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INTERNATIONAL COMMUNITY ORGANISATION OF SUNDERLAND

A SURVEY FOR EASTERN EUROPEAN WOMEN

UNIVERSITY OF SUNDERLAND WORKING IN PARTNERSHIP WITH ICOS

‘I've been asked to return to my home country’

An exploration of discrimination experienced by Eastern European women in Tyne and Wear

Report: Part 1. Survey Findings

July 2021

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Executive Summary

This interim report details findings from a survey with Eastern European (EE) women living in Tyne and Wear, UK. The purpose of this survey was to gain knowledge and understanding on two aspects of the lived experience of EE women in Tyne and Wear, including their experiences and concerns in relation to hate crime and discrimination, and their wider needs in relation to local services. The survey is part of a wider research project undertaken by the University of Sunderland (UoS) and International Community Organisation of Sunderland (ICOS).

Key Findings

EE Women: Demographics

A total of N = 127 EE women living in Tyne and Wear responded to the survey. Women who responded ranged from age 18 to 62 (M = 35.3 yrs.). Most respondents were living in Sunderland (33%), Gateshead (26%) and Newcastle (22%). A lower proportion of women respondents were living in South Tyneside (9%) and North Tyneside (6%).

Most women (66%) reported Poland as their country of origin. This was followed by 10% of respondents who reported their country of origin as Bulgaria; 6% reported Czech Republic, 5% reported Romania and four percent reported Slovakia. The remaining participants stated their country of origin as Russia (2%), Latvia (1%), Albania (1%), Lithuania (1%) and Serbia (1%).

The largest proportion of respondents held a bachelor's degree or equivalent (30%). This was followed by 24% of respondents who held school/high school level qualifications as their highest level of education; 22% who held a master's degree or equivalent and 12% who held college/FE level qualifications. Three percent of women responding held a Doctoral degree/PhD as their highest qualification.

Almost half (49%) of respondents reported that they were in full-time employment. This was followed by 16% of respondents who stated they were employed part-time and 10% stated that they were self-employed. Thirteen percent of respondents reported that they were unemployed (8% stated that they were unemployed and looking after home/family and 5% stated they were unemployed and looking for work).

Employment types were organised into National Statistics Socio-economic classification (NS-SEC), rebased on Standard Occupational Classification or SOC2010. Over half of women (53%) held routine and semi-routine occupations, such as housekeeping, cleaning, hospitality, domestic, care, factory/production, customer service/sales, food and drink service etc. This was followed by 14% of respondents who held lower managerial, administration and professional job types, including project/operations management, marketing management, journalism,

teaching and nursing occupations. Thirteen percent of respondents held lower supervisory and technical occupations, quality controller, supervisor and technologist roles. Twelve percent of participants held intermediate, such as teaching assistants, early-years, tutor and civil service roles. Finally, the lowest proportion of women (9%) reported that they held higher managerial, administrative and professional occupations, including interior design, graphic design, pharmacy, radiographer and senior engineer roles.

EE Women Experiences of Discrimination

EE women living in Tyne and Wear were asked about their experiences of discrimination by employers, service providers, health care providers, landlords and housing providers, education providers, transport providers and public bodies. Discrimination was defined as being discriminated against due to the nine protected characteristics under the EA (2010) including age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race (or nationality), religion or belief, sex (i.e. male/female), and sexual orientation (i.e. LGBT). EE women reported that they had experienced discrimination across all areas of their lives:

- 36% reported discrimination by employers and/or at work
- 25% reported discrimination by a business, organisation or service provider
- 19% reported discrimination by an estate agent, housing provider or landlord
- 14% reported discrimination by health care providers
- 12% reported discrimination by public bodies
- 10% of reported discrimination from education providers
- 10% reported discrimination by transport providers such as buses, trains and taxis

The discrimination faced by EE women living in Tyne and Wear was predominantly related to or motivated by race or nationality, followed by sex. There were also further albeit less frequent intersections with other protected characteristics including pregnancy/maternity, age, religion and belief and disability.

EE Women Experiences of Hate Crime

EE Women were also asked about their experiences of hate crime. Hate crime is defined using the CPS (The Crown Prosecution Service (CPS), 2021) characterisations including verbal abuse, intimidation, threats and harassment, physical assault and property damage. In addition, the following characteristics as defined by the CPS are used to categorise the types of hate crimes including race (or nationality), religion, sexual orientation, disability and transgender identity. EE women reported that they had experienced a range of hate crimes including:

- 46% reported verbal abuse
- 32% report intimidation, threats and harassment

- 18% reported property damage
- 12% reported physical assault

These hate crimes were pronominally related to hostility motivated by race. However, there were also further albeit less frequent intersections with other protected characteristics including religion and sexual orientation.

EE women reported that most of these hate crimes had occurred in the last year, whilst others reported more recent acts of hate crime in the past month, week and fortnight.

EE Women Access to Health Care and Support Services

EE women were also asked about their experiences in accessing health care and support services. Findings highlighted several barriers and challenges for EE women living in Tyne and Wear, in terms of their access to health care and support services. These included barriers and challenges in accessing GP, health care, support (e.g. mental health, domestic violence etc.) and other public services. These barriers and challenges were predominantly related to language and communication. EE women reported challenges in communicating with healthcare staff and service providers, and in understanding information relating to health care or other support services, because of language barriers. Moreover, EE women reported insufficient translation and interpretation services were available within health care and support settings. A small proportion of EE women reported that they had been refused health care, support services or other public services because they did not have the correct documentation (such as proof of ID or address) and other reasons.

EE women were also asked about concerns about the impact of Brexit on their ability to access health care, support services or other public services in the UK. Over 40% of women stated that they had concerns about their ability to access health care, support and public services post Brexit.

Furthermore, EE women were also asked about the Impact of Covid-19 restrictions on their access health care, support services or other public services. A large proportion (40%) of EE women stated that that Covid-19 restrictions, such as lockdown, impacted on their ability to access health care, support services or other public services. These were primarily related to delays in accessing GP services and being unable to register with a GP; being unable to access face-to-face health care and support services; delays in receiving treatment and/or medication; and being unable to access mental health services/support.

Recommendations

The following recommendations are made based on findings from this survey with EE women living in Tyne and Wear:

i. Research team to explore survey findings further and discuss potential solutions to the issues faced by EE women living the UK, during focus groups with EE women and semi-structured interviews with service providers working with EE women.

ii. Heath care, support and other public service providers to provide more information translated in various languages. This is particularly important for local/community-based services, such as domestic abuse, family planning, women's only services.

iii. Public institutions such as schools, colleges, universities and other educational settings to raise standards in terms of monitoring and reporting discrimination and hate crimes towards the EE community, and supporting victims of hate crime and discrimination.

iv. Local authorities and regional/community decision makers to provide clear pathways to support for EE migrants, in areas such as housing, welfare, employment, education residency etc.

v. Public services and bodies and local authorities to establish strong links with local/community BME service providers to coordinate a more effective and efficient response to the needs of EE migrants.

vi. Funding bodies, public bodies, local authorities and service providers to consider translation and interpretation costs in the procurement of services to avoid exclusion of minority and marginalised groups.

vii. Health care, support and other public services to receive training on the eligibility of services for EU citizens including healthcare, support services, housing.

1. Introduction

This interim report details findings from a survey with Eastern European (EE) women living in Tyne and Wear, UK. The purpose of this survey was to gain knowledge and understanding on two aspects of the lived experience of EE women in Tyne and Wear, including their experiences and concerns in relation to hate crime and discrimination, and their wider needs in relation to local services. The survey is part of a wider research project undertaken by the University of Sunderland (UoS) and International Community Organisation of Sunderland (ICOS).

1.1. Background to the Research

Over 1% of the population of Tyne and Wear were born in Eastern Europe (Office for National Statistics (ONS), 2021). The ONS does not publish a detailed breakdown of country of origin by local authority, however Home Office Statistics on the European Union Settled Status (EUSS) scheme indicate that most applicants to the scheme in Tyne and Wear are originally from Romania or Poland, with a significant minority also from Czech Republic, Bulgaria, Lithuania and Slovakia (Home Office, 2021). It is likely that over half of these numbers represent women (Guereno-Omil *et al.*, 2019), although there is some evidence that women may experience greater difficulties satisfying the conditions for settled status, compared to EE men. This is because EE women are less likely to be in full time employment and more likely to be on zero-hour contracts, than EE men, due to having less flexibility for work due to being disproportionately responsible for childcare (Shutes & Walker, 2018; Guereno-Omil *et al*., 2019; Duda-Mikulin, 2020). Research shows that EE women face hyper-precarity due to these gendered patterns of employment (Duda-Mikulin, 2020), which also increases their vulnerability to domestic violence and abuse (Shutes & Walker, 2018; Guereno-Omil *et al.*, 2019).

Currently, there is a lack of research into the needs and experiences of economic migrants as compared to asylum-seekers and refugees (Benson Marshall *et al*., 2020). Moreover, research into the needs and experiences of EE women has largely been undertaken with Polish women, with fewer studies into the experiences of other EE women. Existing research with EE women living in the UK has focused on including employment and economic wellbeing (Khattab & Fox, 2016; Přívara *et al.*, 2019), discrimination (Fox *et al*., 2015; Rzepnikowska, 2018; 2020), the impact of Brexit (Lumsden *et al*., 2019; Benedi Lahuerta & Iusmen, 2020; Duda-Mikulin, 2020; Martynowska *et al*., 2020; Radziwinowiczówna *et al*., 2020; Sotkasiira & Gawlewicz, 2021) and on women's health / maternal health (Richards *et al*., 2014; Crowther & Lau, 2019). However, whilst this body of literature is growing, there are gaps in the research, in terms of how EE women access services other than health services, their experience of mental health support, the experience of non-Polish EE women, and the experiences of EE women living in the North-East of England. Therefore, more research is required to inform responses to the needs of the local population, both in terms of policies and practice, and to add to the wider body of knowledge.

1.2. Survey Aim and Objectives

The central aim of the survey was to understand the lived experiences of EE women living in Tyne and Wear, in terms of discrimination, hate crime and access to health care and support services. The exploration of this aim was underpinned by three main objectives investigating the

1. Investigate the prevalence and frequency of discrimination against EE women living in Tyne and Wear, in terms of the nine protected characteristics under the Equality Act (EA) 2010
2. Investigate the prevalence and frequency of hate crime against EE women living in Tyne and Wear, according to the definition of hate crime by the Crown Prosecution Service (CPS)
3. Examine the barriers and challenges faced by EE women living in Tyne and Wear, in terms of access to health care and support services

This report presents findings from the survey, which are presented under three main headings relevant to the aforementioned objectives.

2. Methodology

The overall methodology for this research project was a mixed methods design, using quantitative and qualitative methods, including a survey and focus groups with EE women living in Tyne and Wear and interviews with service providers working with EE women in the region. Mixed methods designs are endorsed for research that aims to inform policy and praxis (Brannen, 2005). Quantitative data facilitates the generalisability of qualitative data, and likewise qualitative data can play an important role in clarifying, describing and interpreting quantitative results, as well as grounding the findings in the experiences of participants (Johnson *et al*., 2007). This report focuses on preliminary findings from the survey.

2.1. Survey Methods

The survey, which focused on three key areas relevant to the research objectives, was undertaken between March and June 2021. The survey was designed and delivered online using Qualtrics software.

A non-probability purposive sampling method was used to recruit EE women aged 18 or over living in Tyne and Wear to participate in the survey. Participants were recruited via social media platforms, email networks and service providers working with EE women in Tyne and Wear.

Data were anonymised to maintain the confidentiality of respondents, then exported from Qualtrics into Microsoft Excel. Descriptive statistics were used to analyse survey data and results are presented as averages, percentages and frequencies, and illustrated in graphs and charts.

3. Survey Results

Results from the survey are illustrated as descriptive statistics and in charts and are presented under four main headings including:

1. Participant Demographics
2. Experiences of Discrimination
3. Experiences of Hate Crime
4. Access to Health Care and Support Services

3.1. Participant Demographics

A total of N = 127 EE women living in Tyne and Wear responded to the survey. Women who responded ranged from age 18 to 62 (M = 35.3 yrs.). Of these women, 116 provided information on the area of Tyne and Wear in which they lived. Most respondents were living in Sunderland (33%), Gateshead (26%) and Newcastle (22%). A lower proportion of women respondents were living in South Tyneside (9%) and North Tyneside (6%) at the time of the survey (Figure 1).

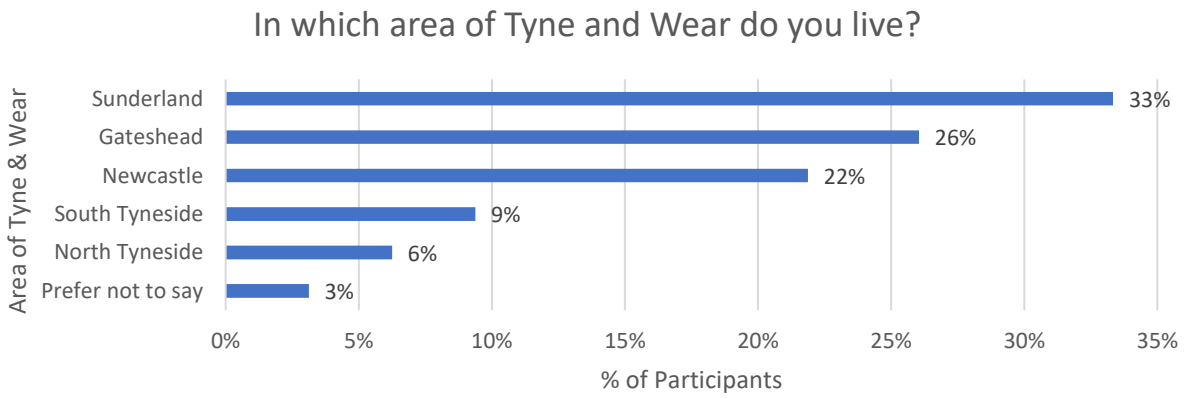


Figure 1: Area of Tyne and Wear where survey respondents are living

A total of 111 women provided information on their country of origin (Figure 2). Of these, most women (66%) report Poland as their country of origin. This was followed by 10% of respondents who reported their country of origin as Bulgaria; 6% reported Czech Republic, 5% reported Romania and four percent reported Slovakia. The remaining participants stated their country of origin as Russia (2%), Latvia (1%), Albania (1%), Lithuania (1%) and Serbia (1%).

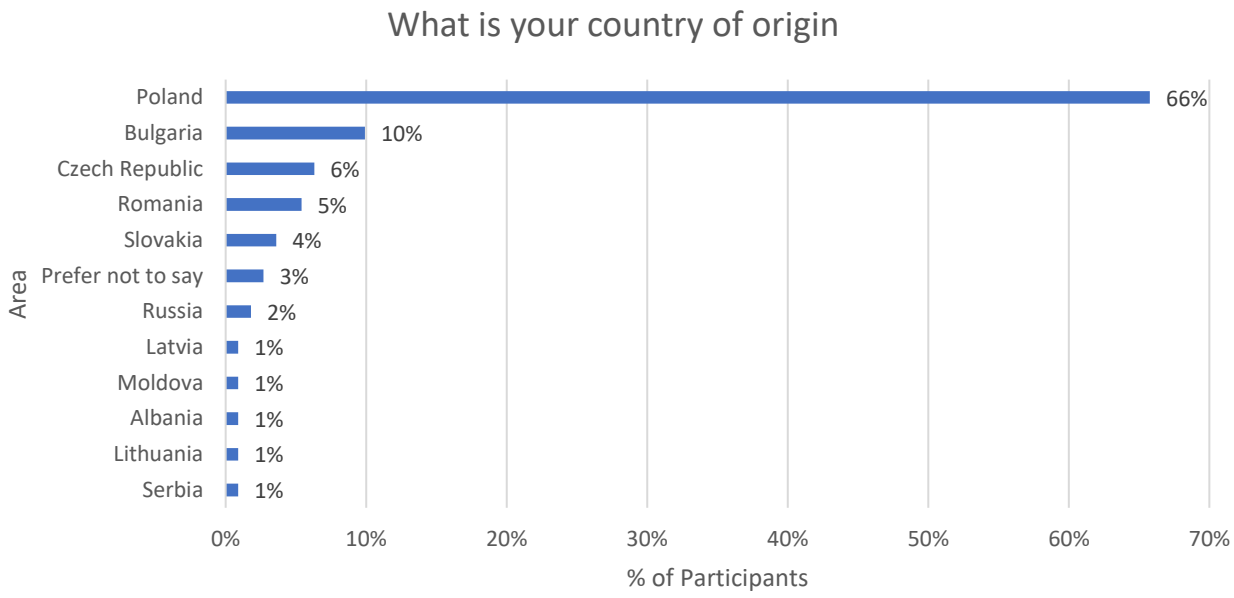


Figure 2: Country of origin for survey respondents

3.3.3. Level of Education

In total 107 women provided information on their highest level of education (Figure 3). Of these, the largest proportion of respondents held a Bachelor's degree or equivalent (30%). This was followed by 24% of respondents who held school/high school level qualifications as their highest level of education; 22% who held a Master's degree or equivalent and 12% who held college/FE level qualifications. Three percent of women responding held a Doctoral degree/PhD as their highest qualification.

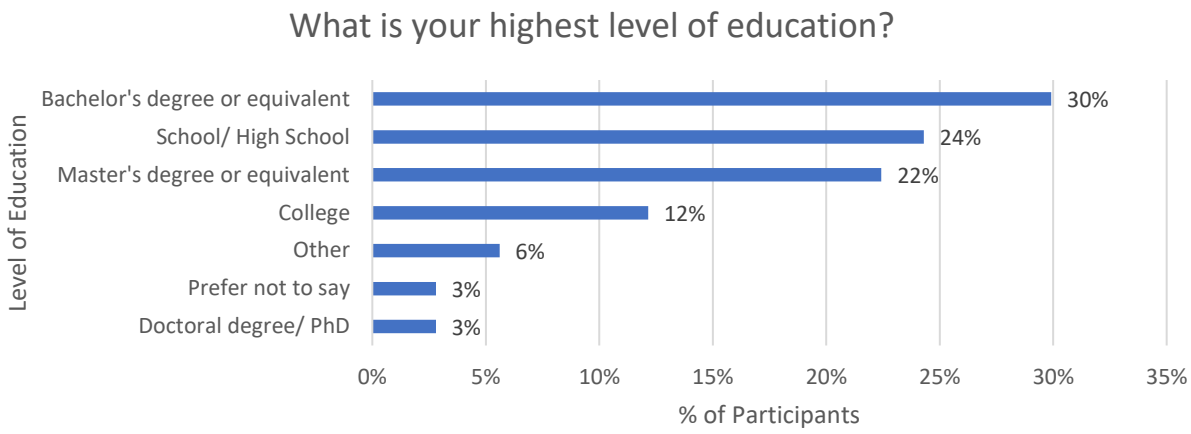
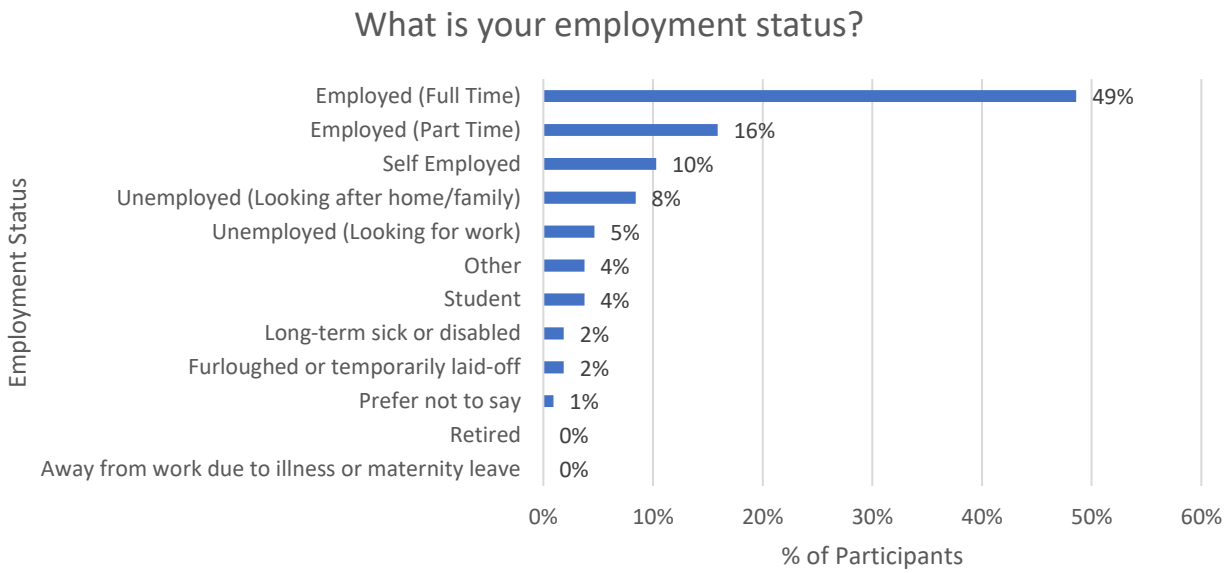


Figure 3: Highest level of education held by survey respondents

3.3.4. Employment Status and Type

Overall, 107 women provided information on their employment status (Figure 4). Almost half (49%) of respondents reported that they were in full-time employment. This was followed by 16% of respondents who stated they were employed part-time and 10% stated that they were self-employed. 13% of respondents reported that they were unemployed (8% stated that they were unemployed and looking after home/family and 5% stated they were unemployed and looking for work.)

Figure 4: Employment status of survey respondents



A total of 78 women provided information on the type of employment they held at the time of completing the survey (Figure 5). Employment types were organised into National Statistics Socio-economic classification (NS-SEC), rebased on Standard Occupational Classification or SOC2010. Of these, the over half of women (53%) held routine and semi-routine occupations, such as housekeeping, cleaning, hospitality, domestic, care, factory/production, customer service/sales, food and

drink service etc. This was followed by 14% of respondents who held lower managerial, administration and professional job types, including project/operations management, marketing management, journalism, teaching and nursing occupations. Thirteen percent of respondents held lower supervisory and technical occupations, quality controller, supervisor and technologist roles. Twelve percent of participants held intermediate, such as teaching assistants, early-years, tutor and civil service roles. Finally, the lowest proportion of women (9%) reported that they held higher managerial, administrative and professional occupations, including interior design, graphic design, pharmacy, radiographer and senior engineer roles.

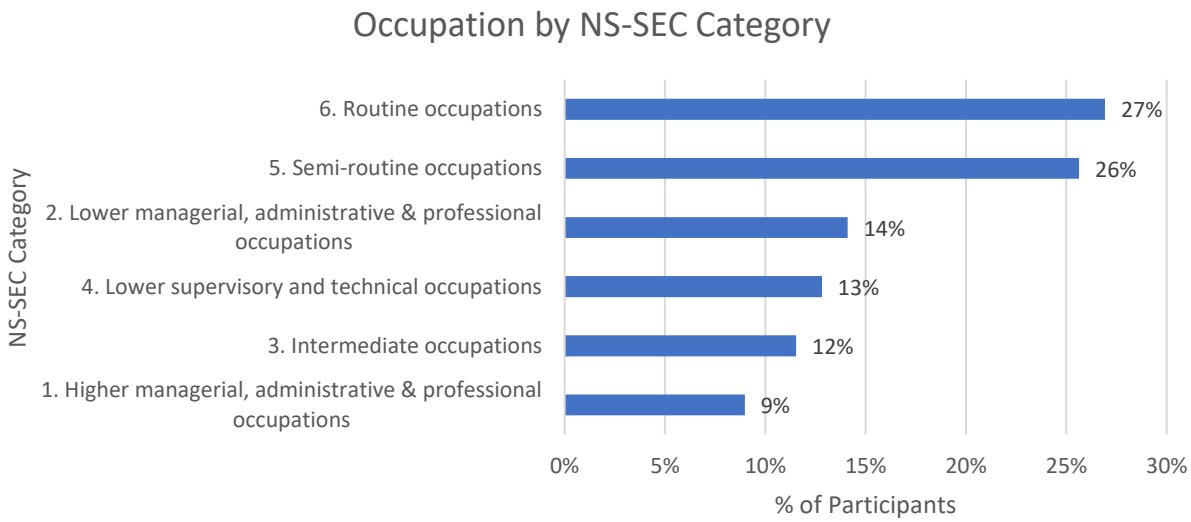


Figure 5: Occupation types for survey respondents

3.2. Experiences of Discrimination

EE women living in Tyne and Wear were asked about their experiences of discrimination by employers, service providers, health care providers, landlords and housing providers, education providers, transport providers and public bodies. Discrimination was defined as being discriminated against due to the nine protected characteristics under the EA (2010) including:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race (or Nationality)
- Religion or belief
- Sex (i.e. male/female)
- Sexual orientation

3.2.1. Discrimination by Employer/At Work

A total of 103 women provided information on their experiences of discrimination by employers and/or at work. Thirty-six percent (n = 37) of respondents reported that they had received discrimination by an employer and/or at work. (Figure 6)

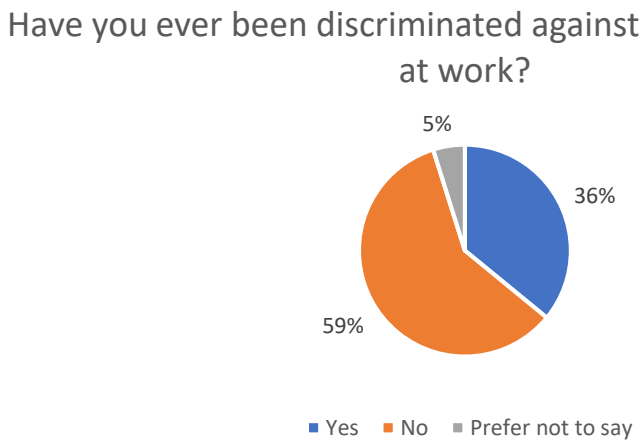


Figure 6: Discrimination by employer/at work

Of these, over half (54%; n = 20) of respondents reported that they were discriminated against by employers/at work due to their race and/or nationality. This was followed by 27% (n = 10) of women who were discriminated against by employers/at work because of their sex. The remaining respondents stated that they were discriminated by employers/at work due to their religion/beliefs (8%; n = 3), pregnancy and maternity (8%; n = 3), age (8%; n = 3), marriage/civil partnership (5%; n = 2) and disability (5%; n = 2). (Figure 7)

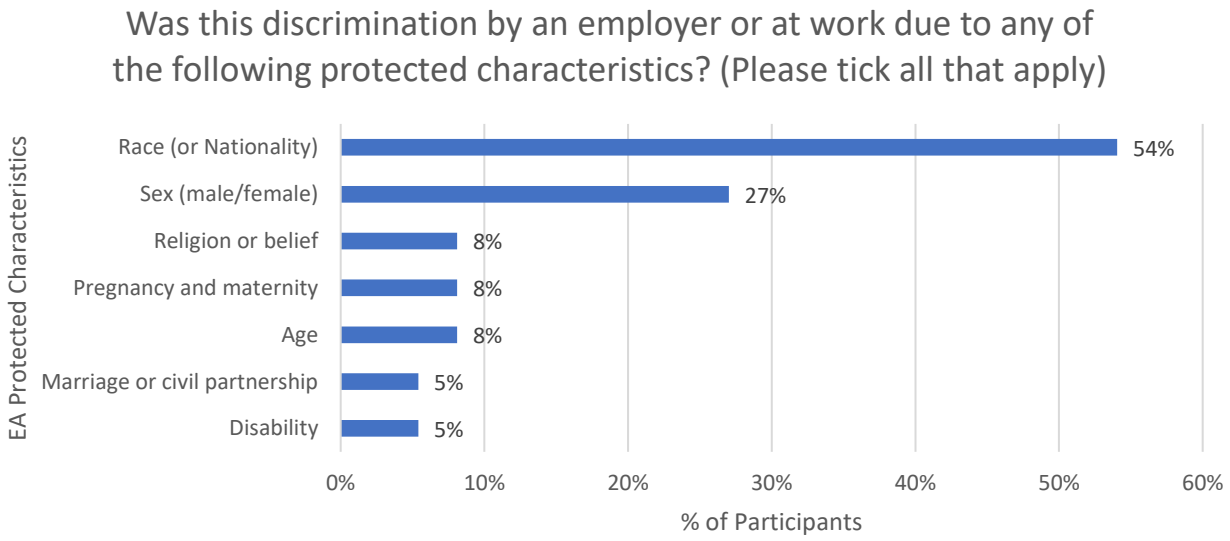


Figure 7: Discrimination by employer/at work by EA (2010) protected characteristics

3.2.2. Discrimination by Business, Organisation, Service Provider

A total of 101 women provided information on experiences of discrimination by businesses, organisations and service providers. A quarter (25%; n = 25) of respondents stated they had experienced discrimination by a business, organisation or service provider. (Figure 8)

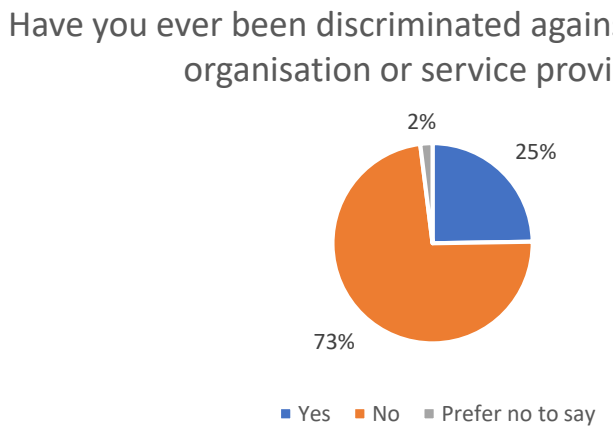


Figure 8: Discrimination by businesses, organisations and service providers

Of these, 68% of respondents (n = 17) stated that discrimination faced by businesses, organisations and service providers was motivated by race and/or nationality. This was followed by 20% (n = 5) of participants who stated that this discrimination was motivated by sex. Smaller proportions of women stated that the discrimination was motivated by age (12%; n = 2), religion and/or belief (8%; n = 2), pregnancy/maternity (8%; n = 2), marriage/civil partnership (4%; n = 1), and disability (4%; n = 1). (Figure 9)

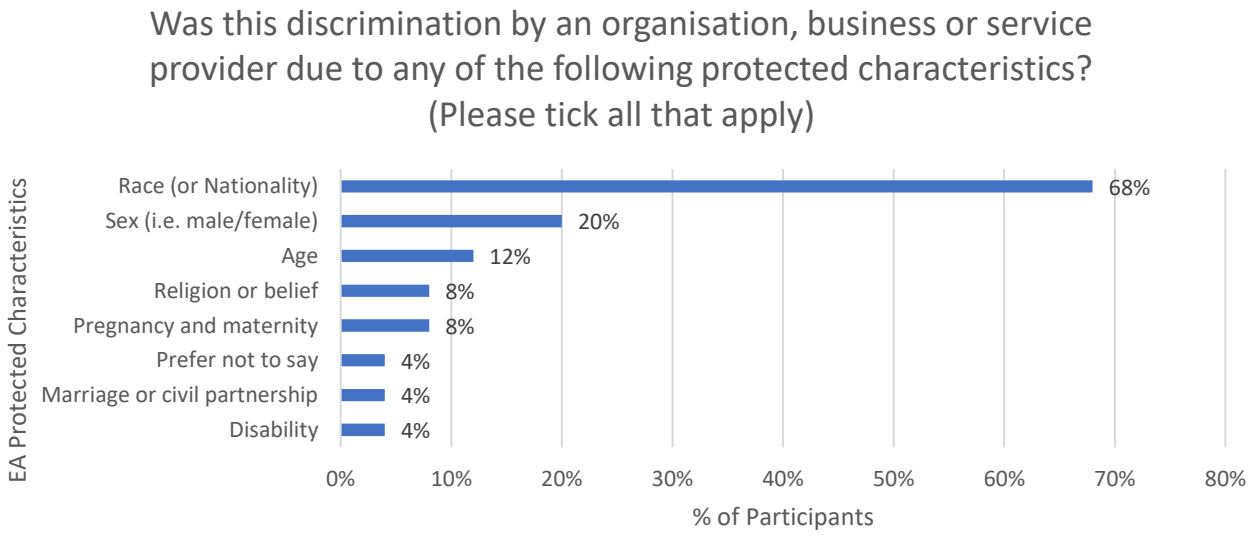


Figure 9: Discrimination by businesses, organisations and service providers according to EA (2010) protected characteristics

3.2.3. Discrimination by Health Care Providers

A total of 101 women provided information on their experiences of discrimination by health care providers. Fourteen percent (n = 14) of women reported that they had experienced discrimination by health care providers. (Figure 10)

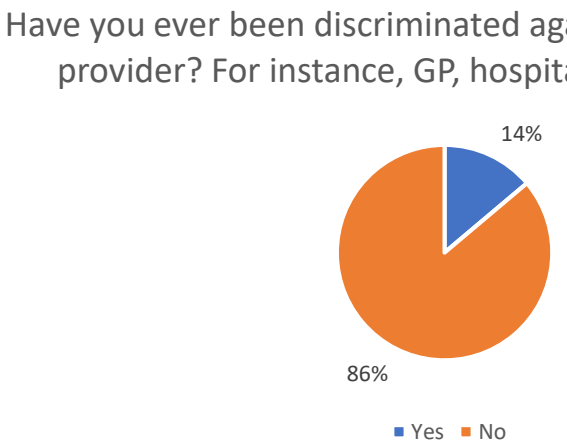


Figure 10: Discrimination by health care providers

Of these, over half of respondents (57%; n = 8) reported that discrimination by health care providers was due to race and/or nationality. Smaller proportions of respondents reported that they were discriminated against by health care providers due to sex (14%; n = 2); religion/belief (14%; n = 2), pregnancy/maternity (14%; n = 2) and age (14%; n = 2). (Figure 11)

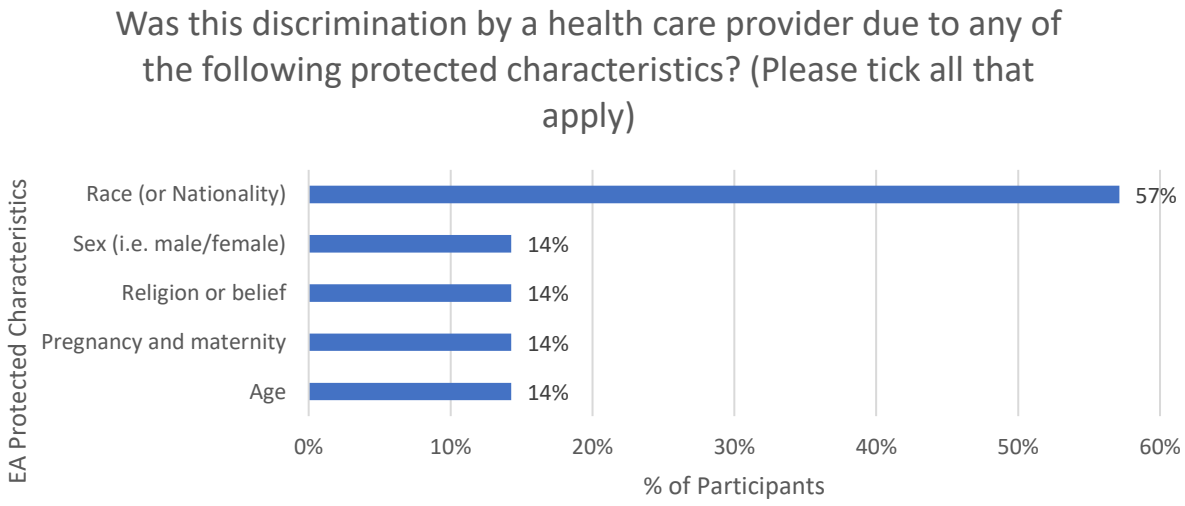


Figure 11: Discrimination by health care providers according to EA (2010) protected characteristics

3.2.4. Discrimination by Estate Agents, Housing Providers and Landlords

A total of 100 women provided information on discrimination faced in respect of estate agents, housing providers, landlords etc. Nineteen percent (n = 19) of respondents stated that they had been discriminated against by an estate agent, housing provider or landlord. (Figure 12)

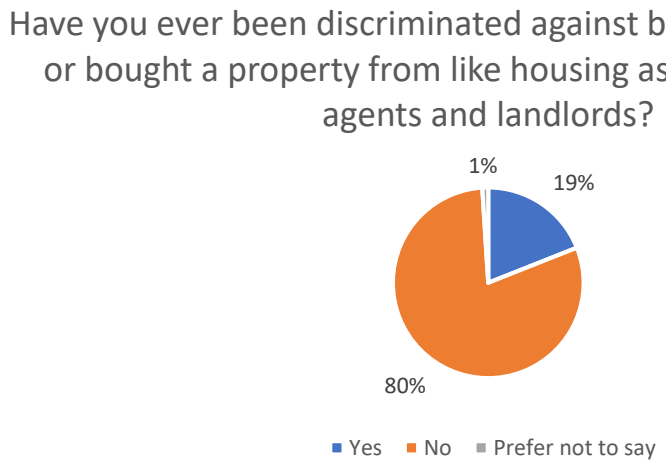


Figure 12: Discrimination by estate agents, housing providers, landlords etc.

Of these, 58% (n = 11) of women stated that discrimination by estate agents, housing providers, landlords etc. was due to race and/or nationality. Smaller proportions of respondents stated that this discrimination was due to pregnancy/ maternity (11%; n = 2), sex (5%; n = 1), religion/belief (5%; n = 1) and age (5%; n = 1). (Figure 13)

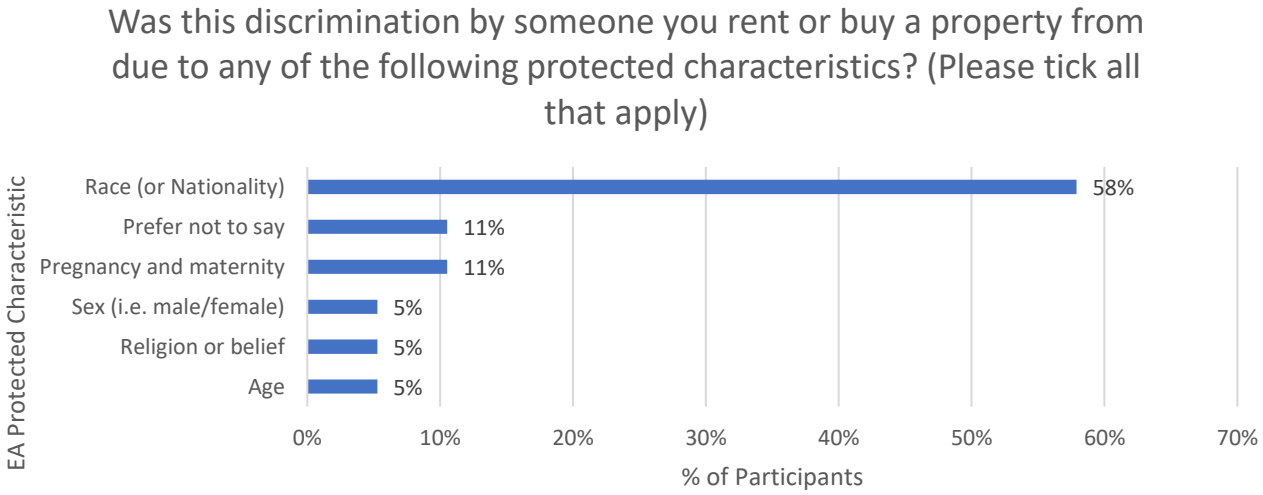


Figure 13: Discrimination by estate agents, housing providers, landlords etc., according to EA (2010) protected characteristics

3.2.5. Discrimination by Education Providers

A total of 100 women provided information on discrimination faced by education providers. Ten percent of women (n = 10) stated that they had experienced discrimination from education providers. (Figure 14)

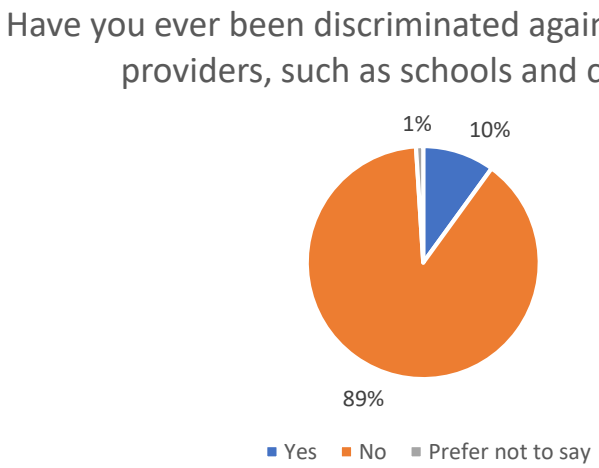


Figure 14: Discrimination by education providers

Of these, 80% (n = 8) stated that they were discriminated against by education providers because of their race and/or nationality. Following this, 20% of respondents (n = 2) stated they were discriminated against by education providers because of their sex, and 20% (n = 2) stated the discrimination was due to religion/belief. Smaller proportions of respondents stated that discrimination by service providers was due to marriage/civil partnership (10%; n = 1), disability (10%; n = 1) and age (10%; n = 1). (Figure 15)

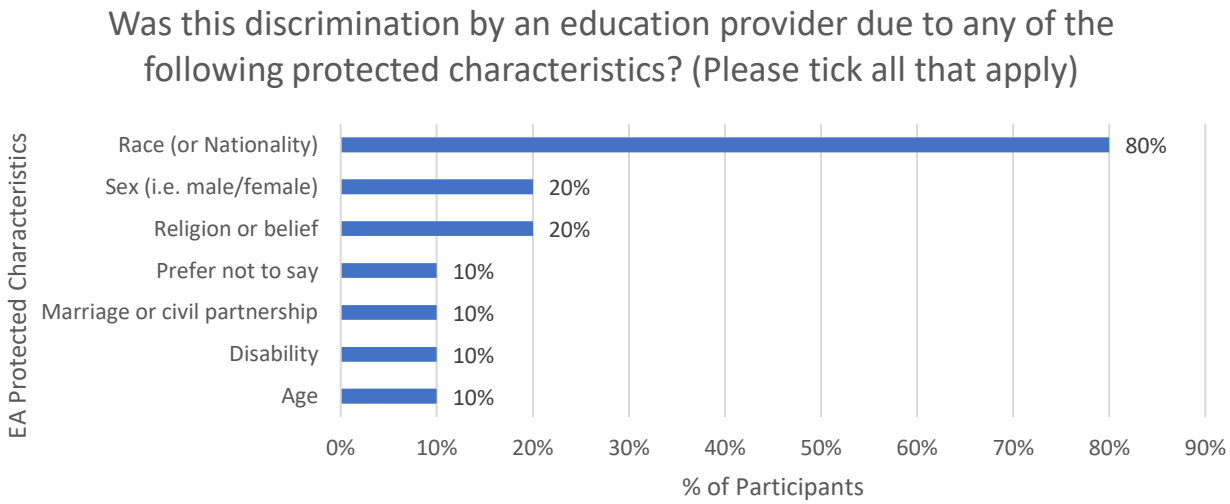


Figure 15: Discrimination by education providers, according to EA (2010) protected characteristics

3.2.6. Discrimination by Transport Providers

A total of 100 women provided information on discrimination by transport providers. Ten percent of women (n = 10) stated they had been discriminated against by transport providers such as buses, trains and taxis. (Figure 16)

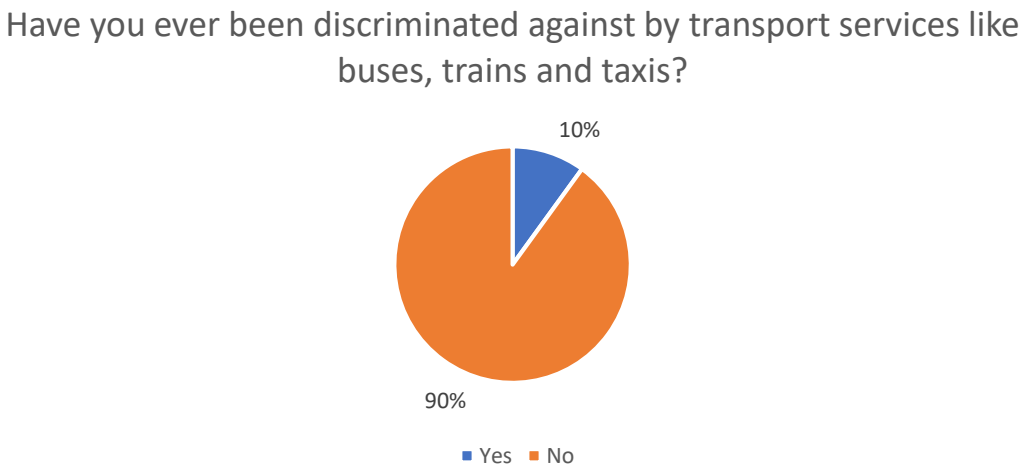


Figure 16: Discrimination by transport providers

Of these, 40% (n = 4) stated that discrimination by transport providers was due to race and/or nationality and 20% (n = 2) stated that the discrimination was due to sex. (Figure 17)

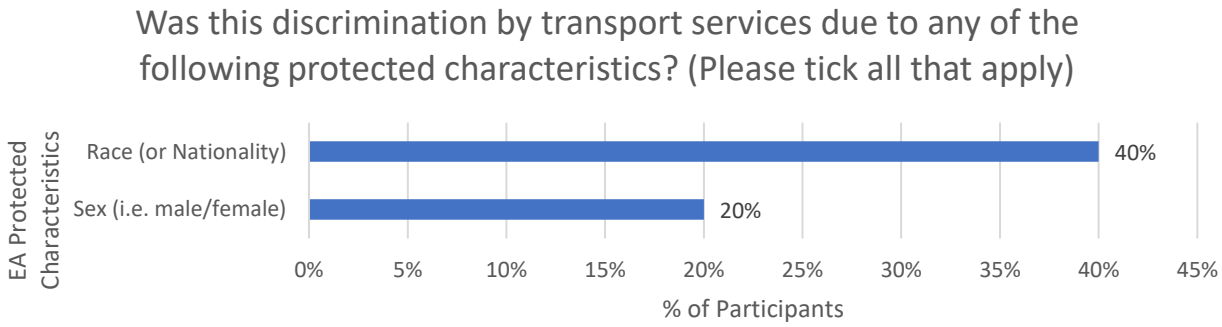


Figure 17: Discrimination by transport providers, according to REA (2010) protected characteristics

3.2.7. Discrimination by Public Bodies

A total of 100 women provided information on discrimination experienced by public bodies, such as government departments and local authorities. Twelve percent of respondents (n = 12) stated that they had experienced discrimination by public bodies. (Figure 18)

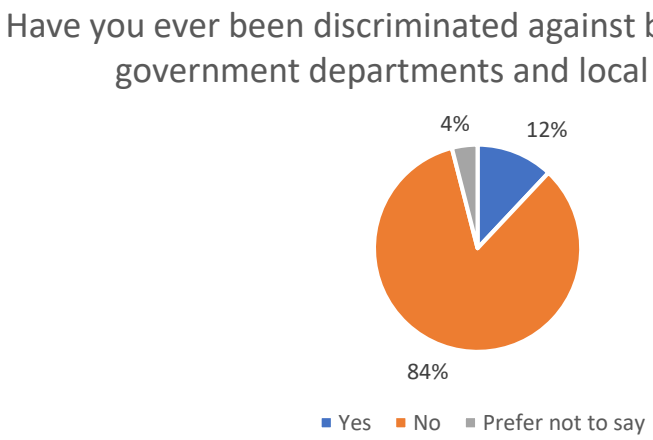


Figure 18: Discrimination from public bodies

Of these, 58% (n = 7) of women stated that discrimination by public bodies was due to race and/or nationality. Following this, 17% (n = 2) of respondents stated that the discrimination was due to religion/belief and 8% (n = 1) stated it was due to age. (Figure 19)

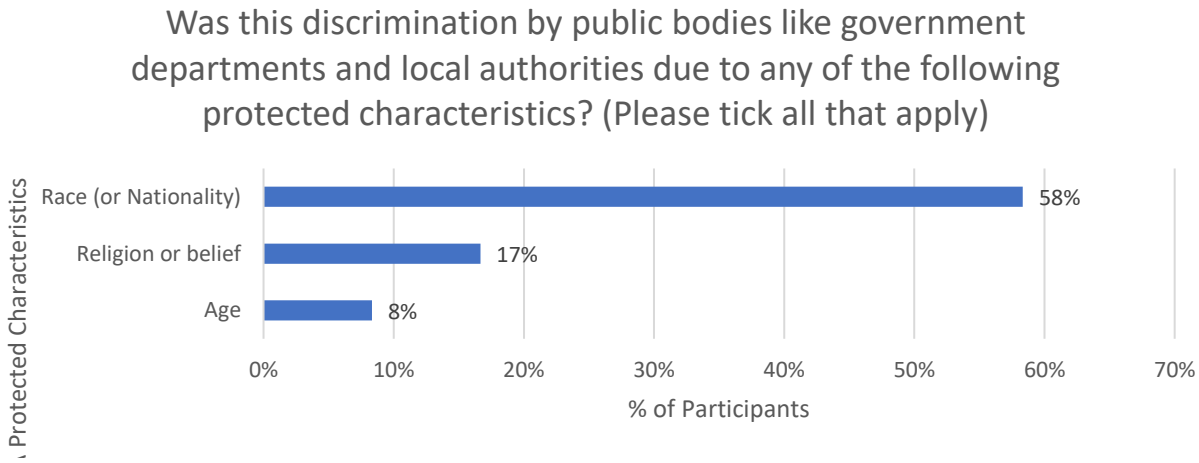


Figure 19: Discrimination by public bodies, according to EA (2010) protected characteristics

3.2.8. Additional Comments on Discrimination Experienced by EE Women

Twenty women provided additional comments regarding discrimination experienced. These comments were coded and organised into categories according to their codes. The largest proportion of comments (67%) were regarding discrimination in terms of racism and xenophobia, followed by 27% associated with discrimination in the form of harassment and 7% related to discrimination in the form of sexism/misogyny (Figure 20), as illustrated in the following excerpts from EE women:

- “When I was 16/17 and still at school other students would often call me crazy Russian/Bulgarian and teachers would often hear this but never took it seriously”

- “I was not allowed to speak in my own language on my unpaid break at work.”

- “The circumstances vary, and some are more painful than others. I've been a student at [Name of University] and I've been facing racist comments in private and in front of my classmates regarding my race. I've been asked to return to my home country by one of my lecturers.”

- “I've been discriminated by landlords, as soon as they hear my accent and know I'm not British.”

- “I had a gas engineer come to my house to install a cooker. He proceeded to tell me he doesn't like foreigners in this country and when he left, he asked me 'so, when are they kicking you out then?'”

- “At work, I was told by someone over the telephone to ‘learn some English.’ I was also shouted at once by a neighbour to, ‘go back to where you're from.’”

- “After the last year's graduation from my masters' studies in human resources management with Distinction Award, I applied to many jobs. Despite my solid educational background and sound working experience, all my applications were rejected. Unfortunately, one of the main reasons could be that I have a Romanian surname.”

- “In my work it looks like men gets better position than women no matter how hard women work.”

- “I was asked at work 'how did you get this job? Because all the Romanian women I know are sex workers.'”

- “I had a few jobs. I heard comments regarding my race. One that happened during my working hours was where I've been asked to go back to my country and then asked if I drink gypsy blood. These comments came towards me, without an initial conversation with the person.”

- “When I was working in a factory a few years ago, immigrants were not allowed to go to the toilet without permission. Sometimes, even when I asked, you didn't get permission. You are fired.”

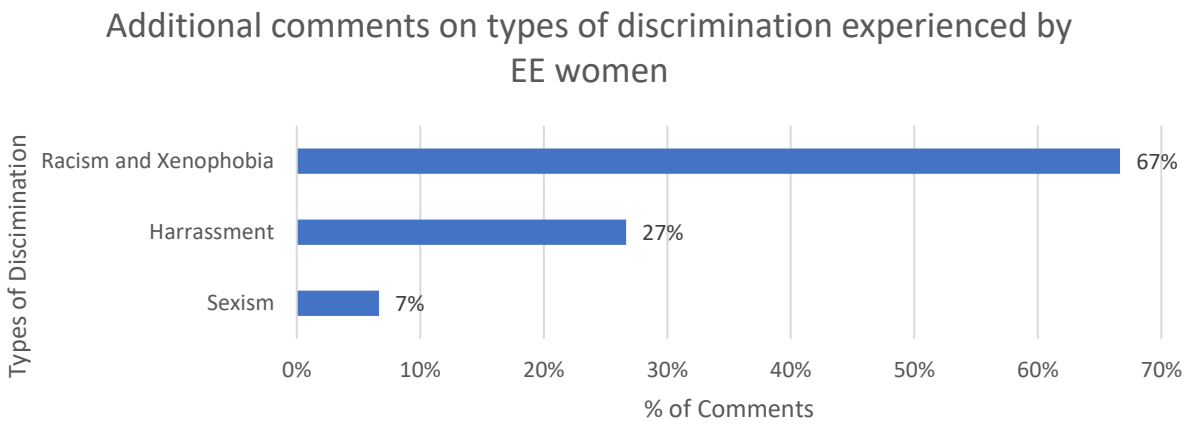


Figure 20: Categories of additional comments regarding experiences of discrimination

Twenty women also provided additional comments regarding the 'who' and 'where' in terms of the discrimination experienced. The largest proportion of comments were related to discrimination in public by members of the public (22%), discrimination by landlords/housing providers/local authorities (22%), and discrimination by employers/ at work (22%). This was followed by comments associated with discrimination within own home by service providers and members of the public (11%) and discrimination in educational settings by educators and peers (11%). Smaller proportions of additional comments were related to discrimination in health care settings as a patient (6%) and discrimination by police at a victim of crime (6%). (Figure 21)

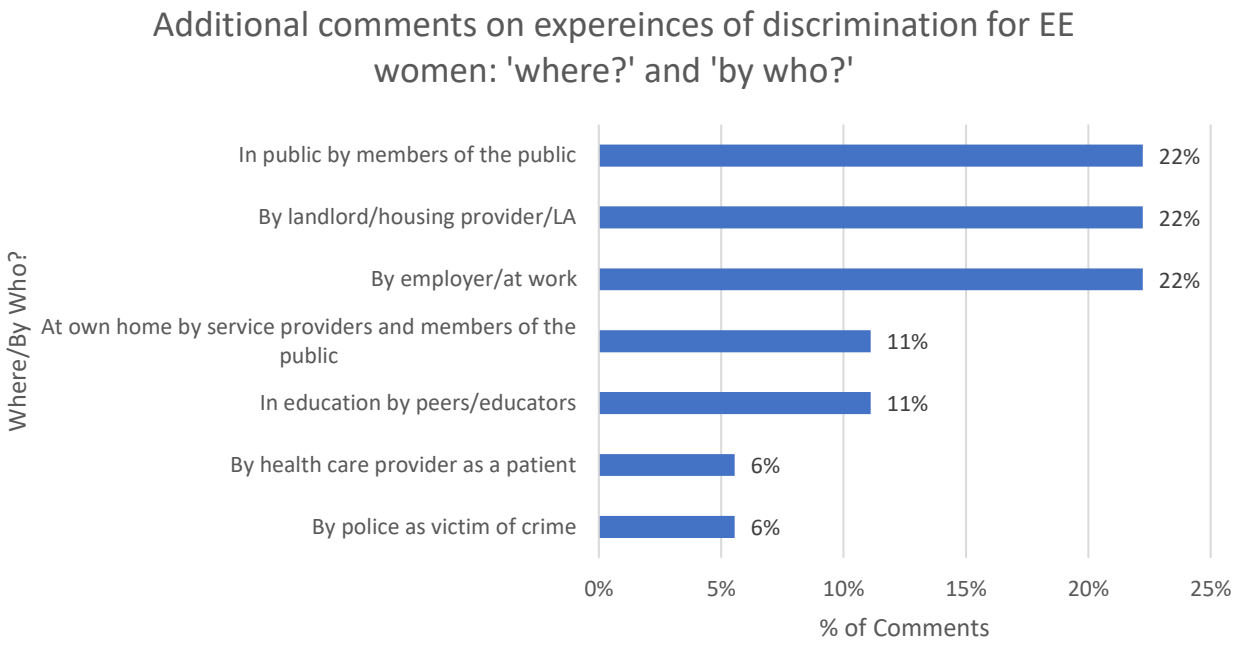


Figure 21: Additional comments on discrimination 'who' and 'where'?

3.3. Experiences of Hate Crime

EE Women were also asked about their experiences of hate crime. Hate crime is defined using the CPS characterisations including:

- Verbal abuse
- Intimidation, threats and harassment
- Physical assault
- Property damage

In addition, the following characteristics as defined by the CPS are used to categorise the types of hate crimes including:

- Race (or nationality)
- Religion
- Sexual orientation
- Disability
- Transgender identity

3.3.1. Hate Crime and Verbal Abuse

In total, 98 women provided information on their experiences of verbal abuse. Almost half (46%; n = 45) reported that they had received verbal abuse. (Figure 22)

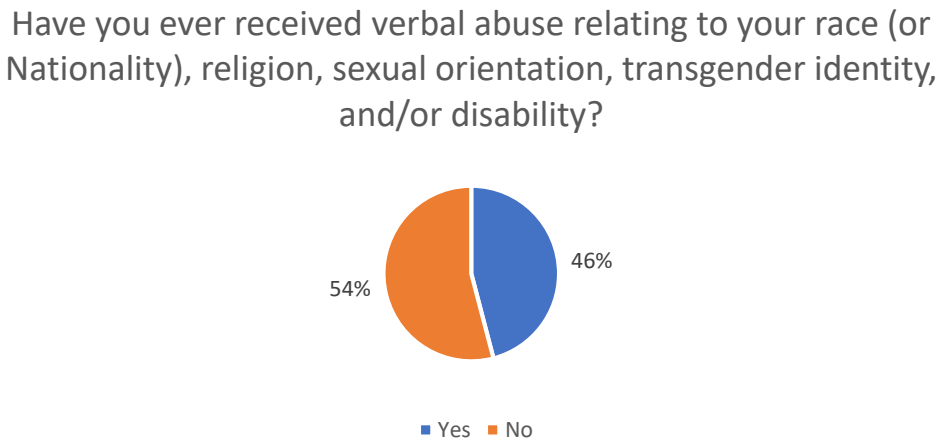


Figure 22: Hate crime and verbal abuse

Of these, 56% of respondents (n = 25) stated that this verbal abuse was motivated by their race and/ or nationality. Following this, 16% (n = 7) stated the verbal abuse was motivated by their religion/beliefs and 4% (n = 2) stated it was motivated by their sexual orientation. (Figure 23)

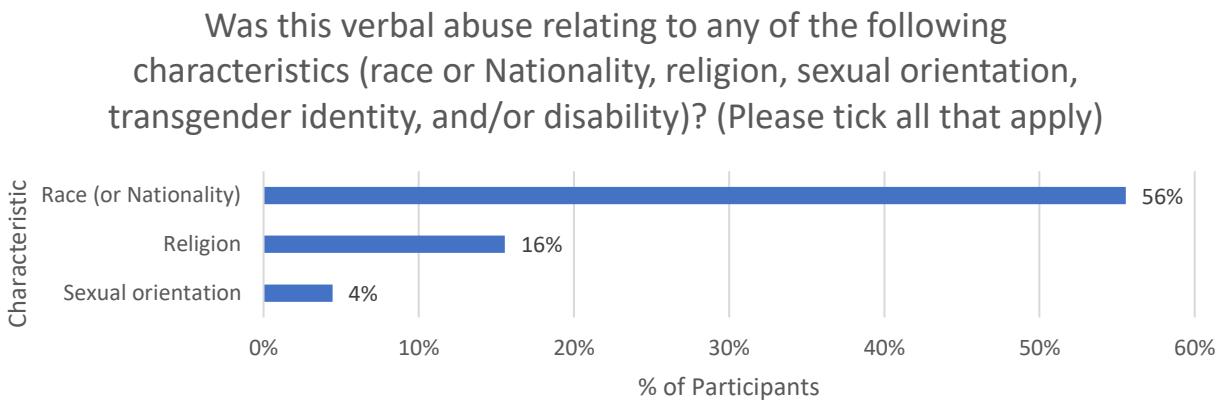


Figure 23: Hate crime and verbal abuse characteristics

Thirty-six percent of women (n = 16) who reported verbal abuse stated that they had received verbal abuse in the last year and 20% (n = 9) stated that they had received verbal abuse over 1 year ago. Nine percent of respondents (n = 4) stated they had received verbal abuse in the past week and 9% (n = 4) stated they had received verbal abuse in the past month. (Figure 24)

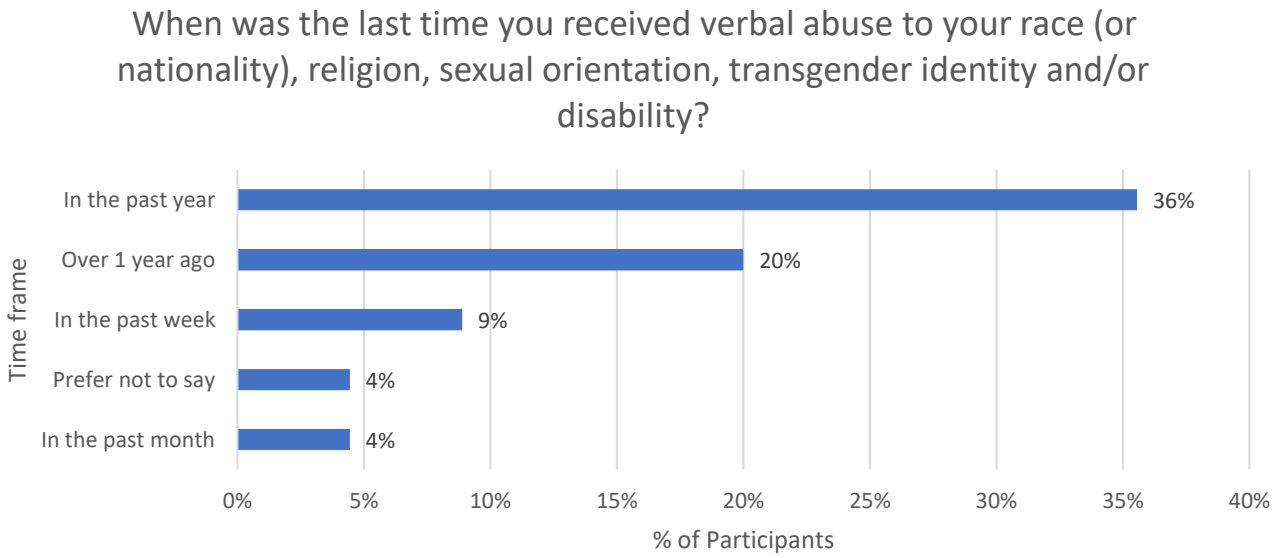


Figure 24: Frequency of verbal abuse

3.3.2. Hate Crime and Intimidation, Threats and Harassment

A total of 95 women provided information on their experiences of hate crime, in terms of intimidation, threats and harassment. Thirty-two percent of women (n = 30) stated that they had received intimidation, threats and harassment. (Figure 25)

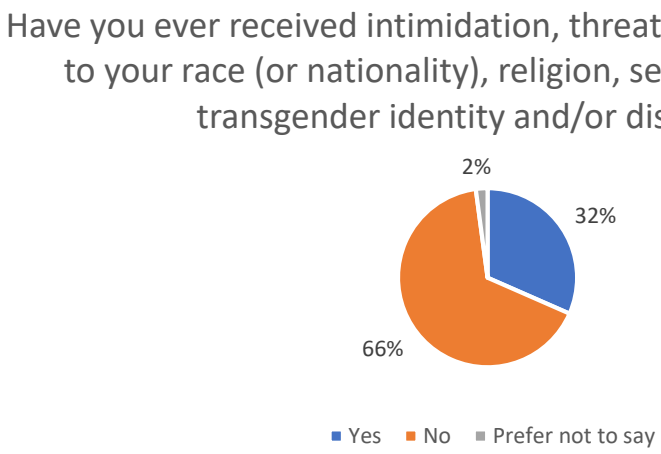


Figure 25: Hate crime and intimidation, threats and harassment

Of these women, 83% (n = 25) reported that these acts of intimidation, threats or harassment due to race and/or nationality. A smaller proportion of respondents stated that these acts were due to religion (10%; n = 3), sexual orientation (7%; n = 2) and disability (3%; n = 1). (Figure 26)

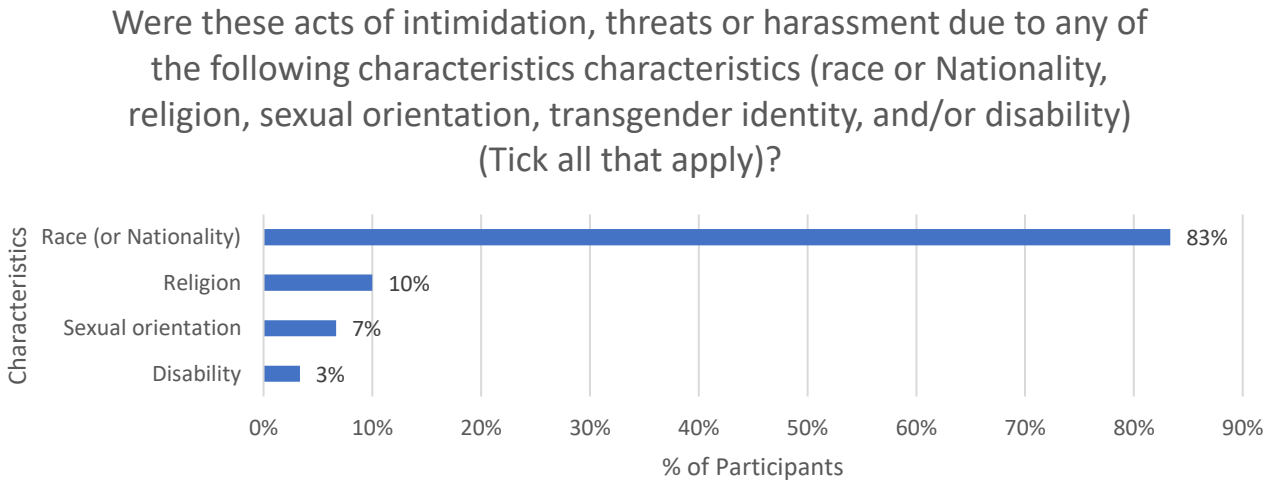


Figure 26: Hate crime and intimidation, threats or harassment characteristics

Thirty women who stated they had received intimidation, threats or harassment, provided information on the frequency of said hate crime. Of these respondents, 37% (n = 11) stated that they had received intimidation, threats or harassment in the past year and 33% (n = 10) stated this had happened over a year ago. Seven percent of women (n = 2) stated that they had received intimidation, threats or harassment in the past week and 3% (n = 1) stated this had happened in the past fortnight. (Figure 27)

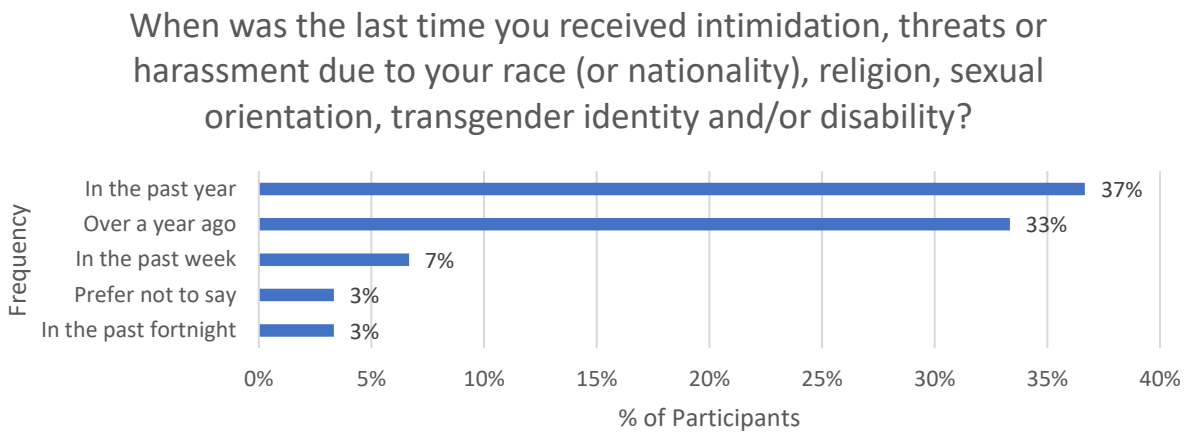


Figure 27: Frequency of intimidation, threats or harassment

3.3.3. Hate Crime and Physical Assault

A total of 95 women provided information on experiences of hate crime, in terms of physical assault. Twelve percent of women (n = 11) stated they had experienced physical assault. (Figure 27)

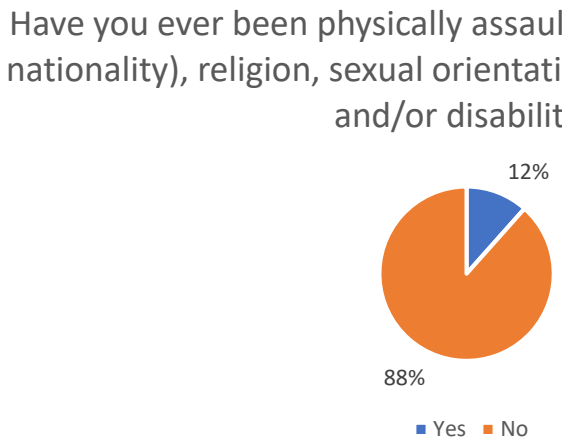


Figure 28: hate crime and physical assault

Of these women, 73% (n = 8) stated that the physical assault was due to their race and/or nationality. Nine percent of respondents (n = 1) stated that the physical assault was due to their religion. (Figure 28)

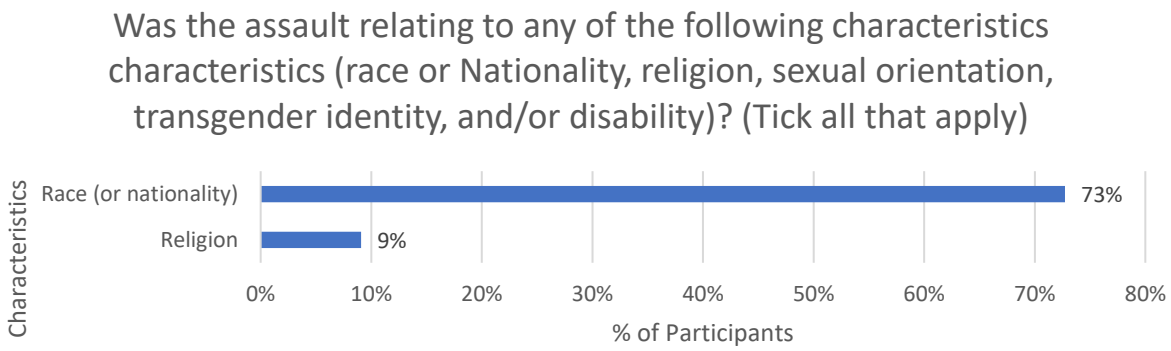


Figure 29: Hate Crime and physical assault characteristics

Forty-five percent of women (n = 5) who had experienced physical assault stated that this happened in the past year. Nine percent of women (n =1) stated they had experience physical abuse in the past month and 9% (n = 1) stated they had experienced physical abuse in the past week. (Figure 30)

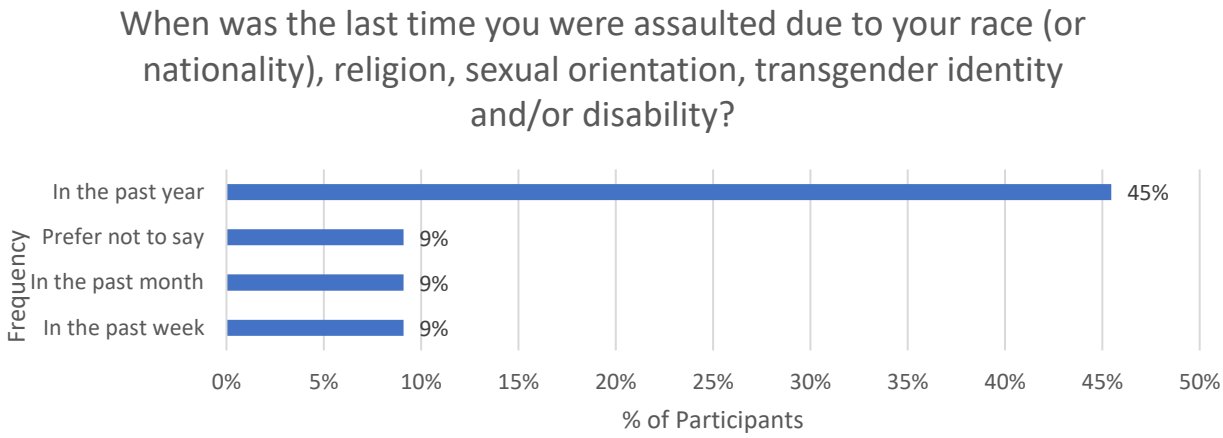


Figure 30: Frequency of physical assault

3.3.4. Hate Crime and Property Damage

A total of 93 women provided information on hate crime in terms of property damage. Eighteen percent of women (n = 17) stated that they had experienced property damage. (Figure 31)

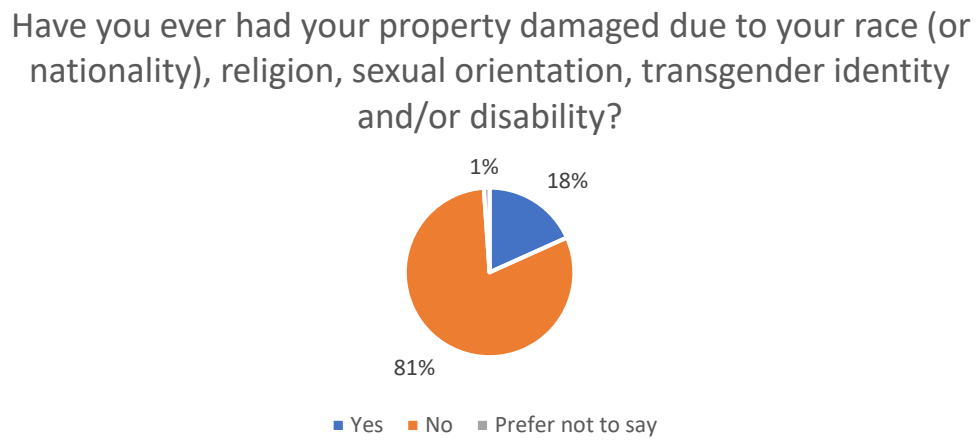


Figure 31: Hate crime and property damage

Of the 17 women who stated they had experienced property damage, 82% (n = 14) stated that this was due to their race and/ or nationality. Twenty-four percent of respondents (n = 4) stated that this happened in the past year and 12% (n = 2) stated this happened over a year ago. Whereas 6% of women (n = 1) has experienced property damage in the past week. (Figure 32)

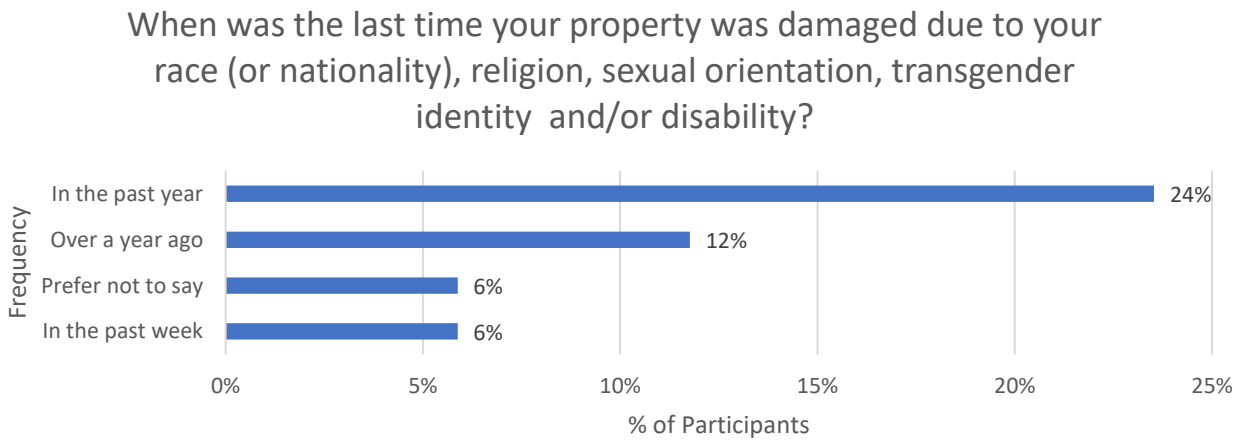


Figure 32: Frequency of property damage

3.3.5. Additional Comments on Hate Crime

Fourteen women provided additional comments regarding their experiences of hate crime. These comments were coded and organised into categories according to these codes. Most comments (32%) were associated with hate crimes relating to xenophobia, racism and anti-immigration abuse, followed by 23% of relating to verbal abuse, 18% relating to damage to property, 9% relating to workplace harassment and abuse, 5% relating to harassment, 5% relating to sexism and misogyny, and 5% relating to physical assault (Figure 33), as illustrated in the following excerpts from EE women:

- “Children of my neighbours shouted, ‘Go back to your country.’”
- “I'm white, so people don't know I'm not British unless I open my mouth. I'm good at spotting racist people, as they tend to boast about it or appreciate Brexit for sending home ‘those dirty foreigners’, so I keep my mouth shut and leave that environment.”
- “I've only been intimidated, but never physically assaulted.”
- “Neighbours attacked our family.”
- “Swastika sprayed on wheelie bin and food thrown against walls/ garden.”
- “The abuse I have experienced has been more emotional/ verbal ... never physical.”
- “My window got smashed and I was called "black cunt" as it happened.”
- “Me and my family had to move houses due to harassment, racism and repeated hate crime offences.”
- “Breaking the glass in the car.”

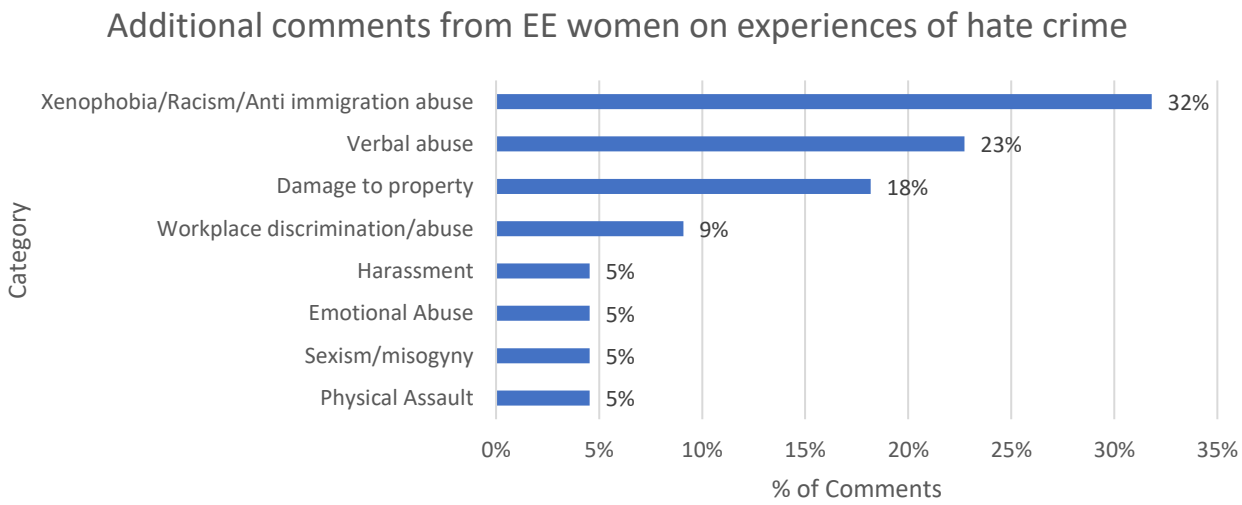


Figure 33: Additional comments on experiences of hate crime

3.4. Access to Health Care and Support Services

As part of the survey, EE women were also asked about their experiences in accessing health care and support services.

3.4.1. Accessing GP Services

Ninety-four women provided information on whether they were already registered with a GP practice. Whilst the majority of respondents (96%) stated that they were registered with a GP practice, a small proportion of women (4%; n = 4) were not currently registered with a GP practice. (Figure 34)

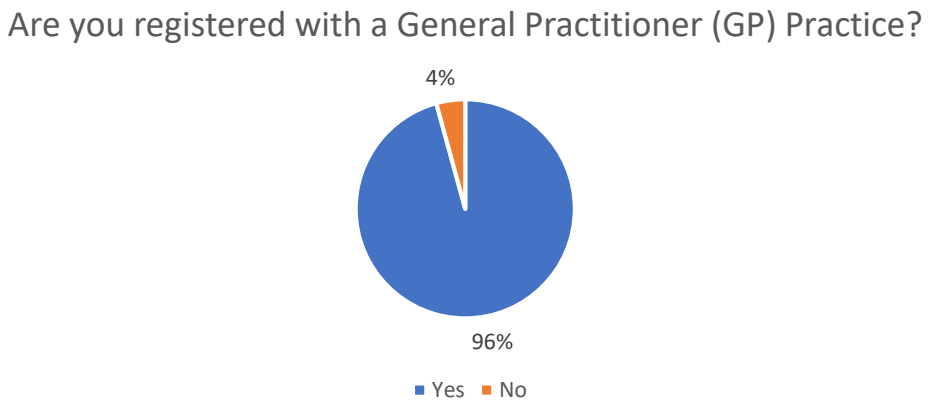


Figure 34: Registration with GP practice

Ninety-four women also provided information on the barriers and challenges experienced in accessing GP services. Of these, 14% (n = 13) stated that they had experienced barriers in accessing GP services. (Figure 35)

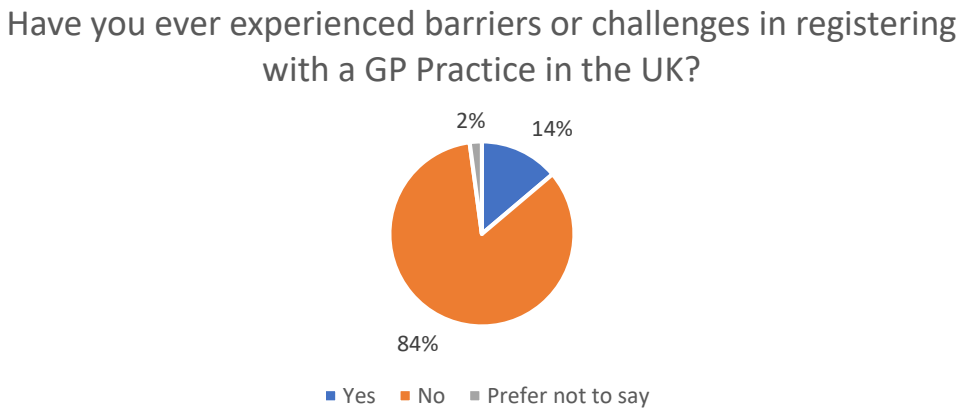


Figure 35: Barriers in accessing GP services

3.4.2. Accessing Health Care, Support and Other Public Services

Women were also asked about their experiences in accessing health care, support services or other public services. A total of 93 women provided information of whether they had been refused health care, support services or other public services because they did not have the correct documentation (such as proof of ID or address). Whilst most respondents (95%) stated that had not experienced barriers/challenges in accessing such services, 4% (n = 4) stated that they had experienced barriers/challenges. (Figure 36)

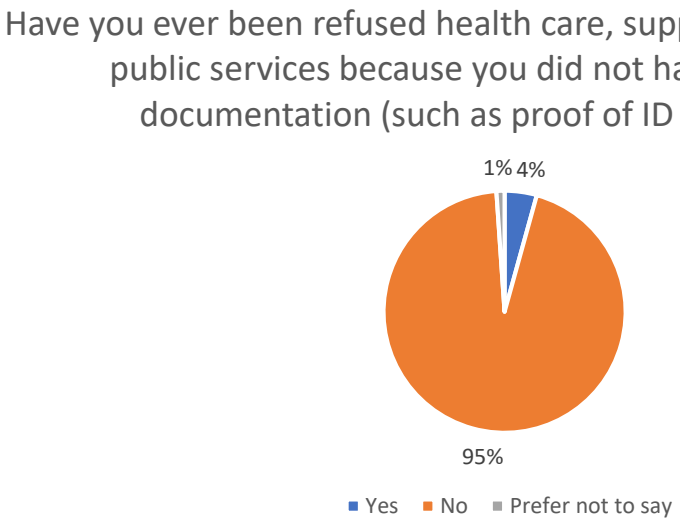


Figure 36: Barriers and challenges in accessing health care, support and other public services

Ninety-two women provided information of whether they had been refused health care, support services or other public services for any other reason. Of these, 10% (n = 9) respondents stated that they had been refused such services for other reasons. (Figure 37)

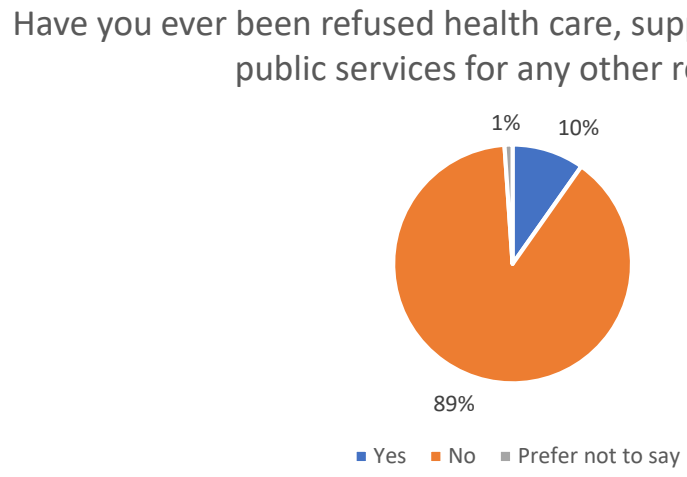


Figure 37: Refusal of health care, support services or other public services for any other reason

3.4.3. Language and Communication Barriers

Women were also asked about any language or communication barriers in accessing health care, support services or other public services. Ninety-three women provided information on challenges communicating with healthcare staff and service providers because of language barriers. Of these, 25% (n = 23) women stated they had experienced such barriers. (Figure 38)

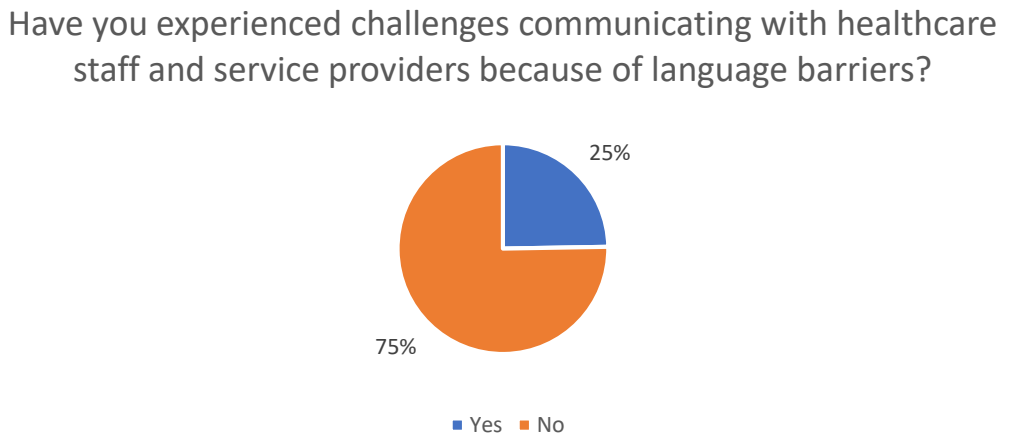


Figure 38: Challenges communicating with healthcare staff and service providers due to language barriers

Ninety-three women provided information on the challenges experienced in understanding information relating healthcare or other services due to language barriers. Of these, 33% (n = 31) women reported that they had experienced such challenges. (Figure 39)

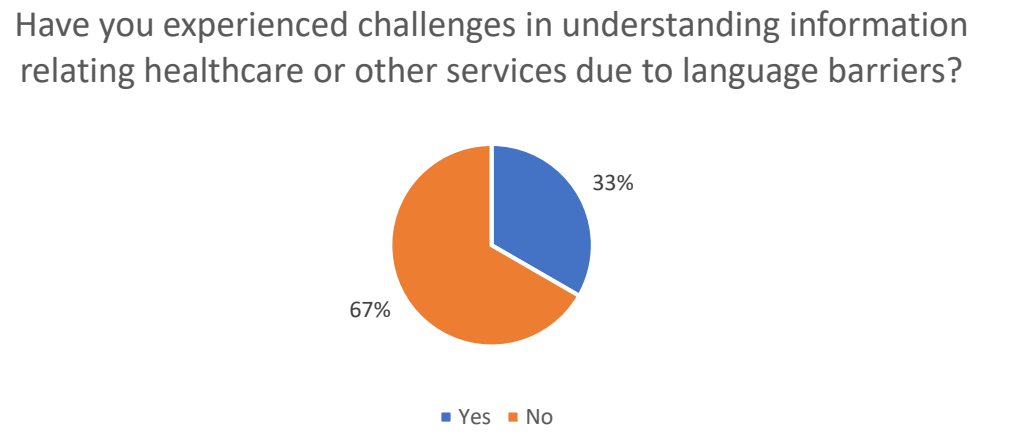


Figure 39: Challenges in understanding information relating healthcare or other services due to language barriers

Ninety-two women provided information on the sufficiency of translation and interpretation when accessing health care, support services or other public services. Of these, 36% of women (n = 33) stated that there were not sufficient translation and interpretation services available. (Figure 40)

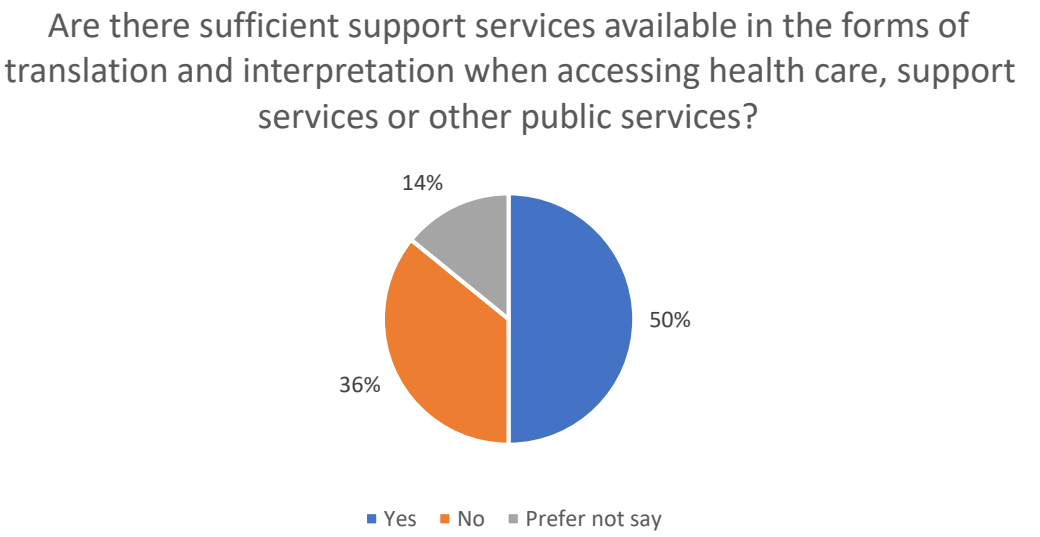


Figure 40: Translation and interpretation when accessing health care, support or other public services

3.4.4. Additional Comments on the Barriers and Challenges Associated with Accessing Health Care, Support or Other Public Services

In total, eleven women provided additional comments on the barriers or challenges you have faced in accessing health care, support services or other public services. These comments were coded and organised into categories. Most comments (20%) concerned language barriers. Following the 13% of comments concerns a lack of translated information, especially on specialist services, such as domestic violence services, and 13% of comments were relating to a lack of interpreters. Moreover, 13% of comments were associated with delays in accessing health services due to Covid-19. Further comments were relating to being asked for documentation to prove eligibility for health care and other services (7%); NHS staff lacking knowledge of eligibility (7%); delays in diagnosis for women's health issues (7%); problems registering with GP (7%); charges for health care services; and delays in receiving proof of eligibility documents (7%). (Figure 41) These issues are illustrated in the following excerpts from EE women:

- “I've been paying taxes, pension contribution, paid everything I should as an example citizen. I've been in the UK for almost 8 years and until last year I didn't have an NHS number.”

- “At the recommendation of my GP, I was invited for a consultation by a specialized doctor at a hospital. I received a thorough consultation including two ultrasound scans. Two weeks after the consultation, I received a message from the hospital asking for payment for their services. They said that they cannot access relevant information about me, therefore I will have to pay in full, which was very significant amount of money. I was not informed about

these costs before the consultation, neither by my GP nor by the hospital. I was able to offer them proof that I am entitled to receive for free that type of medical consultation. In their message asking for payment, the hospital threatened me to say that, if I would not settle my debt, they would pass the information to the Home Office, according to the immigration rules."

- "Not enough information in other languages e.g. domestic abuse information only available in English."

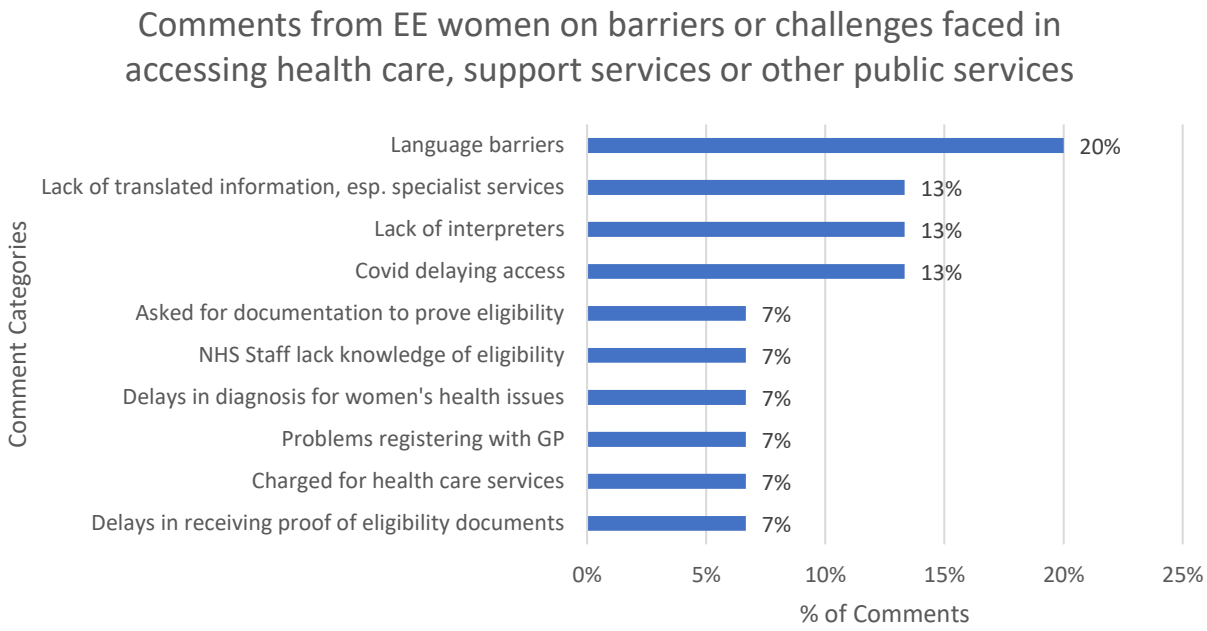


Figure 41: Barriers or challenges in accessing health care, support services or other public services

3.4.5. Impact of Brexit on Accessing Health Care, Support or Other Public Services in the UK

Ninety-two women provided information on their concerns about the impact of Brexit on your ability to access health care, support services or other public services in the UK. Of these, 41% of women (n = 38) stated that they had concerns about their ability to access health care, support and other public services. (Figure 42)

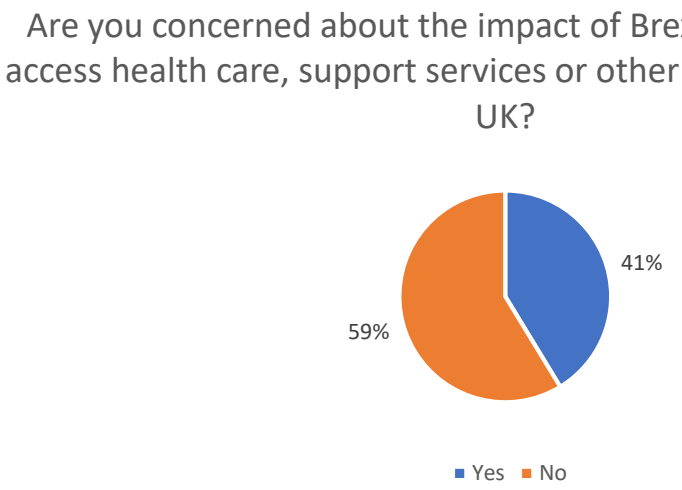


Figure 42: Concerns about the impact of Brexit on your ability to access health care, support and other public services

3.4.6. Covid-19 Restrictions and Impacts on Access to Health Care, Support and Other Public Services

A total of 92 women provided information on Covid-19 restrictions and access to health care, support services or other public services. Of these, 40% of women (n =37) stated that Covid-19 restrictions, such as lockdown, impacted on their ability to access health care, support services or other public services. (Figure 43)

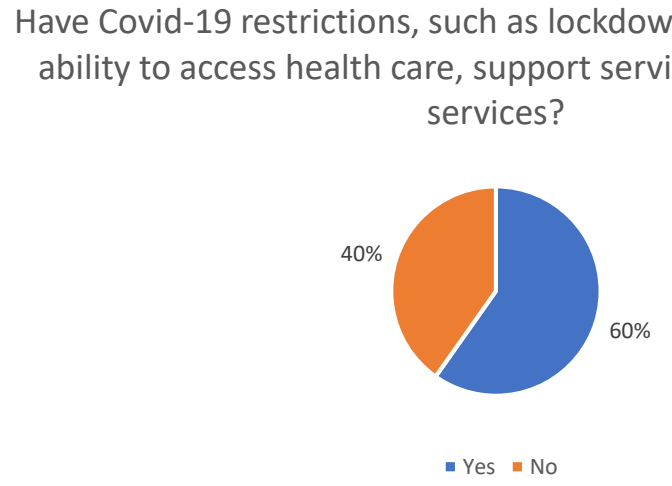


Figure 43: Covid-19 Restrictions and Access Health Care, Support and Public Services

3.4.7. Additional Comments on Covid-19 restrictions and the Impact on Access to Health Care, Support and Other Public Services

In total, nineteen women provided additional comments on how Covid-19 restrictions had impacted on their ability to access health care, support services or other public services. These comments were coded and organised into categories. The largest proportion of comments (34%) were related to delays in accessing GP services.

Following this, 19% of comments were associated with being unable to access face-to-face health care and support services; 13% of comments were relating to being unable to register with a GP practice; and 13% of comments were regarding delays in receiving treatment and/or medication. A smaller proportion of comments were relating to being unable to access mental health services/support (6%) and phone-based services/support being unhelpful (6%). Moreover, other comments were relating to delays in accessing health care and support services (3%); lack of interpreter/translation services (3%) and fears about accessing services due to risk of infection (3%). (Figure 44). These issues are illustrated in the following excerpts:

- “It is virtually impossible to see a GP.”
- “It’s impossible to get doctor’s appointments, no visits, no proper examination.”
- “It takes days to get through my GP practise.”
- “I gave up setting an appointment with my GP because it's taking forever to get an appointment for anything.”
- “I found it challenging to get treatment for a recurrent issue I've been having as I've been passed from one side to another. I found myself asking my mum to send me a package with a prescription from a Romanian doctor.”
- “Mental health support/help over the phone was not enough.”
- “I can't register with GP at the minute.”

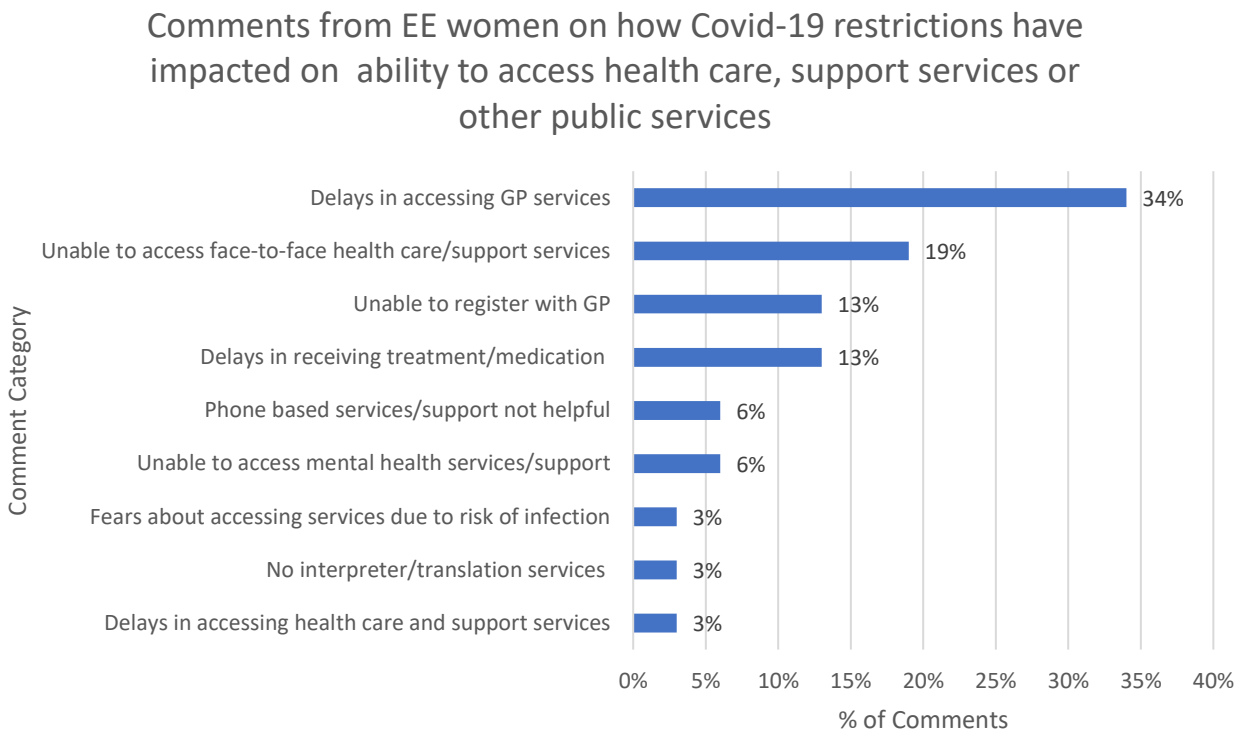


Figure 44: Additional comments on how Covid-19 restrictions have impacted on ability to access health care, support and other public services

4. Discussion

In total 127 EE women, living in Tyne and Wear, responded to the survey, with the largest proportion of women living in Sunderland, Gateshead and Newcastle. Women responding to the survey ranged from age 18 to 62 and the mean age was 35 years. Moreover, almost two thirds of EE women, living in Tyne and Wear, originated from Poland, with smaller proportions of women originating from Bulgaria, Czech Republic, Romania, Slovakia, Russia, Latvia, Albania, Lithuania and Serbia. This is representative of population data, which shows that Polish women make up a significant proportion of EE migrants to the Tyne and Wear region and the UK in general (Office for National Statistics (ONS), 2020).

Over two-thirds of EE women responding to the survey were in employment or self-employed, and over half of women responding held routine and semi-routine occupations, such as housekeeping, cleaning, hospitality, domestic, care, factory, retail, food etc. However, despite being more likely to be undertaking low-paid/low-skilled jobs, over half of the women responding to the survey held higher education qualifications, mostly including bachelor's and master's level degrees, and a small number of Doctoral degrees. Existing research indicates that a large proportion of EE women, living in the UK, hold higher levels of education, yet are more likely to be undertaking roles in hospitality and care, for which they are over qualified, when compared to non-migrants and migrant men (Janta, 2011; Khattab & Fox, 2016; Přívara, 2019). Moreover, further research shows that migrant women living in the

UK are the most precarious employees and are over-represented in low-paid, low-skilled, insecure and irregular employment, such as work in domestic, care and hospitality (Kofman *et al.*, 2009; Duda-Mikulin, 2019).

4.1. Discrimination Towards EE Women

The current survey results showed that EE women, living in Tyne and Wear, experience discrimination in all areas of public life, including in employment, education, health care, housing, transport and by public bodies. Research shows that discrimination towards EE migrants has always existed within the UK (Lumsden *et al*., 2019; Rzepnikowska, 2019). However, racist and xenophobic discrimination towards EE migrants in the UK has increased since the 2008 recession and subsequent anti-immigration legislation such as the Immigration Acts (2014; 2016) and initiatives such as Operation Vaken, popularised for controversial ad-vans carrying the message, “In the UK illegally? Go home or face arrest” (Home Office UK, 2013; Hattenstone, 2018). In addition, discrimination and hostility towards EE migrants is considered to have been further exacerbated by the Brexit referendum and associated increased anti-immigration sentiment within the UK government, media and general public (Lumsden *et al*., 2019; Rzepnikowska, 2019; Benedi Lahuerta & Iusmen, 2020).

According to findings from the current survey, discrimination towards EE women, living in Tyne and Wear, was predominantly motivated by race and/or nationality. This was followed by sex-based discrimination, then a smaller proportion of discrimination based on the characteristics of pregnancy/maternity, age, religion/belief and disability. Existing research also highlights the intersecting oppressions female migrants living in the UK face due to their sex, immigration status and race/nationality, alongside other aspects of their identity including, age, religion/belief and sexuality (Integration up North, 2015). Moreover, migrant women, living in the UK, are more likely to face discrimination, inequalities and exploitation than to migrant men (Integration up North, 2015).

In the current survey, employment was the most frequently reported area of discrimination, with over a third of EE women reporting discrimination at work and by employers/potential employers. These findings reflect existing research, which has highlighted that EE migrants in the UK face increased discrimination at work, with work-based discrimination linked to increased stress, decreased life satisfaction and increased intention to leave the UK (Rzepnikowska, 2019; Martynowska *et al*., 2020). Moreover, research shows that women migrants, living in the UK, face greater barriers in accessing the labour market (Bloch, 2004), and are more likely to be working in occupations, in which they are exposed to discrimination, abuse, isolation, poor health and safety practices, and potential for unfair dismissal (Integration up North, 2015).

4.3. Hate Crime Towards EE Women

EE women responding to this survey reported that they had experienced a range of hate crimes, including verbal abuse, intimidation, threats, harassment, physical assault, and property damage. The most frequently reported hate crime was verbal abuse, with almost half of EE women responding stating they had received verbal abuse. Following this, over a third of EE women reported that that they had received intimidation, threats and harassment. Smaller proportions of EE women reported that they had experienced property damage (18%) and physical assault (12%). These hate crimes were largely associated with hostility motivated by race and/or nationality, following by smaller intersections with religion and sexual orientation. As 'sex' is not listed as a protected characteristic under the CPS current definitions of hate crime (The Crown Prosecution Service (CPS), 2021), any potential sex-based intersections in terms of hate crime were not examined as part of this survey. Moreover, the majority of EE women, living in Tyne and Wear, reported that they had experienced hate crime in the last year, with a smaller proportion of women experiencing hate crime in the past week, fortnight and month.

The UK has experienced over a decade of economic recession, austerity measures and anti-immigration policies. In addition, debates regarding immigration have become politised and polarised in the UK in recent years (Harris *et al*., 2019). This populist discourse become increasingly pervasive with the EU referendum 'Leave' campaign in 2016 (*Meleady et al*., 2017) and is considered to have legitimised pre-existing anti-immigration sentiments regarding additional pressures on local and national resources (Lumsden *et al*., 2019). During the EU referendum campaign there was a reported rise in racist hate crimes (Virdee & McGeever, 2018), and following the referendum result there was a spike in this trend, with in excess of 6,000 racist hate crimes reported to the National Police Chiefs Council in the four weeks after the result was declared (National Police Lead for Hate Crime, 2016).

Within these increasing racist hate crime trends, research shows that EE migrants are experiencing increasing rates of racist and xenophobic hate crime (Virdee & McGeever, 2018). In recent years, discourses on migration from EE countries have become increasingly hostile within the UK (Harris *et al*., 2019; Rzepnikowska, 2019). Whilst Eastern European migrants already experienced racial and xenophobic hostility prior to the 'Leave' vote, the prevalence and severity of this type of hate crime has increased since the referendum (Benedi Lahuerta and Iusmen, 2020). Existing research shows that EE migrants, living in the UK, face hate crimes, including verbal abuse (Rzepnikowska, 2018; Lumsden *et al.*, 2019; Benedi Lahuerta & Ismusen, 2020), harassment (Benedi Lahuerta & Ismusen, 2020) and property damage (Rzepnikowska, 2018; Benedi Lahuerta & Ismusen, 2020). A recent study by Lumsden *et al*. (2019) described that racist hostility towards EE migrants, living in the North of England was routine, normalised and so much an everyday occurrence, that it was often not recognised by victims as a hate crime (Lumsden *et al.*, 2019).

4.4. Accessing Health Care and Support Services for EE Women

Survey findings highlighted several barriers and challenges for EE women living in Tyne and Wear, in terms of their access to health care and support services, including difficulties accessing GP, health care, support and other public services. These barriers and challenges were predominantly related to language and communication. EE women reported challenges in communicating with healthcare staff and service providers, and in understanding information relating to health care or other support services, because of language barriers. Moreover, EE women reported insufficient translation and interpretation services were available within health care and support settings. These findings reflect those from existing research, which has highlighted language and communication barriers are a key difficulty for EE migrants living in the UK (Sime, 2014; Crowther & Lau, 2019). Moreover, health care professionals have also reported concerns about the lack of effective communication between health care professionals/workers and EE women, which were linked with concerns about a lack of health education and maternal and infant health (Richards *et al.*, 2014).

Findings from the current survey highlighted that a small proportion of EE women, living in Tyne and Wear, had been refused health care and/or support services. This was primarily due to a lack of or incorrect documentation, such as proof of ID or address. These findings reflect existing research by the NHS, which has also highlighted that vulnerable and/or marginalised migrant women living in the UK, including Roma women, victims/survivors of trafficking and gender based violence, and pregnant women have been routinely refused health care and GP registration due to inability to provide ID, proof of address or immigration status (NHS England, 2018). Moreover, previous research has also drawn attention to specific issues faced by EE women, living in the North East of England, in accessing health care services and resources (Richards *et al.*, 2014). This study reported that EE women's health needs, including maternal health, health behaviours and wider determinants of health, were often not being met, due to cultural barriers, discrimination, mobility and disempowerment (Richards *et al.*, 2014).

4.5. Impact of Brexit on EE Women's Access to Health Care and Support Services

The current survey highlighted that over 40% of EE women, living in Tyne and Wear, had concerns about their ability to access health care, support and public services post-Brexit. Existing research also highlights post Brexit uncertainties for EE migrants, living in the UK, including concerns about their social rights, entitlements and legal rights, resulting in EE migrants feeling uncertain about their futures in the UK (Duda-Mikulin, 2020). Moreover, further research has highlighted that since leaving the EU, access to housing and welfare for EE migrants, living in the UK, is dependent on being in work or education (Imkaan, 2020). Therefore, for some EE women migrants their residency is reliant upon their partner, which affects their

ability to leave abusive relationships or access the support, services and resources to help make those decisions (Imkaan, 2020). Women with irregular immigration status are particularly at risk of discrimination and exclusion from rights and services and are more likely to be in a position of dependency and vulnerable to violence and sexual abuse (Amnesty International and Southall Black Sisters, 2008; Integration up North, 2015). Gaining permanent residency is a lengthy process, requiring documentation, such as payslips, bills and P60s, which women migrants who are homemakers, not in employment or in precarious employment, may have difficulties in obtaining, and thereby be more likely to have difficulties in securing permanent residency (Duda-Mikulin, 2020).

4.6. Impact of Covid-19 Restrictions on EE Women

According to the current survey, a large proportion (40%) of EE women, living in Tyne and Wear, stated that that Covid-19 restrictions, such as lockdown, impacted on their ability to access health care, support services or other public services. These were primarily related to difficulties in accessing and registering with GP services, lack of face-to-face services, delays in treatment/medication, and difficulties in accessing mental health support. Whilst many of these barriers to health care and support services may have been experienced by much of the population in Tyne and Wear, irrespective of immigration status, recent research indicates that Covid-19 has widened existing gaps in marginalised women's access to care, particularly for ethnic minority and migrant women living in the UK (Germain & Yong, 2020). Migrant women who already faced difficulties in accessing support services, i.e. disabled and sexually exploited women and women with 'no recourse to public funds' (i.e. usually unable to claim most state welfare/benefits, even if married to a British citizen) have been disproportionately disadvantaged by Covid-19 restrictions (Imkaan, 2020). Moreover, Covid-19 restrictions, including lockdown, have resulted in increased difficulties for migrant women to escape abusive and/or exploitative situations or to access the support services they need to help make this decision (Imkaan, 2020).

5. Conclusion and Further Research

Results from this survey have highlighted that EE women living in the UK face systematic and structural discrimination in all areas of public life due to their race and/or nationality. In addition, EE women also face distinct and intersecting sex-based discrimination, including maternity/pregnancy, alongside discrimination due to other aspects of their identity including age, disability and sexuality. Moreover, despite holding higher-education qualifications, EE women are more likely to be employed in precarious and low-paid occupations, which increases their vulnerability of discrimination in employment and other areas of their lives.

The survey has also highlighted that EE women are victims of frequent hate crimes, including verbal and physical abuse, threats and harassment, and damage to

property. These hates crimes are primarily motivated by race and/or nationality, with a smaller proportion motivated by religion and sexual orientation. As ‘sex’ is not listed as a protected characteristic under the CPS current definitions of hate crime (The Crown Prosecution Service (CPS), 2021), any potential sex-based intersections in terms of hate crime were not examined as part of this survey. Intersections with sex-based motivated hate crimes towards EE women should be explored within further research.

Furthermore, survey findings highlighted that EE women face challenges and barriers in accessing health care, support and other public services, due to language barriers, entitlement to services due to immigration status, residency and proof of ID. In addition, EE women have experienced further uncertainty about their futures in the UK, in terms of access to welfare, health and support services, since the Brexit referendum and continue to face this uncertainty with the UK’s departure from the EU. More recently the Covid-19 restrictions, including lockdown, have further restricted EE women’s access to health care, support and other public services, placing marginalised, minority and women vulnerable to abuse and exploitation at increased risk. The precarity of EE women’s access to health care, support and public requires further research, in light of both the UK’s departure from the EU and the impact of Covid-19 restrictions.

6. Recommendations

The following recommendations are made based on findings from this survey with EE women living in Tyne and Wear:

i. Research team to explore survey findings further and discuss potential solutions to the issues faced by EE women living the UK, during focus groups with EE women and semi-structured interviews with service providers working with EE women.

ii. Heath care, support and other public service providers to provide more information translated in various languages. This is particularly important for local/community-based services, such as domestic abuse, family planning, women’s only services.

iii. Public institutions such as schools, colleges, universities and other educational settings to raise standards in terms of monitoring and reporting discrimination and hate crimes towards the EE community, and supporting victims of hate crime and discrimination.

iv. Local authorities and regional/community decision makers to provide clear pathways to support for EE migrants, in areas such as housing, welfare, employment, education residency etc.

v. Public services and bodies and local authorities to establish strong links with local/community BME service providers to coordinate a more effective and efficient response to the needs of EE migrants.

vi. Funding bodies, public bodies, local authorities and service providers to consider translation and interpretation costs in the procurement of services to avoid exclusion of minority and marginalised groups.

vii. Health care, support and other public services to receive training on the eligibility of services for EU citizens including healthcare, support services, housing.

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