Manchester City Council's BME Funding & Investment Strategy

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MCCR
DESK RESEARCH &
STAKEHOLDER INTERVIEWS'
REPORT

June 20 2008

1.   EDUCATION

1.1.1 Need: Improve Education Standards, particularly of African Caribbean (and other Black, Bangladeshi and Pakistani) Youths

National: African Caribbean boys are achieving nearly 50% below the national average in their GCSE results; African Caribbean girls are doing better than boys, but not as well as any other ethnic group. Black, Bangladeshi and Pakistani boys also underachieve. Chinese and Indian young people are achieving above the national average.

GCSE results (*Department of Children, Schools and Families, 2007*)

Eligible Pupils	Boys, 5 A* to C, including English & Maths	Girls, 5 A* to C, including English & Maths
Chinese	66.5%	74.0%
Indian	56.3%	67.2%
Average	49.8%	59.2%
White	41.9%	49.8%
Mixed	39.9%	48.8%
Bangladeshi	36.0%	45.9%
Pakistani	32.5%	41.6%
Black	30.8%	42.2%
African Caribbean	26.5%	38.5%

Manchester: School attainment 2007, compared to national averages

Ethnic groups	Number of pupils		Percentage with five or more A*–C			Percentage with five or more A*–C inc. English and maths		
	LA	Nat	LA	Nat	Diff	LA	Nat	Diff
All	4,691	504,739	51.4	59.5	−8.1	32	45.7	−13.7
White British	2,944	489,233	49.3	59.5	−10.2	30	45.8	−15.8
Black Caribbean	127	8,282	56.7	49.1	7.6	35.4	32.7	2.7
Black Somali	66		42.4			24.2		
Black other African	97	2,626	60.8	49.7	11.1	35.1	33.1	2
Dual heritage (white & black Caribbean)	129	5,591	48.8	48.8	0	32.6	33.7	−1.1
Chinese	50	2,126	70	83.3	−13.3	38	70.2	−32.2
Indian	55	13,285	70.9	74.4	−3.5	43.6	61.6	−18
Bangladeshi	69	5,633	65.2	58.4	6.8	44.9	41	3.9
Pakistani	530	14,448	60	53	7	41.3	36.8	4.5
Arabic	54		50			24.1		
Irish	38	2,220	55.3	63.1	−7.8	39.5	51.9	−12.4

(Source: Agenda 2010, Manchester Partnership team, 2008)

GCSE results (*Department of Children, Schools and Families, 2007*)

Eligible Pupils	5 A* to C, including English & Maths
National average	45.8%

Manchester average (21 state-supported schools)	30.7%
Manchester Academy	21.0%

Manchester's state supported schools have a much lower level of achievement than the national average (5 GCSE's A-C including English and maths), i.e. 30.7% compared to 45.8%. There is also a large discrepancy between Manchester's independent schools, all of which achieve over 80%, and the state-supported sector. The majority of Manchester state-supported schools achieved very low averages, with 12 achieving an average of only 22% and another 6 achieving below the national average. Only 2 state-supported schools (Parrs Wood and Trinity) achieved above the national average. Manchester Academy achieved 21%. Schools in all four categories have both a high and low percentage of BME pupils. The issue of educational under-achievement in Manchester is, therefore, mainly generic, with the biggest deciding factors being where you live or what religion you are.

It is reasonable to assume that the national issue of lower levels of achievement by some BME groups also persists in Manchester. However, Agenda 2010 education statistics do not reflect this. In fact they state that Bangladeshi, Indian and Pakistani young people are the highest achievers. In terms of Bangladeshi and Pakistani young people, this is completely at odds with national statistics. The accuracy of these statistics therefore needs to be checked, particularly as there is a discrepancy of 532 young people between the total number and the ethnic breakdown. Accurate school-by-school statistics should be produced for analysis. At present, the data leads to statements from local public bodies that BME pupils in Manchester are over-achieving, which, given the very low general standard of education, is unacceptable, particularly as some BME groups are over-represented in local unemployment statistics.

Manchester has a large number of independent schools, which achieve well above the average, with 8 schools achieving an average of 93.2%, including Manchester Islamic Girls High School (98%) and Kassim Darwish boys Grammar School (88%), which teach Muslim, including Somali, students, again indicating, like the national statistics on Chinese and Indian pupils, that not all BME pupils are under-achieving. In Manchester, a clear distinction should be drawn between independent and state-supported schools, as one masks the reality in the other.

In October 2007, the government set a target for schools to achieve at least 30% of 5 "good" GSCE's and they produced a list of 638 schools not achieving this target. These schools have to show intention of improvement and actual improvement or they might be turned into Academies.

'Local authorities have been set a summer deadline to develop individual "action plans" setting out how they are going to turn around 638 low-performing state schools,' "I'm expecting every local authority to have an action plan for those schools below 30% [A* to C at GCSE including English and maths] as well as the coasting schools. It will require every authority to play its role," (Guardian, 25/02/08) Children's Secretary, Ed Balls.

In Manchester there are 13 schools on the list of the 638 low-performing schools and Manchester has plans to turn 4 failing schools (Brookway, Parklands, Plant Hill, North Manchester Boys) and 1 other school (North Manchester Girls) into Academies. Overall the plan is for a total of 7 Academies to open in September 2010.

1.1.2. Reasons for underachievement: Improve Education Standards, particularly of African-Caribbean (and other Black, Bangladeshi and Pakistani) Youths

The reasons given for underachievement include:

1. Black pupils reported low levels of participation and belonging to their schools.
2. Black Caribbean pupils reported the lowest levels of parental involvement and, if parents are involved, it is for negative reasons. For girls, the level of parental involvement was lower than for boys.
3. Many black Caribbean parents feel intimidated and have a negative perception of schools, often because the starting point for contact is bad behaviour.
4. Both perceived and actual racism, which results in strained relationships between teachers and black pupils.
5. Students feel that they are labelled and singled out and that staff have low expectations of them (particularly Black Caribbean pupils).
6. Black Caribbean male and female students are most likely to be excluded and are more likely to be in detention.
7. Black Caribean students are underrepresented in gifted or talented cohorts because of behavioural problems.
8. BME children are more likely to grow up under difficult circumstances and experience a range of disadvantages, such as poverty or violence, which impact on their ability to engage with school.
9. Poor communication between parents and schools.
10. Lack of understanding of the school curriculum by migrant parents.
11. Although students have clear career goals in year 10, they don't know the routes or channels that are available or necessary to attain those careers.
12. Parent support services are not reaching BME parents.
13. The ethnic background of school staff does not reflect BME communities, therefore, a lack of knowledge exisits of race equality issues by school staff.
14. A colour-blind approach in some schools does not recognise the gap in achievement between students of different ethnic backgrounds.

Sources:
'Education Report on Black Caribbean Young people' (2005, Cariocca Educational Trust)
'Evaluation of Aiming High: Afro Caribbean Achievement Project' (University of Bristol, 2006, DfES)
'A lot done, a lot to do – Our vision for an integrated Britain', Commission for Racial Equality, 2007.

1.1.3. Recommendations: Improve Education Standards, particularly of African-Caribbean (and other Black, Bangladeshi and Pakistani) Youths

1. Local statistics on educational achievement by ethnicity should be provided.
2. Schools should monitor their performance by ethnicity to identify any gaps and include targets relating to BME students' achievement in their school plans.
3. Both school staff and governors should be more representative of local BME communities and school students to give BME students more of a sense of belonging.

4   Mentoring and pastoral care for underachieving students to give them encouragement and support.
5   Staff training and guidance for trainee teachers concerning barriers to achievement facing BME students.
6   Curriculum inclusion.
7   Perception of behaviour by BME students should be addressed in management policy and practices.
8   Specialist training and support from LEA consultants should be provided on ethnic monitoring techniques.
9   Support for parents to become more involved in positive relationships with schools.

1.2.1   Need: Support for Parents and on Parenting Issues, particularly Single Parents

Key sources of information:
'Engaging Effectively with Black and Minority Ethnic Parents in Children's and Parental Services' (Page, J and G. Whitting, 2007, DCSF)
'A lot done, a lot to do – Our vision for an integrated Britain', Commission for Racial Equality, 2007.
'Preventative services for Black and Minority Ethnic Children', (University of Birmingham, 2006,DfES)
'National Evaluation Report: Sure Start and Black and Minority Ethnic Populations',(Sure Start, 2007, HMSO)

BME children are underperforming in education and the uptake of support services available for BME parents is low. Children from BME backgrounds are more likely to live in poor housing, unsafe areas of the inner cities and in poverty. Young people in the care system are more likely to be from ethnic minority groups. Once children from BME backgrounds have been placed in care they are more likely to stay in care longer and to have placements severely disrupted. There is an acute shortage of ethnic minority carers. The government has had a focus on improving parenting, with initiatives like Sure Start and New Deal for Communities, but these programmes have not had the uptake from minority ethnic groups. (CRE, 2007)

1.2.2. Reasons: for support for parents on parenting issues, particularly single parents

1.   There are still negative perceptions associated with minority ethnic groups.
2.   Migrant families are more likely to grow up in a poor environment than British parents and work in jobs with atypical hours. For some families there are language barriers, which means that sometimes the information provided is not understood.
3.   Lack of confidence amongst parents, particularly those without high levels of education and with language difficulties.
4.   Lack of awareness of the services that are offered.
5.   Geographical barriers can make some services hard to reach.
6.   Some services are not appropriate to the needs.
7.   Culturally unsuitable services.
8.   Negative stereotypes of black fathers.
9.   Services are currently not targeted at specific groups.
10.   Majority of staff do not represent the minority ethnic service users.

1.2.3. Recommendations: for support for parents on parenting issues, particularly single parents

For mainstream services to engage effectively with BME parents to enhance academic achievement, the following points have been identified:

1. Recognise diversity within and across BME groups. They should not be viewed as a homogenous group. Values and attitudes vary widely across BME groups.
2. Address barriers - these are often to do with costs, location and lack of awareness of services.
3. Services should be available at flexible times.
4. Schools can be used for signposting services and for parents as a networking opportunity.
5. Services could be culturally targeted to engage communities better.
6. Specific single issues need to have a place within service provision.
7. Most groups would like more childcare services.
8. Support specifically aimed at fathers.
9. Recruiting people from BME groups works effectively in engaging BME parents.
10. Parents need to be encouraged to be more involved in the education of their children

1.3.1 Need: ESOL Classes for Adults and Children (primarily Refugees and Migrant Workers)

Key Source: 'Review of English for Speakers of Other Languages in the City of Manchester - Final Report' (Learning and Skills Council North West Region, 2008)

There is a high demand for ESOL classes amongst ethnic minority groups and demand is currently not fulfilled. The demand is both from settled groups, mainly older people and women, and for new immigrants who want to learn English, because of their jobs. Migrant children also find placements in appropriate age groups difficult because of their lack of English. This can affect both literacy and numeracy skills. Children are not placed in the right year for their abilities. *(Interview with Rob Clarke, MRSN)*
There is no pathway into further education or vocational training from ESOL courses. ESOL courses are often basic and stand on their own. There is no follow-up to more advanced English courses or other courses that might be of interest to the student *(LSC, 2008)*

1.3.2 Reasons: ESOL Classes for Adults and Children

1. Services currently offered are often of poor quality.
2. Demand has changed with different groups coming into the country.
3. There is still demand from settled communities, particularly from women and older people.
4. Groups would prefer more practice-based learning, with an emphasis in speaking and listening or related to jobs that they are doing.
5. VCS and community groups are often good at engaging the communities, but there is often no support or guidance for these community organisations.
6. The funding for ESOL classes in community organisations is often only short-term.

7. ESOL classes are not always given on days and at times when they are accessible to the ethnic minority groups. Mothers want courses during the day while migrant workers prefer them during the weekend.

1.3.3 Recommendations: ESOL Classes for Adults and Children

1. ESOL classes should be offered at different times and days to be more flexible to fit around work, childcare and school.
2. Employers should be encouraged to provide ESOL classes for their employees. This would enable new migrants who came to England for a job to learn the language in the environment that they would use it. In employment, there is too much reliance on informal translation services.
3. Schools could be used for family learning of English. This could particularly reach women.
4. ESOL staff are often not from a BME background and a report found that outreach workers with language skills, such as, Somali, Arabic and Punjabi, were an intrinsic part of successful ESOL learning in BME groups, especially amongst South Asian women.

2.   EMPLOYMENT NEEDS
   1. **Improved basic and core vocational skills**
   2. **Appropriate vocational skills training to the level required to gain employment**
   3. **Information and guidance and supported access to job opportunities**

Key sources of information:
'Employment and Ethnicity' (2006, Commission for Racial Equality)
'BME access to skills, employment and enterprise services in the East of England, London' (Ramsden, P. L. Forsythe and K. Maurey, 2007)
'Manchester Adult Education Service', (Curriculum Review, 2006)
'Manchester's Agenda 2010 Report', (Manchester Partnership, 2008)
'A lot done, a lot to do – Our vision for an integrated Britain', (Commission for Racial Equality, 2007)
'Poverty and Ethnicity in the UK', (Joseph Roundtree Foundation, 2007, University of Essex)

2.1.1 Issues: Employment Needs

Around 40% of people from ethnic minority backgrounds are in income poverty, twice the rate for white people. Income poverty rates vary substantially between ethnic groups. People from ethnic minority groups are more likely than people from white backgrounds to be unemployed. There is a great difference in employment rates for different ethnic minority groups. Pakistani, Bangladeshi and Black Caribbean men have higher unemployment rates, are more likely to be in low skilled professions and have a lower hourly earning. This pattern has persisted over three decades. *(CRE, 2006, Employment and Ethnicity)*

In 2004, 79.6% of Great Britain's working age population as a whole were economically active, but only 65.3% of ethnic minorities of working age were economically active.
The lowest ethnic minority employment rate is in the North West of England at 51,4% in 2004, *(CRE 2006).* Pakistani and Bangladeshi women were the least likely to be in employment.

The 2001 Census showed that 54.6% of the working age BME population in Manchester were workless. This is higher than the figure for the North West (50.0%) and England (42.9%).

Figure 1 – JSA claimant count rate by ethnic group (May 2006) – Manchester and England
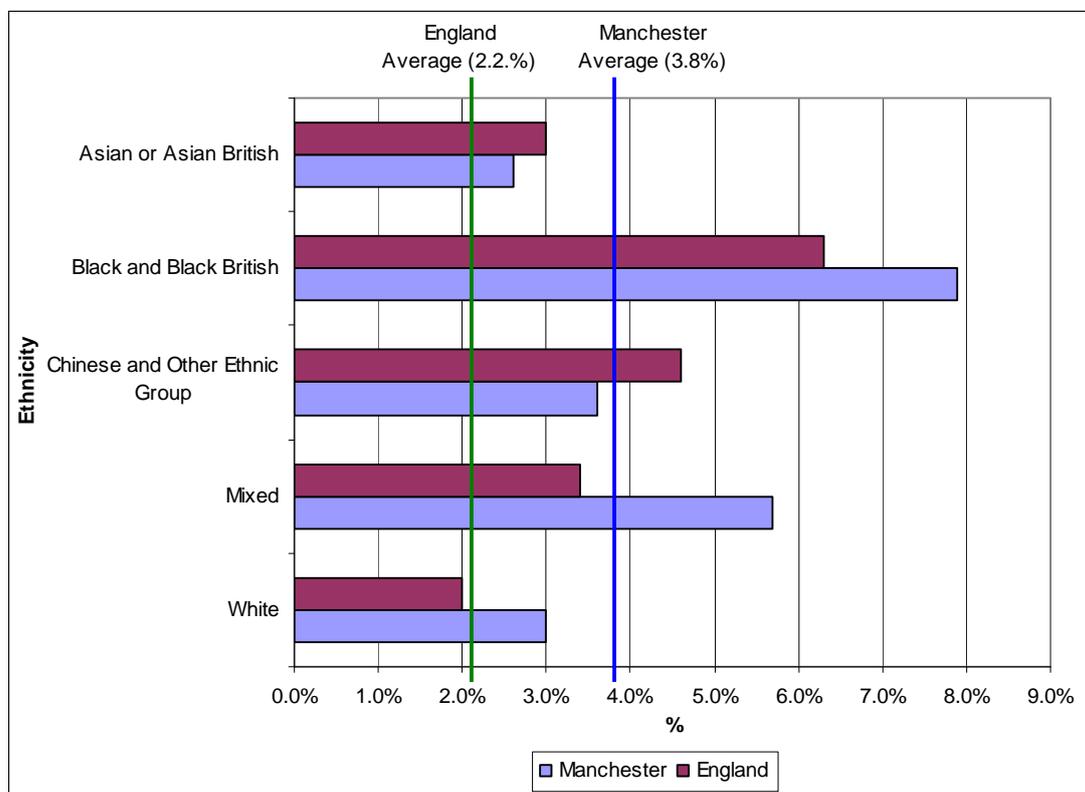
Source: Agenda 2010 Report, Manchester Partnership Team, 2008

This table shows that Black and Black British and Mixed ethnic groups are the highest JSA claimants in Manchester indicating the highest levels of unemployment. This is despite supposedly achieving 35% and 32% respectively at GCSE's A-C including English and maths (see EDUCATION) in line with the Manchester average of 32%.

Because of a lack of formal education, ethnic minority groups are more dependent on alternative pathways into employment. A lot of the support services offered for the unemployed are not used as much by ethnic minority groups as they are by white groups *(Ramsden et al, 2007)*.

2.1.2. Reasons: Employment Needs:

1.   There is still a lack of English in some community groups, including some highly educated and skilled groups (see ESOL). Related to this are linguistic barriers. This refers to the impact of subtle nuances in behaviour and speech, which means that there are greater difficulties for BME candidates to present themselves at interviews. There may be communicative demands that are not specified in the job description and notions of what are acceptable behaviour and manners may differ between different groups of people. Lack of formal education means that some

careers are not open to Black Caribbean men. (Cariocca Educational Trust, 2005)

2. *Many BME students return to formal education, through Access courses, GNVQ or BTEC qualifications, but this doesn't give them opportunities for all careers, therefore, they are over represented in fields such as social work. (Cariocca Educational Trust, 2005)*

3. Many BME populations have relatively young age profiles and are often in further full-time education.

4. Many are in low paid, low skilled 'dead end' jobs.

5. The majority of Pakistani and Bangladeshi women do not have a job after they marry and have children.

6. Routes into employment are not well known by many BME communities.

7. Black males come into the labour market later and, for many, without experience.

8. Changes in the labour market away from manufacturing jobs, which traditionally employed BME groups, have an impact.

9. Geographical barriers exist, whereby, the locations of settlements do not match the location of jobs.

10. Employment service provider ethos - services only meet the needs of the majority of the population or are impersonal.

11. Lack of capacity in the community and voluntary sector to deliver the type of training needed.

2.1.3. Recommendations: Employment Needs

1. The gap in employment service provision for BME groups is acknowledged and there is a need for specific BME services, because there is low take-up and use and low awareness of services and a higher prevalence of poor outcomes by BME groups.

2. Local statistics on unemployment, by type of claimant and ethnicity, should be provided, so groups can be monitored.

3. Diversity in employment services and more personal services.

4. Targeted actions on the most excluded groups.

5. Focus on new opportunities of employment.

6. Work with employers to train, recruit, promote and retain people from BME communities.

7. Support to learn interview skills.

8. An alternative path could be through apprenticeships; the threshold for level 2 apprenticeships will be a foundation Diploma or 5 GCSE's grade A-G, plus English and Maths at skills level 1. The threshold for a level 3 apprenticeships is a Higher Diploma, or five GCSEs at A-C plus English and Maths at skills level 2 *(DCSF, 2008, World Class Apprenticeships: Unlocking talent, Building Skills for All)*

3. HEALTH

3.1.1. Need: Provision of Culturally Appropriate Care for the Elderly

1. There is a growing proportion of BME elderly people of retirement age, which is leading to greater demand for elderly care services. Elderly people made up 4% of total BME population of 1.9 million in 1991, increased to 7% of the total BME population of 3.7 million in 2001 (so from 70,000 to 279,000 in 10 years. By 2015 it is estimated that another 12% of people from BME groups will become pensioners, resulting in 19% of the BME

population being pensioners. If this percentage was used for Manchester then this means that there will be roughly 25,000 of the city's population will consist of BME elderly people.

Source: 'Beyond Sheltered Accommodation: A Review of Extra Care Housing and Care Home Provision for BME Elders' (Jones, 2006, Age Concern)

3.1.2. Reasons for Culturally Appropriate Care for the Elderly:

1. Issues – language barriers, inadequate access to culturally specific services, financial difficulties, lack of training to meet specific needs of BME elderly and racism.
2. Care homes – lack of provision to meet BME elders needs (cultural, dietary and linguistic, etc. as above)
3. Little extra care provision targetted at BME older people, yet there appears to be significant need. The elderly BME population may be forced to use inappropriate services or be cared for at the family home, adding pressure to family lives.

Source: 'Beyond Sheltered Accommodation: A Review of Extra Care Housing and Care Home Provision for BME Elders' (Jones, 2006, Age Concern)

4. Failure of service providers to engage with BME Elders, so assumptions are made about the types of provision needed. The services developed are, therefore, not appropriate and, as a result, are underused and seen as not being needed.

Source: 'Bridging the Gaps: Social Exclusion of BME Elders' (HACT & Housing Corporation, 2007)

3.1.3. Recommendations:

1. Engagement with BME Elders from service providers facilitated through BME, refugee and migrant community organisations, 'which are ideally positioned to provide knowledge about minority populations'.
2. Partnerships between community groups, housing, care and support organisations and commissioners should be encouraged.
3. Bringing BME Elders into contact with decision makers in order to influence future policy with regard to healthcare for BME elderly people.
4. Culturally appropriate services doesn't have to mean specialist services but any services that do exist should take into account cultural needs and provide information in many languages, use multi-lingual staff and cater for traditional diets.

Source: 'Bridging the Gaps: Social Exclusion of BME Elders' (HACT & Housing Corporation, 2007)

3.2.1. Need: Mental Health services, particularly for Asian (Muslim) and Refugee/Migrant Women, and psychosis among Black Caribbean people

1. High levels of attempted suicide for Asian women and mental health issues related to domestic violence. Recent research, carried out by Saheli (Manchester) and The Centre for Ethnicity and Health, University of Central Lancashire, as part of NIHME Mental Health Programme, found that combined admission rates for suicide and self-harm for Asian women

2.   Studies show up to seven times higher rates of new diagnosis of psychosis among Black Caribbean people than among White British people. There is also evidence to suggest that they are being treated differently within the mental health system. 40% of patients of Caribbean origin had been in hospital over a year compared to 30% for the rest of the population being treated within the mental health system.

Source: 'A lot done, a lot to do – Our vision for an integrated Britain', Commission for Racial Equality, 2007.

3.2.2. Reasons: Mental Health services, particularly for Asian (Muslim) and Refugee/Migrant Women, and psychosis among Black Caribbean people

1   Multiple factors relating to both of the above involve discrimination, social exclusion, urban living, difference in culture/lifestyles, low take-up of services, etc.

Source: 'Postnote Number 276 – Ethnicity and Health', Parliamentary Office of Science and Technology, January 2007.

2   In all services, language and lack of cultural sensitivity remain the most acute barriers to these communities accessing appropriate mainstream healthcare services. There is a lack of appropriate information and translation services within health and social care and a lack of bi-lingual counselling services.

3   The 'inverse care' law exists whereby those most in need, and in particular people from BME communities, do not engage with statutory services until it is too late. A high proportion of Black Caribbean people enter mental health services through being sectioned or via the police and courts system. They are more likely to get severe and coercive treatments rather than support with their social and psychological needs. Black community initiatives may prevent this from happening as often.

4   People from BME communities feel that they are not being listened to and that they have insufficient influence on the types of services that are provided for them.

5   Hidden abuse, such as domestic violence, financial or verbal abuse of elderly people, exists within South Asian communities.

6   Lack of advocacy services and lack of advocacy in community settings.

Source: 'Delivering Race Equality in Mental Health Care by Building the Capacity of Third Sector Organisations in Greater Manchester' , MACC, 2008.

3.2.3. Recommendations: Mental Health services, particularly for Asian (Muslim) and Refugee/Migrant Women, and psychosis among Black Caribbean people

1.   Race equality and mental health should be prioritised within the broader health inequalities agenda, as there is clearly a disparity between the proportion of particular groups of BME people diagnosed with mental health problems versus the rest of the population.

2.   It has been acknowledged as part of the MACC report that the BME voluntary and community sector has a key role to play in providing mental health services that meet the needs of local BME communities. See

3.   A need for greater awareness of mental health as an issue within South Asian communities and possibly training Imams to help raise the issue within communities.

Source: 'Delivering Race Equality in Mental Health Care by Building the Capacity of Third Sector Organisations in Greater Manchester' , MACC, 2008.

4.   Something must be done to speed up the implementation of the 'Delivering Race Equality' strategy put forward several years ago by the Department of Health within mainstream healthcare services.

5.   A greater understanding of the reasons behind existing inequalities in levels of health between different ethnic groups needs to be sought.

Source: 'A lot done, a lot to do – Our vision for an integrated Britain' , Commission for Racial Equality, 2007.

3.3.1. Need: Prevent Drug Abuse amongst Young People and Children

1.   There is a problem amongst whole of Manchester's population of children and young people:
      -    In Manchester, the number of young people accessing intervention services has increased 11% since April 2004
      -    Drug trends are static overall
      -    Most frequently reported substances are alcohol and cannabis
      -    Solvent abuse amongst youngsters (under 15's) is increasing
      -    Cannabis use is prevalent in 12-15 year olds
      -    Cocaine use is prevalent in 16-18 year olds
      -    Alcohol is consistent for both age groups
      -    75% of those seeking help are male

Source: 'Young People's Substance Misuse Plan: Summary Document Key Points and Emerging Priorities 2008' Manchester City Council, Drug & Alcohol Strategy Team

2.   There is a particularly high proportion of mixed heritage young people involved with drugs, compared to the proportion of the rest of the population. A study of 16-59 year olds showed that 26% of people of mixed heritage had taken an illicit drug in the last year, which is double the rate for white and black people (12% each), chinese/other (8%) and asian (5%).

Source: 'Understanding Mixed Race Young People: Home Office Drug Strategy Directorate' Sep 2004, CDI Communications.

3.   An increasing drug abuse problem with young asylum seekers/refugees with use of khat on the rise.

3.3.2. Reasons: Drug Abuse amongst Young People and Children

1. Groups that are the most vulnerable are more likely to be involved in taking drugs. In Manchester, of those accessing intervention services:
    - only 21% lived with both parents
    - 38% lived with mother only
    - 10% were from childrens homes
    - 32% were classed as other (living with relatives, friends, supported housing or of no fixed abode)
    - half were not currently in education
    - 47% referred from Youth Offending Teams
    - 60% drop out/refuse services

Source: 'Young People's Substance Misuse Plan: Summary Document Key Points and Emerging Priorities 2008' Manchester City Council, Drug & Alcohol Strategy Team

2. A survey of schoolchildren, by Manchester's Schools Health Education Unit in 2006, showed that permissive parenting, poor parenting and living outside of parental supervision all increase the likelihood of substance abuse.
3. Barriers to accessing drug services exist for young people; e.g. lack of awareness of services, opening times not appropriate, no holistic young persons service, having to tell story to several different people.

Source: 'Young People's Substance Misuse Plan: Summary Document Key Points and Emerging Priorities 2008' Manchester City Council, Drug & Alcohol Strategy Team

4. For mixed race youngsters, a combination of socio-economic factors, experiences of racism and heightened issues over identity mean that they are more at risk of drug use. There can also be issues around a lack of family support structure, due to possible family dissaproval of the parents mixed race relationship.
5. Mixed race and other BME communities are over represented in a range of socially disadvantaged situations, such as low education attainment, exclusion from school, living in care and victims of crime. These factors all suggest a high risk of drug use.

Source: 'Understanding Mixed Race Young People: Home Office Drug Strategy Directorate' Sep 2004, CDI Communications.

3.3.3.Recommendations: Drug Abuse amongst Young People and Children

1. The Young People's Substance Misuse plan 2008 for Manchester states that other groups of vulnerable people must be identified and that those from BME communities may face particular barriers to accessing services, but does not got into any more detail. This must be carried out in the future.
2. Points of access to services must be increased, so that they are more visible to young people, and should be advertised more widely.
3. Provision of targeted and specialist culturally appropriate services for BME young people of different age groups.
4. Many young people found that advice/help sessions arranged by voluntary sector and ran by ex-users or those from the same ethnic background were useful, interesting and made the young people feel comfortable discussing their problems.
5. Provision of sessions based in the community, where issues around drugs and young people can be discussed within a community context and in familiar surroundings.

6.	Evening and weekend services for young people, as this are the only times that those still in education can attend meetings/sessions.

Source: 'Community Engagement Project – Young People's Attitudes Towards Drug Use & Services', Hideaway Youth Project (Alison Reed) funded by Dept. of Health supported by Centre for Ethnicity & Health (UCL).

3.4. Other Health Issues:

1.	Issue with assumptions made about health problems of particular ethnic groups.
2.	Medical issues specific to particular ethnic groups that must be dealt with by Healthcare Services:
   - higher rates of cardio-vascular disease than the white population (men born in South Asia are 50% more likely to have a heart attack or angina than men in the general population)
   - Men born in the Caribbean are 50% more likely to die of a stroke
   - Mortality at birth of Pakistani and Caribbean born mothers is double the national average
   - Pakistani, Bangladeshi and Caribbean people are 3-6 times more likely to develop type two diabetes
   - Admission rates to hospital for black people or those with one black parent are three or more times higher than for wider population.

Source: 'A lot done, a lot to do – Our vision for an integrated Britain' , Commission for Racial Equality, 2007.

## 4.	COMMUNITY SAFETY

4.1.1 Need: Prevent Racial Harassment, particularly amongst Refugees and Migrants

Key sources of information:
'To Serve and Protect?' (Sharp, D. and S. Atherton, 2007, Oxford University Press)
'Harmony Project – intercommunity conflict prevention and resolution, Manchester' (MCCR, 2007)
Interview with Rob Clarke, Manchester Refugee Support Network, 16th May 2008

Issues: Prevent Racial Harassment, particularly amongst Refugees and Migrants

Refugees and asylum seekers are often placed in the poorest areas in the cities. Housing is often poor and the residents settled there often stay out of need and do not have the financial ability to move. Existing communities are often tightly knit and lack understanding about asylum seekers and refugees and often see refugees as been given preference in access to housing and services. *(Interview MRSN)*

Having a feeling of security in the home and the immediate neighbourhood is particularly important for new migrants, especially those fleeing persecution. *(Housing and Support Services for asylum seekers and refugees: a good practice guide, Joseph Roundtree Foundation, 2005)*

New migrants that are new in the country live in expensive private rental, but not in good circumstances, as often they share with more people. Employers and landlords can exploit them, because they do not have access to information on their rights and have an immediate need. *(Poverty and ethnicity in the UK, 2007, JRF: Policy Press)*

4.1.2. Reasons: Prevent Racial Harassment, particularly amongst Refugees and Migrants

1.   There is a lack of trust in terms of who the police are and what they can do. Due to this lack of trust in the police force, racial abuse remains unreported. *(Sharp and Atherton, 2007).*
2.   Distrust of authority figures, as refugees may have had bad experiences with Immigration Officers. *(MRSN, interview)*
3.   Nationalism - migration is often discussed in the media, with very negative attitudes towards migrants, particularly those from Eastern Europe. *(BBC, Channel 4)*
4.   Asylum seekers often not only need benefit services, but also counselling. Their needs and circumstances are quite different from established BME communities.
5.   Many asylum seekers are young men, who are not allowed to work, so they have little money, therefore, they spend much time hanging around in public places with friends in a similar situation. This can cause tension, as other local residents may find this intimidating. *(JRF, 2005)*

4.1.3 Recommendations: Prevent Racial Harassment, particularly amongst Refugees and Migrants

1.   Local communities must be educated about new groups of people coming to live in their area, to create understanding and ease tension.
2.   Develop neighbourhood community cohesion groups, with the police, refugee groups and residents associations.
3.   Refugee community organisations can be a bridge between refugees and existing communities and authority figures.
4.   Housing associations need to put appropriate requirements into tenancy agreements and get support of tenants groups and provide support for victims and support groups for the most vulnerable groups.
5.   Local data on racial harassment should be available and monitored.
6.   The police force should be more representative of the community in Greater Manchester.
7.   Training should be provided to the police on how to handle racial harassment cases.
8.   Prejudice and racial discrimination within the police force needs to be challenged.
9.   Centres should be open for asylum seekers and refugees during the day, giving them alternative options to hanging around in public areas. *(JRF, 2005)*

4.2.1 Policing – More and Better Policing and More Sensitive Policing

Key source: 'The impact of extended police stop and search powers under the UK Criminal Justice Act 2003', Qureshi, F. 2007)

African Caribbean and Asian groups account for over 24% of victims of crime and taken together African Caribbean and Asian categories account for 31% of offenders.
Victims of firearms are mainly black males, making up almost 40% of all victims. There is an overrepresentation of black males in the criminal justice system. (Manchester's Agenda 2010 Report, 2008, Manchester Partnership Team)

4.2.2. Reasons: More and Better Policing and More Sensitive Policing

1. Community safety for the police focuses on anti-terrorism measures and the use of stop and search powers. The Criminal Justice Act 2003 extended police stop and search powers. This has resulted in an increase in the likelihood of individuals of an Asian or British Asian Pakistani origin and Black and Black British of African origin being stopped and searched relative to others and has decreased the notion amongst BME communities that defendants are fairly treated by the system (Qureshi, 2007).
2. Feeling that anti-terrorism measures focus the attention on particular groups, mainly Asian communities.
3. Areas where BME groups are concentrated have higher crime rates, such as the inner cities
4. BME people, especially Asian and African Caribbean, are more likely to be victims and offenders in crime. The level of robbery offenders of African-Caribbean ethnicity is very high 23%.
5. There is a lack of trust between the community and the police
6. The police force is not representative of the population in Britain

4.2.3. Recommendations: More and Better Policing and More Sensitive Policing

1. More consultation by the police with community groups, such as the IAGs (independent advisory groups) that have been set up in Manchester and have been used effectively to engage with the communities.
2. More staff from BME backgrounds.
3. Training of the police force to handle cases in areas with large BME communities.
4. More communication between police and local communities.
5. Prejudice and racial discrimination within the force needs to be challenged.

5. <u>HOUSING</u>

Unless otherwise stated the main source of information for this section is: 'Housing Research: Housing and BME Communities – Review of the evidence base', Office of the Deputy Primeminister, 2003

5.1.1. Need: Better Housing, for particularly for Refugee and Migrant and Pakistani and Bangladeshi communities

1. This is an issue mainly for particular refugee and the Pakistani and Bangladeshi communities.
2. There are high levels of dissatisfaction with housing for all BME communities, compared to white people, and many want to move.

3.   Most BME communities live in areas of mixed tenure, so targetting resources at council estates may miss the problems faced by BME communities.

5.1.2. Reasons: for Better Housing, particularly for Refugee and Migrant and Pakistani and Bangladeshi communities
1.   A high proportion of housing is clustered in deprived locations and, therefore, in some of the poorest housing conditions. This clustering can be good for community links, but is poor in terms of the physical living environment.
2.   For many BME communities their standard of accommodation is poor, e.g. in need of repairs, lack of facilities, unsafe, poor outside environment, etc.
3.   In general, the BME population is more likely to live in poor housing conditions (disrepair, lack of modern facilities, etc.) and poor living conditions (concentration of housing in disrepair, vacant/derelict homes, neglect/misuse of houses, etc.)
4.   Access to social housing is difficult for many of these groups and few specialist BME housing providers exist. 40% of the households on the social housing waiting list in Manchester are from BME communities, which is significantly higher that the proportion of the overall population (currently estimated at 23%).

Source: 'Manchester's Agenda 2010 Report', Manchester Partnership, 2008

5.   Affordability is an issue for all homebuyers and affects BME communities greatly, if they desire to move away for traditional clusters of housing.

5.1.3. Recommendations: for Better Housing, particularly for Refugee and Migrant and Pakistani and Bangladeshi communities
1.   Shared ownership schemes may allow those that wish to become houseowners to do so.
2.   The creation of social housing settlement nodes has been suggested as a solution to the current problem of concentrations of poor quality housing in deprived areas in inner-city areas.
3.   For asylum seekers, more attention must be paid to the quality of housing that they are placed in. They have no choice about where they are placed and a minimum standard of repair should be expected. Refugees must be given more help to find housing, once they are given refugee status, as the time scale given to them to find housing on their own is quite short and results in them taking whatever house is available, regardless of its state of repair. (*Interview with Rob Clarke, MRSN*)

5.2.1. Need: Less Overcrowding, amongst Low Income Groups with Large Families

Levels of overcrowding are significantly higher in BME communities than in white communities, particularly in the Pakistani and Bangladeshi communities. (Pakistani and Bangladeshi communities have an overcrowding figure of 23% of households, compared to 2% of white households nationally.)

Source: Housing Research: Housing and BME Communities – Review of the evidence base, ODPM, 2003

In Manchester, overcrowding is particularly high for Bangladeshi households, (not shown in table) with 58% of households classed as overcrowded. Below is a table taken from the Manchester City Council Waiting List (Feb 2008):

% Overcrowding	Total
Asian and Asian British	41.8
Black and Black British	39.3
Chinese and Other	45.2
Mixed	32.4
White	24.5
Grand Total	38.1

Source: 'Manchester's Agenda 2010 Report', Manchester Partnership, 2008

5.2.2. Reasons: Overcrowding, amongst Low Income Groups with Large Families

1. Some BME communities have large family units with several generations of a family living together under one roof. This means that many live in overcrowded conditions, as the demand for larger units within social housing outstrips supply and house prices are beyond the reach of most families. Public sector resources are also scarce, which leads to larger families moving into smaller, unsuitably sized houses.

Source: 'Harmony Project – intercommunity conflict prevention and resolution, Manchester' MCCR, 2007

2. Some BME communities, such as Bangladeshis and Pakistanis, have a much higher than average number of children in their families and this will mean that the problem of overcrowding is more likely to affect them. According to National Statistics from the 2001 Census, 40% of Bangladeshi and Pakistani families have 3 or more dependent children compared to Black African (28%), Indian (20%) and White (17%).

5.2.3. Recommendations: Less Overcrowding, amongst Low Income Groups with Large Families

1. Need for a BME Housing strategy within each local authority to assess the housing needs of BME communities and put in place the right agencies/bodies to be able to meet this need. Has been done in other LA's and was recommended by the National Advisory Board.

Source: The Housing Corporation's BME Housing Policy: Assessing Its Impact, MDA, 2004

2. There is a need for more affordable accommodation for large or extended families for those that wish to become owner occupiers.
3. Social and private sector landlords should ensure that their stock includes provision of larger units to meet the demand.

Source: 'Harmony Project – intercommunity conflict prevention and resolution, Manchester' MCCR, 2007

4. In terms of social housing, converting existing dwellings into larger units or re-housing families to larger properties nearby are possible solutions put forward for Manchester.

5. Manchester is a designated Overcrowding Pathfinder, so solutions may come from this initiative.

Source: 'Manchester's Agenda 2010 Report', Manchester Partnership, 2008

5.3. Other issues

1. The private rented sector market has had little research done on it, but, *usually,* it includes some of the worst standards, with the poorest communities living in it.
2. Relatively little research has been done into small or 'new' migrant groups, such as those from Eastern Europe (EU Accession countries). These groups will be faced with issues, such as poor housing conditions, threats of hate crime and lack of employment opportunities.

Source: Understanding the Needs & Aspirations of Minority Ethnic Residents in the Manchester Salford Pathfinder Area, MSP, 2008

6.   SOCIAL SERVICES

6.1.1 Need: Provision of Welfare Benefits Information and Advice

There is a low take-up of mainstream services among people from BME communities. Many do not claim for the benefits they are entitled to, even though there is a need for the services to be offered among BME communities, especially in housing, care for elderly and (mental) health services.

Source: 'Experiencing ethnicity: Discrimination and Service Provision,' (Foundations, 2004, Joseph Rowntree Foundation)

6.1.2 Reasons: Provision of Welfare Benefits Information and Advice

1. Lack of data and a lack of distinction between ethnic groups, such as only White/Asian/Black option, means some groups are invisible to service providers.
2. Mainstream services are often inappropriate for the needs of BME communities and service requirement needs are made on assumptions, based on stereotypes.
3. Many service users still experience racial discrimination and prejudice in mainstream services.
4. There are few ethnic minority staff in mainstream services.
5. Lack of knowledge about services offered.
6. There are no provisions for cultural and religious needs in mainstream services, which are very important for service users, but are not recognised by many mainstream service providers.
7. Family networks are taken for granted by service providers for some minority ethnic groups, specifically South Asian and Chinese groups.
8. Discrimination and prejudice from within own community groups.
9. The difference in need for men and women are starker than for white service user groups.
10. BME groups are often seen as a homogenous group by service providers, but are very different in needs. *(JSF, 2004)*

11.   Language is for many groups still a barrier to receiving services.

6.1.3 Recommendations: Provision   of   Welfare   Benefits Information and Advice

1.   Local data on service users should be provided, so that ethnic minority uptake can be monitored.
2.   More specifically targeted services.
3.   More representative and trained staff and strategies to recruit and maintain minority ethnic staff, including multilingual staff, to make information more accessible.
4.   Assess individual users needs before any assumptions based on ethnicity.
5.   Need to distribute information about services in different ways; personal and written material is preferred over telephone help lines. *(JRF, 1999)*
6.   Prejudice and racial discrimination needs to be constantly challenged in mainstream service organisations.
7.   Carry out regular local needs' surveys to capture the actual needs of the different BME groups. *(Joseph Rowntree Foundation, 2005 Housing and Support Services for asylum seekers and refugees: a good practice guide)*

Source: 'The role and future development of black and minority ethnic organisations' Joseph Rowntree Foundation, 2001

6.2.1   Issue: Services to and Inclusion of BME Disabled People

Key Source: 'Count us in, summary report of the disability programme' (Churchill, S. and Kempadoo, M.)

BME families caring for a disabled child are more disadvantaged than white families in the same circumstances. In Manchester, 36% of children with a disability are from a BME background (9% are unknown). A research report from the Joseph Rowntree Foundation found that the extent of unmet needs was far greater among minority ethnic groups, compared to white families. *(On the edge: Minority ethnic families caring for a severely disabled child, Chamba et al, 1999, Joseph Rowntree Foundation)*

Children with a disability in Manchester

Ethnic Category	Percentage
White British	55.25
White Irish	0.60
Any other White background	0.49
White and Black Caribbean	0.35
White and Black African	0.07
White and Asian	0.88
Any other mixed background	3.16
Indian	0.77
Pakistani	11.63
Bangladeshi	0.98
Any other Asian	0.46
East African Asian	0.04

Caribbean	0.28
African	0.53
Any other Black background	4.04
Somali	2.11
Black British	5.13
Chinese	0.25
Any other ethnic group	2.00
Vietnamese	0.28
Middle East	1.69
Unknown	9.00

(Source, MAP, 2008)

6.2.2   Reasons: Services to and Inclusion of BME Disabled People

1.   Fewer families are receiving disability benefits and BME parents are less likely than white families to be awarded higher rates of Disability Living Allowance.
2.   Many BME families live in unsuitable housing and there are problems with access and lack of space.
3.   Disabled people from BME backgrounds face discrimination twice.
4.   The needs of BME disabled people are not fully addressed by mainstream services.
5.   Mainstream services are not joined-up; families have to work with many different professionals.
6.   Fewer BME families make use of a key or link worker, as the main contact regarding services and information.
7.   Many BME parents need an interpreter to access information and go to appointment. Interpreters are not always available and are not medically trained, so they lack knowledge of the disability. Parents prefer the use of interpreters to family members, because of the anonymity they provide.
8.   There are not links with mainstream services, therefore, it is hard to share experiences.
9.   Prejudice against disability within the community makes parents less likely to depend on family support networks.
10.   There is little or no contact between white and ethnic minority groups with disabilities and disability is still regarded as a white issue.
11.   Feeling of exclusion from mainstream services.
12.   Disabled organisations seen as white middle class organisations.
13.   BME community groups can't or are not able to supply support services.
14.   Providers do not understand requirements/cultural needs, which means services are rejected, e.g. Asian parents keeping their daughter home when the service is mixed sex.
15.   Mothers have less support from their partners in care for the child than mothers from white backgrounds.

Sources:'Holding up a Mirror, Disabled black and ethnic minority people'
(Kingston Centre for Independent Living, 2006)
'Minority Ethnic Families caring for a severely disabled child' (Joseph Rowntree
Foundation, 1999)

6.2.3   Recommendations: Services to and Inclusion of BME Disabled People

1.   More culturally sensitive services should be provided for families and individuals.

2. More BME staff should be employed in statutory agencies and mainstream service providers.
3. More data based on ethnicity should be provided, so uptake of services can be monitored.
4. BME groups need a platform to campaign for their own issues.
5. Isolation within the community should be tackled by making religious and cultural organisations accessible and responsive to the need of disabled users.
6. More accessible information on disability and services, by personal guidance on available services.
7. More flexible services, such as services during school holidays.

Source: 'Minority Ethnic Families caring for a severely disabled child' (Joseph Rowntree Foundation, 1999)

7. <u>COMMUNITY</u>

7.1.1.　　Need: Centres for Social/Community Activity and More Recreation, Social and Cultural Activities, particularly for Refugee/Migrant families

Social and community activities help to prevent the isolation that many new families feel when moving into a new country and new area. By becoming involved in community activities it makes integration into the local community more likely and can help to break down any negative stereotypes and feelings that may exist towards the new families, particularly if they are refugees/asylum seekers.

7.1.2. Reasons: Centres for Social/Community Activity and More Recreation, Social and Cultural Activities, particularly for Refugee/Migrant families

1. Many community groups and centres still tend to be culturally specific and this can be seen as excluding new communities in an area.
2. Family, culture and religion are still seen as the strongest ties between communities and this could explain why the above is still the case.
3. Newer and smaller communities, such as refugee/asylum seekers, miss out on resources and facilities, because they are not as visible and may be excluded from the wider community.

Source: Journal 'Exploring Community Connections: Community Cohesion and Refugee Integration at a local level' Community Development (Daley, 2007)

4. Many local community centres and projects are under-resourced and on short-term funding, so they cannot provide the appropriate and high quality services and facilities that are required.
5. Many projects and programmes of activity actually foster separateness and difference and, whilst most do this unintentionally, activities should be in place that encourage different communities of people to work together.

Source: 'Harmony Project – intercommunity conflict prevention and resolution, Manchester' MCCR, 2007

7.1.3. Recommendations: Centres for Social/Community Activity and More Recreation, Social and Cultural Activities, particularly for Refugee/Migrant families

1. There is a need for adequate resources, including community facilities, that facilitate co-operation, rather than competition, at grass roots level.

Source: Journal 'Exploring Community Connections: Community Cohesion and Refugee Integration at a local level' Community Development (Daley, 2007)

2. Key agencies should do more to promote a positive image of particular areas and make them more attractive places to live, with extensive facilities and activities available to all residents and emphasis placed on cross community initiatives taking place within these facilities.
3. Poorer families and communities, such as refugees and migrants, need more assistance in being able to access facilities/activities that do exist in Manchester, e.g. subsidised rates, local adverts in several languages. Cost should not be a barrier to inclusion in community activities.

Source: 'Harmony Project – intercommunity conflict prevention and resolution, Manchester' MCCR, 2007

7.2.1. Need: Maintain Community Cohesion

Tensions between long established and newly emerging BME communities and older and younger generations of BME communities.

Source: Understanding the Needs & Aspirations of Minority Ethnic Residents in the Manchester Salford Pathfinder Area, MSP, 2008

Contradicitons between different studies, some of which show that levels of community cohesion are lower in ethnically mixed communities *(when crime and turnover rates are looked at)* whilst others show that levels of cohesion are high *(resident perception studies)*.

7.2.2. Reasons: Maintain Community Cohesion

1. Lack of research on interaction of individuals and groups from different. backgrounds and experiences at a community level.
2. Wrongly assumed that migrants cause community breakdown.
3. Hostile media coverage had increased public tension toward refugees/migrants; there is a limited understanding of the needs of these groups.
4. Politics, differences and rivalries may still exist within communities from the same country of origin, adding to the complexity of community cohesion issues.

Source: 'Exploring Community Connections: Community Cohesion and Refugee Integration at a local level' Community Development Journal (Daley, 2007)

5. Competition between different communities for scarce public resources in some of the more deprived areas can lead to friction and divisions, which ultimately leads to a breakdown in community cohesion.

Source: 'Harmony Project – intercommunity conflict prevention and resolution, Manchester' MCCR, 2007

7.2.3 Recommendations: Maintain Community Cohesion

1. There is a need for adequate resources, including community facilities, that facilitate co-operation, rather than competition at grass roots level.
4. Community and social activities would enable established communities to gain a greater understanding of the new communities and breakdown the negative perceptions that exist and allow for a more cohesive and networked community that is better able to voice its opinions at a strategic level.

Source: 'Exploring Community Connections: Community Cohesion and Refugee Integration at a local level' Community Development Journal (Daley, 2007)

8. <u>YOUNG PEOPLE</u>

8.1.1. Need: Provision of more Evening/Weekend/Holiday local, appropriate and affordable Sporting and Cultural Activities

Central government has set a target that, by 2020, 70% of the whole of the population will take part in physical activity at least 5 times a week. However, currently, in some BME communities, fewer than one in five members are participating even once a month, so getting young people from BME communities to participate in sport is a massive challenge.

Source: Rising to the challenge of increasing BME Sports Participation, MENTER

8.1.2. Reasons: Provision of more Evening/Weekend/Holiday local, appropriate and affordable Sporting and Cultural Activities

1. Many young people from newer BME communities, such as refugees and asylum seekers, do not access mainstream youth services, because they are either unaware of the services that exist or lack self-confidence, due to a lack of language skills and fear of not being understood. *(Action for Social Integration website)*
2. As part of *MCCR's Harmony Report*, police spoke with young people in Manchester and found that some groups of young people, such as Somali's, felt that facilities were not available to them, due to intimidation by other groups of young people. This gang culture is prevalent in many areas in Manchester and acts as a barrier to bringing all young people together to get involved in local activities.
3. Many young people feel that apart from youth workers, no one in authority is listening to them and, therefore, decisions are taken about youth provision without taking into account young peoples' concerns or preferences, or allowing them to be involved in decision making. *(MCCR, 2007)* Therefore, young people feel they have no ownership over certain facilities and youth provision and are much less likely to use these facilities, as they feel no connection to them *(Interview with Mike Wild, MACC).*

8.1.3. Recommendations: Provision of more Evening/Weekend/Holiday local, appropriate and affordable Sporting and Cultural Activities

1. A place where these youngsters could meet up in a social environment, such as a sports club, would help to build the communication skills and confidence of these youngsters. *(Action for Social Integration website)*
2. Community leaders, local youth workers and young people should come together to encourage initiatives that will attract young people from a diverse range of ethnic groups from the area *(MCCR, 2007)* and that appropriate and affordable. Local community and voluntary groups may be best able to provide these.

8.2.1. Need: Provision of Homework and Revision Clubs and Support for Young People in Education

Young people from refugee, asylum seeker, and other BME communities, often require extra help with schooling and homework. In order to prevent these youngsters from dropping out of the education system altogether, extra support must be provided for them, if they are struggling.

8.2.2. Reasons: Provision of Homework and Revision Clubs and Support for Young People in Education

1. For refugees and asylum seekers, their previous education may have been disrupted or even non existent. Some are not even able to read and write in their own language, due to time spent in refugee camps, when younger.

Source: Action for Social Integration website (www.afsi.org.uk)

2. As discussed in more detail in the **EDUCATION** section, young people from certain BME communities, in particular black young people, are more likely to struggle academically and be excluded from school. Providing support for these young people in education is essential in trying to turn around these trends.
3. Low expectations of BME young people's educational achievement (from within academic institutions) which is a form of institutional racism, means that the educational support may not be provided from within schools themselves and community groups may be better placed to overcome the effects of this.

Source: 'Harmony Project – intercommunity conflict prevention and resolution, Manchester' MCCR, 2007

3. Language acquisition can be a problem for some children, particularly refugee/migrant children, yet there is a lack of formal policy on long-term language acquisition for young people. Many of the homework clubs that exist at the moment are taught in the first language of the children and allow them to pick up information more easily than in English, which for many is a second language.

Source: 'New Perspectives for Learning – Briefing Paper 48. Children in Communication about Migration' CHICAM, 2005

8.2.3. Recommendations: Provision of Homework and Revision Clubs and Support for Young People in Education

1. Supplementary Schools run by community groups can help to provide this additional educational support to these young people. There are currently 30 listed on Manchester City Council's website. When a study was done in

2006 by the *Children and Young People Overview & Scrutiny Committee,* it found that 71.52% of the pupils that use supplementary schools in Manchester are actually from the area. More could be made of the fact that Manchester has been seen as a regional leader in this area.

2. Far more needs to be done to reduce the disparities that exist between communities with respect to educational attainment *(MCCR, 2007)* and homework clubs and educational support provided by voluntary and community groups, based in local community venues and familiar environs, are a logical solution.

3. For refugees and migrants, educational support should not only be about academic achievement, but also about learning to cope with a new/different culture of schooling, than they may have been used to back home. *(Interview with Rob Clarke, MRSN).* If these children can integrate into an educational setting, this will positively impact upon their integration into the local community. (see COMMUNITY section also).

9. <u>WOMEN</u>

9.1.1. Need: Emotional Support for Single Asian (Muslim) and Refugee Women

There is little support available for Asian (Muslim) and Refugee women that, for certain reasons, find themselves alone and isolated from their families and community. Links into mental health issues are discussed in the **HEALTH** section.

9.1.2. Reasons: Emotional Support for Single Asian (Muslim) and Refugee Women

1. This could be because they have escaped domestic abuse/violence, they are divorced or they have been left by their husbands. Very few support services are available for these women, such as specific refuges and counselling/advice centres.

2. Emotional support is needed to help women suffering emotional distress, due to previously being a victim of domestic abuse. The first port of call for many women in this situation is their GP or other NHS services, yet many are not culturally sensitive or are unable to communicate, due to language barriers. These are the two key barriers preventing Asian (Muslim) and Refugee women from accessing mainstream health/welfare services.

Source: 'Domestic Violence and Mental Health: Experiences of South Asian Women in Manchester', Saheli and The Centre for Ethnicity and Health (UCL) as part of NIHME Mental Health Programme, May 2007

9.1.3. Recommendations: Emotional Support for Single Asian (Muslim) and Refugee Women

1. More support for small voluntary and community groups that play a vital role in providing the emotional support and mental health services that these women may need. *(MACC, 2008)*

2. Train GP's and other mainstream healthcare providers, based in communities with a high proportion of BME residents, about the specific issues affecting local communities and the particular problems faced by single asian and refugee women. Part of this could be to hire more staff from ethnic minorities who can translate/interpret. *(CRE, 2007)*

9.2.1. Need: Support for BME Parents in Raising their Children, i.e. Classes, Groups & Services

Many generic parenting classes, courses and groups exist in Manchester, such as the 'Strengthening Families, Strengthening Communities' course and Parent/Teenage survival classes, available through Manchester City Council's Children's Information Service. Sure Start also provides advice and help for parents of young children. However, there is a lack of advice tailored towards BME families specifically. *(Inclusion Pilot Projects Summary, Sure Start, 2004)*

9.2.2. Reasons: Support for BME Parents in Raising their Children, i.e. Classes, Groups & Services

1. Many single women from BME communities, particularly Asian and Refugee/Migrant communities, supporting children after leaving the family home are often ill-equipped to deal with their childs' basic needs, due to a lack of language skills and interaction within a formal environment. *(Taken from Black Association of Women Step Out website)*
2. There is low level of take up of early years services from BME parents, which could be due to the fact that they are unaware of the types of government initiatives or service providers that exist. Alternatively, they may feel that these services will not be culturally appropriate and so do not take their child to them.
3. For parents of older children, parenting contracts and parenting orders are used alongside other government initiatives such as Sure Start, New Deal for Communities and the National Parenting Academy. Although, these have been deemed as successful, there has still been a low take-up of these services by BME parents. This will be for similar reasons to those discussed in the previous point.

Source: 'A lot done, a lot to do – Our vision for an integrated Britain' Commission for Racial Equality, 2007.

9.2.3. Recommendations: Support for BME Parents in Raising their Children, i.e. Classes, Groups & Services

1. Single women, particularly from Asian and Refugee/Migrant communities, may need help with the following tasks; support with homework, parents evenings, going to their GP, claiming child benefit and advocating for their children, if problems arise at school. *(Taken from Black Association of Women Step Out website)*
2. Greater recruitment of people from ethnic minorities in local childrens' workforces and improved opportunities for promotion.
3. Sure Start and other government backed initiatives should look at the effects that their policies and services have on people from all ethnic groups and gain a greater understanding of the barriers that exist to prevent BME parents from accessing these services.
4. Promotion of racial equality throughout all childrens services should be carried out across the board.

Source: 'A lot done, a lot to do – Our vision for an integrated Britain' Commission for Racial Equality, 2007.

9.3.1. Need: Women Only Leisure Facilities, including Swimming, Healthy Living and Recreation

At present, some of Manchester's leisure centres located in areas with a high proportion of BME people residents provide women only swimming classes. However, there is no guarantee that the lifeguards will be female and, for cultural/religious reasons, this might mean these sessions are still not accessible, particularly for Muslim women.

9.3.2. Reasons: Women Only Leisure Facilities, including Swimming, Healthy Living and Recreation

1. Many muslim women feel that they need a place where they could socialise with each other at the weekends and it has been noted, in a DCLG Event '*Engaging with Muslim Women*' from May 2006, that these opportunities do not exist in large numbers.
2. The cost of hiring a space is one barrier; others include the need for tailored services, such as space for prayer, women only restrictions and washing facilities.

9.3.3. Recommendations: Women Only Leisure Facilities, including Swimming, Healthy Living and Recreation

1. The use of existing women's groups, forums and venues was recommended as a solution, as they provide space for activities that are already set up for women-only activities. *(Engaging with Muslim Women, DCLG, 2006)*
2. Youth and leisure service providers should review their offerings for young women and girls and take into account cultural and religious needs and preferences, including some women and girls only provision. *(Harmony Report, MCCR, 2007)*
3. Current provision - health suites are made available for women only sessions at several of Manchester's leisure centres – see *www.manchester.gov.uk* leisure section for more details – but are not always at convenient times.
4. Guaranteed female lifeguards at women only sessions at leisure centres.

10. <u>SUPPORT SERVICES</u>

Key sources:
'Advocacy for Black and Minority Ethnic communities: Understandings and Expectations' Bowes and Smith, 2006.
'Experiencing ethnicity: discrimination and service provision' Joseph Rowntree Foundation, 2004.
'The role and future development of black and minority ethnic organisations' Joseph Rowntree Foundation, 2001

10.1.1. Need: More support from the City Council and other Public Bodies

BME communities find it difficult to access mainstream services, but are often positive about services they receive from BME VCS organisations. The BME VCS are more able than mainstream services to focus on specific needs of a group and the services they offer are on a more individual basis. *(JRF, 2004)*

With the local authorities moving away from grant giving to tendering of contracts, the BME VCS needs sufficient professionalism to be able to be part of the commissioning process in the area.

Manchester City Council, including VSPG, does not have a specific policy on supporting (the development of) the VCS in Manchester. There is a need to define the role of the Third Sector in Manchester. However, there is some good practice on an individual basis, relating to service department contractual arrangements. There is a need for a VCS leadership role within the City Council, e.g. VSPG, which should map its provision and support for the VCS in Manchester. *Stakeholder interview*

There should also be a resource mapping exercise of (City Council) revenue for the BME VCS. There is also a need to monitor that LAA and other Commissioning practices are inclusive of the BME VCS*. Stakeholder interview*

Local Area Agreement (LAA) Third Sector targets: there appears to be confusion about whether the City Council is measuring the impact of its support for the Third Sector (NI7) or the sectors' impact on communities*.*

10.1.2. Reasons: More support from City Council and Public Bodies

1. Services from the council are overstretched and under resourced and can't meet the need of the BME communities.
2. BME VCS services are also overstretched and under resourced.
3. BME VCS does not have the resources and capacity to provide services on the professional level that the service users need.
4. The services offered and work undertaken by the BME VCS is not always recognised by statutory agencies and mainstream service providers.
5. Preventative services are mainly invisible and it is hard to prove the need for something that is not taking place.
6. Smaller interest groups tend to be overlooked, because of the larger more professional organisations that compete with them for funding.
7. The short-term nature of funding.
8. Barriers to participation in the procurement and contracting process*.
9. Barriers during participation in the procurement and contracting process*.
10. Barriers to the growth of these businesses*.
11. BME VCS are not part of the main political debate.
12. Although many BME VCS organisations are more formal than is assumed by the mainstream, there is a lack of sustainable funding for these organisations.

* 'INTELLIGENT COMMISSIONING' Keeping it small, local and inclusive - A research report from the Manchester Council for Community Relations, March 2008

10.1.3. Recommendations: More support from City Council and Public Bodies

1. More funding, especially more long-term funding for targeted and specialised services.
2. Capacity building the BME VCS to make it capable of delivering the services needed.
3. Recognition of cultural and religious needs of users by service providers.
4. More awareness of the work carried out by minority-led organisations.
5. Better links between BME VCS and statutory agencies to ensure more sustainable funding. *(JRF, 2001)*

6.   Develop appropriate commissioning policies, strategies, systems and processes covering: the supplier base, procurement, publishing contract opportunities, pre-qualification procedures, drawing up the specification, invitations to tender, contract and payment terms, award of contracts and contract and post-contract management*.
*Source: * 'INTELLIGENT COMMISSIONING' Keeping it small, local and inclusive - A research report from the Manchester Council for Community Relations, March 2008*

10.2.1 Need: Forums to discuss Views and Ideas, to develop Representation and Participation

BME communities' under-use the public services available, but they do use the services provided for them by the BME VCS. The BME VCS provide a varied range of services, particularly to those with significant social and economic needs. This sector is often focused on service provision and is marginal to local political debate. The Joseph Rowntree Foundation found that: ' The sector is poorly understood … and funding is often used as a political tool, rather than meting the needs of the community the sector serves'. *(JRF, 2004, Foundations: Experiencing ethnicity p.8)*

There are issues about the City Council's strategic engagement with the Third Sector, particularly around Community Networks (CN4M).The current relationship with CN4M is divisive, as it hives off direct contact and creates competing networks.
Refugee and migrant representation and participation is not wanted by the City Council.
Participation is usually on a personal, rather than a representative level, which is neither professional nor democratic. *Stakeholder interview*

10.2.2. Reasons: Forums to discuss Views and Ideas, to develop Representation and Participation

1.   Polarised views towards statutory organisations.
2.   BME leadership can be a link between the BME community and statutory agencies.
3.   Clearer view of actual needs and priorities among the different BME communities, rather than being based on assumptions.
4.   BME communities still view statutory agencies and mainstream service providers as prejudiced.
5.   As funding is used as a political tool, it can be withdrawn, if organisations are deemed too critical by the funders.
6.   Many organisations still are dependant on short-term funding.

10.2.3. Recommendations: Forums to discuss Views and Ideas, to develop Representation and Participation

1.   Increased role for BME infrastructure and umbrella organisations.
2.   Capacity building of BME VCS to become more professional.
3.   BME organisations should have more access to the political debate.
4.   Funding streams based on needs in the communities.
5.   Long-term funding can make BME VCS organisations more sustainable.
6.   Advocates are expected to be bilingual and understand the community.
7.   Ethnicity, language and gender of any representatives are important to the groups and communities involved.