



black & ethnic minority support team

North Wales BME Communities Mapping

EXECUTIVE SUMMARY

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The BEST Partnership:



Prepared by:
North Wales Race Equality Network (NWREN)
In association with
The School of Social Sciences, University of Wales, Bangor

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communities first cymunedau yn gyntaf

Executive Summary

1. Context

The Black and Ethnic Minority Support Team (BEST) is a partnership of four organisations: the All Wales Ethnic Minority Association (AWEMA), the Black Voluntary Sector Network Wales (BVSNW), the Minority Ethnic Women's Network Wales (MEWN Cymru) and the Scarman Trust. BEST is a Communities First funded project which aims to identify the particular support needs of Black and Minority Ethnic (BME) individuals and communities¹ as they relate to the Welsh Assembly Government's Communities First Strategy. The research was undertaken by the North Wales Race Equality Network (NWREN) in association with the Department of Social Sciences, University of Wales, Bangor.

2. Aims

The primary aims of the research were:

- To provide qualitative and quantitative information on BME communities in north Wales.
- To provide information on the specific support structures that exist for BME communities in the area.
- To establish contacts within the north Wales Communities First partnerships, to determine what help and support they need to be able to engage with BME communities.
- To identify the nature of potential partnerships BEST will need to make in order to work effectively within north Wales Communities First areas.

3. Methodology

The research area covers the six counties of north Wales, Conwy, Denbighshire, Gwynedd, Flintshire, Ynys Môn and Wrexham.

A literature review was carried out to identify key research projects undertaken on BMEs in north Wales and other relevant research with BME communities within Wales. A desk-based analysis of data provided by the 2001 census was undertaken in order to establish a detailed demographic profile of BMEs in the area. Census data on composition, concentration, age, gender, religion and socio-economic status was analysed. Cross-tabulation included age and gender by ethnic group and gender and socio-economic status by ethnic group.

¹ Throughout this document the term BME or Black and Minority Ethnic will be used to refer to the visible ethnic communities that exist in north Wales, for example those of Pakistani, Bangladeshi, Chinese, African, Caribbean and Filipino origin. It will also refer to those groups who are not visibly different but who also suffer disadvantage by virtue of minority status such as asylum seekers, refugees, travellers or gypsies or new immigrants.

Other sources of data used to identify BMEs in the Communities First areas included student records to establish numbers attending the major educational institutions, NHS employee records, and information on Gypsy/Traveller communities and refugees and asylum seekers.

All statistical data was analysed using EXCEL percentage data. Mapping of north Wales BME populations and makeup at ward, county and regional levels was plotted as choropleths using a Geographic information System (GIS) package.

The qualitative data was collected using semi-structured interviews with key stakeholders: service providers, BME agencies and BME individuals, including BME individuals living in Communities First areas. The majority of interviews were conducted face to face. Where this was not possible or practical for some reason, the interview was conducted by telephone. A number of focus group discussions were also undertaken with asylum seekers, international students, members of Shekina and the Chinese Society.

4. Key Issues Arising from the Research

4.1 Research

A number of research projects focusing on the north Wales area have been conducted or are currently in progress. A substantive profile of the various needs of BMEs is now becoming available. The data presented in reports varies significantly however, suggesting that data sets - and in particular monitoring systems in use - are not standardised across local authorities/interested stakeholders. The overlap between reports is noticeable and it might be that more co-ordinated efforts would lead to more efficient data collection. There remains a need for research focussing on BMEs and Information and Communication Technologies (ICT) support. None of the current surveys undertaken in Wales systematically address the ICT needs of BMEs. Many research projects are under-funded and timeframes too short to provide meaningful data. BME individuals and agencies are reporting being over-researched. Research outcomes are not being widely disseminated and shared between project workers within north Wales, nor across the majority of statutory agencies. Both BSVNW and NWREN are taking steps to address this communication gap through initiating activities such as information-sharing days for projects workers.

4.2 Demographic Profile

Diversity in ethnic group, diversity in status and the dispersal of BMEs across the local authorities that make up north Wales, present a considerable challenge to mainstream providers. The BME population of north Wales is relatively young and economically active. There is no statistical evidence to suggest high numbers of older dependent individuals. In common with the general population, the BME population is subject to the flux and change of inward and outward migrations but the core of the BME population reflects long settlement. The largest religious grouping of BMEs is Christian, followed by Muslim. An estimated 24 minority languages are commonly spoken in north Wales. Data on migrant workers, Gypsy/Travellers and refugees and asylum seekers is tentative and provisional. Official data does not provide a comprehensive picture of BMEs in the area.

Patterns of poverty and disadvantage common to BME communities in other parts of the Wales and the UK do not pertain in any systematic way to 'groups' in north Wales. With the exception of Rhyl West and Shotton Higher there are no significant concentrations of BMEs in Communities First areas. Only 12% of the BME population of north Wales (799 people) live in Communities First areas.

There is evidence to suggest the presence of a number of migrant workers in the area for example, Filipinos, Eastern Europeans, asylum seekers and refugees. The emerging needs of new migrants will need to be addressed.

Isolation from networks of support is a key factor in understanding the pressures on and expectations of BMEs in the area. Issues of racism, discrimination, loneliness and provision of information and advice require particular support services. Statutory requirement demands that even where BME are few in number, their support needs should be met. Small numbers do not equate to small needs.

4.3 Communities First areas

The number of BME individuals living in the Communities First areas is generally small, with the exception of Rhyl West, Rhyl South West and Higher Shotton. Just 12% of the BME population of north Wales live in Communities First areas. Awareness among the general public of the aims and purpose of Communities First is low, but amongst BMEs it is significantly low. Attempts are being made to engage with minorities and communicate aspects of this major anti-poverty strategy to them². There are significant differences between the perceptions and needs of the established BME communities and those newly arrived migrants. BME voluntary organisations are not significantly engaged with Communities First. The appointment of Co-ordinators and the development of partnerships are at an early and evolutionary stage. Many Co-ordinators are working in comparative isolation and there is a lack of strategic planning in relation to specific equality issues across the region.

There is a significant lack of support for Co-ordinators in the form of training, advice and information. Co-ordinators lack the essential skills in recognising and tackling equality issues and there are few available sources of expertise and support in the area. The mechanisms for disseminating good practice are inadequate or missing.

Currently, only one of the twenty-six Communities First Co-ordinators in the north Wales region is from a BME background. Representation by BMEs on Communities First boards is low or non-existent. There is no centrally organised data identifying the number of BMEs on Communities First boards and committees. Just one BME committee/board member was identified in this research.

² BVSNW/Communities First Support Network (CFSN) Co-ordinator).

4.4 Support structures for BMEs in north Wales

A number of BME organisations are operational in north Wales but they vary significantly in their internal organisation, the strength of their membership and their functions. BME agencies generally lack the capacity to meet the growing demands for advice-giving, consultation and support placed upon them. NWREN and Shekina are seen by many organisations such as the local authorities, CABx and the Criminal Justice system to be critical providers. As already noted, BME organisations report being 'over-researched' and 'over-consulted' and lacking in sustainable funding. Links between BME agencies remain weak and there is therefore some potential for duplication of effort and lack of strategic planning.

The established BME community is only loosely linked to BME associations and membership relative to the total BME population is low. BME individuals have 'improvised' in terms of establishing networks to meet their needs. Associational life spreads beyond the borders of Wales to organisations that are UK wide or international. The migrant or newly-arrived BME population has significant unmet need and is not yet receiving the attention of either specialist minority organisations or mainstream bodies.

With regard to ICT support for BMEs, to date no empirical research has been undertaken in north Wales³.

A number of development workers associated with Wales-wide voluntary organisations are active in the area.

Mainstream agencies are slowly responding to their statutory duties. They are now more aware of the requirements placed upon them and are at various stages in establishing initiatives to engage with BME individuals and communities. They are in the early stages of collecting monitoring information but little evaluation of this data has as yet been undertaken to guide policy. Developments and innovations to meet the needs of BMEs are thin on the ground. Few cross-authority or multi-agency strategic partnerships exist to respond to needs in the region. The links with BME individuals and communities are still reportedly weak and there is still poor representation of BMEs on boards and committees within the mainstream institutions. There is an evident need for skills development and training, the establishment of forums to share expertise and information and the institutionalising of effective models of consultation. Current models of engagement are considered by mainstream agencies or BMEs to be ineffective. There is little evidence of outreach work being undertaken by mainstream agencies.

4.5 Consulting with BME communities

Most mainstream agencies were noted as having some mechanism in place for engaging with the views of BMEs, although they all reported difficulties with attempts at consultation. A number of barriers to engagement were commonly reported, some of which arise from within the BME communities and some as a product of agency action and/or inaction. The diversity and dispersal of the BME communities within north Wales was one frequently cited barrier.

³ Internet Inequality in Wales (updated annually) by Welsh Consumer Council and 'Net gain? Access to and use of the Internet in Wales', also by the Welsh Consumer Council, provide no information by ethnic group.

Other barriers identified were the lack of knowledge amongst BME communities of the purpose and function of consultation events, a lack of confidence, trust and/or capacity amongst BMEs to participate, the inflexibility of arrangements for consultation events and lack of representation from BMEs on public bodies. BMEs questioned the outcomes of consultation exercises in terms of having tangible impacts on their everyday lives. Consultation fatigue was frequently reported. Agencies operate with very limited models of engagement and there is a need for organisations to institute new and multi-tiered methodologies.

5. The Way Forward

Action on a number of levels needs to be taken to remedy this situation. There is a clear case for developing more strategic alliances across the region in order to respond to minority needs in a co-ordinated and concerted way. Good practice needs to be disseminated. There is the potential for the sharing of training events and specialist expertise. There is a need for standardisation of monitoring instruments. More innovative and varied mechanisms for consultation and participation need to be developed.

The capacity of BME individuals and groups needs to be built from within clusters of associations that already exist on the ground, expertise identified and new links developed. There is a need to address the potential for replication, unrealistic expectations and consultation fatigue that characterise the system at present. Greater efforts need to be made to build sustainable communication links with key actors in order to build trust and confidence. The motivation to participate can be enhanced by greater representation of BMEs on public bodies in the area, including on Communities First boards.

Within the Communities First initiative there is a need for urgent and immediate support for Co-ordinators in order to develop their awareness and skills in engaging with BMEs and identifying discriminatory practices. Mandatory training needs to be instituted without delay. Guidance documents need to be revised to underscore the importance of race equality issues in all areas of Wales even where BME numbers are low. Identifiable sources of support need to be established to enable Co-ordinators to realise these expectations. An infrastructure which would allow for a strategic approach to race equality issues in all Communities First areas and for the sharing and dissemination of good practice needs to be built. Stronger links need to be developed with key BME agencies in the region.

6. Key Recommendations

- There is a need for a more co-ordinated approach to research being undertaken in the area.
- There is a need to develop a more systematic system for sharing the outputs of research activity (including data sets where possible) with agencies and with those who participate in the research.
- There is a need for research relating to the specific needs of BMEs and ICT support in Wales.

- The lack of any central or unified data source can lead to problems with cross-group comparisons. Efforts should be made, particularly by major agencies, to standardise data collection and monitoring systems.
- Authorities responding to the BME presence must look beyond numerical data from 'official' statistical sources.
- Organisations need to institutionalise a range of flexible consultative mechanisms such as those mentioned on page 66 of this report.
- There should be appropriate funding and resources in order to sustain effective consultation mechanisms.
- There is a need for a well-resourced and sustainable network organisation in the region to act as a source of information and expertise as well as a key signpost to specialist support agencies for both BME individuals and for agencies and professional workers seeking support. A number of bodies exist (NWREN, for example), that could potentially provide this focus.
- There is a need to develop a forum for workers from mainstream agencies and BME grassroots workers across the area to share information, support, training and good practice.

In addition, there are a number of specific recommendations that relate to Communities First:

➤ **Recruitment and training**

Communities First Co-ordinators need to be made aware of equal opportunities issues at the point of recruitment. There should be more explicit statements and guidance in the Communities First Guidance Manual.

Where there are shortfalls in knowledge and skills, adequate training should be provided. Regular and relevant training on BME-specific issues, as well as other equality issues, should be mandatory.

➤ **Support for Communities First partnerships**

Current arrangements to provide support from Cardiff via the Communities First Support Network Co-ordinator are inadequate. BEST should consider how they can utilise development workers and agencies in the north Wales area to provide formal mechanisms of support for Communities First partnerships.

➤ **Methods of engagement**

There should be more effort made to develop proactive engagement with all members of the community and to encourage active participation by all minority groups. Alternative methods of engagement should be sought and applied to ensure a wide range of interests and needs are met.

➤ **Positive promotion of the Communities First programme to all community groups**

More needs to be done to make the benefits of the Communities First programme known to the wider community. This could be done by using local media, community centres and providing regular information to voluntary organisations in the area.

More needs to be done to ensure greater representation of people from BME backgrounds on Communities First boards and where possible as Co-ordinators.

➤ **Unified monitoring and evaluation**

Structures and mechanisms need to be implemented to enable all Communities First Co-ordinators to effectively monitor and evaluate their progress in terms of engaging with BME communities.

➤ **Clearly defined objectives that relate to the specific needs of the region**

The low number of BMEs in Communities First areas creates region-specific issues that require a different approach to that employed in South Wales. Communities First Co-ordinators should be encouraged to develop a strategic approach to BME engagement in the region that allows for skills and information sharing and consolidation of best practice.