



Child and Maternal Poverty in the North East

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BECON provides services to BME communities addressing disadvantage, discrimination, exclusion, inequalities and racism. Services are geared to support individuals, groups and organisations to participate more fully and inclusively in the economic, social and cultural developments of their localities. BECON strives to bring about a more inclusive society promoting equality, diversity, human rights and social justice. In addition to providing services BECON is a network organisation with over a 100 members across the region providing a platform for influence, representation and voice.

Introduction

The Policy and Representation Partnership is led by Voluntary Organisations' Network North East (VONNE) and is funded by the Big Lottery's Basis (Round II) funding. The aim of the partnership is to increase the influence of the region's voluntary and community sector organisations on public policy using information from the North East.

In the second year of the project, over the next ten months, BECON will work with BME women's organisations in the North East to understand how local authorities in the region address issues of child and maternal poverty in BME communities. This position paper is based on research commissioned by Oxfam in 2009 and 2010. This paper is meant to inform the partnership and the sector on what is currently known about gendered aspects of poverty in BME communities. There is however no available regional level research on poverty in BME communities and the two reports used to develop this position paper explore issues of poverty for ethnic minority women either nationally or in Newcastle. Through this policy work, our intention is to develop a broader picture of activities undertaken by local authorities to combat child and maternal poverty in ethnic minority communities.

The project primarily focuses on working with local authorities in the region for the following reasons:

- (a) This policy work is being carried out in partnership with Oxfam's Route to Solidarity project. The project is building capacity of BME women's organisations in Northern regions to work together and influence decisions in localities
- (b) Local authorities will have a significant role in the development and delivery of Local Enterprise Partnerships and as exclusion from the labour market has bearing on child poverty, it is appropriate that this policy work focuses on developments that will have impact on the local labour market
- (c) In the proposed Decentralisation and Localism bill (in parliament), local authorities will receive further powers from the government in shaping delivery of local services
- (d) The Child Poverty Act, 2010 creates framework for national and local actions to address child poverty. The act requires local authorities and named partners to produce a Child Poverty Strategy based on needs assessment for which they must consult with children, parents and organisations working with or representing children and parents. While Oxfam is working nationally on poverty and child poverty, the Route to Solidarity project in the North East aims to influence local actions
- (e) Local authorities, as democratically elected bodies accountable to citizens and residents in a local authority area, are also responsible to empower voluntary and community organisations to better able to deal with social challenges as envisaged in the Big Society programme

Scope of the project

The scope of the project is primarily to undertake an assessment of the policy frameworks of four local authorities in the region to understand what efforts are being made to ameliorate child and maternal poverty in BME communities. The project is concerned with identifying whether local authority policy frameworks take into account maternal poverty in developing policy frameworks, especially in BME communities, and whether local authority policy frameworks are sensitive to the needs of BME communities.

Policy Context of Child Poverty

In the mid to late 1990s, the UK suffered higher levels of child poverty than nearly all other industrialised nations. Over a period of 20 years, the proportion of children in relative low income households had more than doubled. The Government therefore set an ambitious long-term goal to halve child poverty by 2010 and eradicate it by 2020. As a first step, the Government sought to reduce the number of children in low-income households by at least a quarter by 2004-05.

Over the last few years, a significant reduction in child poverty has been achieved, backed by significant resources. However, the Government failed to achieve the target it set out to halve child poverty by 2010. In 2008, the Government made a pledge to end child poverty by 2020. This strategy requires over two million children to be taken out of poverty in difficult economic circumstances. The Conservative-Liberal Democrat Coalition Government has reiterated the pledge to end child poverty by 2020 in their programme for government.

What is known about poverty in BME communities: National Research

1. According to Oxfam's report, Poverty Pathways: Ethnic Minority Women's Livelihoods, ethnic minority women as a group experience considerably higher rates of poverty than White women in the UK. Almost 40% of ethnic minority women live in poverty, twice the proportion of White women. Poverty extends to more than a third of Black women and almost two thirds of Pakistani and Bangladeshi women. However, little literature exists that looks at the specific needs of ethnic minority women.
2. The report notes that causes and consequences of this poverty are relatively under-investigated and there is a dearth of detailed empirical evidence. It is therefore concerning that the Government's anti-poverty measures are being developed in such an information vacuum.
3. While workplace discrimination exists for all women in the UK, BME women face discrimination on grounds of both ethnicity and gender. Muslim women constitute one of the two groups that experience the largest employment

penalty. The report notes that almost 25% of ethnic minority women have faced questions on their plans to have children in interviews compared to 14% of White women.

4. Discrimination has led BME women to insecure or low paid jobs. According to the research, BME women are four times more likely than White women to have taken a job for which they are over-qualified. They are also disproportionately likely to be working in temporary jobs leading to patchy and insecure income. Pakistani and Bangladeshi women have the highest rates of part-time working. Black and Minority Ethnic women make up a substantial proportion of the over 85% of home workers that are women.
5. The gender pay gap also means that women earn less than their male counterparts and therefore are at a greater risk of poverty. The pay gap for all women working full time is 17% and 23% when part time workers are included.
6. BME women have some of the lowest rates of access to benefits and have less access to maternity pay than other women because the benefit system does not take account of the specific needs of BME women. For example, declining child benefit and child tax credit for each child mean larger families receive proportionately less support affecting families from Bangladeshi, Pakistani and Black African background. In addition, welfare provisions are not rising with inflation and are worth 20% less than a decade ago. Similarly with pensions, where research by the Policy Research Institute on Ageing and Ethnicity (PRIAE) showed that 30% of people from ethnic minorities eligible for pension credit do not receive it. Security in old age is a particular problem for women, partly as a result of their lower and uneven income and some are disadvantaged for never having worked in the labour market.

The national anti-poverty measures are gender-blind and marginalise ethnic minority women further. There is a general lack of gender-desegregated data that results in policy formulation without evidence. As a result of gender-blind policies, mainstream services are being constructed inappropriately. The Oxfam's research found that anti-poverty strategies by the Government have rarely targeted women's poverty directly. This gender-blindness is underpinned by the following:

- (a) Primacy of household unit as level of analysis, especially in key data sources like Households Below Average Income (HBAI), with an assumption that resources are pooled and distributed equitably between all individual household members
- (b) Exclusive focus on employment income without recognising the extent to which women are particularly likely to rely on access to non-income resources to maintain financial security
- (c) Poverty as static, with little attention paid to the reality that the risks of slipping into poverty change over the life course with women facing increased risks at different stages of their lives including when they become mothers, when their relationships break down and when they reach retirement age.

The experience of BME women demonstrates that women are generally invisible to policy makers and most anti-poverty approaches adopt a 'one-size-fits-all' view. In addition, stereotypes about BME women also abound. Emphasis on paid work as panacea for poverty does not take account of a large number of women from BME communities. Such thinking undermines the agency and choices of women from BME communities and thus locates the source of their poverty in the women themselves.

What is known about poverty in BME communities: Research in Newcastle

In Newcastle, the Angelou Centre was commissioned by Oxfam's Route to Solidarity project to research experiences of poverty of BME women in Newcastle. The report, Exposing BME Maternal Poverty (draft title, report still being completed), is particularly focused on exploring issues of poverty when a woman becomes a mother. The report argues that in UK policy discourse, focused particularly on child poverty, mother's (and father's) poverty is considered significant only in the context of addressing child poverty. The report points out that maternal poverty is particularly hidden as the method used to measure poverty is based on the household. This approach assumes that 'all individuals in the household benefit equally from the combined income of the household'.

1. The research was divided into two stages. In the first stage, thirty women were interviewed from five ethnic groups: Indian, Bangladeshi, Pakistani, Arab and Black African. All the women were married or living as married with children at home and a family member in work.
2. In the second stage of the research, a group of seventy Angelou Centre users were asked to comment on the interview findings, and to identify which they thought were the most important. The membership of this group was not controlled, but most of the women in it shared the characteristics of the group who were interviewed in depth. The sample was not randomly selected and was largely composed of women who were seeking the services of the centre. This is an important methodological limitation of the study.
3. According to the 2001 Census, almost 7% of the total population of Newcastle were from BME groups. Of the 259,536 people then living in Newcastle, 3,098 (1.2%) were of Indian origin, 4,842 (1.9%) were of Pakistani origin, 2,607 (1.0%) were of Bangladeshi origin, 959 (0.4%) were Black or Black British and 3,231 (1.2%) were of Chinese origin. The number of Black Africans in the city has increased substantially since 2001 due to government dispersal policies for asylum seekers.
4. There are considerable variations between the employment experiences of different ethnic groups in Newcastle. Recent figures show that 34% of Indian women are employed full-time, compared with only 5% of Bangladeshi women. The comparable figure for the city as a whole is 37% of women. In Newcastle, 28% of Indian women are in professional jobs, compared with 11% of Bangladeshi women, and with 13% of White British women. Bangladeshi, Pakistani and Chinese men and women who work are heavily concentrated in the wholesale, retail, restaurant and hotel sectors, while those of Indian background are more concentrated in health and social work. Bangladeshi and Pakistani women are substantially less likely to be employed as managers and professionals than other women.
5. The research found a rise in the deprivation of mothers as household income falls and suggests low income has a serious impact on maternal material well-being. However, at all income levels there were mothers with very high

deprivation scores. Higher household income is therefore no guarantee of lower deprivation for mothers, undermining attempts to calculate women's poverty levels based on household income.

6. Child deprivation was the least affected by falling income. Moreover, in twenty seven of the thirty households, children had a deprivation score of two or below. This suggests that children are largely protected by the sacrifices of other members of the household; clearly mothers, and quite possibly fathers as well, although this study does not explore the latter.
7. The material deprivation figures also show it is extremely difficult to meet all material needs at an income level below 65% of national median; none of the households in the study group could so. It is, however, possible for some households to meet all material needs at an income level above that, at least on this range of indicators.
8. The study found, contrary to national research, that Indian households had the greatest material deprivation and Pakistani and Bangladeshi households the least. In this study group, mothers were least deprived in Bangladeshi households and most deprived in Indian and Arab households. In Bangladeshi and African households deprivation was spread fairly evenly, whereas Arab mothers were significantly more deprived than both their family and their children.
9. Living with little money had both a physical and a psychological impact on the women in the study group. For most of those interviewed, the psychological impact was worse than the physical. Many participants talked about the worry and stress of trying to manage on a low income.
10. In several cases, the extended family had a significant impact on how household resources were allocated. This was either because large remittances were being sent to them, or because they lived in very close proximity and had some kind of direct control over the household. In some cases, one or both parents-in-law lived in the household and made a regular financial contribution, balancing out the high cost in household resources and

emotional energy. However, in most cases the effect was strongly negative, with the in-laws placing a significant drain on the limited money available.

11. Half of the households were sending money to family abroad or elsewhere in the UK, putting an additional strain on finances. In almost all cases this money went exclusively to the husband's family. Amounts varied greatly, from a regular payment of twenty five pounds a week to occasional payments of several thousand pounds for family weddings. Several of the households who were sending money had high levels of deprivation and low incomes, so this additional call on the household's resources was having a real impact.
12. The need to visit family abroad also put a strain on scarce resources. Ten of the women interviewed said they preferred to save up to visit family every few years rather than take an annual holiday closer to home. The desire to visit family was a major source of conflict in some relationships.
13. Even when the husband had complete control of the family finances, the woman was still charged with making sure the children got what they needed. Often, making sure that the children had what they needed meant hardship for the woman. Material deprivation scores for children were consistently lower than for their mothers. The belief that material sacrifices should be made on behalf of children and the recognition that the bulk of such sacrifices would fall on mothers were two of the strongest findings of the study.

How the work will be carried out

BECON's work is primarily based on reading of local authority policy documents including race and gender equality policies and action plans; equality impact needs assessment, child poverty strategies, children and young people strategies, evidence base, publications from the government, regional and local research and publications from think tanks. In addition, BECON will organise two consultation sessions with BME women's groups in the North East which are working with Oxfam's Route to Solidarity Project. It is expected that the first consultation will take place in November 2010. This session will discuss BECON's work on two local authorities in the region and will advise BECON where gaps may be in evidence and analysis and discussions with local authorities where needed for BECON to follow. The second consultation, due in

February/March 2011, will look at BECON's assessment of remaining two local authorities in the region. A final policy paper will be produced in March 2011.

Outcome of BECON's Policy Work

BECON expects that its policy work will have the following outcomes:

- (a) A policy paper is produced in March 2011 and is shared with BECON members and the Policy and Representation Partnership
- (b) This policy work will improve understanding of child poverty policy framework in local authorities for both BECON and the BME VCS organisations
- (c) Along with the research report from Angelou Centre on child and maternal poverty in Newcastle, this policy work will provide evidence to Oxfam to undertake further work on child and maternal poverty in the region and nationally especially in the context of the recent Child Poverty Act that requires active engagement from local authorities

In addition, the policy work will influence the work of Route to Solidarity project in the region. This project is currently involved in increasing capacity of BME women's organisations. The project and organisations working with the project are keen to develop a campaign on child and maternal poverty in BME communities in the region and this policy work will inform this campaign. The campaign is being built to improve engagement between BME women's organisations in the region with local authorities.



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