poverty in Ireland, The Facts 2001, Combat Poverty Agency, 2004

- The increasing gap between women and men is primarily due to the increasing poverty risk for older women and lone parents.
- In 2001, women aged 65 years and older had a poverty risk of 50% compared to 36% of men in the same age group.
- Lone parents face the highest risk of consistent poverty with 24% earning less than 60% of the average industrial wage. Some 62% of lone parents are unemployed; some two-thirds of these parents live in poverty.
- Households headed by a person who was ill/disabled saw their risk of consistent poverty increase significantly between 2000 to 2001, when it doubled from 11% to 22%.
- An increasing number of people living in poverty are working. In 1994, 3% of households headed by an employee were at risk of poverty. This had increased to 7% in 2000.

**Trends In Risk and Poverty By Gender and Age
(At 60% Median Income 1994 & 2001)**



Clearly, the overall risk of poverty has increased significantly for women since 1994, with women experiencing a higher risk of consistent poverty than men.² From this, we can infer that there is an evolving trend towards the feminisation of poverty in Ireland. Overall, this gap has increased from 1994 to 2001.

Invisibility of women's poverty

The statistics are limited and only show one part of the picture of women living in poverty. For instance, women who are not living in permanent accommodation are not included in the statistics. This excludes:

- Traveller women;
- women living in institutions;
- asylum-seeking women; and
- homeless women.

These groups of women are not only at greatest risk of poverty but are also likely to experience extreme deprivation and multiple disadvantage. Critically, from the work of IFM, the invisibility of some women's poverty and the depth of that experience have been very evident.

Diversity of women's experience of poverty

The diversity of women's experiences of poverty must be central to any analysis and response to women in situations of poverty.

Women are not a homogeneous group. Traveller women, women who are lone parents, lesbians, women living in rural areas, migrant women, women refugees and asylum seekers, minority ethnic women, women with disabilities and older women all experience poverty in different ways.

Crucial to our understanding of diversity among women, is the recognition of differences also within each of these social groupings. Lone parents are not a homogeneous group, nor are women with disabilities.

The lack of recognition of this diversity can also lead to a high degree of discrimination and exclusion from participation in society, as well as significantly increasing the risk of poverty for certain groups of women. The lack of data and knowledge on how poverty interacts with experiences of multiple discrimination, means there is insufficient information to inform policy development and implementation at national, regional and local level.

2. Combat Poverty 2004, Poverty Briefing The Facts (16), Dublin: Combat Poverty (2001)

The National Anti-Poverty Strategy (NAPS) recognised the overlapping dimensions of inequality, poverty and gender and accepted that:

‘discrimination can produce barriers to equal opportunities, participation, outcomes and conditions and can thus increase the risk of poverty and exclusion for some groups’

(NAPS, 1997:71)

The effects of multiple discrimination create additional obstacles preventing an escape from poverty.

Photo: Press 22



Women's experience of poverty from the IFM project

Clearly, statistics show only one dimension of the picture of women living in poverty:

'You cannot see a poverty line and it conveys no sense of what life is like for women living in poverty'

(Daly 1989:24).

From the work of IFM³, it is clear that many women in Ireland are experiencing poverty in its most severe form. Participants clearly stated that they do not have enough money to live on, due to the following reasons:

- low social welfare, pension and disability payments not meeting their costs to survive;
- extremely low income from the system of direct provision;
- working in low paid employment; and
- barriers to accessing education and employment.

We need to "..overcome the lack of freedom, choice, access and opportunity facing women in poverty!"

Employment, Education and Training Workshop, Poverty Seminar, Limerick, April 2002

Many of the IFM Participants described themselves as being caught in a web of poverty traps. This referred to factors relating to poor and inflexible social welfare payments combined with a lack of access to education, training and employment caused by an absence of childcare and transportation. It related to living in poor accommodation and also making decisions regarding employment on the basis of keeping or losing a medical card. The web of poverty was further reinforced by the impact of direct and institutional discrimination faced by women when having to make contact with all public services in order to get their basic entitlements.

Poverty for IFM Participants was concentrated on issues of lack of **MONEY** and **ACCESS**.

3. This experience of IFM is substantiated from a variety of research reports including: Out of Sight, NWC; The Hidden Poverty of Women 2002, NWC Millennium Project; Vincentian Partnership Submission by the Combat Poverty Agency to the National Action Plan for Women.

This is how participants described poverty issues:

- “Lack of access to education leads to low income and/or unemployment. It leaves women trapped in poverty over their lifetime.”
- “Poverty is about lack of freedom, lack of choice, lack of access and opportunities to do the things we want to do.”
- “Social Welfare payments are too low and are not keeping up with the increasing cost of living.”
- “We need more money to cope with all the costs in relation to raising children in a way we would like.”
- “Childcare! Childcare! Childcare! It is not there, what is there we cannot afford.”
- “Women do most of the care work and it is never recognised or valued.”
- “The hidden costs involved in getting a job or going on a training course – childcare, transportation, losing the medical card and rent allowance – are barriers for women.”
- “The discrimination and prejudice that Traveller women experience prevents them from accessing services and participating in all aspects of life equally with settled women.”
- “Women are experiencing discrimination by landlords who refuse to accept rent allowance or who refuse to rent to women with children.”
- “The right to quality accommodation is being denied to Travellers.”
- “Women of colour are facing racism and discrimination from private landlords and having difficulty getting accommodation.”
- “Lack of money and/or control over income fuels abusive situations and makes it hard for women to leave violent and abusive partners.”
- “Barriers for women with disabilities are preventing them accessing basic information on entitlements and on services available to them.”

Key issues

Income

"The Government is giving benefits with one hand and taking it off you with the other one."

Poverty Seminar, Dundalk, April 2003

The issue of lack of money was raised in a range of contexts. The low level of social welfare payments in comparison to the increasing costs, for utilities, clothes and food shopping, is causing severe hardship for women.

The mental stress being placed on all poor women and particularly those who clearly feel they are not providing for their children adequately and appropriately, cannot be understated.

Women with the primary responsibility for managing household income consistently raised the issue of not having enough money to meet the costs to raise their children, in a way they would like. They are facing the hardship of seeing their children

experiencing social exclusion and discrimination due to their own poverty. In attempting to survive and manage on low incomes, many women were placing their physical and emotional well-being behind that of their children and partners.

The need for adequate income supports for those living on low incomes was also highlighted. Women living on low incomes and women with disabilities particularly highlighted the need for transitional and supplementary benefits, such as the medical card, rent allowance and a cost for disability allowance.

Care work

The Participants' experiences reflected the fact that women remain the primary carers in Irish society, responsible both for performing the care work and for making all care arrangements. Women acting as carers may experience severe poverty as their work is both unrecognised and unpaid. Many women care workers cannot access the Carers Allowance. Many of those that can, are totally dependent on the payment and have no supports to access education, training or employment. The women affected clearly saw themselves as caught in a poverty trap with neither the means nor the opportunities to change their circumstances.

Childcare

“We as Co. Carlow women demand childcare for all women with children as a human right.”

Carlow Regional Workshop, Poverty Seminar, Waterford 2003

The need for more childcare places, which women can afford and which are of high quality, was consistently raised throughout the IFM project. Women and children need childcare that meets the needs of both children and parents. The lack of provision was highlighted for all age groups and included the need for after-school supports for children. The lack of awareness surrounding children’s culturally diverse backgrounds and lack of disability access were also cited as a barrier to approaching childcare providers.

Employment

Employment policies are critical to supporting women to move out of poverty. The structural barriers relating to care work, an inaccessible labour market, low pay, limited opportunities for part-time employment and inadequate social insurance protection are reinforcing women’s poverty.

Photo: NWC1



IFM Participants stated that they were not getting the opportunity to enter employment due to:

- lack of affordable and flexible childcare;
- not being allowed to work in the case of asylum seekers;
- lack of recognition of qualifications obtained outside the EU;
- direct and indirect discrimination in the case of Traveller and minority ethnic women, older women, lesbians, etc;
- lack of action to remove barriers for women with disabilities; and
- not being able to afford to lose their medical card.

Even where women are in paid employment, they form the overwhelming majority of those in part-time and low-paid jobs. Lack of flexible and family-friendly employment environments are barriers for women with children and lone parents. Direct discrimination and harassment in the workplace, as well as indirect discrimination and institutional racism all reduced women's opportunities to improve their wages or stay in employment. Proactive measures are needed to address discrimination in the work place and support the progression and retainment of marginalised women in employment, with particular attention to supports for disabled and Traveller women.

Education

"Lack of access to education leads to low income and/or unemployment, leaving women trapped in poverty over their lifetime."

"Lack of education can lead to lack of confidence to participate in society."

Employment, Education and Training Workshop, Poverty Seminar, Limerick, April 2002

Many of the women who participated in IFM had low literacy levels, were early school leavers or described difficulty in accessing appropriate education and training.

The under-resourcing of appropriate support services, particularly childcare, transport, mentoring, personal support and learning resources, were all primary barriers identified to limiting women's participation and re-entry into education and training. Immigrant and refugee women spoke of the lack of recognition

for their qualifications, as well as a lack of accessible English language training programmes. Women who were engaged in caring work lacked supports to re-enter training and education.

Concern was raised about lack of access to education for both girls and women with disabilities. Targeted resources and supports are required to enable disabled women to participate in education. Education and Training Programmes need to identify developmental routes to employment for women with disabilities, as an integrated part of education and training curricula and programmes.

IFM Participants stated the need for community-based education projects in their localities. Those who were participating in women's community-based education organisations highlighted the role played by their groups in helping women to fight poverty and exclusion:

- Through outreach and pre-development work, they reach marginalised women who would not normally access education.
- They provide women with confidence-building and educational opportunities that improve women's access to employment.
- They provide a community-based educational progression route from personal development to basic education through to further and higher education.

The Participants called on the Government to recognise and resource the work of community-based women's education organisations and groups by providing multi-annual funding.

Women also called for action to address the reasons for early school leaving by young women in disadvantaged communities and to promote an educational curriculum, which engages and reflects the experiences of women from marginalised communities. They called for action to address the direct and indirect discrimination faced by for example; young Traveller women and minority ethnic women, disabled women, lesbians and lone parents within the school setting.

Transport

The cost and lack of public transport in some disadvantaged urban areas, the absence of public transport in rural areas and lack of access to flexible and affordable transportation for women with disabilities were raised throughout the project. Transport was a significant barrier to poorer women. It resulted in many women experiencing social isolation, it prevented them from accessing services, education and employment, as well as limiting their ability to participate fully in political and social life.

Accommodation

Accessing quality, affordable and appropriate accommodation was a significant barrier for women living in poverty and was experienced by women in different ways.

- Lone parents highlighted the length of time spent on local authority waiting lists, with little prospect of getting accommodation in the near future. (Approximately 75% of people on local authority housing lists are lone parents).
- Traveller women highlighted the failure of local authorities to deliver promised halting sites in their areas, the difficulty of living on the road with no proper sanitation facilities, and the discrimination and racial abuse they experienced as a consequence of having to live in transitory locations and improper halting sites.
- Minority ethnic women highlighted the racial discrimination they experience in attempting to access private rented accommodation; the poor quality, private rented accommodation in which they are forced to live due to high rents elsewhere; and the poor treatment they experience from landlords who clearly take advantage of their vulnerability.

The interaction between accommodation, poverty and social exclusion was often described by participants.

Access to Entitlements

The lack of transparency and flexibility within the social welfare system, as well as the lack of information on rights and entitlements created difficulties for many women.

Women also expressed frustration and confusion regarding the

social welfare system. Some described experiences of direct discrimination from public servants when accessing social welfare services, others felt that this discrimination may have affected their access to payments and discretionary benefits. Difficulty in getting benefits due to lack of a permanent address or difficulty in setting up bank accounts and gaining access to utilities was a barrier raised by Traveller, migrant and immigrant women. The lack of transparency along with the inconsistency and bureaucracy in the system acts as a barrier to women moving out of poverty.

Women asked for accessible information and advocacy to support them in accessing their entitlements – this information needs to address barriers of language and literacy, disability and location. Women called for more specific information on their rights and for more support to help them pursue their rights and campaign for other individuals and communities facing discrimination.

Conclusion

The achievement and maintenance of an adequate income for women currently in poverty must be a key policy objective in order to enable women to move out of economic deprivation. Lack of money and access to financial resources and services are central to the causes of women's poverty. Urgent political action is required to eliminate women's poverty and to provide the necessary supports so that all women living in Ireland can achieve economic independence.

Creating Change to Promote Women's Health

There are many definitions of health. The widely accepted one, is that of the World Health Organisation:

"Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity."

World Health Organisation¹

This definition is broader than the traditional medical model of health, which defines health merely as whether you are physically sick or well. It reflects a holistic understanding of health that is about the interaction of a person's physical, social, emotional and mental well-being.

Determinants Of Health

A person's health is determined by a wide range of factors, most of which are beyond the individual's control.

DETERMINANTS OF HEALTH



Dahlgren, G. and Whithead, M. (1991) Policies & Strategies to promote Social Equity in Health, Stockholm Institute of Futures Studies

1. WHO 52nd World Health Assembly 1999

Key determinants of health include: education, housing, income and income distribution, unemployment, living and working conditions, education, nutrition, social exclusion, early life and childhood development, health care services, social and community support networks, personal health and lifestyle practices, coping skills and health services.²

Participants drew attention to issues of mental well-being and highlighted the determinants of health.

‘Health is a fundamental human right and the attainment of the highest possible level of health is the most important world-wide social goal, whose realisation requires the action of many other social and economic sectors in addition to the health sector.’

WHO Alma Ata Declaration, 12th September, 1978

Participants spoke about their role in childcare and as carers. They also highlighted the negative effects of poverty,

discrimination, racism and marginalisation on their access to health care and health status.

Why Discuss Health From A Women’s Perspective?

IFM Participants agreed that there was a need to take sex and gender into account when discussing health.

Women’s health is affected by sex (biological factors) and gender (the effects of economic and environmental conditions and socially and culturally defined roles and norms on women).⁴ Sex and gender influence women’s health outcomes, health care needs and experiences of the health services.

Women have specific health needs because of:

- our **physical make up**, for example the need for breast and cervical cancer screening, maternity and gynaecological services;
- our ascribed multiple **gendered roles** including care work; and
- our greater likelihood of experiencing both **poverty** and **gender based violence**, which have a negative effect on health.

2. Public Health Alliance of Ireland, Health an Unequal State. Dublin 2004:11.

3. Centres for Excellence for Women’s Health. Leaflet (<http://cewh-cesf.ca>)

4. Lesley Doyal, et al. (2003) *Promoting gender equality in health*. London: Equal Opportunities Commission.

There are also differences in patterns of health and illness for women and men. Although women live longer than men, they suffer more chronic illness and disability; for example women are more likely to develop autoimmune disease such as diabetes, multiple sclerosis, lupus, etc. Illnesses such as breast cancer, arthritis, osteoporosis and Alzheimer's disease are more prevalent in women. Women are also four to eight times more susceptible to HIV than men. Different genetic and hormonal make up also mean that women experience illnesses differently to men, such as AIDS, Coronary Heart Disease, and TB, amongst others.

Different patterns of mental illness are also noticeable for men and women; for example: a literature review carried out on behalf of the Irish Women's Health Council, found that women experience depression twice as often as men, and estimated that up to 30% of depression in women starts as a result of a reproductive event, for example pregnancy, childbirth, infertility, or menopause.⁶

Photo: B. M. Callion



6. Women's Health Council. 'Submission to the Expert Group on Mental Health Policy' http://www.whe.ie/publications/submissions1_mental.html.

Gender Roles

Women's work as carers and women's care work within the family can often affect their physical and mental health. Juggling and maintaining this care work can affect mental well-being, as well as impact on income, social isolation, and physical health. Coping with stress can contribute significantly to poor health outcomes, whether directly (e.g. through compromised immune systems) or indirectly (e.g. by smoking to alleviate stress).⁸ Care work increases and affects women's contact with the health services, as they tend to negotiate on behalf of their family and children with care services.

Women also make up a large majority of the workers in health and care services, yet they are found in greater proportion in lower paying areas and still hold a disproportionately small number of senior positions as clinicians, managers and policy makers.⁹ As a result women have less decision-making power and/or are under-represented on the various committees that run health services.¹⁰

8. Women's Health Council. 'Submission to Expert Group on Mental Health Policy' (http://www.whc.ie/publications/submissions1_mental.html)

9. Lesley Doyal. Gender Equality and Public Health in Europe - A Discussion Document (2000) Dublin: European Institute of Women's Health Gender Equality Conference <http://www.eurohealth.ie/gender/section3.htm>

10. *ibid*

Gender based violence

The Beijing Platform for Action defines violence against women as 'a manifestation of the historically unequal power relations between men and women which have led to domination over, and discrimination against women by men and to the prevention of women's full advancement' (BPfA, 1995).

This includes physical, sexual and psychological violence such as wife beating, sexual abuse including rape and incest by family members, female genital mutilation, sexual harassment and emotional abuse such as coercion and abusive language. Abduction of women and girls for prostitution and forced marriages are additional examples of gender-based violence. Women's experience of gender-based violence seriously impacts on their health and well-being; having physical, and psychological impacts, as well as social, political and economic effects.

Health & Violence Against women

- 74.3% of Irish sexual assault victims are women.¹¹
- Domestic violence is the major cause of death and disability for women aged 16 to 44. It accounts for more death and ill-health in that age group than cancer or traffic accidents. (Council of Europe)¹²
- Women who have experienced domestic violence are at an increased risk of depression and suicide attempts, physical injuries, psychosomatic disorders, unwanted pregnancies, HIV/STDs, being killed by a partner: World Health Organisation (2002), World Report on Violence and Health, WHO.
- Women subjected to violence by their partners are 4 to 5 times more likely to be referred to psychiatric services than non-abused women [Starke and Flitcraft, 1991] in Women's Aid (2003) see ref: 13
- 60% of women hospitalised in psychiatric facilities are victims of childhood or adulthood abuse [Post et al, 1980] (Reference: Women's Aid '16 days of violence' fact sheet)¹³
- Homeless women with children identified the reason they left home was to escape violence or sexual abuse.¹⁴

Poverty

The 1998 World Health Organisation stated: "women's health is inextricably linked to their status in society. It benefits from equality and suffers from discrimination" (1998: 6).

A woman's economic and social status is the most important influence on her health status. If she is poor – and women are overly represented among the poor – she will face greater amounts of illness and chronic disease.

Poverty and Lack of Money

In Ireland, 45% of women identified financial problems as the greatest factor preventing them from improving health.¹⁵

Developing Gender Sensitivity

Gender-Bias refers to a failure to identify or acknowledge difference on the basis of gender. It occurs when women are not included as a specific group in research on medicine, treatment or prevention. (Reference <http://www.med.monash.edu.au/gendermed/blindness.html>).

11. An Garda Síochána Annual Report. 2000, Dublin: An Garda Síochána
12. Council for Europe on Amnesty International. Stop Violence Against Women: (<http://www.amnesty.org/actforwomen/domestic-index-eng>)
13. Post et al, 1980 in Women's Aid (2003). 16 days of Violence Fact Sheet. Dublin <http://www.womensaid.ie/pages/what/campaigning/1603.pdf>
14. Carlson, J. (1990) Women & Homelessness in Ireland. Irish Journal of Psychology
15. Women's Health Council (2003) Women and Cardiovascular health, Dublin: WHC.

‘Health policies and programmes often perpetuate gender stereotypes and fail to consider socio-economic disparities and other differences among women and may not fully take account of the lack of autonomy of women with regard to health. Women’s health is also affected by gender-bias in the health system and by the provision of inadequate and inappropriate services to women.’

UN Beijing Platform for Action

As a result, research and facts are developed based on men’s experiences and then applied to women’s health. This gender bias can have a negative effect on how women are diagnosed and treated and what information they receive regarding prevention and promotion.

Gender bias in planning also affects women’s ability to access health and medical services. IFM Participants frequently criticised the health and medical services for not taking account

of the reality of women’s lives when planning and delivering health services, for example, lack of accessible transportation to health services or lack of recognition of the impact of care work in the planning of services without, respite, care supports or crèche services. Policy, resource and planning priorities must also end the lack of equality regarding services for women, for example: the delay in rolling out the most basic services for women’s health needs, such as the National Breast Check Programme and free Cervical screening; the cut backs and closures in other areas such as maternity services; and the lack of availability of free access to family planning information and services.

Addressing Women’s Health Inequalities

The links between poverty, inequality and health are clear. The stark reality is that poor people get sick more often and die younger than those who are better off.

Women are more likely than men to live in poverty for a variety of reasons; for example, women are more likely to work in lower paid or part-time work, undertake unpaid care work and childcare, and receive lower social welfare payments as a ‘dependant’. This means that any attempt to tackle the health of women must work to address poverty and the broader determinants of health and not solely focus on health services.

Diversity and Marginalised Women

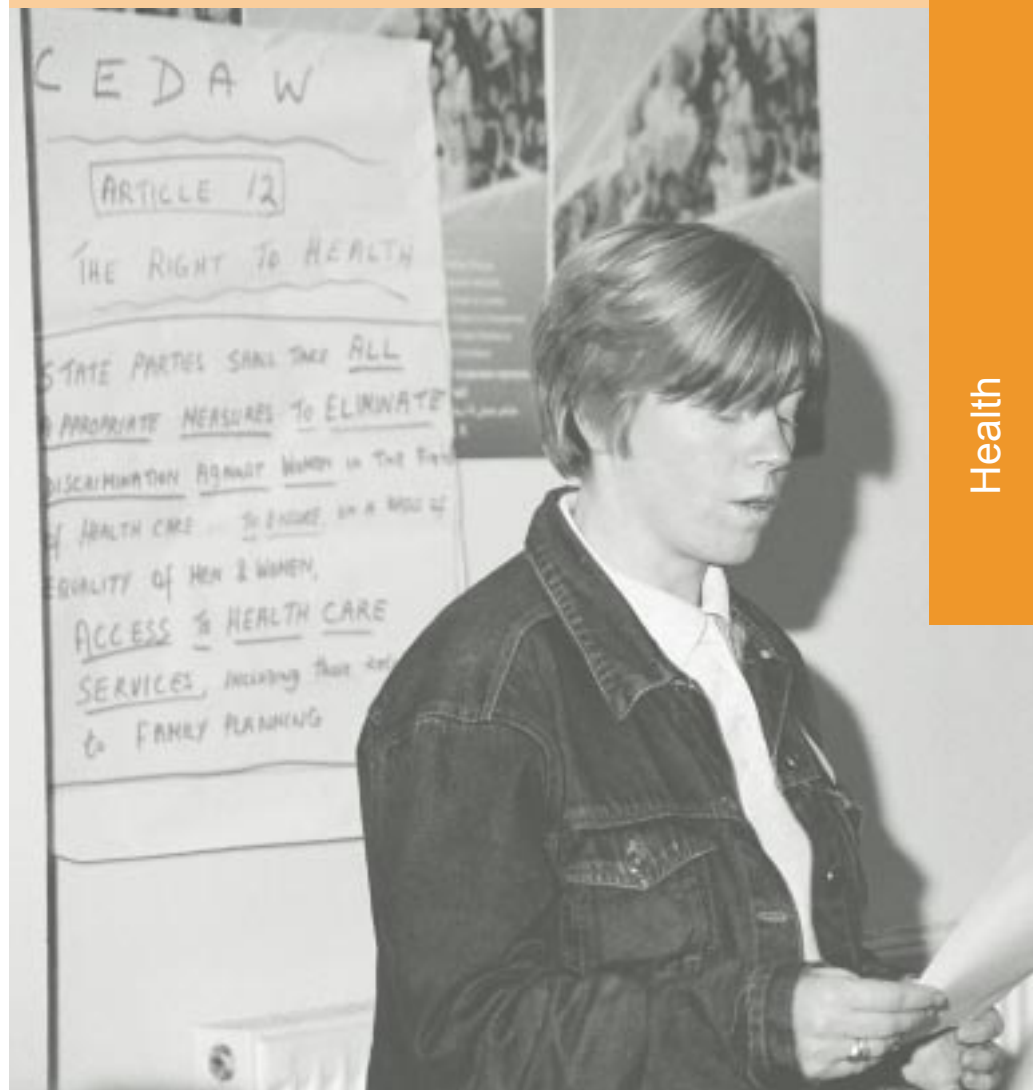
Different women's experience of marginalisation and discrimination impacts both on health status and access to health services.

Marginalised groups of women can be more disadvantaged because they frequently endure the effects of racism as well as the impacts of poverty. Women are not a homogeneous group, so policy and planning regarding women's health and health services must actively involve a diversity of women and prioritise those most marginalised. It must therefore look at the development of health services which respond to the needs of Traveller women and minority ethnic women, women with disabilities, rural women and lesbians.

Statistics on Health of Traveller Women

- Traveller women, one of the most disadvantaged groups in Irish society, have a life expectancy twelve years lower than other Irish women.¹⁶
- 34% of Traveller women suffer from long term depression, compared to approx 9% of the settled population. This high prevalence can be directly linked to the high level of disadvantage and discrimination experienced by the Travelling community.¹⁶

Photo: B. M. Callion



16. Traveller Health - A National Strategy; 2002-2005-Department of Health and Children.

The following issues highlight the main concerns of women involved with IFM:

1. Lack of Money

IFM Participants unanimously agreed that lack of money and poverty was an overarching issue which negatively affects the health of women and their families. Participants described how their experience of poverty was contributing to poor health through inadequate and poor housing and nutrition, as well as their lack of access to education and employment.

Being poor also makes it difficult for women to access or afford health care and it reduces their opportunity for adopting a healthy lifestyle. Lack of money also affected access to prevention services. The cost of health promotion and alternative therapies/holistic health care and treatment are prohibitive for many women.

2. Accommodation

“Angry women will work collectively and campaign for a rights-based approach which involves women working to address accommodation issues and therefore improve our health!”

Action Statement, Health Seminar, Sligo, January 2003.

Participants spoke of how poor accommodation is adversely affecting their health and well-being. Lack of public and affordable accommodation means many women are living in unfit housing, with lack of proper facilities. These conditions are compromising the health of women and their families and leading to increased stress and health problems.

During IFM, Traveller and asylum-seeking women particularly noted that difficulties with poor accommodation and the lack of facilities have a negative effect on their health and the health of their families. Life in hostel accommodation was described as negatively affecting the physical and mental well-being of

asylum seeking women; due to lack of privacy, overcrowding, lack of culturally appropriate diets and dispersal away from support networks and services. Traveller women described health effects of living on the roadside without water, toilets, electricity or refuse collection and under constant threat of eviction.

Participants called for increased access to social and affordable accommodation and for the end to direct provision. Participants also demanded the full implementation of the Traveller Health Strategy, and the Traveller Accommodation Strategy, as well as the immediate repeal of trespass laws.

3. Racism

"Sense of unwelcome has a psychological impact - it causes depression, isolation, denial of identity."

Focus Group, Anti-racism Seminar, Tullamore, Spring 2003

"As women together we demand that the Government take action on racism in the health services."

Action Statement, Anti-racism Seminar, Westport, March 2004

The impact of racism on women's physical and mental well-being was consistently raised during the project. The need to tackle racism, to reduce its effects on the health of women came out strongly in almost all of the seminars. Traveller women and other minority ethnic women participating in the seminars, noted the interaction between racial discrimination and poor health, as well as the lack of access to health care information and services.

The importance of looking at the manifestations of individual and institutional racism in health and social services was highlighted. Women noted that racism and a lack of an intercultural approach in the planning and delivery of services means that their needs are ignored. The effects of institutional racism were seen in the lack of policies and health services which addressed minority ethnic women's needs, or involved their participation in planning and delivery. It is also evident in the lack of acknowledgement of nomadic culture in health planning.

The inability to access services due to discrimination by service providers was also noted during IFM. Some women experience this directly with certain general practitioners and service providers refusing to register or provide treatment. Others experience racism while accessing services.

4. Care Work

“As women together we demand that means testing for the carer's allowance be abolished, and that the allowance itself be substantially increased to reflect the hours of work involved.”

Action Statement, Health Seminar, Sligo, January 2003

Women are still the primary carers in Irish society, providing care to children, spouses, elderly and sick relatives. They are the key providers of family support and often manage family health. Participants spoke of how care work is mostly unrecognised, unpaid and under-valued. They described how stress is prevalent among carers and how the lack of supports and respite services for carers is having negative effects on women's mental,



Photo: NWC

emotional and physical well-being. Many women experienced poverty as a result of undertaking care work.

Participants called for actions including the development of a system of support for carers that includes services, structural support, as well as financial recognition. Women stressed that this should reflect the significant cost savings to the State from their role as carers.

5. Childcare

Participants were strongly of the opinion that the availability of affordable childcare is critical for women's access to education and employment and the subsequent maintenance of optimum health. Women also noted the need for health care and drug treatment services to provide drop-in crèche facilities, as well as subsidies to cover childcare costs.

6. Mental Health

Social marginalisation, discrimination, poverty and life situations affect mental health and well-being. Participants called for accessible supports and services, which aim at proactively protecting and promoting mental health. They called for the development of community-based counselling services and improved mental health promotion that are not solely medically

orientated or drug-based responses, but which acknowledge the effects of gender, poverty and discrimination on mental health.

Issues such as over-medication, stigma, lack of choice, human rights, lack of finance and employment opportunities were noted as being the major priorities for women, particularly those who experience mental ill health. The need for a rights-based, woman-centred approach to service provision was stressed.

7. Locally Based Services and Access to Transportation

Lack of transportation and locally based services was highlighted for their effect on women's health (due to social isolation, lack of access to education and employment), as well as access to health services. Women stressed the need to improve access to affordable transportation and suggested that services include transportation subsidies to increase access to health services for women on low incomes, as well as women in rural areas and disabled women.

8. Access to information, promotion and prevention services

"Health services should be more friendly and accessible to all women – there is a need for increased access to information."

Poverty Seminar, Limerick, April 2002

Participants raised the need for increased access to health information for all women experiencing disadvantage. They also highlighted the importance of the development of targeted health materials and projects for women experiencing multiple-discrimination. Women stressed the need for culturally-appropriate, literacy-friendly material as well as accessible information in formats for women with physical and learning disabilities. Women also noted that information and materials should be actively distributed at a local level and that creative and community development methods of accessing and delivering information need to be explored and implemented.

9. Reproductive Health and Sexuality

"As women together we commit to collectively breaking the myths/attitudes that make women ashamed of their sexuality to support the development of positive responses to women and their sexuality."

Action Statement, Health Seminar, Sligo, January 2003

Participants in the seminars called for an increase in access to information, choice and services regarding reproductive health and sexually transmitted infections. They spoke of the lack of Well-Women services in local and rural areas and difficulty accessing contraception through local GP services. Information on sexuality and the need for awareness raising about homophobia with service providers, as well as increasing participation of lesbian organisations in planning and delivery of health services was also raised.

Violence Against Women

Participants raised the need for increased resources and services to respond to violence against women with many expressing lack of access to refuges, information and services in their

community. Participants noted the need for increased funds for targeted information and services for women experiencing multiple-discrimination; i.e: culturally appropriate information and community based services for Traveller, migrant and refugee women, as well as services that target rural women and women with disabilities.

10. Culturally Appropriate Information and Care

“Set up cultural mediation services and make health promotion information more accessible.”

Anti-Racism Seminar, Westport, March 2004

Throughout IFM, Participants discussed the implications of diversity and interculturalism on the provision of health care and for health promotion.

Women noted the need for Government action to:

- develop and provide culturally appropriate health information and services in partnership with minority ethnic women and Travellers;
- provide information in an accessible format, taking into account literacy levels, language and cultural diversity;

- provide appropriately trained interpreters and cultural mediators at maternity services, hospitals, GP surgeries and other community and health services;
- improve information materials for women about their rights and entitlements and put in place a dissemination strategy to get this information to women in their local communities (involving the participation of women from these communities);
- develop cross-cultural communication on the issue of health and illness in order to increase an understanding of diverse cultural approaches and to learn from each other’s experience, practices and skills.

11. Access to Health Care

“We demand free primary care for all. We, the women of the North-West Region, demand and deserve equitable medical care locally, regardless of our economic or social situation.”

Action Statement, Health Seminar, Sligo, January 2003

Participants noted that the ‘two-tier’ health system in Ireland has a significant impact on women’s ability to access services. They called on the Government to develop an equitable universal health care service.

Women voiced concerns regarding the cost of, and access to, primary care services, the lack of health prevention and promotion services for women on the Medical Card and a lack of access to the Medical Card for those on low incomes. Childcare provision was also raised as a support to enable women to access services, as was the need to ensure disability access for services.

In the short term, women noted the need to:

- review accessibility to GPs through the General Medical Service and develop a mechanism to monitor and address difficulties in getting accepted on to GP lists;
- increase the threshold to obtain a Medical Card for those on low incomes; and
- make the Medical Card available to all children under 18.

12. Education

“We need to lobby groups such as the IMO and Irish College of GPs to take action on training, regarding equality and cultural sensitivity.”

Action Statement, Anti-Racism Seminar, Westport, March 2004

Participants agreed that education and training for health service staff and policy makers could play a crucial role in counter-acting

gender discrimination, racism and homophobia and in promoting equality. The experience of discrimination when accessing services was also noted by minority ethnic women, women experiencing poverty, lesbians, and women drug users.

13 . Research & Disaggregated Data

Participants recognised the need for research into women’s health and recommended that all statistics should include gender as a variable. Participants noted the need to document and undertake research on their experiences and the needs of marginalised women, both in relation to general health status and access to health services.

“Community groups should support a process of monitoring and logging experiences of women from minority ethnic groups in the health service.”

“We should document the impact of language barriers and highlight the need for improved interpretation services.”

Action Statements, Anti-Racism Seminar, Westport, March 2004

14. Community Development Approaches to Health and Women's Participation in Planning

“As women together, we commit to exploring and developing a strategy to increase women's understanding of a community development approach to women's health and to increase our capacity to affect change to ensure that future health services respond to women's needs in a holistic woman-centred way.”

Action Statement, Health Seminar, Westport, March 2004

Participants stressed that they wanted to work together to explore and develop a strategy for increasing women's understanding of a community development approach to women's health. They recognised the need to increase the capacity of women's groups to ensure meaningful participation that could enable women to affect change.

Participants called for the Government to provide the resources to community-based women's organisations to ensure their



Photo: B. M. Callion

development in the area of planning and decision-making. They also called for policy makers and all relevant stakeholders to adopt community development methods and processes and progress their integration into the development of information, primary health care services, decision-making and the tackling of health inequalities.

What is a community development approach to health?
It is a process by which a community defines its own health needs and prioritises areas for action. It involves marginalised groups who are more likely to suffer health inequalities and works with local groups, agencies and relevant authorities to tackle identified needs.

Participants also recognised that a primary health care approach is important in ensuring the health of all people in Ireland. Traveller primary health projects that participated in the seminars highlighted the role that primary health care projects have in supporting marginalised women in accessing and delivering health information and support, based on the needs of the community.

15. Women's Human Rights and Health

“As women together, we will work collectively and campaign for a rights-based approach which involves us women in working to address accommodation issues and improve our health.”

Action Statement, Health Seminar, Sligo, January 2003

The importance of health as a human right and access to health services for women have been highlighted in many international declarations by UN and World Health Organisation (see Tools for explanation of CEDAW). Participants also agreed that health was a basic human right and that there was a need to reduce inequalities and to promote access to services, particularly for marginalised women, such as women with disabilities. These commitments to women's health need to be fully reflected in the development of health and social policy and in the planning and resourcing of services.

Conclusion

"Gender is a very important health determinant and is in turn connected to other factors; primarily material and cultural resources. To understand the relationship between gender and health, we must look at how power and economic assets are distributed in society."¹⁹

Addressing women's health inequalities requires addressing the underlying causes and effects of sexism, poverty and discrimination. It requires 'an integration of gender concerns into the analyses, formulation and monitoring of policies, programmes and projects, with the objective of ensuring that these reduce inequalities.'²⁰

Good health for women involves increasing access to education and employment, reducing insecurity and unemployment and improving housing standards. It means reflecting women's

needs and experiences in health care services and delivery. It also means reducing exclusion caused by discrimination and enabling women to play a role in planning and decision-making.²¹

In aiming to tackle public health policy and health services for women, particular attention needs to be paid to the specific health needs of marginalised women, such as Traveller women, women drug users, women with HIV, women at risk of poverty, women in prostitution, women in prison, lesbians, disabled women and asylum seeker/refugee women.

Gender mainstreaming and the participation of marginalised women in the development policy of health services planning is critical to having women's needs recognised. Targeted community development and primary health care projects are essential in this pursuit. **Women must receive their right to health!**

19. The National Institute of Public Health (2004) Sweden's New Public Health Policy. Sweden: NIPH (<http://www.fhi.ie>)

20. World Health Organisation (1998) *'Gender and Health: A Technical Paper'* (WHO/FRH/WHD/98.16) Geneva: WHO

21. Wilkinson R. & Marmot M. (Eds) (2003) *'Social Determinants of Health': The Solid Facts*: Geneva: WHO (<http://www.who.dk/document/E81384.pdf>)

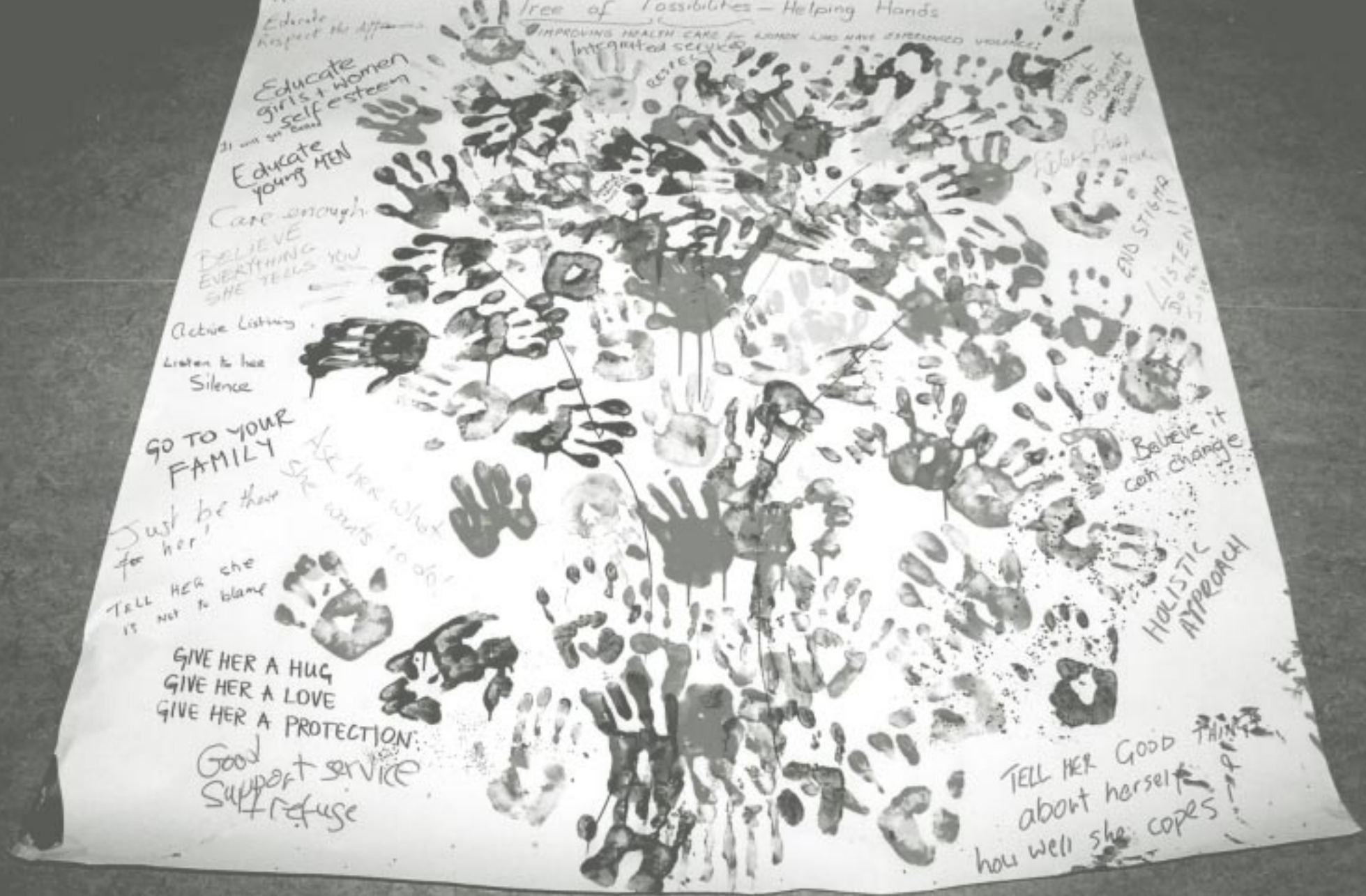


Photo: B. M. Callion

Artwork by Participants of Violence Against Women Workshop, Health Seminar, Sligo, January 2003

Women creating change to challenge racism

The focus on anti-racism throughout the IFM project highlighted the way in which many women from minority ethnic groups living in Ireland are experiencing racism. Participants called for action by the Government, local development and women's organisations to effectively tackle institutional racism and for all women to support efforts to challenge this racism and promote inter-culturalism.

"Our vision as women is to build an equal society by fighting racism in all aspects of life!"

Action Statement Anti-Racism Seminar, Tullamore, June 2003

What Is Racism?

Racism is 'a specific form of discrimination and exclusion faced by minority ethnic groups. Racism is based on the false belief that some 'races' are inherently superior to others because of different skin colour, nationality, ethnic or cultural background. Racism deprives people of their basic human rights, dignity and respect'. It involves the use/abuse of power by one group over the other, resulting in their exclusion and oppression.

Racial Prejudice + power = racism

Individual Racism

In general, racism occurs at two levels. The first is at an individual level where racist attitudes are held and racist actions taken by individuals against members of minority ethnic communities. These can include acts or comments based on the race, colour, national or ethnic origins of a person or group which are likely to offend, insult, humiliate or intimidate. Examples of individual racism include racially motivated attacks, harassment, verbally abusive assaults, stereotyping and prejudice.

Institutional Racism

The second level at which racism occurs is at the institutional level, where services, policies and programmes developed by organisations, state or other agencies either:

- Explicitly discriminate against minority ethnic groups, or
- Fail to take into account the needs of minority ethnic groups.

Institutional racism can be intentional or unintentional. It can be the result of inadequate processes of consultation or planning. Lack of awareness, ignorance, lack of knowledge and lack of involvement of communities in planning and decision-making

1. Towards a National Action Plan Against Racism in Ireland – Department of Justice Equality and Law Reform – March 2002.
2. Amnesty International (2001) 'An Information and Action Pack on Amnesty International's Campaign for Leadership Against Racism in Ireland'. Amnesty International, P.8.

can also result in institutional racism. For example; local authorities have regularly failed to provide adequate accommodation for Travellers; and asylum seekers in direct provision are denied accommodation that promotes their dignity and quality of life.

"Travellers face discrimination in all walks of life. They are refused access to services on a regular basis, such as shops, launderettes, pubs, beauticians etc. Traveller women are not only discriminated against because we are Travellers, but because we are women. Institutional racism has a detrimental effect on Traveller women. It affects their access to accommodation, education, employment and also their health status and general standard of living."

Margaret Ward of the Tullamore Travellers Movement, speaker at the Anti-Racism Seminar, June 2003

Institutional racism may result in a group having poorer health, less access to or difficulty with using a service, or lower educational attainment overall. Many Participants described the detrimental effects that institutional racism was having on them and their families. They called on Government to take action to identify where such institutional discrimination and racism is occurring and to take immediate steps to tackle it, in both the provision of services and in the development of policy.

Equal and Different

Treating people equally does not mean treating people in the same way. True equality involves recognising the different experiences that people have had, the cultural and religious differences that exist among us, and the different supports and resources that each of us requires. Equality is about recognising that each of us as human beings has an equal right to dignity, respect, the realisation of our human rights and access to resources. Challenging racism is a key part of all efforts to bring about equality.

If we want to measure equality we can really only do so by assessing the outcomes for different groups of people from particular projects, programmes, systems and services. In terms of education for example, treating all children in the same way fails to recognise the educational disadvantage experienced by many minority ethnic children. This approach also fails to

promote inter-culturalism and respect for diversity resulting in children from minority ethnic communities faring worse than the majority, in the education system. Traveller children in general, fare far worse than the majority population at all levels of the education system.

Interculturalism

Interculturalism means respecting and promoting cultural diversity and challenging racism. Participants called for the celebration of this diversity and stressed the need to promote interculturalism.

The culture of any ethnic group refers to their patterns of life. It refers to the way in which that group views the world, the sense of belonging that group members have, their shared history, customs, traditions, the way they communicate, their language and the beliefs and values they hold.

Promoting inter-culturalism means first recognising the racism experienced by minority ethnic groups and the power that the rest of society holds over them. Secondly, it involves working to change that power imbalance by building an equal and just society which values the contribution made by all communities and promotes knowledge and respect for other cultures.

Photo: Kate Horgan



Minority Ethnic Women

In this publication, we use the term ‘minority ethnic women’ to refer to those women who are members of minority ethnic groups in Ireland. An ethnic group is defined as ‘a group with a shared identity, culture, language and history’. In the Irish context, examples of minority ethnic groups include Travellers, black Irish people, and communities of Chinese, Vietnamese, Muslim, Jewish, Nigerian, Roma and Filipino people.

Interculturalism In Ireland

Travellers are the largest minority ethnic group in Ireland with an estimated population of 30,000. Travellers are different from the majority settled population in that they share a common culture (based on nomadism), set of traditions, language and history. *‘In Ireland to-day, the Traveller community continues to experience high levels of social exclusion and disadvantage – a situation which requires an urgent and planned response’³.*

There are also long-established, small communities of immigrants in Ireland (for example the Jewish, Vietnamese and Italian communities). In the past decade, with the expansion of the EU, increased immigration and increased international migration of workers and refugees, this diversity has grown to give us a rich array of cultural communities living, studying and working in Ireland today.

These communities continue to make valuable contributions to Irish society. We must ensure that their rights are fully recognised and that the needs of these communities are being met at the level of policy development and service provision. In order for interculturalism to become a reality, our health system, education system, the media and other important elements of Irish society must operate in a way that reflects diversity, challenges racism and caters for the different needs of the entire population.

Racism in Ireland

Despite views that racism has only emerged in Ireland in recent times, racism has always been a part of the Irish experience. In Ireland, Travellers, black Irish people, immigrants and others have experienced racism for centuries.

Travellers have consistently experienced racism at both individual and institutional levels and continue to remain one of the most oppressed and isolated communities in the country. It has been well documented that Travellers have a lower life expectancy and higher rates of poverty, school leaving and unemployment than the settled population.

3. Traveller Health – A National Strategy, 2002 – 2005 – Department of Health and Children

The Position of Traveller Women in Ireland

Life expectancy, educational attainment and economic status are three key indicators of the status of any community. According to the 2002 Census of Population:

- On average, Traveller women live 12 years less than settled women.
- 63.2% of Traveller children under the age of 15 leave school early, compared to a national average of 15.4%.
- 62.5% of Traveller women are unemployed, compared to a national average of 8% unemployment for settled women.

Black Irish people also continue to face individual and institutional racism; being made to feel they do not belong to Irish society, even though they were born here or have lived here for many generations.

Immigrants experience institutional and direct racism due to their skin colour, nationality, religious, ethnic or cultural backgrounds.

State responses have not been effective in adequately addressing and eliminating institutional racism, and the result is a lack of access to opportunities, decision-making structures, social economic and cultural equality. Urgent responses are required to address this exclusion and inequality.

Why do we need to analyse racism from a women's perspective?

Women's experiences are shaped by the intersectionality of many factors, among which are gender, ethnicity, class, sexual orientation and disability. The experiences of Traveller and minority ethnic women are shaped, at the very least, by discrimination on the grounds of gender and ethnicity. That is, they experience both sexism and racism. The effects of institutional policies and practices targeting minority ethnic groups are frequently more detrimental to the health, well being and dignity of women than of men. The effects on pregnant women of the recent Citizenship Referendum for example, are only beginning to be recognised. Women speak of being taunted in the street and afraid to go out in public for fear of harassment and bullying. The discourse engaged in by maternity hospitals in the lead up to the Referendum was also a cause of serious concern.

The experiences of minority ethnic women are shaped:

- as members of minority ethnic groups;
- as women; and
- as women from minority ethnic groups.

Any policies, programmes or strategies aimed at advancing the position of minority ethnic groups must therefore recognise and

take into account the particular forms of oppression experienced by women. Any policies, programmes or strategies aimed at equality for women must also take cognisance of the particular forms of oppression experienced by minority ethnic women.

Black and minority group women have extensively documented the interplay between, and contradictions of addressing gender oppression and racism in their lives. Minority ethnic women often feel marginalised within the struggle of both sectors – the feminist movement and the anti-racist movement⁴.

An anti-racist agenda must be central to the struggle for women's equality. In order for this to happen, women and women's organisations must recognise the diversity of women's experience and the power differentials that exist between women. Endeavours to promote equality for women must involve addressing and challenging racism and promoting respect for the diversity of women. This message was strongly supported by the women who attended the IFM anti-racism seminars.

Photo: NWC1



4. Fay, Ronnie (1999), Pavee Beoirs Breaking the Silence Racism & Violence Against Women in CWC, Violence Against Women - an Issue for Community Work

Facts and Figures

The Data Deficit

There are few statistics available in relation to the different positions of Traveller and minority ethnic women and men in Ireland. This makes it extremely difficult to track the particular experiences of these women, or to compare them with the experiences of other groups of women. For many years, Traveller groups and other organisations working with minority ethnic groups in Ireland have called for the collection of clear, gender-specific data on the position of minority ethnic women.

Key Issues from the IFM Seminars – What did women say about racism?

Participants described the impact that racism is having on their lives. Women at all of the seminars made recommendations and demanded urgent action to tackle institutional racism in critical areas of policy and planning.

1. Service provision

Women from minority ethnic communities experience discrimination on an on-going basis when accessing both public and private services. The need to consult with women in minority ethnic communities in a meaningful way about culturally appropriate services and information was highlighted.

Women called for effective anti-racist training and the monitoring of public service providers in areas such as health, welfare, and accommodation. They called for the development and implementation of clear anti-racist policies which would help build a system based on the principles of equality and respect for diversity. Private sector providers, it was felt, should be legally obliged to provide anti-racism training to employees. A system of monitoring the experiences of minority ethnic women in accessing private sector services, should also be developed.

2. Information and knowledge of rights

Participants discussed their own lack of knowledge of supports available to them and lack of awareness of their rights and entitlements. Traveller women, for example, called for measures to address the extremely low literacy levels amongst women in their community. In addition, they referred to the need for particular information to be specifically targeted at them and for

information materials that reflect their reality and way of life, to be developed. Refugee and immigrant women described the importance of addressing language barriers in written materials, and the need for translators in information provision. The lack of informal or community based information provision was also noted. The participation of minority ethnic women in the development of information materials and the provision of supports to their community was also deemed to be important.

During IFM, women called for action to eliminate the lack of transparency in accessing entitlements. Participants explained that this lack of transparency and the discretionary powers of some public officials, including within the Health Board, have limited their access to entitlements to social welfare and accommodation. This, it was argued, can frequently be caused by racist attitudes on the part of some public officials.

3. Accommodation

Many minority ethnic women at the seminars described the substandard accommodation they are forced to live in and the individual and institutional racism they face when attempting to access local authority, public and rented accommodation. Poor accommodation affects women's physical and mental well-being, as well as their ability to access education and employment. It was pointed out by Participants that the direct provision accommodation for asylum seekers places women and families in

unhealthy, overcrowded environments causing ill health, stress and isolation. Traveller women's experience of living in unserviced, unofficial, temporary and poorly designed halting sites and the effect that this has on their physical and mental health and that of their families was highlighted.

4. Childcare

Lack of affordable, culturally appropriate childcare is a key issue and was raised repeatedly throughout the seminars and meetings. This lack of childcare is central to many minority ethnic women's inability to participate in community, decision-making, education, employment and social activity. Participants raised the fact that cultural differences, as well as prejudice, can lead to negative experiences for minority ethnic children and parents in childcare settings. They called for cross-cultural dialogue on child-rearing and noted the need for more women from minority ethnic groups to be employed as childcare workers.

5. Access to Education

“Traveller women experience broken education, inappropriate models of education, bad experiences in school, low level of literacy.”

Statement in the Education and Training Workshop, Poverty Seminar, Limerick 2002

Participants noted that racism and discrimination have resulted in many women missing out on an education. Low literacy levels, lack of qualifications and few opportunities for progression were highlighted. Many women had left school at early age and were finding it difficult to re-enter education later in life. Immigrant and refugee women needed to be able to access English language courses as well as educational programmes.

There is a need for increased community-based programmes targeting and supporting minority ethnic women to re-enter education and training. The right to education is being denied to many minority ethnic women and girls.

6. Employment

Participants highlighted the fact that individual and institutional racism affects their ability to access jobs and move on to higher-paid employment. Institutional racism reduces their opportunities to gain qualifications and experience; when combined with racist attitudes by employers and fellow employees, the ability to find employment and gain promotion once in employment becomes almost impossible. Women at the seminars noted the lack of minority ethnic women employed in the public services sector and the media. Participants called for action to promote the employment and advancement of minority ethnic women within key sectors.

Failure to recognise foreign qualifications and experience was highlighted as a barrier to refugee, migrant and immigrant women moving out of poverty and into employment. This situation forces women into unemployment, low-skilled and low paid jobs and undermines their confidence and self-esteem. Recognition of qualifications gained overseas, as well as creating the development of conversion courses, are needed to facilitate women to gain employment.

"As women together we demand the Government take action on the right to work for all asylum seekers."

Workshop Action Statement, Poverty Seminar, Dundalk April 2003

"As women together we demand that the Government issue work permits to allow all asylum seekers to work."

Carlow Workshop, Poverty Seminar, Waterford, November 2003)

Many of the seminars called for the right to work for asylum-seekers in Ireland (they are currently banned by the State from taking up paid work). Participants highlighted this policy as a

poverty trap for these women and their families. They also described the social isolation of asylum-seeking women and their families as a result of this policy.

7. The Media

“The media is reinforcing racist stereotypes about women with children and now women face more racism.”

Action Statement, Midlands Anti-Racism Focus Group, Spring, 2003

“The media must take responsibility and speak against racism and stereotyping.”

Action Statement, Anti-Racism Seminar, Westport, March 2004

Racism in the media was a cause of great concern to all those who attended the seminars. Participants were concerned at racist commentaries that frequently go unchallenged which are fuelling and aggravating the stereotyping of women. The negative portrayal of asylum-seeking women, particularly those who were pregnant, in the media coverage of the Citizenship

Referendum, was discussed. Participants felt that this coverage, portraying such women as having children purely for the sake of accessing citizenship, had a direct effect on the way these women were, and continue to be, treated.

Participants highlighted the need for more positive portrayals of minority ethnic women and interculturalism in the media and the need to resource community groups representing minority ethnic women to challenge and engage with the media on this issue.

“There is a need to resource minority ethnic women’s groups to challenge and respond to racism being perpetuated by the media.”

Anti-Racism Seminar, Dublin, September 2002

“We as diverse women affected/ignored by the media will build relationships and form alliances in order to have real coverage of our issues.”

Anti-Racism Seminar, Tullamore, April 2003

8. Racial Abuse and Violence

Many women spoke about experiencing racial harassment and verbal abuse in their daily lives. They described being shouted and spat at, threatened and physically assaulted in public. They described the resulting fear of going out, depression, isolation and the sense of not belonging. Women also identified how specific forms of abuse were directed at them because of their gender, including racialised sexual harassment and the targeting, abuse and assault of pregnant women.

The issue of domestic violence was also raised. The need for targeted and accessible information and culturally appropriate services developed with women from minority ethnic communities, to respond to their experiences of sexual assault and domestic violence, was highlighted.

The experiences of women being trafficked into Ireland for sexual exploitation was discussed. Participants pointed to the need for effective measures to prevent such trafficking in a way that targets traffickers and recognises the exploitation of the women involved as a violation of human rights.

9. Intercultural Curriculum

"We want a revised curriculum that reflects the needs of an intercultural society, done in consultation with the users and providers of education."

Action Statement, Anti-Racism Seminar, Dublin, September 2002

It was strongly felt by all Participants that a pre-requisite for the full integration of minority ethnic communities into Irish society, is the development of an anti-racist, intercultural curriculum at all levels of the education system. Such a move, it was felt, would foster an awareness and appreciation of difference, challenge racism and promote the full participation of minority ethnic women and their families in the education system.

10. Interculturalism

"Feeling you cannot tell people about experiences because you are told to go away if you challenge or highlight racism. There is a need for a space for ethnic minority women to voice their experiences and be allowed to challenge racist stereotypes."

Midlands Focus Group, Anti-Racism Seminar, Tullamore 2003

'As women we need to learn about each other, to promote positive integration through ourselves, our children and the wider community'.

Anti-Racism Seminar, Tullamore, June 2003

Participants argued strongly that women's groups and community groups must work together to promote interculturalism and the important contribution that minority

ethnic women can and do make to Irish society. They noted the importance of developing formal and informal ways of promoting awareness and anti-racism within all communities and called for the development of anti-racist organisational policies within community organisations. They highlighted the need for specific resources to promote solidarity and networking amongst women. They raised the need for increased participation of minority ethnic women in community work and in local decision-making structures.

"Challenge discrimination by organising collectively through Traveller Support Groups, disability organisations, refugee and asylum-seeker groups to highlight these issues in the media and to challenge discrimination in our communities."

Poverty Seminar, Limerick, April 2002

11. Migrant Workers

Participants raised concerns regarding the slow and bureaucratic nature of the work permit system and the exploitation of migrant women in Ireland. They noted that migrant women have been recruited to assist in the growing Irish economy and are making significant contributions to our health service, agricultural, industrial and other sectors and called for the introduction of concrete procedures to ensure that the rights of women migrant workers are upheld.

Participants raised the need for changes in the current work permit system. The current system – where employees are tied to a single employer – leaves many women vulnerable to exploitation and abuse in the workplace. Women are in fear of losing their jobs or facing deportation if they speak out about abusive working conditions. The need for work permits to be given directly to individuals to lessen their vulnerability and the need for targeted information, supports and community development projects for migrant women was stressed. More supports and services should also be funded for migrant women to support them to access and advocate for their rights as members of Irish society.

14. Accessing citizenship - immigration and asylum processes

Many women spoke of difficult experiences while accessing the Irish immigration and asylum processes. The slowness, the lack of gender sensitivity in processes and policies, the need for specific supports for women and the lack of family reunification policies were among the issues raised during the project. Participants strongly stated that women's rights must be respected in immigration and asylum processes.

Participants urged that consideration be given to gender-specific forms of persecution in the asylum process, such as rape, forced marriage, forced abortion and genital mutilation as grounds for a refugee claim in Ireland. Participants also noted the need for women to have as a right, access to female interviewers and interpreters when making refugee applications, both on arrival and during the application process.

The seminars highlighted the need for policies and programmes of family reunification for immigrants, migrants and refugees. This would result in countering the social isolation, lack of support and the breakdown of family relationships being experienced as result of separation from their families abroad. Participants pointed to the need for spouses, of both migrants and immigrants, to have independent access to citizenship and employment.

Women called for increased clarity and transparency in citizenship processes and described the insecurity they felt about their own and their children's future in Ireland. Acute examples of this were the stories of many women who had applied for refugee status as parents of Irish citizen children. These women experience a great deal of stress, confusion and years of uncertainty regarding their status. The lack of clarity regarding their status and the changing procedures regarding their cases has had a negative effect on their emotional and mental well-being of these women and that of their communities. Many have little access to economic resources and therefore face disadvantage in the application process, in which claimants are denied the right to access legal aid and funded support services to assist or advocate on their behalf.

15. Participation in Decision-Making

‘Women will take power over decisions that affect their lives and roles in society by equal participation on policy working groups and implementation bodies. Structures have to be put in place to facilitate women moving into decision-making positions’

Action Statement, Anti-Racism Seminar, Westport, March 2004

Participants highlighted the lack of representation and opportunities for minority ethnic women to take part in decision-making structures at local and national levels. Participants argued strongly for increased participation by Traveller and minority ethnic women at all levels of decision-making, as well as within communities. They highlighted how sexism and racism creates significant barriers for minority women to participate. Sexism within communities is a major barrier, with the still widely held view that men are the most appropriate people to represent their community. Participants called for increased resources and supports targeted specifically at the meaningful participation of minority ethnic women, to facilitate their right to equal access to political participation.

The IFM seminars involved many talented and dynamic Traveller and minority ethnic women who are working to combat racism and provide support services to their communities. Many of these women spoke of the ongoing lack of resources being the key barrier to their organisation's capacity. Participants called for action and investment in the community sector to enable their active participation within planning and decision-making structures.

16. Political Leadership in the fight against racism

A key concern for Participants was the failure of Government and political parties to show active leadership in the struggle against racism, coupled with a lack of policy development, and policy

implementation. The lack of support for anti-racist and women's NGOs working on the issue, highlighted for many an overall lack of commitment to developing a society based on equality and respect for diversity. Many spoke about the need for politicians and political leaders to be held to greater account for statements and actions that continue to foster racist attitudes.

Conclusion

There are many challenges facing those who hold responsibility for building a society based on anti-racism, equality and respect for diversity. The Irish Government is faced with the challenge of mainstreaming anti-racism in all of its policies, programmes and practices. They also face the challenge of providing political leadership in tackling racism where it occurs at an individual or institutional level and within political parties and political life.

The community sector, including minority ethnic women's groups, are challenged to continue to highlight and constructively articulate the concerns of minority ethnic women, to build solidarity and to make their voices heard in the media and in decision-making arenas at local, national and international level.



Photo: NWCI

The NWCI is challenged to build on the work of the IFM project, to develop further contacts and relationships with minority ethnic women's groups and to encourage them to have their say within the organisation. We are challenged to hear the experience of minority ethnic women in Ireland and to seek with them, meaningful change in the policies and programmes that affect and oppress them.



Photo: NWC1

Report Conclusion

Marginalised women need to be heard by policy makers today. The active sidelining and silencing of these women is preventing the full political, social and economic development of modern Ireland.

The Government must work to ensure that women on the margins of society are not merely recipients of services, but are included as full participants in all decisions that affect them.

The Government must actively demonstrate leadership and political will in the areas of racism, poverty, health and disability which promotes women's equality and rights.

The Government must also resource projects and representative organisations which facilitate the right of marginalised women to engage in shaping the economic, social, political and cultural future of this island.

The importance of the use of empowerment and community development approaches is fundamental to achieving these objectives.

Marginalised women have rights!

Only meaningful inclusion, participation, representation and delivery of these rights can bring women in from the Margin.

A Charter of Rights

We want to exercise our rights to:

- *economic independence and adequate income.*
- *live in a society free of racial discrimination.*
- *health care and education.*
- *secure and quality accommodation.*
- *women's rights built into citizenship processes, such as the asylum and immigration system.*
- *transparency when accessing our entitlements.*
- *information we can understand and access to it in our own communities.*
- *information, research and facts that explain our experiences and needs.*
- *integrated services and policies that reflect our needs and experiences.*
- *play an active part in the decision-making process and to take part in planning and decisions that affect our lives and our communities.*
- *resources to improve the lives of women and our diverse communities.*
- *be respected and have the representatives of our communities recognised and included in decision-making.*

Key Policy Goals

Eradication of women's consistent poverty by 2010

Reform of social the welfare system to achieve women's economic independence

Introduction of a universal, free and effective health service

Publication and implementation of the National Action Plan Against Racism

End to direct provision - the right to work and education for asylum seekers

A national publicly subsidised system of quality, affordable and accessible childcare

Enactment of rights based legislation & implementation of a rights based and gender sensitive national disability strategy

A rights based and gender sensitive migrant and asylum policy

Gender proofing of all policies and programmes with statutory and local development bodies

Disaggregated data collection system covering all equality legislation grounds

Specific budget line to enable the participation of marginalised women in civil society and political life

Full implementation of Government's international human rights commitments to women under CEDAW and the Beijing Platform For Action

Development and implementation of an equality proofed National Women's Strategy with targets, timeframes and budget lines

Contact List

The following is a short list of key national contacts that may be of use to you using the tools or forwarding the recommendations.
(For a full list of local groups who participated in IFM or NWCI affiliates email info@nwci.ie or visit website www.nwci.ie)

Name	Address	Phone	Fax	Email	Website
AkiDWA (African Women's Network)	19 Belvedere Place Dublin 1	01 - 8552143	01 - 8552089	akidwa@eircom.net	
Amnesty International	48 Fleet Street, Dublin 2	01 677 6361	01 677 6392	Info@amnesty.ie	www.amnesty.ie
Aontas	2nd Floor 83-87 Main Steet Ranelagh Dublin 6	01 4068220/1	01 4068227	mail@aontas.com	www.aontas.com
Cáirde (Women's Health Action Project)	19 Belvedere Place Dublin 1	01 - 8552111	01 - 8552089	info@cairde .ie	www.cairde.org
Combat Poverty Agency	Bridgewater Centre, Conyngham Road, Dublin 8.	01 - 6706746	01 - 6706760	info@cpa.ie	www.cpa.ie
Community Workers' Co-operative	Unit 4, First Floor, Tuam Road Centre, Tuam Road, Galway	091-779030	091-779033	info@cwci.ie	www.cwci.ie
Crisis Pregnancy Agency	4th Floor, 89 - 94 Capel Street, Dublin 1	01 814 6292	01 814 6282	info@crisispregnancy.ie	www.crisispregnancy.ie/
Disabled Women's Working Group	c/o 17 Greenlawns Macroom Avenue Bonnybrook, Dublin 17	01 8489919		mgovern@eircom.net	
Equality Authority	2 Clonmel Street Dublin 2	01 - 4173333	01 - 4173366	info@equality.ie	www.equality.ie
Equality Tribunal	3 Clonmel Street, Dublin 2.	01-4774100	01-4774100	info@odei.ie	www.equalitytribunal.ie

Name	Address	Phone	Fax	Email	Website
European Anti-Poverty Network Ireland	5 Gardiner Row, Dublin 1, Ireland.	01 8745737	01 8781289	eapn@iol.ie;	www.iol.ie/~eapn
European Institute Of Women's Health	33 Pearse St. Dublin 2.	01 671 5691		info@eurohealth.ie	www.eurohealth.ie
Forum for People with Disabilities	21 Hill Street Dublin 1	878-6077	878-6170	inforum@indigo.ie	www.inforum.ie
Gay and Lesbian Equality Network	105 Capel Street Dublin	873-4932	873 4933	info@outhouse.ie	
Immigrant Council of Ireland	2 St. Andrew's Street, Dublin 2	01 6740202	01 6458031	info@immigrantcouncil.ie	www.immigrantcouncil.ie
Institute Of Public Health in Ireland	5th Floor, Bishop's Square, Redmond's Hill Dublin 2.	01 478 6300	01-478 6319	info@publichealth.ie	www.publichealth.ie
Integrating Ireland	c/o Comhlámh 10 Upper Camden Street Dublin 2	01 478 3490	01 478 3738	info@integratingireland.ie	www.integratingireland.ie
Irish Council for Civil Liberties	Dominick Court, 40-41 Lower Dominick Street, Dublin 1	01 878 3136/ 878 3137	01-878 3109	iccl@iol.ie	www.iccl.ie
Irish Deaf Women's Group	C/o Irish Deaf Society 30 Blessington Street Dublin 7	01 8601878	01 8601960 Minicom: 01 8601910	ids@indigo.ie	www.irishdeafsociety.org
Irish Human Rights Commission	4th Floor, Jervis House, Jervis Street, Dublin 1.	01 - 8589601	01 8589609	info@ihrc.ie	www.ihrc.ie
Irish National Organisation for the Unemployed	Araby House 8 Nth Richmond Street Dublin 1	01-8560088	01-8560090	welfareinfo@inou.ie	www.inou.ie

Name	Address	Phone	Fax	Email	Website
Irish Penal Reform Trust	Swanbrook House Bloomfield Avenue, Dublin 4	(0)1-668-0072	(0)1-660-7925	info@iprt.ie	www.iprt.ie
Irish Refugee Council	88 Capel St, Dublin 1	01-8730042	01-8730088	refugee@iol.ie	www.irishrefugeecouncil.ie
Irish Traveller Movement	4-5 Eustace St, Dublin 2	01-6796577	01-6796578	itmtrav@indigo.ie	www.itmtrav.com
Linc (Lesbians in Cork)	11a White St, Cork	021 4808600		info@linc.ie	www.linc.ie
Meitheal	35 Exchequer St, Dublin 2	01 6719803	01 6719803	meitheal@indigo.ie	
Migrant Rights Centre Ireland	3 Beresford Place, Dublin 1	01 - 8881355	01 - 8881086	info@mrci.ie	www.mrci.ie
National Consultative Committee on Racism and Interculturalism	20 Harcourt Street Dublin 2	01 - 4785777	01 - 4785778	nccri@eircom.net	www.nccri.com
National Disability Authority	25 Clyde Road, Dublin 4	(01) 6080400	(01) 6609935	info@nda.ie	www.nda.ie
National Lesbian and Gay Federation	2 Scarlet Row, Temple Bar Dublin 2	01 671-0939	01671-3549	nlgf@tinet.ie	-
National Traveller Women's Forum	Unit 4, First Floor, Tuam Road Centre, Tuam Road, Galway	091-771509	091-771235	ntwf@iol.ie	-
Older Women's Network (OWN)	OWN Ireland, Senior House, All Hallows College, Grace Park Road, Dublin 9	01 8844536/ 01 8844537	01 8844534	ownireland@eircom.net	www.olderinireland.ie/own/
One Parent Exchange and Network	Unit 19 Greendale Shopping Centre Kilbarrack, Dublin 5	01 8320264	01 8320737	enquiries@oneparent.ie	www.oneparent.ie
Pavee Point	46 North Great Charles Street Dublin 1	01 8780255	01 8742626	pavee@iol.ie	www.paveepoint.ie

Name	Address	Phone	Fax	Email	Website
Public Health Alliance Ireland	c/o Institute of Public Health in Ireland, 5th Floor, Bishops Sqr. Redmonds Hill, Dublin 2	(0)1 4786300		info@publichealthallianceireland.org	www.publichealthallianceireland.org
The SAOL Project	58 Amiens Street, Dublin 1	01-855-3391/3393	01-855-3395	saol@saolproject.ie	www.iol.ie/~saol/main.html
Women's Aid	Everton House 47 Old Cabra Road Dublin 7	01 8684721 Freephone: 1800 341900	01 8684722	info@womensaid.ie	www.womensaid.ie
Women's Health Council (WHC).	Block D, Irish Life Centre, Abbey Street Lower, Dublin 1.	01 865 8337	01 878 3710	info@whc.ie	www.whc.ie
Women's Human Rights Alliance	3 The Plaza, Headford Road, Galway	091 - 764372		Womenshumanrights@eircom.net	www.womenshumanrights.ie

Recommended Reading

- A Cross-Border Consultation on Women's Mental Health and Emotional Well-Being -Derry Well Women Cross Boarder Women's Health Strategy. Campbell, A, M. Coogan, M. McColgan and Dr. R. Naylor. Derry, University of Ulster; October 2002.
- A Woman's Model for Social Welfare Reform. Mary Murphy for National Women's Council of Ireland, April 2003. (<http://www.nwci.ie>)
- Advocacy: A Rights Issue - A Reflection Document. The Forum of People With Disabilities December 2001. (<http://www.inforum.ie/advocacy.html>)
- Building an Inclusive Society, Review of the National Anti-Poverty Strategy Department for Social, Community and Family Affairs, 2002.
- Combat Poverty Publications Catalogue- Includes number of fact sheets and publications on poverty, 2004. (http://www.cpa.ie/pub_catalog_index.htm)
- Diverse Voices: A Summary of the Outcomes of the Consultative Process and a Proposed Framework for the National Action Plan Against Racism (Published by the Government Stationery Office.)
- Giving People a Say on Poverty and Health – Learning from the NAPS and Health Consultation Process. Burke, Sara. Dublin Institute for Public Health in Ireland; March 2002.
- Guidelines for Intercultural Best Practice in Local Service Provision. The Intercultural Working Group of the North West Inner City Network (<http://www.accessireland.ie/Guidelines.pdf>)
- Health in Ireland – An unequal state Public Health Alliance of Ireland. (2004) (www.publichealthallianceireland.org)
- LISTEN! The experiences of minority ethnic women living with HIV, Cairde, 2004.
- LOT Lesbian Information and Resource Pack, a learning and development tool toward inclusion. Patricia Prendiville. LEA/NOW, Dublin.
- Organising for Change - A Handbook for Women Participating in Local Social Partnership. Community Workers Coop.(2003)
- Out of Sight; The Hidden Poverty Of Women: NWCi Policy Discussion Paper (2000) amongst others.
- Our Bodies, Ourselves for the New Century. Boston Women's Health Collective. Simon and Schuster (1998)
- Pavee Beoir: Different But Equal (Pavee Point Travellers Centre) A video looking at issues affecting Traveller women and the work that they are undertaking to address these issues (Other interesting publications are listed on the Pavee Point Website (www.pavee.ie))
- Poverty: Lesbians and Gay men, the Economic and Social Effects of Discrimination, Combat Poverty Agency, GLEN Nexus Research, Dublin.1995,
- Putting Poverty and Social Inclusion at the Centre of Health Policy and Practice. Combat Poverty Agency, 2003.
- Responding to Violence Against Women with Disabilities. National Disability Authority (www.nda.ie)
- Roma In Ireland – An Initial Needs Analysis. Roma Support Group and Pavee Point, March 2002.
- Safeguarding the Rights of Migrant Workers and their Families: Review of EU and International Standards: Implications for Policy in Ireland. Published by the Irish Human Rights Commission (www.ihrc.ie) and the National Consultative Committee on Racism and Interculturalism.
- Spectrum – The Journal of the National Consultative Committee on Racism and Interculturalism. (www.nccri.com)
- Submissions to the Draft National Plan for Women 2002 can be found on <http://www.justice.ie/80256E010039C5AF/vweb/pcJUSQ5YQ5LY-en>. These include submissions by Akidwa and Islamic Cultural Centre Women's Group, Disabled Women's Working Group, Linc, National Traveller Women's Forum, Pavee Point, Combat Poverty and many more.
- The Health of Traveller Women - A National Study, Pavee Point Travellers Centre, 1999.
- The Maternity Care Needs of Refugee and Asylum Seeking Women. Dr. JM Lawless & Dr P. Kennedy, Northern Area Health Board, March 2002.
- Towards a More Inclusive Health Service: Report on a seminar on Lesbian and Bisexual Women's Health, Galway Lesbian Line 1999.
- Voices of Immigrants: The Challenges of Inclusion. Immigrant Council of Ireland, 2004. (www.immigrantcouncil.ie)
- Women and the Refugee Experience: Towards a Statement of Best Practice - Irish Council for Civil Liberties in association with the National Consultative Committee on Racism and Interculturalism & The Irish Times (2000) (www.iccl.ie)
- Women, disadvantage and health (2003) Women's Health Council (WHC). (A range of useful publications on women's health can be downloaded from Women's Health Council www.whc.ie)
- Women's Human Rights Project, CEDAW Shadow Report Ireland, 2004.
- Women's Movement: Migrant Women Transforming Ireland, Ronit Lentin/Eithne Luibheid (eds.); Proceedings of a Conference held in TCD 20-12 March 2003. (Available on: http://www.tcd.ie/Sociology/mphil/mphil_site/pub.htm)

List of Groups who participated in the IFM project

- Access 2000
- Access Ireland
- Adapt House
- African Women in Galway
- African Women's Network Group Galway
- Ait Na nDaoine CDP
- AkiDWA (Akina Dada Wa Africa)
- Aontas
- Amnesty International Tullamore
- An Síol
- Athlone Childminding Initiative
- Athlone Community Taskforce
- Ballybeg Women's Group
- Ballymote Family Resource Centre
- Bantry Integrated Development Group
- Bedford Row Family Project
- Birr Traveller Training Centre
- Blanchardstown Area Partnership
- Blanchardstown Traveller Support Group
- Bray Partnership
- C.A.F.T.A.Ballymun
- C.D.P. Women's Group
- Cáirde
- Cancer Support Centre Sligo
- CANDO Ltd.
- Carlow Women with Disabilities Forum
- Carrickmacross Local Development Group
- Catherine McAuley Centre – Open Door Project
- Cavan Partnership
- Centre for Independent Living
- City Housing Initiative
- Clann Housing Association
- Clare Fianna Fail Women's Forum
- Clare Women's Network
- CLASP
- Clondalkin Traveller's Development Group
- Clondalkin Women's Network
- Clonmel Primary Health Care Project for Travellers
- Clonmel Resource Centre
- Club Cluainin Active Age Group
- Co. Clare Citizen's Information Service
- Co. Leitrim Partnership
- Co. Limerick VEC
- Cois na hAbhann
- Coiste na n-Iarchimí
- Combat Poverty Agency
- Comhlamh
- Community and LARC CDP Women's Group
- Community Connections
- Community Development Project, Ennis
- Community Parenting Support Programme
- Community Women's Group - Comhairle
- Community Workers Coop
- Coonal Women's Group
- Co-operation Fingal
- Cork Centre for the Unemployed
- Creative Activity For Everyone (CAFÉ)
- Community Women's Education Initiatives (CWEI)
- D.A.W.N. W.I.S.H. Women's Health Group
- Disability Employment Network
- Disabled Women's Working Group
- Donegal Gender Equality Project "Restoring the Balance"
- Donegal Second Chance Education Project for Women
- Donegal Towns Women's Group
- Donegal Travellers Primary Health Care Project
- Donegal Women's Group
- Donegal Women's Network
- Doras Luimni
- Dráiocht Community Development Organisation
- Drogheda Area Women's Network
- Drogheda Community Forum
- Drogheda Women's Refuge
- Drumlin C.D.P.
- Duagh Family Resource Centre
- Duhallow Women's Forum
- Dundalk Resource Centre
- Dundalk Travellers Group
- Dungarvan Community Development Project
- Easkey Women's Group
- East Clare Community Coop
- Eiri corca baiscinn
- Ennis Traveller Group
- Ennis Women's Club
- FAB Coolcotts CDP
- FAB Women's Group
- Family Life Centre Boyle
- Faranree CDP
- Farm Families
- Farney Women's Group
- Finglas CIC
- Forthill
- Galway One World Centre
- Galway City Partnership
- Galway Rape Crisis Centre
- Galway Refugee Support Group
- Galway Traveller Support Group
- Gandon Enterprises Ltd.
- Headford Women's Group
- Hope
- Human Rights and Human Dignity Group

- ICA
- ICA Ennis
- ICA Broomsfield
- Inchicore Outreach Centre
- Independent Mothers Project - Waterford
- Inishowen Women's Info Network - IWIN
- Intercultural Focus Group
- Irish Cervical Screening Programme
- Irish Council for Civil Liberties
- Irish Deaf Women's Group
- Irish Pre-School Playgroup Association
- Irish Refugee Council
- Irish Traveller Movement
- Irish Wheelchair Association
- Islamic Cultural Centre Women's Group
- Kerry Deaf Resource Centre
- Kerry People with Disabilities
- Kilbarrack CDP
- Kileely Community Project
- Kilkenny Community Action Network
- Kilkenny County Council
- Kiltimagh Health Centre
- Kiltimagh and District CDP
- Knockanrawley Resource Centre
- Knockmay Family Resource Centre
- L.InC (Lesbians In Cork)
- Ladies Friendship Club
- LARC CDP
- Larchville/Lisduggan C.D.P.
- Latton Social Services
- Le Chéile
- Letterkenny C.D.P. Ltd.
- Letterkenny Women's Centre
- Limerick Citizen's Information Centre
- Limerick Travellers Development Group
- Links, Tralee
- Local Employment Service, Limerick
- Longford African Women's Group
- Longford Intercultural Awareness Group
- Longford Traveller Primary Health Care Project
- Longford Women's Centre
- Loughboy CDP - Bishop Birch Training Centre
- Loughboy Women Writers
- Louisburgh Community Project
- Lourdes Youth and Community Services
- Louth African Women Support Group
- Louth Centre for Independent Living
- Louth Traveller Primary Health Care Project
- Mary Primary School Parents Association
- Mayfield Employment Action Project
- Mayo Rape Crisis Centre
- Mayo Travellers Support Group
- Mayo Women's Support Services
- Mban le Ceile Aughris Women's Group
- Meath Family Resource Centre
- Meitheal
- Midland Health Board
- Midland Regional Youth Services
- Midlands Regional Support Agency
- MidWest Community Development Support Agency
- Mid-Western Health Board
- Millenium Family Resource Centre
- Min Ceir Whiding
- Monaghan County Childcare Committee
- Monaghan Deaf Group
- Moving On Project – Blaney Blades
- Moyross Action Centre
- Moyross L.E.S.
- Multi-Cultural Resource Centre, Belfast
- NASC - Irish Immigrant Support Centre
- National Training and Development Institute/Orbis
- National Travellers Women's Forum
- National Youth Council of Ireland
- National Consultative Committee on Racism and Interculturalism (NCCRI)
- NEHB Primary Health Care Project for Travellers
- Nenagh Community Network
- New Beginnings Lone Parent Group
- New Communities in Enniscorthy
- New Ross CDP
- New Ross Intercultural Group
- Newpark Close Women's Group
- Nigerian Women's Group
- North Leitrim Women's Centre
- North Wall Women's Centre
- North West Inner City Women's Network, Dublin
- North Western Health Board
- Northside Community Centre
- Northside Initiative for Community Health Cork - NICHE
- Northside Poverty Action
- Northern Ireland Women's Aid Federation
- Northside Traveller Support Group - NT.S.G.
- NUI Galway Women's Centre
- Offaly Women in Crisis
- One Parent Exchange and Network (OPEN)
- One World Spirit
- Outcomers Dundalk
- PALS Southside CDP
- Pan-African Organisation
- Parent Support Programme Clonmel
- Parents Group Ringsend

- Partnership Trali
- Partners
- Pavee Point
- People's Resource Centre
- Portlaoise Community Action Project
- PWDI Galway
- Radio Corca Baiscinn
- Rainbow Support Services
- Rathcoole Women's Dev. Group
- Red Ribbon Project
- Rehabcare
- Republican Women's Group
- Respond Housing
- Ringsend Action Project
- Roma Support Group
- Ronanstown Women's CDP
- Roscommon County Council
- Roscommon Home Services
- Roscommon Traveller Development Group
- Roscommon VEC
- Ruhama Women's Project
- Rural Action Project
- Rural Community Care Network
- SAOL Project
- Shanty Education Training Centre
- Sinn Fein
- Sinn Fein Women's Forum Portlairge
- Sligo Carers Association
- Sligo Leader Partnership Co.
- Sligo Rape Crisis Centre
- Sligo Travellers Support Group
- Sorussi
- South West Wexford CDP
- Southhill Community Action
- Southhill Domestic Violence Project
- Southside Community Development Project
- Southwest Kerry Women's Association
- SPLTU, Tallaght
- St Bridge Family Affair Community
- St. Brigids Family and Community Centre
- St. Brigids Traveller Women's Group
- St Catherine's Community Services - Moving On
- St. Joseph's Training Centre, Clare
- St. Michael's Family Resource Centre
- St. Munchin's Family Resource Centre
- Strabane and Lifford Women's Centre
- Tallaght Intercultural Action
- Tar Isteach
- Tearmann Domestic Violence Services
- Temple Shannon CDP
- The Association of Non-National Residents Carlow
- The Old Convent Hostel Mayo
- Three Milehouse Women's Group
- Time for Me Women Centre Waterford
- Tipperary Women's Network
- Tralee Refugee and Asylum Seeker Support Network (Trasnet)
- Tralee Women's Resource Centre
- Traveller Health Unit Health Board
- Traveller Movement NI
- Traveller's Visibility Group
- Triskele Community Training and Development
- Tuam Community Development Resource Centre
- Tullamore Primary Health Care Project
- Tullamore Rape Crisis Centre
- Tullamore Traveller Movement
- Tullamore Wider Options (T.W.O.)
- Tullamore Job Club
- University College Dublin, WERRC
- WAVES Coalition
- W.I.T. – Community Education and Development
- Waterford Adult Contemporary Dance
- Waterford Justice Group
- Waterford Social Justice Group
- Waterford Women's Centre
- Waterford Women's Community Network
- WEAVE
- West Clare Resource Centre
- West Cork & Beara Women's Network
- Western Health Board Primary Healthcare Nurse
- Western Women's Link
- Westmeath Community Development Project
- Wexford Area Partnership
- Wolfe Tone Community House
- Women of the North West
- Women with Disabilities Group Longford
- Women's Advisory Committee, Sligo
- Women's Community Projects (Mullingar) Assoc
- Women's Forum – Sinn Féin
- Women's Health Action Project
- Women's Human Rights Project
- Women's Aid
- Women's Development Group
- Women's Friendship and LARC Women's Group
- Women with Disabilities Equality and Leadership Program
- WRC Social and Economic Consultants
- YIP Project
- Young Women's Project F.D.Y.S.
- Young Women's Group
- Youth New Ross Moving On

Event Access Checklist¹

Working to make your events accessible to all women!

Why Access?

Too many meetings and events are organised without planning access; as a result many women are excluded from participating. This is particularly true for women with disabilities, women doing care work, women on low incomes, minority ethnic women, and other marginalised women.

It is important to plan access into your organising to ensure marginalised women are able to participate

When you make an event accessible:

- ✓ You have a greater chance for success;
- ✓ You will increase the number and diversity of women who will be able to attend; and
- ✓ You make it easier for everyone to participate.

The following is a list of key things to consider when organising – it is not a complete guide so make sure you read other materials.

Planning

If you want to involve people in your event – it is important to plan with them in advance. The best way of doing this is to use a community development approach which involves women.

Some key points with regard to planning are:

- ✓ Make sure that you are involving a **diversity of women in planning** the event.
- ✓ **Prioritise the needs of those most marginalised** as key target groups.
- ✓ Involve women from these target groups in a **meaningful planning process** which explores; aims, content, outreach, and evaluation of the event.
- ✓ **Allow enough time** for groups/individuals to **plan participation** into their schedule and to feedback and **consult** with those they represent.

Budgeting for Access

Women who live on State benefit, low wages or who do not have independent access to funds are unable to participate sometimes simply due to the costs involved.

When applying for money for a project your organisation should:

- ✓ Use **access as a key item in your budget** line planning.
- ✓ Include costs for participative process.

When you are budgeting, estimate the possible costs needed for crèche, travel and care costs, sign language interpretation disability assistants, Braille or language translation.

1. These tools were developed from the learning out of IFM focus groups and with assistance of representatives number of organisations and the Disabled Women's Working Group – it was also compiled from a number of other checklists available such as Ask Me: Guidelines for Effective Consultation with People with Disabilities, DESSA On the Right Track Community Projects and Disability Rights, Equality Authority Support Pack On Equality and Diversity Quality Customer Service, Kerry People with Disabilities and DAWN DisAbled Women's Network Canada.

Registration Form

Use the registration form to find out what your participants' needs are – and to let them know that you will accommodate their needs if they wish to attend. The registration form will allow you to plan in advance for any specific needs such as sign language interpretation or translation of materials into different formats.

- ✓ **Advertise access on the invitation** – i.e. state "the venue is fully wheelchair accessible", "there will be an on-site crèche", etc.
- ✓ Include an **access needs form** with your invitation or registration form.
- ✓ Send out **materials to those registered in advance of the day**. This reduces anxiety from uncertainty regarding the event and encourages participation – include such things as the event agenda, costs claim form, map to venue, parking, information on crèche, access supports and key materials.

An access needs form was developed (by focus group and advisory group members) for use during the IFM project and it is located on page 82 – please feel free to copy and use it with your application forms or download it from www.nwci.ie.

Costs of Participation and Childcare

Costs of care and transportation, as well as access to crèche services, are key barriers to participation of those on lower incomes or without independent access to funds. To encourage participation ensure the following regarding costs:

- ✓ Reimburse **out-of-pocket expenses incurred** (travel, childcare, etc) for those who wish to claim them.
- ✓ Develop **transparent procedures** for offering participants these supports.
- ✓ **Communicate supports to participants** from the initial contact (i.e. registration or advertisement) informing them that access costs will be available and/or supports will be provided.
- ✓ **Organise supports that will reduce the costs of participation** – i.e. crèche, transportation or lunch for participants.
- ✓ **Organise an onsite crèche** – to assist those who cannot access childminders. Crèches should be organised with registered childcare workers.

Ensure that participants know in advance of events that they can claim costs or access supports - this will encourage them to participate. Ensure that they can claim costs without stigma and that they can access these resources without lengthy procedures.

A **costs claim form** was developed for use in IFM (Located on page 83). Please feel free to adapt and use it for your events.

Advertising

Organising meetings and hoping that women who would not normally attend will participate, often does not work. Advertising the event is an important way of reaching women who have not participated before. Consider doing the following:

- ✓ **Network and meet with key target** groups and representative bodies before the event to encourage their participation.
- ✓ **Invite marginalised women's groups directly and actively.** Get contact lists of organisations to involve from representative networks or organisations that work with key target groups.²
- ✓ **Advertise** events in newsletters of representative bodies. (Such as The Forum, NTWF, etc.).
- ✓ Using **specific radio or print media that targets the groups** you want to involve (Some examples might include Metro Eireann, Gay Community News, 'Mono' -RTE Television, 'Hands On' - RTE Television, etc).
- ✓ Use **representative images and name key target groups** to let participants know they are specifically invited to take part.

Finding a Location

Where you hold your event is one of the most important considerations in terms of access. The venue needs to be accessible to women with disabilities, those travelling on public transport, and the local Traveller community. Before you book the venue:

- ✓ **Contact local organisations** – such as disability and Traveller organisations - asking them what venues they recommend and which ones they will not use.
- ✓ Always **make an on-site visit** before you book the location – and bring a checklist of things to consider. You **cannot be**

totally certain of a location's accessibility with only a phone call to a venue.

It is important to use a full disability checklist when reviewing a venue for disability access:

(A full check list is available from the publication ASK ME- Guidelines for Effective Consultation with People with Disabilities. It can be downloaded free of cost on the NDA website <http://www.nda.ie/Resource.nsf/askme.pdf> or received by contacting NDA on Tel: 01 608 0400)

Some key points to ensure:

Building

- ✓ Is there a level or ramped entrance?
- ✓ Is access for disabled people through the main entrance to the building (not the side or back entrance)?
- ✓ Are there lifts with adequate space for independent access and use by a wheelchair user or mother with a pram? Do lifts have floor announcements to upper floors?
- ✓ Do steps and ramps have handrails fitted on both sides?
- ✓ Are the tables at a height that wheelchair users can reach?
- ✓ Is there a designated wheel chair accessible toilet which can accommodate both wheelchair user and assistant if necessary?

2. The IFM project has created a data base of groups involved in this project – you can receive a copy of it from the NWCI or download event organisation lists from our website (www.nwci.ie/). Ideas of key national contacts can be found in the contact section of this publication.

- ✓ If there are heavy doors is there an automatic device fitted – or can doors be fully propped open for the event.
- ✓ Are the doorways to rooms wide enough for wheelchairs and are the rooms used for workshops, meals, and registration fully wheelchair accessible?
- ✓ Are there things that can be done which help visually - impaired persons find their way around (colour contacts in furniture, carpets, walls and doorways or indents in floor coverings, etc) or Braille signs.

Transportation

- ✓ **Parking** - Are there parking bays near to the building entrance designated for people with disabilities? Can a wheelchair user negotiate the route from the car park to the venue?
- ✓ Is there a **drop-off point** near to the building entrance?
- ✓ Is the venue accessible by **public transportation**?
- ✓ If you are transporting participants; is the vehicle wheelchair accessible, will the attendant assist the users getting on or those with prams? If not will you arrange accessible transportation?

The Event

When organising your event, remember to make the content accessible and participatory. Consider barriers for those with low literacy levels or who are not familiar with the work or style of your organisation.

Access Needs

Consider the following:

- ✓ Have you organised the access needs asked for in the registration form, for example sign language interpreter and creche etc.
- ✓ Have you organised basic access supports for all participants.

Agenda

When **organising your agenda** you should consider:

- ✓ The use of a **variety of formats** to engage and encourage participation - such as creative and arts inputs, small group work, round table discussions, short key note speakers, workshops - short sessions are preferable.
- ✓ The participation of **representative** speakers and facilitators from **diversity** of communities and marginalised groups.
- ✓ That the **topic and content** is relevant to and inclusive of marginalised groups.

Time

Timing is an important part of encouraging women to attend. Consider the following key points raised by IFM focus group participants:

- ✓ **Check the event date and time** with key groups locally to ensure it doesn't conflict with other relevant events, cultural or religious holidays.
- ✓ Give ample **notice for the event**.

- ✓ **Avoid early morning starts** – they are unsuitable for carers or those who require assistance to attend.
- ✓ Allow **time for people to travel** to the event.
- ✓ **Stick to the time schedule** – this is important to women with pre booked transportation or family commitments.
- ✓ Consider holding the **same meeting more than once** if necessary.

Facilitators and Speakers

Make sure that all facilitators and speakers are aware of access needs – train and brief them on:

- ✓ Equality Issues.
- ✓ How best to facilitate the participation of people with disabilities.

Make sure they:

- ✓ Speak clearly, with easy-to-understand language and no jargon.
- ✓ Are aware of differing literacy and language levels in the audience.
- ✓ Use handouts or Audio Visual Supports to assist participation.

(A checklist for speakers and facilitators is available from the publication ASK ME- Guideline for Effective Consultation with People with Disabilities and can be downloaded free of cost on the NDA website <http://www.nda.ie/Resource.nsf/askme.pdf> or received by contacting NDA on Tel: 01 608 0400)

Written Materials

Written materials can assist participants in gaining more information from an event. However, it is important to make sure everyone can use the materials. Remember:

- ✓ All materials should be plain English and be **easy to read and understand**.
- ✓ Information needs should be available in a **range of accessible formats** (such as disk or email, large print, Braille, translated into other languages, etc). Tell people materials are available in these formats.
- ✓ **Photos and images** in materials are **representative** of all participants.

On the day

Registration Table

- ✓ Are the registration desk and information tables at a height that wheelchair users can reach?
- ✓ Is the registration desk directly at entrance – to provide assistance for those who need it immediately upon arrival?
- ✓ Are there extra staff available to assist participants, i.e. roving disability assistants, staff to assist people to the crèche.
- ✓ Have staff at the registration desk received equality training? Are they well-briefed to be welcoming to all participants and aware of providing assistance when needed?

Seating Arrangements:

Remember to choose rooms large enough for wheelchair users and your participants. Ensure that:

- ✓ The aisles are wide and there is plenty of space around tables for wheelchair users to travel comfortably.
- ✓ That seats are reserved in the front row for deaf or hard-of-hearing participants – so they can see sign language interpreters or lip read speakers.
- ✓ Noise levels are considered when organising activities and workshops, too much background noise may make it difficult for those with hearing difficulties to listen or participate.
- ✓ No wheelchair users are placed on steep sloping floors.
- ✓ The room is set up in a way that facilitates easy communication – i.e. round tables, chairs in circle, etc.

Signposting

It is important to consider making signs that facilitate participants arriving to reach the event and feel welcome and know where the things they need are, and also:

- ✓ To direct participants to the registration desk, rooms and workshops.
- ✓ To direct participants to access needs – such as accessible toilets, crèche, etc.
- ✓ Make sure the signs are easy to read, clear and in a large font size (20) with contrasting colours, in simple English and/or have graphics/pictures to depict their meaning.

Meals

Food served at the event should take into consideration cultural, religious and dietary restrictions. Try to stick to scheduled meal times - this is important to women who are diabetic and those who deal with chronic pain and fatigue. Buffet-style meals can also be a barrier for women with disabilities. Where possible arrange for table service for participants.

Arrange for the following:

- ✓ Offer a vegetarian option.
- ✓ Respond to special dietary needs.
- ✓ Ensure table service for all participants or reserve tables with service for people with disabilities.

Evaluate

Make sure to evaluate all your events – identify what assisted and/or prevented marginalised women from participating.

- ✓ Ask all participants on an evaluation form or in a follow-up meeting, what assisted or prevented their participation.
- ✓ Ask key target groups what assisted or prevented women in their group participating.
- ✓ Review who attended and who did not attend.
- ✓ Feed the learning from the evaluation into the planning process for your next event.

Some contacts for organising disability access needs include:

Name	Address:	Telephone	Email:	Service
ACTS	Unit 20, Nutgrove Enterprise Pk, Churchtown Dublin 14	01 4948332	gerryacts@eircom.net	Transportation for people with disabilities in Dublin.
Arbour Hill Prison Braille Unit	Arbour Hill Dublin 7	01 671 9333		Braille
Bus Eireann Disability Consultative Committee	Head Office, Broadstone Dublin 7	01 830 2222		Transportation – national bus service.
Iarnrod Eireann (Irish Rail) Access and Liaison Officer	Head Office, Connolly Station, Dublin 1	01 703 2634	melanie.mcdonagh@irishrail.ie	Transportation – Dart, Intercity and suburban services.
Irish Deaf Society	30 Blessington St. Dublin 7	01 8601878		Provides information on deafness and specialises in technology development for the deaf.
Irish Sign Link	25 Clyde Road Ballsbridge Dublin 4	Tel/minicom: 01 608 0437 Fax: 01 668 5029	signlink@indigo.ie	National agency for the provision of sign language interpreters.
Irish Wheelchair Association	Aras Cuchulain Blackheath Drive Clontarf, Dublin 3	Tel: 01 818 6400 Fax: 01 833 3873	info@iwa.ie	Provides transport fleet, driving assessment and tuition, personal assistance and home care attendants.
National Association for Deaf People	35 North Frederick Street Dublin 1	01 872 3800	nad@iol.ie	Deaftech service provides advice and specialised equipment, including loop system.
National Council for the Blind in Ireland	P V Doyle House 45 Whitworth Road Drumcondra, Dublin 9	01 830 7033	nabi@iol.ie	Braille, tactile and computer aids, taping of materials, adaptive technology.
Vantastic	196 Howth Road Killester Dublin 3	01 833 0014/ 01 833 0663	info@vantastic.ie	Transportation for people with disabilities in Dublin.

ACCESS NEEDS FORM

Please fill in this form if you will be using the crèche or if you have any other access needs.

Note: All participants can receive payment for the cost of travel and child/elder/dependent care.

CRÈCHE

There will also be a crèche available on site.

I would like to use the crèche

For how many children

Age(s) of children

(Note – child / elder / dependent care payments are available for all participants)

COMMUNICATION NEEDS

The language I am most comfortable with is:

To participate I would need interpreter services in the following language:

I can take part in discussions in the following languages:

I am willing to help interpret in workshops from / into the following languages:

Do you require an Irish Sign Language interpreter?

Would you like to receive documents in:

Computer disk

Braille

Audio tape

Large print (16 or 18 point)

Other

Will you require a loop system?

Special dietary needs:

A Roving Assistant will be available on the day to assist people with their access needs. Please indicate if you will require this service

If you have any other specific requirements to ensure your comfort & full participation, please let us know and we will do our best to meet them:

WOMEN TOGETHER EXPENSES CLAIM FORM

[Name of Seminar to be included here]

[Date and location address of Seminar]

Cheque No:

All Participants can claim back their expenses for travel, care or personal assistants.

Name (Please Print):

Organisation:

Address:

Telephone:

I require payment by post following event

I require payment today

Cheque

Cash

TRAVEL EXPENSES



Public Transport I travelled by Train/Bus/Taxi/Dart (Please attach receipt if possible)
The cost was:



Car Miles @ €0. per mile

Total Travel Payment Due:



Care Costs (You can claim the standard amount for care costs at € .00 per day without a receipt or the specific amount of your care costs with a receipt.)

Care Costs: Standard Amount € .00

The cost was with receipt:

Payment to Personal Assistant:

Total Care Payment Due:

Total Payment Due:



I have received total payment of _____ in _____ for the above costs.

Signature:

Date:

Anti-Racism and Intercultural Policy

Adopting an Anti-Racism and Intercultural Policy is a simple method to support your organisation in starting to commit to, plan and evaluate its work in addressing racism. Below is a sample **policy** ready for you to use. Just place the name of your organisation in the blank space, and amend as appropriate.

Sample Anti-Racism and Intercultural Policy

1. Introduction

The _____ (organisation name) is committed to ensuring that our organisation challenges racism and supports interculturalism. This policy was developed following consultation and awareness-raising with all staff and volunteers in the organisation (Give a brief description of how you drew up the policy).

2. Definitions

Racism

Racism is 'a specific form of discrimination and exclusion faced by minority ethnic groups. Racism is based on the false belief that some 'races' are inherently superior to others because of different skin colour, nationality, ethnic or cultural background. Racism deprives people of their basic human rights, dignity and respect.

Interculturalism

Interculturalism is essentially about interaction, understanding and respect. It is about ensuring that cultural diversity should be acknowledged and catered for. It is about the proactive and targeted inclusion of minority ethnic groups in a meaningful way, not as a token gesture. Interculturalism also recognises that people should have the freedom to keep alive, enhance and share their cultural heritage.

Mission Statement

The _____ (organisation) wishes to develop our organisation as one where women from minority ethnic groups are comfortable to work. We want our organisation to be a place where racism is effectively addressed and where activities are developed that effectively meet the needs of all those we work with, including women from minority ethnic groups.

Meeting our Legal Obligations

The _____ (organisation) will ensure that we are aware of all relevant equality laws and that these laws are respected and fully complied with in our employment practice and in the implementation of our work programme.

3. A Whole Organisation Approach

In working to address racism and promote interculturalism we will ensure that our ethos (the principles that we work from), our employment procedures and the way in which we implement our work programme, reflect our vision of an organisation based on equality, justice and human rights.

Ethos

The _____ (organisation) is committed to working towards an inclusive organisational ethos. We seek to take into account the diversity of people in the workplace and the diversity of those with whom we work. When policy is being planned, implemented and reviewed the needs of minority ethnic communities will be fully considered and incorporated.

Employment procedures

The _____ (organisation) is committed to ensuring all our employment, grievance and disciplinary procedures explicitly state that racism, sexism and offensive behaviour are unacceptable.

We will make every effort to ensure that individuals from minority ethnic groups are encouraged to take up employment and progress within our organisation. We will in particular, recognise cultural and religious diversity within the organisation, develop induction and orientation programmes and attempt to provide practical support and assistance towards integration.

Work Programme Implementation

The _____ (organisation) is committed to supporting the inclusion of a focus on minority ethnic groups in all of our work. To this end we will:

- ✓ Ensure equality of outcomes from our work for minority ethnic groups.
- ✓ Mainstream an intercultural/anti-racist approach in all our activities.
- ✓ Specifically target and build the participation of minority ethnic groups in our activities.
- ✓ Provide anti-racism training for all staff and volunteers in the organisation.
- ✓ Gather data and information on the position of minority ethnic groups in relation to our work and lobby for the development of clear data collection systems at Government level, to assess and monitor the position of minority ethnic groups in Ireland, particularly with regard to education, training, employment, health and accommodation.

4. Monitoring and Evaluation

Monitoring and evaluation of the implementation of this policy is the responsibility of the management/board of the _____ (organisation). An equality officer/equality committee will support and advise on the way in which this policy should be implemented and monitored.

Lobbying to Create Change

How to lobby ?

There is no single, foolproof way to lobby policy makers. Success depends on many factors: the political environment, the people involved, the resources available and the issues concerned.

Some topics to consider are as follows:

Identify the issue

Begin by identifying the issue or situation and what you want to do about it.

- ✓ What change do you want to achieve?
- ✓ What policy programme needs to change in order to achieve this?
- ✓ What specifically needs to happen to achieve the change you want?

Identify who holds the power

This will ensure you are focusing on those people that can make the most difference.

- ✓ Who has the power to make the decisions about your issue?
- ✓ Who can influence the change you want?
- ✓ Where is the issue being dealt with; is it at local, regional, national, or European level?

Getting Organised

Although you can go it alone, most successful lobbying is the result of a group or team working together. Start by pulling together a group of people who feel as strongly about the issue as you do.

- ✓ Have you included those directly affected by the problem and the change you want?
- ✓ Have you worked with and involved women, who are often excluded e.g. Traveller Women, poorer women, minority ethnic women.

Set your goal

Work out a realistic timetable, achievable targets and sensible deadlines.

- ✓ If you are opposing something; have you thought about some positive, practical alternatives, as this makes it easier for decision-makers to support you?

Research your issue

You need to research your issue thoroughly to ensure that you have evidence or facts to support your case.

You need to ensure that your evidence and facts are correct. If someone disagrees with you, they will often challenge your research methods as a means of discrediting your evidence.

Find out how much support there is for and against your views. Look at opposing arguments, and work out constructive, realistic counter-arguments. It is also useful to get details of how similar situations have been dealt with in the past, in other parts of the country or abroad.

Building Solidarity

There may be other members of your community who could benefit from your proposals.

- ✓ Have you contacted other organisations working on similar issues?
- ✓ Do you know if there are other groups working on the same issue but in a different locality?
- ✓ Are there national/European/International organisations working on the same issue who could support your work?

Methods you can use to lobby

You need to decide how you are going to lobby:

- ✓ Organise a meeting of community groups or women affected by the issue.
- ✓ Organise a seminar to build awareness of the issue and invite decision-makers.
- ✓ Organise a meeting with your elected representatives.
- ✓ Organise a letter-writing or emailing campaign.

- ✓ Use press releases or photo opportunities to get media attention.
- ✓ Organise a protest or picket to highlight the issue.
- ✓ Propose Dail Questions or Parliamentary Questions.
- ✓ Use the Freedom of Information Act.

Contingency plan

If you draw a complete blank and the decision-makers you contact are totally uninterested and unsympathetic, you may need to change your tactics. Alternatively, you can concentrate more of your time and resources on educating the public on the issue through your campaigning activities.

Further information on lobbying

- ✓ A guide to influencing policy in Ireland, B Harvey, Combat Poverty Agency 1998.
- ✓ Steps to Effective Participation at Local Level, F. Gallagher, 2000, Clondalkin Women's Network.

Case Studies on Community Development and Health

Cairde Women's Health Action (WHA)

WHA works with disadvantaged minority ethnic women. Through their work, WHA has found that the main factor which impacts on the health of disadvantaged minority ethnic women is inequality. This inequality is reflected in poverty, the difficulty accessing suitable accommodation, unemployment - often due to not having the right to work and poor access to education and training, - immigration insecurity, racism, discrimination; as well as poor access to, and negative experience of health services.

The aim of **WHA** is to enable women from ethnic minority communities to address health inequalities. The objectives of WHA are:

- to support minority ethnic women to identify their health needs;
- to build the capacity of minority ethnic women to address their health needs;
- to raise awareness of the issues affecting the health of minority ethnic women;
- to support minority ethnic women to influence policy which impacts on their health; and
- to support minority ethnic women to meet with other groups/communities experiencing inequality.

Through WHA minority ethnic women are encouraged to come together to share their experiences and identify for themselves what their needs are. They are encouraged to agree actions they

can take together to bring about changes to impact positively on their lives, and ultimately their health.

Since its establishment, WHA has focused on three main areas of work: Support Work: an outreach basis and through Cairde's resource centre.

Lobbying & Policy Work: WHA works in solidarity with other groups; and also works directly with policy-making bodies in an effort to ensure that minority ethnic women's experiences are fed in to the policy making system. A key goal is to build the participation of minority ethnic women at this level.

Development Work: Working in partnership with local groups, WHA has facilitated the establishment of 9 minority ethnic women's fora in local areas across Dublin – Clondalkin, Tallaght, Rialto, North Inner City, Dublin 12, Islamic Cultural Centre, Slavianska (Russian speaking women's movement), Blanchardstown, and Women's Support & Development Group (women living with HIV).

In each forum, the participating women are supported to identify areas of concern and to meet with local policy-makers and service providers to highlight these concerns. Women in each forum are encouraged to take collective action to ensure that they are enabled to articulate their own needs. An example of a women's forum, is one researching and producing a document highlighting their

experiences, in 'LISTEN! The experiences of minority ethnic women living with HIV'.

**Contact: Stephanie Whyte, Cairde, 19 Belvedere Place, Dublin 1.
Tel: 01 8552111 Fax 01 855 2089 e-mail: info@cairde.ie Website:
www.cairde.org**

Pavee Point Primary Health Care for Travellers Project ¹

"This is the first time Travellers have got this type of training and jobs. We understand our own people and believe that given the proper support and resources we can begin to improve the health of our community. It is no longer acceptable that Travellers die so young."²

The Primary Health Care Project, started in 1994, is a joint initiative between Pavee Point and the Northern Area Health Board. The aim is to improve the health status and quality of life of Travellers through responsive, innovative and culturally appropriate approaches.

The project employs sixteen Traveller women as Community Health Workers.

Their work includes:

- ✓ In-service training for health professionals.
- ✓ Community based health liaison work.
- ✓ On-site health education sessions.
- ✓ Co-ordinating visits for women to clinics.
- ✓ Production of Traveller-specific health promotion material.
- ✓ Research on and survey of Traveller health.
- ✓ Participating in media work, seminars and conferences.
- ✓ Representing Travellers on the National Traveller Health Advisory Committee.

Numerous Traveller organisations and Health Boards throughout the country have replicated the project model and it is endorsed as good practice in the National Traveller Health Strategy 2000-2005.

**Contact: Pavee Point. 46 North Great Charles St., Dublin 1. Tel:
01 8780255 Fax: 01 8742626 email: pavee@iol.ie Website:
www.paveepoint.ie/**

1. Information provided by Pavee Point Website: www.paveepoint.ie/
2. Missie Collins (1998) During presentation of Community Health Worker Certificates by the then Minister for Health, Brian Cowen TD

Describing the Policy Context

POVERTY

Policy Developments at UN Level

Beijing Platform for Action (BPfA) - This agreement was adopted by Governments from 189 countries, including Ireland, at the Fourth UN World Conference on Women, held in September 1995 in Beijing, China.

- It is an agreement by Governments to take action on women's rights as human rights.
- It came from women making connections across the world.
- It gives women a voice locally, nationally, and globally.

In the Platform for Action, world Governments promised to deliver equality, development and peace for women on twelve critical counts including health, poverty, economic independence and women's human rights.

'More than one billion people in the world today, the great majority of whom are women, live in unacceptable conditions of poverty.... Women's poverty is directly related to the absence of economic opportunities and autonomy, lack of

access to economic resources ... lack of access to education and support services and their minimal participation in the decision-making process...'

Beijing Platform for Action, paras. 47 and 51

Convention on the Elimination of Discrimination Against Women (CEDAW) – This convention, was drawn up by the UN in 1979 and ratified by Ireland on 3rd December 1985. It is an international bill of rights for women, which emerged from the First UN Conference on Women (Mexico 1975). This was the first convention to comprehensively address women's rights within political, economic, social, cultural, and family life.

CEDAW articulates the inadequacy of the international human rights system to protect women's human rights and combat discrimination. CEDAW addresses indirect, as well as direct discrimination, and promotes positive action.

In Article 1 of the Convention, discrimination against women is defined as:

'Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition,

enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.’

CEDAW is important because it places women's rights on the political agenda. It can be used to demand accountability from the Government and is an important lobbying tool for women's empowerment. It has enabled women's groups and organisations to use a human rights framework, and has built solidarity among women's groups and organisations nationally and internationally.

The Beijing Platform for Action and CEDAW can be used as a lobbying tool by women's organisations so as:

- to strengthen arguments made by women's organisations to increase women's rights; and
- to monitor Governments' records on implementing CEDAW and demand action against commitments which they have signed up to.

Each Government is required to submit a periodic report to the UN CEDAW Committee on its implementation. In early 2003, the

Irish Department of Justice, Equality and Law Reform submitted their Combined 4th and 5th Reports to the CEDAW. A Shadow Report was written by an alliance of NGOs and women's groups and was coordinated by the Women's Human Rights Project.¹

The European and Irish Policy Context

The National Anti Poverty Strategy (NAPS) and the National Action Plans Against Poverty and Social Inclusion provide the primary policy framework in which poverty is addressed in Ireland.

National Anti-Poverty Strategy - The NAPS was adopted in 1997 to address poverty and social inclusion. The Office of Social Inclusion in the Department of Social and Family Affairs has the key responsibility for its implementation and monitoring. The adoption of a formal Government strategy, which defined poverty and set a ten-year strategy for the reduction of poverty, was a significant and critical development in Irish social policy.

The NAPS set a ten-year target for the reduction of poverty nationally and identified five key areas for the establishment of specific targets:

- Income adequacy
- Unemployment
- Educational disadvantage
- Urban poverty and
- Rural poverty.

1. The Report is available from Women's Human Rights Project, 175a Phibsboro Road Dublin 7 Tel: 01 8827375 / 091 764372 Email: womenshumanrights@eircom.net Website: <http://www.whrp-ireland.org/>

A number of principles to underpin the strategy were also agreed upon, one of which underlines the importance of ‘focusing on the gender dimension of poverty’. The process of poverty proofing was also established under the strategy.

Given the rapid increase in economic growth the NAPS targets were quickly reached.

As part of the commitments in the social partnership agreement: ‘The Programme for Prosperity and Fairness’, the Strategy was reviewed in 2001. The revised Strategy ‘Building an Inclusive Society’ was launched in 2002. The areas of Health, Housing and Accommodation were added to the list of issues that are impacting on the incidence, and peoples’ experience, of poverty. New targets were also set for ‘vulnerable groups at risk of poverty’.

The key targets for women arising out of the review are:

- ‘Over the period to 2007, the Strategy will aim to reduce the numbers of women who are ‘consistently poor’ below 2% and, if possible, eliminating consistent poverty, under the current definition of poverty.’
- ‘The Strategy will aim to increase the employment participation rate of women to an average of more than 60% in 2010’.

An overarching commitment was set in relation to women’s poverty: *‘to eliminate consistent poverty for women and to improve access for women to appropriate health care, education*

and employment, thus reducing the risk of poverty for such women and their families’.

National Action Plan on Poverty and Social Inclusion (NAPIncl.) -

NAPIncl. 2003-2005 is the Irish plan as part of the EU strategy arising from the Lisbon Summit in 2000, which required that all member states would draw up plans setting out strategies, measures, and institutional arrangements towards the eradication of poverty and social exclusion. The aim of the Plans is " to work towards greater social inclusion through encouraging sustainable economic growth and quality employment for the poorer sectors of society." The first NAPIncl plan by the Irish Government is from 2000-2003. This plan was drawn up after a review process of the National Anti-Poverty Strategy with the aim of combining the two plans in the future. In reality, the Irish Plan draws together the recommendations from the review of the NAPS in 2001.

In relation to women, the Plan restates the commitments as set out in the NAPS. There is a clear absence of statistics and targets with regard to women in NAPIncl. The plan makes one addition, which refers to further addressing women’s poverty in the context of the ‘development of a National Strategy for Women’ (the Government made a commitment to the development of a National Strategy for Women in the current social partnership agreement ‘Sustaining Progress’, however no action has taken place to date).

ANTI RACISM

Policy Developments at UN Level

Third UN World Conference Against Racism 2001 - The Third UN World Conference Against Racism (WCAR) was held in Durban South Africa in September 2001. Governments throughout the world including Ireland, adopted a Political Declaration and a Programme of Action setting out key strategies to be pursued by member states towards addressing racism (with specific reference to the particular experiences of minority ethnic women, including Travellers) and promoting equality and inclusion.

An important recommendation arising from the WCAR was that all member states should develop and implement National Action Plans Against Racism and to create the conditions for all people to participate in decision-making at all levels, on the basis of non-discrimination.

The UN Convention on the Elimination of All Forms of Racial Discrimination (CERD) – This Convention was signed in March 1968 and was ratified by Ireland on 29th December 2000. It obliges ratifying countries to put in place effective means of redress for those experiencing racial discrimination.

The CERD requires Governments to:

- guarantee the rights of everybody (regardless of race, colour,

- ethnicity or nationality) to equality before the law and to enjoy full political, economic, social and cultural rights;² and
- examine, and where necessary change, any policies, laws or regulations which may create or contribute to racism.

Each Government is required to submit a periodic report on its implementation to the UN CERD Committee. The Irish Government was due to submit its report in 2002; a draft copy of this report was published by the Department of Justice, Equality and Law reform and it is expected that the final report will finally be submitted in 2004. Many women's and community groups have published submissions to this report. The report is due to be revised by committee in spring of 2005. A Shadow Report by NGO Alliance (joint group of over 20 Irish NGOs) is also being submitted to highlight issues absent from the Government report.³

The European Policy Context

The EU Racial Equality Directive - This Directive was agreed unanimously at the European Council in June 2000.

It requires all EU member states to:

- Prohibit direct and indirect racial discrimination.
- Prohibit discrimination and harassment based on racial or ethnic origin or instructions to discriminate on these grounds and victimisation of complainants.
- Share the burden of proof between the complainant and alleged discriminator.

2. *Safeguarding the Rights of Migrant Workers and their Families*; A Review of EU and International Standards: Implications for Policy in Ireland. Published by the Irish Human Rights Commission and the National Consultative Committee on Racism and Interculturalism – April 2004.

3. Available from NGO Alliance, Dominican Justice Office, All Hallows College, Grace Park Road, Drumcondra, Dublin 9, tel. 018574654 or email: justiceop@eircom.net

- Establish equal treatment bodies and enforcement procedures.

Green Paper - Equality and non-discrimination in an enlarged European Union (June 2004) - This Green Paper sets out the European Commission's analysis of the progress that has been made so far in tackling discrimination on the grounds of sex, racial or ethnic origin, religion or belief, age, disability and sexual orientation. It looks at how initiatives to address these issues relate to other policy developments at European and international levels. It examines new challenges that have emerged in recent years, including those linked to the enlargement of the EU. It assesses the implications of this changing context for policy development in the field of non-discrimination and equal treatment⁴.

The Irish Equality Infrastructure and Policy Context

National Action Plan Against Racism –The Department of Justice, Equality and Law Reform (DJELR) hold key responsibility for the development and monitoring of the Plan, with responsibility for implementation resting with relevant Government departments and agencies. This plan is currently being developed and should be completed by the end of 2004.

The Employment Equality Act 1998 and the Equal Status Act 2000 - These Acts outlaw discrimination in employment, vocational

training, advertising, collective agreements, the provision of goods and services and other opportunities to which the public generally have access on nine distinct grounds, these are: gender; marital status; family status; age; disability; race; sexual orientation; religious belief; and membership of the Traveller Community.

The **Equality Tribunal** in the **Office of Director of Equality Investigations** provides the main focus for redress of first instance for equality cases arising under both employment equality and equal status legislation. The Equality Tribunal offers a simple, straightforward mechanism to remedy discrimination. Decisions made by the Equality Tribunal are binding unless appealed. Services are free of charge and users are not required to be formally represented.

The **Equality Authority** is an independent body set up under the Employment Equality Act 1998. It was established on the 18th October 1999. The Equality Authority is committed to realising positive change in the situation of those experiencing inequality, by promoting and defending the rights established in the equality legislation and providing leadership in addressing equality issues in Ireland.

The National Consultative Committee on Racism and Interculturalism (NCCRI) – The NCCRI was established in 1998, as an independent expert body focusing on racism and

4. European Commission Website – www.europa.eu.int

interculturalism. The NCCRI aims to bring together Government and non-Government organisations to develop an inclusive and strategic approach to combating racism.

Housing Traveller Accommodation Act (1998) - This Act obliges Local Authorities to undertake a number of measures towards meeting the accommodation needs of Travellers in their areas. These include the establishment of Local Traveller Accommodation Consultative Committees and the development and implementation of five-year Traveller Accommodation Programmes.

Housing (Miscellaneous provision) Act 2002 - The Act makes it a criminal offence to enter or occupy any land or bring onto it any object without the consent of the land owner where this will involve damage to the land, affecting any amenity in respect of the land, making the land unsanitary and/or unsafe or interfering with the land. The legislation seriously affects those Travellers living on the side of the road and others who wish to travel from time to time and has had a negative impact on the lives of Traveller women. The Act has been strongly opposed by Traveller groups and other human rights organisations.

HEALTH

Policy Developments at UN Level

UN Declarations – A number of UN declarations name health as a basic human right. Examples include: The Universal Declaration of Human Rights - Article 25 which states "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." The UN Convention on Economic, Social and Cultural Rights (CESCR), Article 12-1. "The States parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

These declarations can be used to show the importance of recognising health as a right.

UN Declarations on Women's Rights - The Convention on the Elimination of Discrimination Against Women (CEDAW)

(explained in Poverty Tools) also refers to women's health rights and violence against women. Key articles referencing to health include: Article 12 - "The States parties shall take all appropriate measures to eliminate discrimination against women in the field

of health care, in order to ensure on a basis of equality of men and women, access to health care services, including those related to family planning" and " acceptable services are those that are delivered in a way that ensures that a woman gives her fully informed consent, that respects her dignity, guarantees her confidentiality and is sensitive to her needs and perspectives." Article 14 refers to rural women's health: "State parties shall take into account the particular problems faced by rural women ...and in particular, shall ensure to such women the right to have access to adequate health care facilities, including information, counselling and services in family planning". **Beijing Platform for Action** - (explained in Poverty Tools) **Article 17** states "We are convinced that: the explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment". These declarations highlight the rights of women to control their health and fertility as well as the importance of providing services which respond to women's needs.

Policy Development at the World Health Organisation (WHO)

The WHO has set out many documents which give background to the health policy in relation to the need to address health determinants, health inequality, health promotion, community development and primary health care key. Key declarations include: The **Declaration of Alma Ata** in 1978 which declared concern regarding "gross health inequalities"⁶ and offered the blueprint for

Primary Health Care and the **Health for All by the year 2000** declaration. The **1986 Ottawa Charter for Health Promotion** which sets out the principles guiding health promotion nationally and internationally, calling for action on five fronts: Building healthy public policy; Re-orienting the health services; Creating supportive environments; Strengthening community action and Developing personal skills. This Charter was followed by a number of international conferences which have declared the importance of community capacity and women's health.

European WHO Office

WHO Regional Office for Europe⁷ - has a number of key policy documents highlighting the need for action on women's health and gender mainstreaming. They include: **Strategic Action Plan For the Health of Women in Europe (2001)** which aims to assist countries in developing women's health policies at the national level. **The Madrid Statement (2002)** an advocacy tool that presents the background on gender mainstreaming, providing principles, prerequisites and recommendations for successful integration of gender into health policies. Integrating Gender Perspectives into the work of WHO(2002), outlines the rationale and strategies for gender mainstreaming health care systems.

The Irish Health Infrastructure and Policy Context

A Plan For Women's Health 1997 – 1999. Dept. of Health & Children
This National policy set out key policy objectives regarding

6. http://www.who.dk/AboutWHO/Policy/20010827_1

7. <http://www.euro.who.int/>

women's health and required each Health Board to set up a Women's Health Advisory Committee and develop its own plan for women's health. Although the plan was groundbreaking at its launch, it has since been suggested that it resulted in being largely aspirational, with a lack of cohesion in responses from different regions, as well as a lack of full implementation, measurable targets and funding. The women's health policy has not yet been updated.

Developing a Policy For Women's Health, A Discussion Document (1995) Dept. of Health & Children: This document formed the basis for the nation-wide consultation with women on Women's Health undertaken by NWCI for the Department of Health & Children, which fed into the development of the Plan for Women's Health.

National Health Strategy, Quality & Fairness (2001) Dept. of Health & Children

This is the current Irish health policy and includes the Government's action plan for implementing health policy. The section on women's health describes past policy work including the publication of the 'Plan for Women's Health 1997-99.' However the targets and actions are limited to a small number of specific issues only. Health inequalities are briefly addressed with actions noted for specific groups.

The National Health Promotion Strategy, 2000-2005, Dept. of Health & Children

This policy document takes a 'Determinants of Health' approach, which includes external and lifestyle factors. Strategic aims are noted for the needs of population groups such as women, including Travellers and Disabled People, amongst others.

Primary Care: A New Direction (2001) Dept. of Health & Children

This is the current strategy for development of an updated primary care service. The focus is limited to a model of community-based delivery of care, which includes GP's and allied health professionals.

Health Service Reform Programme

This is a major reform of the health service undertaken by the Department of Health & Children in phases and due to be fully implemented by the end of 2005.

Traveller Health: A National Strategy 2002 – 2005, Dept. of Health & Children

A comprehensive policy document developed in response to the marginalised health status of Travellers. Developed in partnership with the Traveller community, it contains a detailed strategy for improvement of Travellers health. Issues of Women's Health and Violence against Women are included. Primary Health Care methods including peer-led health education are promoted.

National Anti-Poverty Strategy (NAPS) (explained in Poverty Tools) In Autumn 2000, a Working Group on NAPS and Health was set up by the Department of Health and Children and the Institute for Public Health facilitated a consultation process on NAPs and health with many organisations writing submissions.⁸ This fed into the 2002 NAPS, which acknowledged the interaction of health and poverty, and set out a number of key specific health targets such as: the gaps in mortality between rich and poor, and general targets aimed to assess public policy in terms of health inequality.⁹

The Women's Health Council (WHC) WHC is a statutory body established in 1997, following the Plan for Women's Health to advise the Minister on all aspects of women's health and evaluate progress in the implementation of the Women's Health Strategy. It develops research and makes submissions regarding health policy and works to develop expertise on women's health. It has a variety of publications and submissions available about women's health.¹⁰

Crisis Pregnancy Agency. The Agency was established as a statutory agency in 2001. The Agency has the task of drawing up a national strategy to address the issue of crisis pregnancy, and to oversee its implementation.¹¹

Combat Poverty Agency (CPA): The statutory organisation dedicated to advising on ways to prevent and eliminate poverty and social exclusion, now has a focus on health inequalities. The CPA has developed the 'Building Healthy Communities Programme' which focuses on disadvantaged communities working to tackle poverty and health inequalities through community development approaches.

Institute of Public Health in Ireland (IPH) - Institute of Public Health was set up to promote north/south co-operation for health by the Department of Health and Children and the Department of Health, Social Services and Public Safety in Northern Ireland. Health is one of the areas in which the North/South Ministerial Council has agreed to co-operate on, under the Good Friday Agreement. Its remit is to improve health in Ireland, by working to combat health inequalities and influence public policies in favour of health.

8. Report on the Working Group on NAPs and Health can be obtained from The Institute of Public Health. <http://www.publichealth.ie/>

9. Women Disadvantage and Health. Women's Health Council. 2003:Pg 9.

10. Women's Health Council, Block D, Irish Life Centre, Abbey Street Lr., Dublin 1. Tel: 01 865 8337 e-mail: info@whc.ie website: www.whc.ie

11. Crisis Pregnancy Agency. Tel: 01 814 6292 Fax: 01 814 6282 4th Floor, 89 - 94 Capel Street, Dublin 1. E-mail: info@crisispregnancy.ie Website: <http://www.crisispregnancy.ie/>

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