

Race, ethnicity and the Big Society

Context

In mid 2009 the Office of National Statistics estimated the total UK population at 61,792,000. The most recent data available on Ethnicity (2001 census) showed 7.9% of the population belonging to a non-white ethnic group. As the government introduces reforms to public services and devolution of power to local communities, there will be a need for positive action to ensure the participation and uptake of the new rights by everyone, including Black, Asian and Minority Ethnic (BME*) groups as traditionally excluded communities.

* BME (Black and Minority Ethnic) is a term in widespread usage and has been for many years, but we recognise its shortcomings, including its lack of reference to Asian groups, refugees, new communities and white ethnic groups. The fact is that all labels are unsatisfactory and tend to be used as a matter of convenience.

Case study

African Initiative Support

Founded in 2003 in Nottingham, African Initiative Support (AIS) is a voluntary and community organisation, driven by the needs of African residents for culturally sensitive support to help them to access key services.

AIS aims to relieve poverty, distress and improve the quality of life of Africans, particularly refugees and asylum seekers living in Nottingham and surrounding areas by providing services in the areas of education and training, health promotion, orientation and advice, culture and other philanthropic activities.

In Autumn 2009, AIS commissioned a paper researching the needs, skills and experiences of the African community living in the city. The project was managed by the organisation alongside a steering group of community members, and several African and refugee groups.

The steering group continues to meet regularly, working on possible projects, further research, exploring funding opportunities and seeking a stronger voice within the community.

Case study

Wollaton Asian Ladies

Formed in 2006 to provide a meeting point for South Asian women aged over 50 in the local area, Wollaton Asian Ladies provides an opportunity for its members to engage in a variety of physical, social and cultural activities.

The group aims to enable its members to embrace new opportunities and ideas, which enhance and improve confidence, self image, education, health and wellbeing. The group also provides opportunities for mutual support and friendship, where experiences can be shared and coping strategies for difficult situations learnt.

Through its work, the group promotes confidence building, inclusion, development of new and existing skills, health and wellbeing, and awareness of rights and responsibilities, as well as a platform for Asian women to voice their opinions and concerns.

Starting out in front rooms, the group quickly had to find a local community centre to accommodate its' now over 70 members, with classes, including yoga and chair exercises, attended by over 30 women at any one time.

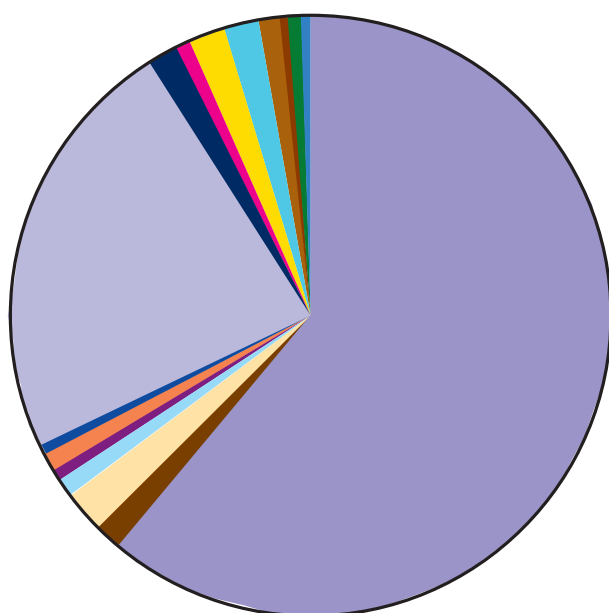


East Midlands Dimension

The East Midlands is a highly diverse and complex region. In terms of ethnicity, the East Midlands has a similar population profile to a number of other regions outside London, with over 90% of residents describing their ethnic group as 'White'. Residents who describe themselves as 'Asian or Asian British' make up the largest BME group in the region, accounting for 5% of the total population in 2007.

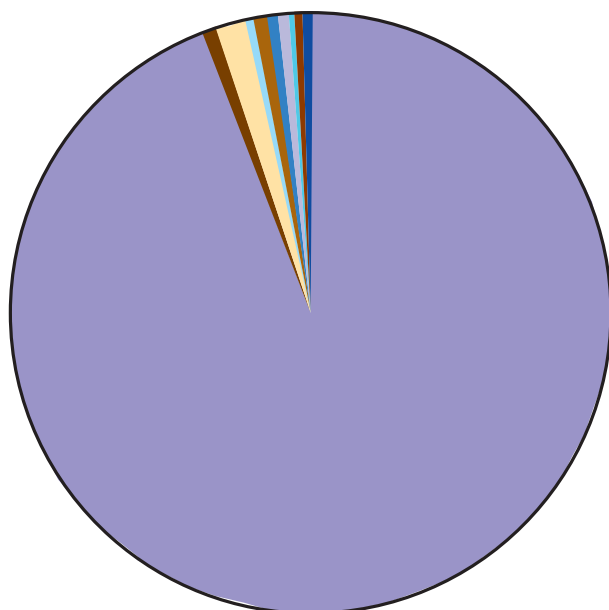
Leicester City accounts for 28.4% of all residents of the East Midlands in BME groups. This is equivalent to approximately 113,400 individuals. Nottingham City accounts for the next largest share, at 13.8% of the regional total. The diversity of the East Midlands population can be demonstrated by comparing the local authority profiles of Leicester City and Rutland:

Ethnicity of Leicester



- White: British
- White: Irish
- White: Other White
- Mixed: White and Black Caribbean
- Mixed: White and Black African
- Mixed: White and Asian
- Mixed: Other Mixed
- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Bangladeshi
- Asian or Asian British: Other Asian
- Black or Black British: Caribbean
- Black or Black British: African
- Black or Black British: Other Black
- Chinese
- Other Ethnic Groups

Ethnicity of Rutland



The BME sector is supported by the regional **BME network** which is an independent platform led and directed by BME and equality focused organisations hosted by One East Midlands. The network complements the work of various sub-regional platforms and local equality groups.

The East Midlands BME network aims to:

- Identify the gaps and priorities in BME service delivery and policy influence;
- Provide support and accountability to BME representation within key regional strategic networks;
- Provide tailored information to the BME sector about opportunities, resources, policy changes and other issues which impact on the sector in the region.

Challenges and opportunities

As regional structures are eroded and planning decisions devolved to local areas, there is a real possibility that local authorities will decide not to set aside land for Traveller sites which has potential implications for the human rights of many Traveller communities within the region and is in contrast to the Big Society ideals.

Lack of English language skills is a barrier to employment, to accessing health and other services, and to helping children achieve their educational potential. Social inclusion is hard to achieve where there is no shared language. Investment in ESOL (English for Speakers of Other Languages) may have a positive impact on the lives of individuals and society; improving access to services (including support into employment) alongside the ability to participate in wider community activities and volunteering.

In ethnic groups where there is a significant under resource of the provision of appropriate carers; family and friends already take on a huge burden of unpaid caring responsibilities. Under the Big Society, there is a risk that marginalised groups, including racial minority groups, will be pushed even more to the fringes. In culturally diverse localities, such as those that can be found within our region, the groups most likely to step up to run local services, will not necessarily be representative of the community as a whole.

Community leadership can be a complex and political issue in many BME communities. The appointment of community advocates must be approached cautiously, with the need to ensure community accountability. Some potential advocates will need training, support, and mentoring to begin to serve their communities. It is important that the skills and knowledge of specialist BME support organisations are sought in order to navigate community tensions and issues without causing disengagement or discrimination.

The Government promises to open up public services for delivery by any sector, including VCS, wider third sector and private companies. This means there will be potential opportunities for BME VCS organisations to deliver services within their communities but in competition with the private sector. Procurement processes must give adequate weighting to knowledge, understanding and ability to engage with BME beneficiary communities to ensure that service delivery is appropriate and accessible. In doing so BME VCS groups will be able to compete and maximise the value of their community reach.

Race and equality issues often polarise communities. The Big Society Agenda and the localism focus on neighbourhoods brings additional challenges for ethnic minority groups as many BME communities go beyond the 'square mile'.

There appear to be no safeguards in place to ensure vulnerable and marginalised groups will be provided for in terms of equality of access to public services. There is a risk of service providers merely focusing on those who are able to access services with relative ease and not considering those who would benefit most but who are not currently engaged. A lack of culturally sensitive homelessness or health services may disproportionately affect BME women and young people.

BME communities in rural areas (the East Midlands being the third most rural region in the UK) are further affected by isolation, underdeveloped cultural awareness and the distance from specialist support services. As demographically, racial minorities account for such a small percentage of the population in rural areas - Lincolnshire having only 3.4% non-white population¹ the ability to influence local priorities is limited.

The adverse effect of the localism agenda and Big Society on women in particular has been widely commented on, single mums being highlighted as the most 'time poor' and least able to participate in the opportunities presented by the Big Society. Women from racial minority groups have traditionally suffered multiple discrimination and many BME women find themselves unable to influence or contribute to decision making processes in their local areas.

BME communities are already suffering disadvantage and the mainstreaming agenda has led to the withdrawal of many BME specific support services, particularly within the VCS. Most BME specific organisations directly support community voice and influence, develop and support BME volunteering and deliver tailored services to meet local need. The loss of funding for BME infrastructure will directly impact on the ability of BME groups to engage with the Big Society approach.

Impact of National Policy

The **Equalities Act**, which came into force in October 2010, consolidated and replaced all previous discrimination legislation; establishing nine 'protected characteristics' one of which is race. Although the legislation covers the provision of services, an exception in the legislation means charities can restrict the provision of benefits to people of a protected characteristic if certain criteria are met. This could be viewed as potentially good news for specialist support services who may deliver to a very closely defined beneficiary group.

Afiya Trust most recently articulated the extent of the impact of the proposed **NHS reforms** in their published response to the white paper stating:

"We welcome the proposals to put patients and public at the heart of healthcare and to devolve power from the centre to local areas. These are in many ways in tune with what BME communities have campaigned for over a long period of time. The proposals to increase access to information and choice are also in tune with what the communities have been asking for. The Equality Impact Assessment (EIA) of the White Paper acknowledges that inequalities exist in access to information, awareness of choice, pathways into care, satisfaction with GP and other services, and health outcomes.

However, we are concerned that details about how the new structures and processes will address race equality and ensure that the specific needs of ethnic minority communities are met are unclear. It is also not clear what structures and mechanisms will be put in place to ensure that the voices of those most marginalised in society are heard within patient and public involvement processes."

Proposed **welfare reforms** will disproportionately affect BME communities. The impact of **Housing Benefit** reform in particular has not been fully considered with regard to BME communities who may have larger families and therefore require larger, higher rate homes and may find themselves on unemployment benefits for more than a year due to language or discriminatory barriers to securing employment.

¹ ONS Crown Copyright, Estimated resident population by Ethnic Group (experimental statistics) 2007.