

MANCHESTER CITY COUNCIL'S BME FUND BME NEEDS AND PRIORITIES MCCR Update 10 June 2011

INTRODUCTION:

MCCR was asked in late 2010, by Manchester City Council's (MCC) Third Sector Team, to update the evidence base, building on the existing research commissioned by MCC, to inform the development of BME Fund priorities by drawing on other sources of evidence at the local level, e.g. the annual '*State of the City – Communities of Interest*' report.

This report is a summary of updates of two previous 'Manchester City Council's BME Funding & Investment Strategy 2008-2011' reports produced by MCCR, i.e. Research Report and Consultation with the BME VCS, produced in 2007, and Desk Research Report and Stakeholder Interviews, produced in 2008, combined with information on Black and Minority Ethnic communities taken from Manchester Partnership's State of the City, Communities of Interest report 2009/10. It brings together the issues raised and service delivery priorities, identified by BME communities (both settled and refugees and migrants) in Manchester and information from Section 6 Black and Minority Communities, pages 34 to 51, of the Communities of Interest Report.

This report has been produced as a summary to enable readers to quickly review BME needs, priorities and initiatives in Manchester. For a fuller understanding of the issues, needs and priorities please see the full reports, which are available at:

http://www.manchesterpartnership.org.uk/includes/uploads/File/Communities%20of%20Interest/Communities%20of%20Interest_2010.pdf

http://www.mccr.org.uk/downloads/MCCR_BME_Needs_and_Priorities_Consultation_Report_2007.pdf

http://www.mccr.org.uk/downloads/MCCR_BME_Needs_and_Priorities_Desk_Research_2008.pdf

This summary report presents findings under the following headings:

1. Statistics taken from Manchester City Council's Corporate Research & Intelligence section, MCCR's reports and the '*State of the City – Communities of Interest*' report; these have been updated, wherever current data is available, e.g. population, educational standards, etc.
2. BME issues and needs and local authority initiatives, taken from the '*State of the City – Communities of Interest*' report; please note that some of these initiatives may, subsequently, have been or will be subject to local government budget cuts.
3. BME priority needs in Manchester identified and taken from MCCR's research reports. Sometimes the link between identified needs and statistical evidence may not very strong or direct. This, in our view, is mainly because the relevant statistics are not publicised or that public bodies have either not undertaken or publicised their investigations into these issues or needs. However, the needs

have been identified, confirmed and prioritised through formal consultation with local BME communities and professionals in both the voluntary and public sectors.

4. Recommendations on actions needed to be taken to address BME needs, taken from MCCR's reports, following research and extensive consultation with local BME communities, VCS service delivery organisations and MCC BME policy officers.

Further local consultation with BME community organisations and representatives has been recommended in the strategy produced in 2009 for MCC by the Centre for Local Economic Studies (CLES) to identify specific areas of need that are not currently being addressed by mainstream providers; their report states that "these gaps should be prioritised for support under the BME Fund". Their report also states that "the BME Fund's priorities are too broad. There would be value in narrowing them to focus on those areas where support from the Fund can add maximum value. In awarding grants to projects focused on too wide a range of thematic areas and communities of interest, there is a danger that resources will be spread too thinly, leading to reduced overall impact. Decisions over which areas to prioritise should be based on an analysis of the evidence base, but we would anticipate that the needs of newly arrived/rapidly expanding communities will be a key focus".

MCCR agrees that the BME Fund should narrow its focus, given the limited funds available. However, it should address identified priorities, i.e. greatest needs linked to specific groups of people, as well as provide maximum value. Previous MCCR reports identified the following priorities for settled BME communities:

RECOMMENDATIONS:

Young people and children:

- Educational standards, homework and revision clubs and support for young people in education, particularly for Black African Caribbean young people
- Support for parents on parenting issues, particularly single parents
- Prevention of drug abuse
- Prevention of racial harassment
- Promotion of sensitive policing

A number of these issues fall outside the local authority's direct remit and, therefore, would probably be ineligible for support from the fund.

The identified priority for Refugee and Migrant Communities were also young people and children and similar issues, but additionally they included affordable evening/weekend/holiday local, appropriate and sporting and cultural activities.

Recent events in Moss Side/Rusholme involving young people from these communities reinforce the need for additional focused measures to promote their engagement and achievement and prevent conflict and a breakdown of community cohesion. In these circumstances, local leisure and culture activities should be made available for all young people in deprived areas, as part of the City Council's new neighbourhood Youth Service provision, based on street level local activities.

Other priority issues are: care for the elderly, disabled people's inclusion, Asian women's mental health and unemployed people's skills and opportunities. However, most of these needs are statutory responsibilities and should be addressed by mainstream public service programmes.

Refugee and migrant communities also identified a range of women's social needs, housing, ESOL and health.

Priorities could be confirmed or adjusted through a short period of consultation with lead community bodies or through the established BME Fund consultative group.

Given the slippage on the proposed fund development timeline, please see below, further consultation will have to be quickly completed, although the timeline could run 2-3 months in arrears and still deliver the revised BME Fund programme on time.

- Hold an open meeting to inform people about the Fund – April 2011
- Make provision for pre-application support for applicants – May 2011
- Ensure signposting to (alternative) sources of funding and support – July 2011
- Deadline for application forms – August 2011

MANCHESTER'S BME POPULATION:

According to Manchester City Council's Corporate Research & Intelligence population publications, Manchester's BME population has increased from 19.4% (82,043) in 2001 to 26.2%* (129,113) in 2011, an increase of 6.6% (47,070). Their projected figures indicate that the BME population is likely to further increase to 28.1% by 2015.

*Derived by Policy Analysis from the 2001 Census by Output Area and aggregated by best fit to 2004 ward boundaries. Ward distribution using Electoral Register and Child Health System. Applied to ONS 2007 Mid-Year Estimate for StatWards (experimental statistics); 2006-based Sub National Population Projections; Ethnic Groups from 2001 Census and ONS Table EE1: Estimated resident population by ethnic group, mid-2007, (experimental statistics).

2011 Population Statistics* – Main Groups:

1. Pakistani 28,090
2. Black African 19,219
3. Chinese 17,741
4. Indian 15,770
5. Mixed 15,770
6. Black Caribbean 7,885
7. Bangladeshi 4,928

State of the City – Communities of Interest' report;

In the past few years Manchester's BME population has changed enormously. It now includes people from countries in Eastern Europe, who joined the European Economic Area in 2004, and A8 European countries (Eastern Europe) and an increasing number from the Middle East. Manchester also has a growing Somali population, with specific issues. The Roma community has also grown significantly, with estimates that there are over 150 families in Manchester, with the biggest concentration in Gorton. The official statistics on the numbers and distribution of European migrants in Manchester are not reliable, partly because European migrants tend to be more transient.

The largest BME communities live in Longsight 59%, Moss Side 51%, Cheetham %1% and Whalley Range 46%

Asian groups tend to live in Longsight, Cheetham and Whalley range

Black groups tend to live in Moss Side and Hulme

49% of the Bangladeshi population live in Longsight

Cheetham and Moss Side have the highest number of people from dual heritage/mixed backgrounds

1. EDUCATION ISSUES & PRIORITIES:

State of the City – Communities of Interest’ report

School population:

In 2003, 37% of children in Manchester schools were non-white British. In 2010 this figure was 51%. The five biggest groups are White British, Pakistani, other Black African, Somali and Arab. Since 2003, the number of Somali pupils has increased by 96% and Arab pupils by 71%.

While GCSE results overall have improved, this is not the case for Black Caribbean and Irish pupils, whose results in 2009 were lower than last the previous year.

Initiatives:

Black Children’s Achievement Programme in four schools
Multiple Heritage Foundation programme in five secondary schools

Main Permanent Exclusions:

British (presumably this means white) 54 (1.7%) White/Black Caribbean 13 (7.9%),
Other Black 5 (4.5%) Black Caribbean 6 (3.7%)

White/Black Caribbean and Black Caribbean pupils excluded from 16 schools, a high proportion of which have populations with relatively few black Caribbean or white black Caribbean pupils.

Initiatives:

Half termly exclusion reports analysed to identify any over exclusion trends
Plans for the positive inclusion of this group of young people
Developing a programme specifically aimed at girls involved in gangs

MCCR Recommendations:

1.1 Improve the education standards of BME young people, in comparison to the national average, e.g. percentage with five or more A*–C inc. English and Maths, national average 48% (2008-09); Manchester data (2010): White/Black Caribbean 37%; African Caribbean 38%; Somali 45%; Bangladeshi 49%; Indian 51%; Mirpur 42% and Pakistani 54%; Nigerian 71%/Black African 56% and Chinese 59%.
Source: Agenda 2010 education statistics 2010

1.2 Support for parents on parenting, particularly single parents

Some BME children under perform in education and the uptake of support services available for these 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.

Source: ‘Engaging Effectively with Black and Minority Ethnic Parents in Children’s and Parental Services’ DCSF

1.3 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, extra support must be provided for them, if they are struggling.

1.4 ESOL classes for adults and children, primarily for 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 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. *(Interview with MRSN)*

Changes to the welfare system, which will come into effect in August 2011, are set to make access to ESOL for those not on 'active benefits' (i.e. those actively looking for work) extremely limited. Refugees on income support such as parents, carers or elderly people, as well as those on low incomes, will be exempt from ESOL funding.

Source: Refugee Council Briefing, 'English for Speakers of Other Languages (ESOL)', January 2011

2. EMPLOYMENT ISSUES AND PRIORITIES:

State of the City – Communities of Interest' report

In January 2010, of the 18,845 residents claiming benefits in Manchester, 27% were from BME backgrounds. The current economic downturn has a high impact on Manchester's BME residents, with BME residents in receipt of jobseekers allowance rising from 2,500 in April 2005 to 5,000 in December 2009, a 100% increase. The provision of ESOL is the key to improving employment rates.

Current Initiatives:

1. Neighbourhood Learning in Deprived Communities
2. Lifelong Libraries
3. ESOL Action Plan
4. Manchester Adult Education Service

MCCR Desk Research Report

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, Employment and Ethnicity*

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, which refer to the impact of nuances in behaviour and speech, resulting in 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.

MCCR Recommendations:

- 2.1 Improved basic and core vocational skills
- 2.2. Appropriate vocational skills training to the level required to gain employment

2.3 Information and guidance and supported access to job opportunities
Black, Black British and Mixed ethnic groups are the highest number of JSA claimants in Manchester, indicating the highest levels of unemployment.

5. HEALTH, SOCIAL CARE and HOUSING ISSUES AND PRIORITIES:

State of the City – Communities of Interest’ report

‘BME communities are more likely to experience worse health than the majority population of Manchester’ and ‘BME communities tend to be more at risk of experiencing diseases that are major killers and cause limiting long-term illnesses’.

NHS Manchester has focused on improving outcomes in four areas:

- 1. Diabetes**, i.e. ‘the risk of developing diabetes is up to six times higher among minority ethnic groups than in the population as a whole’;
- 2. Coronary Heart Disease**, ‘people born in the Indian sub-continent have a death rate from heart disease that is 43% higher for women than rates for the population as a whole’;
- 3. Tuberculosis (TB)** ‘the number of cases of TB in the city has more than doubled over the past ten years’;
- 4. Mental Health** ‘factors known to cause mental ill health include the migration and social integration processes, communications difficulties and coming into contact with a new culture’. 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 were three times higher than those of white British women.

MCCR Desk Research Report

BME Young People in Care:

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.

Source: ‘A lot done, a lot to do – Our vision for an integrated Britain’ CRE

The City Centre Project Young Refugee Resettlement Service, which provides housing related support to young unaccompanied asylum seekers and refugees that are leaving care at 18 to live independently in their own tenancies, will draw to a close on 1st April 2011 due to funding cuts.

Source: Young People’s Support Foundation

State of the City – Communities of Interest’ report

Valuing Older People – Manchester’s Multi-Agency Partnership Manchester Black & Minority Ethnic Elders (MEE’s)

There is no MEE statistical data provided in the report. However, Manchester’s 2001 census data states that 6.2% of the BME population were over pensionable age. Currently in 2011, 10.2% of the BME population are aged over 55, plus those still living from the 6.2% over pensionable age in 2001. The percentage of BME people aged over 55 will increase every ten years to 13.1% in 2021, 18.3% in 2031 and 20.2% in 2041, requiring long term planning for an increased demand in services. In contrast, white people over 55 have now peaked at 17.7% of the white population, which will remain

reasonably stable over the next 30 years at 13.3%, 16.1% and 17% of the white population over the same ten year periods.

The report comments on poor quality of life, poor general health, cancers, cardiovascular disease, hypertension, diabetes, arthritis/rheumatism, musculoskeletal problems and high levels of smoking and lack of exercise in many communities. Specific references can be found in the report.

Manchester's Ageing Strategy Team will:

1. Ensure individual care plans/budgets enable MEE's to get the most appropriate services
2. Provide business/market development to enable voluntary sector expansion
3. Build on the POPP and increase access to low level support wellbeing and more culturally sensitive services
4. Encourage MEE access to physical and other healthy living activities and preventative healthcare in mid to later life
5. Develop culturally sensitive housing support services in the right locations
6. Improve access to falls prevention and physical activity programmes in various settings
7. Expand opportunities for elders with limited mobility, especially in central Manchester
8. Expand access to women only mobility sessions and swimming pool based activities
9. Widen the availability of health checks and prevention/early detection of cancer
10. Improve knowledge and skills around nutrition and healthier eating

MCCR Recommendations and Desk Research:

3.1 Provision of culturally appropriate care for the elderly

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, this increased to 7% of the total BME population of 3.7 million in 2001 (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.

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

3.2 Mental Health services for Asian (Muslim) and Refugee / Migrant Women

High levels of attempted suicide for Asian women and mental health issues related to domestic violence, e.g. combined admission rates for suicide and self-harm for Asian women were three times higher than those of white British women. Suicide rates for south Asian women were found to be double their proportion of the population.

Source: NIHME Mental Health Programme research undertaken by Saheli (Manchester) and The Centre for Ethnicity and Health, University of Central Lancashire

3.3 Emotional Support for Single Asian (Muslim) and Refugee Women

There is little support available for Asian (Muslim) and Refugee women that find that they are alone and isolated from their families and community. 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.

3.4 Mental Health services to address psychosis among Black Caribbean people

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', CRE

3.5 Prevent drug abuse amongst young people and children

There is a problem amongst the whole of Manchester's population of children and young people.

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

3.5.1 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.

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

3.6 Services to and inclusion of BME disabled people

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). (*Source, MAP – Multi Agency Partnership for Disabled Children*)

3.7 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 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, Joseph Rowntree Foundation

Funding for advice services for refugees and asylum seekers in the UK will be slashed by over 60% from April 1st 2011, which will have a significant impact on these communities' access to welfare benefits and health services. From April, funding for advice services for newly arrived asylum seekers will be cut by 62%, funding for initial accommodation services will be halved, and contracts for the Refugee Integration and Employment Services (RIES) will end completely from September.

Source: Refugee Council news release: 'Funding slashed for refugee advice services', 31 January 2011

3.8 Better housing, particularly for Refugee and Migrant and Pakistani and Bangladeshi communities

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.

For many BME communities their standard of accommodation is poor, e.g. in need of repairs, lack of facilities, unsafe, poor outside environment, etc.

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.) 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 than the proportion of the overall population (currently estimated at 23%).

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

4. CRIME & DISORDER:

State of the City – Communities of Interest' report

Priorities:

Hate Crime

Diversion of Young Black Males from Gang Culture

Service Provision for BME Communities

Hate Crime:

Crimes Reported 2009-10

Asian 400-500

White/North European 200-300

Black 200-300

Middle Eastern 0-100

Chinese/SE Asian 0-100

White/South European 0-100

Manchester has seen an overall reduction in hate crimes in the past two years.

Diversion of Young Black Males from Gang Culture:

Initiatives:

The 8-till-late project work with young people aged 8-14 takes referrals from primary schools and intensively mentors a small cohort of children at risk of joining gangs

Weekly football activity which is a positive diversionary activity

Targeted work to prevent boys from the Somali community joining gangs

Drugs and Alcohol Strategy Team (DAST):

There has recently been a significant increase in the number of Black and Asian drug users accessing drug treatment.

DAST continues to engage with BME communities to raise awareness of drugs and alcohol misuse, the services available to them and to build their capacity to inform service development and delivery.

MCCR Recommendations:

4.1 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 being given preference in access to housing and services. *(Interview MRSN)*
Recommended activities could include Refugee Awareness Training delivered to local service providers and schools; and events to raise awareness of Third Party Reporting Centres and hate crime issues.

4.2 More and better policing and more sensitive policing

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, Manchester Partnership Team)

4.3 Stop and Search

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)*

5. COMMUNITY:

MCCR Recommendations:

5.1 Centres for social/community activities and more recreation, social and cultural activities, particularly for Refugee/Migrant families

Many community groups and centres tend to be culturally specific and this can exclude new communities in an area. Family, culture and religion are still the strongest ties between communities and this could explain why this is still the case. 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)

5.2 Maintain community cohesion through social and community activities that help to prevent the isolation that many families feel when moving into a new country and new area.

By becoming involved in community activities, integration into the local community is more likely to be achieved and can help to break down negative stereotypes and feelings that may exist towards the new families, particularly refugees/asylum seekers.

Tensions exist 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

Contradictions between different studies, i.e. some show that levels of community cohesion are lower in ethnically mixed communities, when crime and turnover rates are looked at, whilst others show high levels of cohesion, e.g. resident perception studies.

5.3 Provision for young people 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, in some BME communities, less than one in five members are participating even once a month; 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

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)

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

5.4 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 do 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.

5.5 Youth and leisure service providers should also review their services for young women and girls to take into account cultural and religious needs and preferences, including some women and girls only provision.

(Harmony Report, MCCR, 2007)