ETHNICITY AND THE WELFARE REFORMS

CANCER CARE IN BME BRITAIN

SIGHT LOSS IN MINORITY COMMUNITIES

HIV AND INEQUALITIES

DISABILITY AND THEATRE
WELCOME to the Autumn–Winter 2012 issue of the Runnymede Bulletin.

I would like to thank Kieran McMahon who helped me in the editing, page layout and photo research for this issue, undertook the research for news in brief, and interviewed Chris Ewell, Director of the Half Moon Theatre, Tower Hamlets, London, for the Q + A section.

The Spring 2013 issue of the Bulletin will focus on Young People.

Robin Frampton, Editor.
Email: robin@runnymedetrust.org
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Lammy, concluded that the high unemployment rate amongst Pakistani, Black and Bangladeshi women was unacceptably high and is not being given enough attention in mainstream politics.

The report also said that the early evidence suggests women are facing discrimination at all levels of the interview process and some are resorting to altering religious dress or changing their name in order to get better employment opportunities.

Public sector job losses are also expected to hit Pakistani, Black and Bangladeshi women disproportionately because a higher percentage work in the public sector than the national average. Links to the full report can be found on the Runnymede website at www.runnymedetrust.org.

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**Dispersed Growth in 2011 Census Data**

December saw the release of the 2011 census data showing that, as expected, the Black and ethnic minority population of England and Wales grew in the last decade. The overall population grew by 7% to 56.1 million and the proportion of citizens belonging to an ethnic minority grew from 8.7% to 14.1%, meaning there are now almost 8 million ethnic minority individuals in England and Wales. Although London still had the largest number, it had the lowest rate of growth and Wales and the South West, the least diverse areas, had the highest rates of growth. Distributions of different ethnicities vary around the country, with the highest proportion of Pakistani’s, at 20.4%, living in Bradford. Of those living in Tower Hamlets, 32% are Bangladeshi. Westminster has the highest proportion of Arabs at 7.2% and Lewisham has the highest proportion of Black Caribbean individuals, at 11.2%. Southwark has a 16.4% Black African population and the populations of The City of London and Cambridge had are joint highest 3.6% Chinese. Indians, the largest ethnic minority, comprise 28.3% of Leicester. The area with the largest BME population was Newham, with 83.3%, while the smallest BME populations were in Caerphilly and Blaenau Gwent, where only 2.7% were an ethnicity other than White British, Welsh, Scottish or Northern Irish.

See runnymedetrust.org for more.

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<th>2001 BME</th>
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<table>
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More Race Troubles in British Football

• Lord Ouseley quits FA Council • Fans attacked • Terry saga rumbles on

Campaigners can rightly claim significant successes over the racism which so damaged the reputation of English football in the sixties and seventies, but 2012 has seen a number of flashpoints and simmering disputes marr the game.

Lord Ouseley has said England manager Roy Hodgson was sending the ‘wrong message’ to black players after dropping Rio Ferdinand and sticking with controversial defender John Terry. Ouseley also severely criticised top clubs for placing financial imperatives above moral ones and after a turbulent year, he has chosen to stand down from the FA council, promising also to leave the Kick It Out campaign which he founded when it is more stable. Recent events highlight why Kick It Out is struggling to contain the trouble.

There were 51 different nationalities and all four continents represented on the opening day of the 2012/13 Premier League season (with 19 in the Arsenal squad alone). Whilst the widespread prejudices of some people in some of those nations, e.g. homophobia in Uganda or persistent anti-Semitism in Italy and Eastern Europe, is unacceptable to most people in the world, there don’t appear to be any clear international criteria on how to deal with it.

In this void, clubs and officials have rarely taken the lead, Chelsea have always backed John Terry and Liverpool backed Luis Suarez when he was accused and charged with using racially inappropriate language, with the squad even donning t-shirts declaring solidarity with him. Fans are easily punished, those who are caught on camera are generally banned for life, but punishments for players remain minimal. Managers cannot devalue what amounts to multi-million pound ‘assets’ for clubs and risk the wrath of shareholders, since other clubs may have few scruples about snapping up high-value players at below-market prices, even if they are guilty of racism.

The kind of co-operation necessary to make sure racist players are ejected from the game is near-impossible, requiring teams worldwide to respect an embargo of convicted players. Nonetheless responses to the various flare-ups this season have been fraught, haphazard and inadequate.

Handshakes, t-shirts, complaints and arguments have all been so poorly handled that it is tempting to suggest that club management simply have no idea what they are doing. The onus, therefore, must be on the FA to draw up and publish a proper set of guidelines and to take a firmer hand in dealing with racism issues.

One idea mooted is that teams need to lose points rather than pay out paltry sums of money when fans or players have been proven to be racist. Racist players would suddenly be a lot less valuable to teams, and teams would be sure to take much firmer action over racist behaviour. There is much to be proud of in the progress that has been made, but we are at a critical juncture, and it is up to today’s governing bodies and leading clubs to secure a racism-free game for future generations.
UNIVERSAL CREDIT AND DISABILITY

Ian Greaves of Disability Rights UK looks at how the welfare reforms and the introduction of the Universal Credit system will affect those with disabilities.

The Welfare Reform Act is the most comprehensive and fundamental reform to the social security system in a generation. Coming at a time of austerity with deep cuts to public budgets at local and national level, and with sections of the tabloid press long baying for a slash and burn bonfire of benefits, it is not surprising that many disabled people see the reform as a threat to their independence.

In spite of the talk of ‘streamlining’ it is difficult not to view key parts of the Act as mere cost-cutting. In particular the replacement for the Disability Living Allowance for claimants aged 16 to 64, now named the ‘Personal Independence Payment’, aims to cut 20% off the budget of its predecessor. Consequently the DWP expects that around 500,000 fewer individuals will be eligible under the new system in 2015/16.

The nucleus of the Act is the ‘Universal Credit’ and does not immediately appear to be intended to cut costs; it is trumpeted as a cost neutral measure. Universal Credit will be a single benefit that will replace six current means-tested (or income-related) benefits for people both in and out of work. These include Income Support, Housing Benefit and Tax Credits. Universal Credit has been designed to simplify the benefit system and improve work incentives, with a single taper reducing benefit at a steady rate as earnings or other income increase.

It is already clear that Universal Credit will have winners and losers. A study by the Institute for Fiscal Studies based on the white paper introducing Universal Credit found that:

‘A total of 2.5 million working-age families will gain and, in the long run, 1.4 million working-age families will lose, and 2.5 million working-age families will see no change in their disposable income because their entitlements to Universal Credit will match their current entitlements to means-tested benefits and tax credits.’

This withdrawal of financial support will be double blow to communities that already have problems accessing benefits in the first place. In the report ‘Out of Sight’, the Disability Alliance found:

‘From our work with ethnic minority communities and our analysis of a considerable body of research conducted by independent academic and voluntary sector organisations, we are in no doubt that ethnic minority claimants experience greater problems than the majority of the community in accessing the benefit system.’

A recent inquiry titled ‘Holes in the Safety Net’, supported by Citizens Advice, The Children’s Society and Disability Rights UK and headed by Baroness Grey-Thompson was set up to examine whether Universal Credit was likely to achieve the purported government aims for disabled people and their families. The results were disquieting and found that three particular groups of would lose heavily in the new system:

**Disabled children** - The Child Tax Credit known as ‘disabled child element’ is currently worth £51.74 a week but under the new system as many as 100,000 disabled children stand to lose up to £28 a week. This is because the level at which the ‘disabled child addition’ is likely to be set is only half the current amount. A higher ‘severely disabled child addition’ will only be available to children who get the highest rate of the DLA care component or who are registered blind. So children who currently get the mid or low rates of the care component will lose out.

The inquiry noted:

‘When families who may be affected were asked about losing £30 per week in support for disabled children they expressed widespread concerns about having to cut back on food or heating, and getting into (or further into) debt.’

1 in 10 families expressed fears that they would no longer be able to afford their home.

**Severely impaired independent adults** - 230,000 severely disabled people who do not have another adult to assist them could lose out because Universal Credit does not have any equivalent to the ‘severe disability premium’ (currently worth £58.20 a week). SDP is available for most means-tested claimants who live alone and do not have someone caring for them.

The inquiry found:

‘Without this financial support these disabled people would be unable to meet their most basic needs.’

There are also concerns that many disabled single parents rely partially on their children to help with their care needs, and that the loss of the SDP could significantly increase this burden.

**Disabled workers** - Up to 116,000 disabled people in work could lose out. Currently those working more than 16 hours per week are entitled...
to the disability element of Working Tax Credit (worth £53.65 a week). Under Universal Credit, any person requiring similar additional support because they are disabled will have to submit to a ‘Work Capability Assessment’ and anyone who fails this assessment will not receive such support.

The inquiry said in conclusion: ‘The evidence suggested that removing financial support for those who face extra costs in work would not only cause hardship for disabled people, but also risks being counterproductive, potentially preventing disabled people from being able to work.’

To get continued additional support disabled persons in full-time work will need to be entitled to either DLA or PIP. It is highly probable that there will be a large number who are able to pass the Work Capability Assessment, but are not entitled to either DLA or PIP. Such people will be faced with a cliff-edge benefit reduction as a consequence of moving into full-time work. Though this will not normally take effect immediately, it is nonetheless a clear disincentive for claimants to move into work.

The alterations will pose a problem for claimants with variable conditions like those with Sickle Cell Disorders or Thalassemia. Claimants with these conditions have had long-standing difficulties in securing DLA and the rules governing PIP will be even stricter, meaning that difficulties are likely to be compounded.

Conclusion - Universal Credit may be billed as a cost neutral reform, but for hundreds of thousands of disabled individuals and families it will present a real and substantial cut in their income. Such income loss will clearly have profoundly negative impact on family budgets. Perhaps most ironically the ability of disabled people to live independently in the community, and to move into and remain in work will also be severely affected.

Disability Rights UK's vision is of a society where everyone with lived experience of disability or health conditions can participate equally as full citizens. Members are encouraged to get involved and contribute their views, as well as information about their experiences. Disability Rights UK conducts surveys to collect evidence for policy, research, media and campaign work. Information and good practice are shared through newsletters and at Disability Rights UK events and conferences.

Dalveer Kaur looks at the impact of the welfare reforms on the BME community.

The government's welfare reforms aim to simplify the system and improve incentives for those seeking work. The principle is ‘ensuring that work pays’ – meaning that if claimants work they will be better off. There are over a million disabled people from BME backgrounds in the UK, a higher proportion of disabled children come from BME households and nearly half of all minority ethnic disabled people live in household poverty.

Greater conditionality and the proposed cap on total household benefits will disproportionately affect minorities, who have a higher prevalence of multi-family households and larger average family sizes. It seems inevitable that the reforms will push more families below the poverty line and it is likely that a higher proportion of them will be from black and ethnic minority backgrounds. The reforms are likely to have a substantially greater impact on BME communities, where there is a higher incidence of childhood disability. For instance, in the 2001 Census, 3.8% of the children were ethnically black but 6.4% of disabled children were reported as being black.

Research by Scope found that although there is a lower than normal prevalence of impairments amongst BME people of working age, once they are over 40 it dramatically increases. Scope puts this down to the younger age profile of the BME population and says:

Evidence suggests that some non-white groups are less willing to report themselves as being disabled – something particularly true of Chinese groups, who have the lowest reported prevalence overall.

DWP research has also found that in Pakistani and Bangladeshi households living with a disability or a disabled family member is a significant contributor to household poverty.

Claimants will be reassessed through a new face-to-face system which includes a points-based mobility test, in which claimants are tested on their ability to move over 50 or 200 metres. For BME claimants whose first language is not English there is an extra difficulty in needing to understand the nature of the new tests.

There is currently no certainty of the re-assessment being conducted by specialists and the removal of automatic qualifications for welfare (like blindness or multiple amputations) also means many more people will have to be assessed. The additional stress this involves for BME and BME disabled individuals risks placing huge burdens on an untested new system.

Research by the Family Institute has expressed concern that the changes to housing benefit will have a lasting impact on large families with low incomes, particularly Pakistani and Bangladeshi households. As a result, it may mean that some families are not able to remain in their homes and many more may struggle to pay rising living costs.

The government must acknowledge that BME disabled people are at greater risk of social isolation than other social groups; they are more likely to have language and community integration problems and are therefore more likely to need help gaining the necessary skills for a successful working life. If this does not change the government risks pushing more BME households below the poverty line. If the larger goal is economic growth then making sure minorities are well-informed, engaged, considerately assessed, and appropriately placed is the only way to ensure long-term success.
CANCER AND THE BME POPULATION

Paula Lloyd Knight, Associate Director Patient Experience for the National Cancer Action Team (www.cancerinfo.nhs.uk), explains that some cancers are more common in some BME groups, and treatment and survival rates are not always the same as for white Britons.

Cancer Incidence Levels in BME Communities

In 2009 the National Cancer Intelligence Network (NCIN) published *Cancer Incidence and Survival by Major Ethnic Group*. The report found that people from BME communities generally have lower rates of cancer than the white British population. However, there are a number of exceptions where incidence rates for some BME groups are substantially higher than those for the white British population.

- Incidence rates of prostate cancer for African and African Caribbean men are around twice as high as the rates for white men.
- Incidence rates of stomach cancer for both African and African Caribbean males and females are around 50% higher.
- Incidence rates for liver cancer are around twice as high as the rates for white males and females.
- Incidence rates of myeloma for both African and African Caribbean males and females are around twice as high as the rates for white males and females.
- Incidence rates of liver cancer for Asian males and females are around twice as high as the rates for white males and females.
- Incidence rates of mouth cancer for Asian females are around 50% higher than the rates for white females. For females aged over 65, rates are around twice as high.
- Incidence rates of cervical cancer for Asian females aged over 65 are around twice as high as for white females aged over 65.

Mortality Rates

Work by the NCIN has identified that there are some differences in mortality rates for BME communities. African and Caribbean women have lower incidence rates for breast cancer, but they have higher mortality rates (NCIN 2009, Bowen 2009 and Wild 2006).

Research carried out by Harding et al. (2009) indicates that the Irish community in Britain have had high rates of cancer mortality for several decades and this pattern persists for several cancer types.

Cancer Awareness

Awareness levels amongst people from BME communities are generally lower than that of the white population; poorer awareness may lead to both later presentation and more advanced disease.

- Both African and African Caribbean women have a lower knowledge of the signs of breast cancer than white women (Breast Cancer Care, 2005)
- 65% of BME women compared to 73% of white women thought cervical screening is a necessary health test (Jo’s Cervical Cancer Trust, 2011)
- Knowledge of the signs and symptoms of cancer is poorer among the Irish than White British (Scanlon et al., 2006)
- Just under half of the BME women in the ‘same difference campaign’ reported that they never practised breast awareness (Breast Cancer Care, 2005) compared to 11% of respondents from the general sample (Breast Cancer Care, 2011)

Screening Uptake

The NCIN reported that screening uptake is generally lower in minority ethnic groups than in the population as a whole and this is evidenced in take-up of all three cancer screening programmes: Breast, Cervical and Colorectal (NCIN, 2010).

A recent YouGov survey by Jo’s Cervical Cancer Trust (2011) found a number of factors impacted on the low take-up of cervical screening by BME women. This study found:

- More than 30% of BME women said having more choice of where to have the test would encourage them to attend, compared to 22% of white women
- Only 28% of BME women said they would be comfortable talking to a male GP about cervical screening, compared to 45% of white women
- 30% of BME women stated that more knowledge about the test and why it is important would encourage them to attend the test, compared with only 15% of white women

The National Screening programme supported a Pilot Patient Navigation programme to improve the uptake of breast screening in women from the African Caribbean community. The Navigation Pilot identified women who had been invited for breast cancer screening but who had not attended their appointment. The pilot engaged with these women and successfully made appointments for 250 of the 637 women (Betterdays and Black Cancer Care, 2011).

Impact in BME Communities

A 2010 NCIN report identified women from Black and Minority Ethnic groups as more likely to present with more advanced breast cancers and have poorer survival than White women.

Similarly the All Breast Cancer Report 2009 showed that patients known to be black were diagnosed with breast cancers with a worse prognosis than those in other ethnic groups: their breast tumours were significantly larger, of higher grade, more likely to have spread to the lymph nodes and had a worse Nottingham Prognostic Index (NPI) score.

In 2010 the NCIN carried out a systematic review of literature that found that non-white ethnic origin is associated with longer delays in presentation for urological and breast cancers, but with shorter delays for stomach cancer.
HIV AND INEQUALITIES

Jacqui Stevenson of African Health Policy Network (AHPN) writes about HIV and black Africans

Last year marked 30 years since the start of the global HIV pandemic, and the number of people living with HIV in the UK reached almost 100,000. Thanks to advances in treatment, HIV is now a long-term manageable condition, not the ‘death sentence’ of the 1980s tombstone adverts.

Some things have not yet changed enough though. HIV continues to affect some groups disproportionately – in the UK black African people and gay men are most affected. Stigma and discrimination also persist, as well as ignorance and misinformation about HIV, which create barriers to access to the information, services and treatment that people living with HIV need.

While making up less than 1.5% of the population, Africans account for 35% of new HIV diagnoses each year. The most recent Health Protection Agency figures suggest that the HIV prevalence for black Africans in the UK is 37 per 1000 population, compared to the overall population figure of 1.5 per 1000.

Africans are also over-represented on key indicators including undiagnosed and late diagnosed HIV. According to 2011 estimates, prevalence of undiagnosed HIV (where the person has HIV but does not know it) was 13 per 1000 for African-born heterosexuals, compared to 1.4 per 1000 for UK-born heterosexuals. Also, people from African communities are more likely to test late for HIV and, consequently, be diagnosed late – when antiretroviral treatment is less likely to be effective. The 2011 figures show that late diagnosis was highest among Black African men (65%) and women (61%) followed by Black Caribbean women (46%) and men (42%).

To reduce undiagnosed and late diagnosed HIV, more people need to test for HIV and do so regularly. There are many reasons why African people may not do this. Firstly, lack of access to or knowledge of health services. Recently progress has been made in making tests more readily available in non-traditional settings including GP surgeries. But more needs to be done, especially in making testing available in community settings, and at convenient times such as evenings and weekends. Tests can now be carried out in one minute and results given immediately, but information about improved treatment and prognosis is not widely publicised enough.

Wider issues also impact knowledge about HIV and prevention, and willingness to test or access services. These include deprivation, religion or faith, cultural beliefs, immigration and employment status, and other socioeconomic factors. This influences behaviour and risk-taking, which affects exposure to HIV transmission.

Around twice as many African women as men are diagnosed with HIV every year in the UK. African women are more likely than men to access services, but they are also more likely to experience gender-based and intimate partner violence following disclosure, while African men living with HIV report feelings of isolation and emasculation. HIV also has a disproportionate impact on African men who have sex with men, who may have difficulties in accessing appropriate services.

Poverty is also a significant factor. In a 2003 Sigma Research project African people with HIV were ten times more likely to report problems with income, seven times more likely to report problems with their living conditions, three times more likely to report problems with discrimination and twice as likely to report problems with mobility and personal relationships.

African-led community organisations are promoting HIV prevention and testing, and have a vital contribution to make, as do Africans living with HIV. Efena, a national network of Africans living with and affected by HIV, coordinated by AHPN, brings together almost 250 activists who campaign for better services and support. AHPN is concerned that as the cuts begin to bite, these organisations are struggling to survive. Reducing the disproportionate impact of HIV on the UK’s African communities will only be achieved through policy-makers and services engaging with and listening to African people affected by HIV, and the organisations that work with them.

References

Betterdays Cancer Care and Black Cancer Care (2011): Patient Navigator Pilot Report.
National Cancer Patient Survey (2000)

www.runnymedetrust.org
Almost two million people suffer from sight loss in the UK and it is predicted that by 2050 that number will double to nearly four million. Up to 50 per cent of sight loss is preventable but this can only happen if eye health in the UK is prioritised.

Although sight loss can affect anybody, several groups are more vulnerable to sight loss, including residents of underprivileged areas which are less likely to have good primary eye care services. The increased risk of diabetes in South Asian communities increases the risk of diabetic eye conditions, including diabetic retinopathy while African and Caribbean groups have increased risk of glaucoma.

**Gluoma in African and African-Caribbean communities**

Glucoma is one of the most common forms of avoidable sight loss in the UK. Early diagnosis leads to early treatment and it is usually something as straightforward as ongoing use of eye drops. The most important risk factors for glaucoma are age, ethnicity and family history.

Research indicates that people of African origin are eight times more likely to develop chronic glucoma, even more if there is glaucoma in their family history. They are also more likely to develop glucoma at an earlier age, more severely and with a higher likelihood of blindness.

**Diabetes and diabetic retinopahy in South Asian communities**

The risk of diabetes in South Asian communities is about four to five times greater than that in European communities. Around 20-25 per cent of South Asian over 50s in the UK have type 2 diabetes, and tend to develop it 10 years earlier than similar European adults. The causes of this increased risk are still being investigated and are thought to be due to environmental factors like diet and exercise, as well as genetic make-up.

Resistance to insulin, which regulates sugar absorption from the food we eat, is another major factor in developing diabetes. People from South Asian communities are more likely to store fat centrally, known as central obesity, and this can then put the pancreas, the organ in the body that produces insulin, under stress.

Diabetic Retinopathy affects the tiny blood vessels of the eye and if they become blocked or leak then the retina and vision can be affected. 40 per cent of people with type 1 diabetes and 20 per cent with type 2 diabetes will develop some sort of diabetic retinopathy.

As part of its Save our Sight (SOS) campaign, RNIB has developed five community Engagement Projects (CEPs) - in Belfast, Cwm Taf, Glasgow, Bradford and Hackney. Each CEP is piloting a range of interventions with high-risk communities to understand how effective they are at increasing service uptake and treatment compliance. The focus is on African and Caribbean communities in Hackney, Pakistani communities in Bradford and Glasgow and low income white communities in Cwm Taf and West Belfast.

In addition to analysing routine data about provision of eye care services, and uptake and outcomes, RNIB also commissioned qualitative research to identify the barriers and motivations that influence people’s use of eye care services. Across all five sites three common barriers to accessing primary eye care services were identified: limited understanding of eye health; symptom-led demand for eye examinations and the perceived cost of optometry. A positive previous experience attending an optician is likely to encourage future attendance but many patients reported finding the eye care experience to be disjointed and confusing.

David Allen, Head of Sight Loss Prevention at RNIB, said: By working with optical and eye health colleagues at a local level to improve the patient’s experience and understanding you can make sure that more customers and service users successfully engage with eye health.

MAINTAINING EYE HEALTH

There are certain things people can do to make sure that their eyes are healthy and reduce the risk of developing eye conditions:

- Regular eye tests.
- Not smoking. Smoking greatly increases the risk of certain eye conditions like Age-related Macular Degeneration (AMD) and Cataracts.
- Eating healthily to maintain eye health and help prevent diabetes, including plenty of green leafy vegetables.
- Keeping trim. Obesity is linked to diabetes and AMD, so staying trim helps to avoid sight problems.
- Using sunglasses, especially those with a UV filter.
- Wearing safety goggles for DIY and sports like squash or basketball can help prevent eye injuries.

How RNIB can support patients and professionals

RNIB is the leading charity offering information, support and advice to almost two million people with sight loss.

As well as tips on preventing sight loss, the charity has practical ways to help those affected live with sight loss. Patients and families can get information to help them travel, technology, shopping and managing their money and finances independently.

For more information on the Community Engagement Projects or the Save Our Sight Campaign email healthprofessionals@rnib.org.uk.
KEY FACTS ABOUT...

DISABILITY AND RACE
FACTS COMPiled BY KIERAN McMAHON

1 The poverty rate for disabled people is around double that for non-disabled adults, higher than a decade ago.

The Poverty Site

2 Forty-four per cent of BME disabled people live in household poverty, compared with 32 per cent of all disabled people and 17 per cent of the population as a whole.

Overlooked Communities, Overdue Change, published by Scope.

3 Men of African Caribbean descent are nearly three times more likely to be diagnosed with prostate cancer than white Britons.

www.cancerinfo.nhs.uk

4 If new builds continue at the current rate it will take approximately 133 years to make up the current shortfall of barrier free and wheelchair accessible properties within Glasgow.

Shelter Scotland

5 Seventy-eight per cent of people said their health got worse as a result of the stress caused by their Work Capability Assessment (WCA) for Employment and Support Allowance (ESA).

http://thehardesthit.wordpress.com/our-message/the-tipping-point/

6 Disability hate crimes have risen every year since 2009.

AACPO, CPA

7 One in two ethnic minority households with a disabled person earn less - often substantially less - than the average income in Britain.

Scope

8 There are 650 million disabled people worldwide, almost 10 per cent of the global population.

Papworth Trust

9 There are 770,000 disabled children under the age of 16 in the UK, which equates to five per cent of all under-16s.

Papworth Trust

10 Nine out of ten people with a learning disability have experienced and reported harassment.

Papworth Trust

“ Forty-four per cent of BME disabled people live in household poverty, compared with 32 per cent of all disabled people and 17 per cent of the population as a whole. ”
AVERTING THE GRAPH OF DOOM

Rob Trotter from SCOPE assesses the problems facing BME communities as the new social care policy is introduced.

Last year Barnet Council published the now infamous Barnet ‘graph of doom’. In stark terms it set out the context to one of the biggest political challenges of the next decade: providing care and support to a growing and ageing population. Around the same time the recommendations of the Dilnot commission on funding of social care caused major ripples as the true financial cost of care dawned on the wider public. Coupled with stories like the Winterbourne View abuse scandal and the ATOS controversy, social care is firmly back on the political agenda.

Yet, as ever, the fine detail of the implementation looks far messier than such clear signals suggest. In particular, the principles of personalisation and individual well-being are delivered in a far narrower way than intended, with a predictable focus on economic factors like personal budgets and direct payments rather than the overall care package.

A personal budget, which the government aims to implement for all social care users by 2015, is the specific allocation of funds to an individual after an assessment of their needs. The individual then has the option to receive this as a direct payment, the government’s preferred method, or to leave responsibility with the council to provide actual services, although users would retain an element of choice over how and by whom it is provided. Direct payments are cash sums given to individuals in lieu of these services and are intended as a way of devolving power to the individual ‘care consumer.’

For BME disabled people in particular, this emphasis on direct payments represents a dramatic and potentially disrupting shift. For direct payments to work for users there must be high availability of information, advice and support, exactly the things that recent Scope and ENC research found was lacking. The practicalities of managing payments also assumes a level of financial expertise that many BME families simply don’t yet possess.

The practicalities of managing payments assumes a level of financial expertise that many BME families simply don’t yet possess.

For disabled people from ethnic minorities the challenges are inevitably compounded and their concerns have been markedly less visible in policy debates. All too often the recommended means of facilitating inclusion are based on pre-conceptions or poor understandings of ethnicity in Britain. Added to that is the fact that small, community-led organisations – consistently shown to be the most effective at supporting ethnic minority disabled people – are struggling in the wake of heavy cuts. The BME population of Britain is growing at five times the rate of the white majority (source: ONS) and has a higher risk of disability and the subsequent social isolation it can bring.

The government has begun to set out answers to some of these challenges. The recently published Care and Support White Paper provides a radical vision of the future they envision for social care in Britain. It sets out structural reforms for care provision and delivery, places heavy emphasis on ideas like early intervention and self-managed care regimes, as well as better overall integration at a national level. Importantly, the White Paper also provides a concise definition of what the care system is supposed to do: promote individual well-being.

This signals a closer alignment with the ideas of care personalisation, and can be seen as a considerable success for the Independent Living Movement.

The ‘Graph of Doom’

- Adults’ Social Care
- Children’s Services
- Council’s Predicted Budget

£ Million


0 75 150 225 300
Direct payments are also an indicator of coalition priorities with regard to social care, namely the increased role of markets in the delivery of social care. By channelling spending power through ‘care consumers’ rather than the local authority, direct payments are intended to precipitate diverse and small-scale local care economies. There is little evidence so far to show that the emergence of these ‘care markets’ has benefited ethnic minority disabled people. Small, user-led organisations which can build sustainable relationships with disabled people have been consistently shown to be more effective in BME communities, but they often face considerable barriers to market entry. Preferred provider lists held by local authorities limit their ability to promote themselves and a lack of funded training or support makes it a considerable challenge for new organisations to become businesses or social enterprises and to effectively enter the market. Monitoring of care markets currently exists at a national level but not at local level and this inhibits oversight of local competition, allowing the market to be dominated by large providers with less need to tailor care to individual needs or minority social groups.

The Department of Health launch of Developing Care Markets for Quality and Choice Initiative may change this situation. It aims to help local authorities construct a diverse and fully adequate market for social care services although there is no detail on how the needs of specific ethnic minorities will be reflected.

Improving social care, rather than reducing it, may be a viable election issue for the first time in a generation, but significant challenges remain. For BME disabled people managing the payments has proved difficult and low uptake has meant that the anticipated market-shaping effect hasn’t come to pass and has left major gaps in the provision of appropriately tailored care.

There are, however, new solutions emerging. Things like co-design and co-commissioning of services, which give disabled communities meaningful influence over the service provision, opening up local care markets, might allow small community-led providers to emerge. Removing preferred provider lists, providing training and support to new businesses and improving oversight of competition would make it easier for ethnic minorities. Innovation is also key to successful and efficient service delivery; brokerage services, like Activities Unlimited in Suffolk, provide service users with better information, advice and support, while also bringing them together to use collective purchasing power to add leverage for smaller players in local markets.

The Barnet graph shows that the government must get social care right because it will become more important with every year that passes. Utilising such models and combining them with a sustained programme of outreach into BME communities could yield the positive results the government is after for the market, and action at the individual, community and systemic levels will be vital if BME ‘care consumers’ are to benefit fully from the changes.

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Susan Porritt of Stop Hate UK examines the reporting of disability hate crimes and how all hate crimes can affect the whole community.

Stop Hate UK is a national charity dedicated to supporting victims of hate crime. The organisation runs a 24 hour helpline and provides independent advice and support to victims and witnesses. Where a victim in a commissioned area gives consent, Stop Hate UK can share details of the crime or incident with police and other local agencies. Definitions of hate crime include crimes motivated by religion, gender identity and sexual orientation. The charity has expertise in supporting victims of and witnesses to all forms of hate crime, but report that race, ethnicity and nationality and disability hate crime are the type most often reported.

In 2011-2012, Stop Hate UK received 474 reports of incidents where disability was considered a motivating factor and 448 where the race, ethnicity or nationality of the victim was a motivating factor. In 35 reports race and disability were considered to be joint motivating factors in the incident.

In disability-related hate crime threatening behaviour and verbal abuse were the most common incident types, however nearly 15% of all incidents reported included a physical attack on the victim. This ranged from pushing and shoving to assaults by complete strangers which required the victim to attend hospital. Where the victim gave details about their actual or perceived disability, mental health issues and learning difficulty/disability were the most common.

In race, ethnicity and nationality hate crimes, threatening behaviour and verbal abuse were again the most common type of incidents reported. Although physical attacks accounted for an alarming number of incidents, reports of criminal damage and offensive language were even more prevalent. Victims came from a wide range of ethnic and cultural backgrounds but Asian and Asian British victims were the most likely to report incidents to Stop Hate UK’s helpline.

Reporting and recording of disability hate crime has increased rapidly in recent years. Since 2009-2010 Stop Hate UK has seen the reporting of disability hate crime increase 250%, while the reporting of race, ethnicity and nationality hate crimes has remained fairly static.

Anecdotal evidence and reports carried out by other organisations suggests that disability and race, ethnicity and nationality hate crime is still largely underreported. Research has shown that victims of hate crime suffer a more negative impact on their wellbeing than victims of similar crimes not motivated by hate. It has also been shown that by increasing the fear of crime and making some places ‘unsafe’ for certain groups of people, this type of crime can have an effect upon whole communities.

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www.runnymedetrust.org
Based in Tower Hamlets, one of the most diverse parts of the UK, Half Moon Theatre put on numerous productions, run workshops and creative learning programmes and operate on the principle of including excluded social groups like the deaf and disabled, the economically disadvantaged and those from Black and ethnic minority backgrounds. In 2012 they completed the latest phase of an accessibility-focused renovation of the East London theatre. Kieran McMahon interviewed the Director of the Theatre, Chris Eweell (pictured right) for the Bulletin.

And what kinds of things do you do, is it just workshops for example?

The area most interesting to you would be the creative learning programme, which is where young people up to the age of 18 if they are able bodied, or up to 24 if they have a disability of any kind, do intensive weekends or holiday activities here at the theatre. We also do a lot of outreach in dedicated centres, and across London, not just in Tower Hamlets. In the workshops, this week for example, we were working with young people with multiple disabilities, doing drama and providing tools for the development of their social skills, soft skills, socialisation and so on. But also introducing them to the technology of theatre production – we might use puppetry or we might use radio drama – the idea is that through the experience they work collaboratively and then come up a short performance or an exhibition, or a video.

How do you feel that you fit into Tower Hamlets in general, is it always local children?

I would say the majority live in Tower Hamlets, but we have people that come from across Hackney, Newham and so on. We’re primarily a local resource because we are in quite an iconic building, and we’ve been here for a good number of years.

There’s also a history of theatre there which is maybe a bit less well known than that of the West End?

The East End was traditionally where grassroots theatre would have been created and the roots of the Half Moon come from the 1960s when community artists came here and found a space to put on plays, it was an old synagogue at the time. What we are doing now is not dissimilar because the young people here are very creative, especially when they’re provided with spaces and facilities. We’re not just about putting on a play on a stage, it isn’t just about that, it’s about young artists who are maybe hip-hoppers, rappers or visual artists, doing things in the arches, streets, their bedrooms, wherever. It’s allowing them to come and mix that together, so the work we do involves a street feel and a fast-moving, multidisciplinary, visually-orientated world.

I guess the advantage of being in Tower Hamlets is that the diversity gives you such a huge amount of heritage to draw on, and such a range of experiences?

Absolutely, and the young people who come to us, it’s a complete cross section of ethnic and ability background. They bring with them a heritage of understanding and art forms, and so we are providing a place for a fusion of creativity, some of the most interesting work going on around us is looking at the way in which young people are changing their experiences and allowing them to express it in a structured way. When we re-opened, we did an occupation performance, they invited people into our spaces and then they appeared and popped up around the space and created a performance interspersed with a digital representation of voices. I’ve said to them over the years that they should take ownership of how they want the building to open and that was the choice they made, it was really striking, and for the people who came, Rushnara Ali our MP came and she was completely thrilled by the way in which young people worked, I think she thought she was just going to sit and watch a play but it was very much being part of an experience.
And you also operate writing programmes?

Yeah for the young people at the top end of the age group, the older ones, we do work with them as individual artists themselves, and they write and put on their own plays. We’re a National Portfolio Organisation of the Arts Council, although we are very small, we still sit at the same table as the National Theatre and the Young Vic. It means we get regular funding from the Arts Council which means that the Arts Council see us as a gateway organisation, and we can influence and inform and provide for young artists to start changing the culture of the mainstream. It’s very daunting for a young socially disadvantaged person, and it isn’t necessarily about getting an Asian director to do an Asian Midsummer Night’s Dream, it’s about allowing the Asian writer or Black writer to write about what they want, and have a voice that can influence and permeate into the mainstream theatre world.

And you seem to be about getting different ethnic and different social groups together to work together which is often a very hard thing to achieve?

I try to find the common ground, we don’t just do things for the Bengali community or the Somali community. The idea is that the work that we produce with people is a fusion and it’s about where they are as people and as citizens of London and part of inner London, it’s about translating diversity in a contemporary way rather than ghettoising it. I think we’re very successful at drawing such a diverse group of people, particularly in terms of the way in which young people are educated, which is often in quite gender or ethnically focused schools now. Which actually means there tends to be a fusion not taking place except in places like Half Moon.

What kinds of work you do with physically and mentally disabled people?

The work we do is inclusive so any young person or any artist, be they young and deaf or disabled, can be part of the activity that we present. So that will mean that in order for a young person with disabilities or communication needs to operate in the youth theatre we would provide access and care support that they require, anyone from any group can do anything. If you are very profoundly disabled it’s better for you to be in a smaller group of people where you all have carers and the work is very tailored to your needs, so to be inclusive we have be exclusive. Part of what we do is about role models, so we target and work with deaf and disabled artists that come to us and may develop new work and those disabled young people can see that there are disabled adults who are being creative and successful people. People like Sophie Partridge and another artist called Mandy Colleran, those women are wonderful writers and performers. The idea is that, as we would say to any artist, don’t come here and do a play about being disabled, we just want you to come and work. We worked recently with a deaf dancer and she was able to produce a moving and thrilling piece of work. And the disabled kids and able-bodied kids were both amazed.

How does the work Half Moon does fit into British theatre as whole?

It’s partly about entitlement, for a person who lives in a poor community to pay £5 and come to the theatre is a lot of money, they’ll never go to the National Theatre and pay £40 to see a play. They have an entitlement to the arts in a way in their community, in their own price range and understanding. People talk about new audiences but no one is a new audience, it’s about entitlement, about accessing and creating a sense of entitlement to the work that’s being produced by the public.

What does the future hold for Half Moon?

Phase three of the renovation of the building. The original building is from 1864. We’re hoping to raise enough to renovate the front, and regenerate the area. People think of Tower Hamlets as Brick Lane and the creative industries and all that, but in the community spaces and the housing areas there’s not so much regeneration going on. Challenging times are ahead, hanging on to our core values and keeping it relevant for young people.

And finally, what’s on the winter programme?

Well, we’ve got a piece by the Bengali writer Tanika Gupta, who has returned to the area. It’s a piece for three to seven years olds called Moon and Genie. That’s a good example of a known artist with a connection to the area, who had an opportunity to come back and write something for the audience around her. It includes a street dancer and a bollywood genie and things like that. And then all our youth theatres are doing their final performances, we’ve got a piece called How High, a non-language piece looking at how communication is important, which has street elements and so on and next week we have a play called Curious, a tactile play exploring mud. So it’s all sorts of different things.
MENTAL HEALTH ISSUES

Kate Stringer on how Black and Caribbean communities can redress the imbalance on mental illness, and the campaigns that are helping.

A quarter of us experience mental health problems each year. More recently, increasing numbers of people in the public eye, from sportspeople to politicians, have spoken openly about their own mental health struggles. Almost nine tenths of sufferers report facing stigmatisation and discrimination – and around two thirds of those say the stigma can be as bad as or worse than the problem itself. Time to Change is England’s biggest ever mental health programme, intended to change public attitudes and behaviour towards people with mental health problems.

Whilst almost all people with mental health problems are affected by stigmatisation and discrimination, it can be experienced differently across various ethnic groups. The cultural context of say, depression or schizophrenia, will affect the way that communities and families talk about and engage with it.

Accordingly, Time to Change has focused on targeting work with specific ethnic groups. For example, in 2011 a campaign run in partnership with the South Asian community in Harrow helped to build valuable knowledge about specific approaches to discrimination within specific communities.

Research revealed particularly strong issues of shame, fear and secrecy surrounding mental health problems in the South Asian community and concerns about the role of the family and potential marriage prospects being affected. Using this, the campaign developed messages designed to dispel myths and misunderstandings around mental health.

The campaign included cultural events, advertorials in Asian titles, and Gujarati, Urdu, Hindi and Tamil materials distributed to GP surgeries, pharmacies and community centres, reaching over 4,000 people. 67% of those had improved opinions of people with mental health problems as a result. Time to Change also drew some key learning from the project, including the importance of conducting research into attitudes within specific communities, and the effectiveness of embracing community networks, events and leaders in campaigns to change attitudes and behaviour.

One result of the Department of Health and Comic Relief-funded project is the push for robust monitoring of discrimination reporting and investigation among Black and Minority Ethnic groups, and a better awareness of attitudes. Currently the project is focused on the African Caribbean community because of evidence from research projects like Count Me In, which shows that these groups are overrepresented at the secure end of the mental health system; they are much more likely to end up in or be referred to psychiatric institutions, and are underrepresented in primary care.

There is also evidence that Black, African and Caribbean communities experience higher levels of discrimination in mental health care, are more likely to distrust staff and more likely to disagree with their diagnosis.

A national marketing campaign has run adverts on community radio stations, which are run by and for the black community, and will continue the adverts in our upcoming January campaign.

In an attempt to monitor the impact that this kind of marketing has, specifically on African and Caribbean audiences, and to ensure future campaigns are responsive to their needs, this group was oversampled in the feedback evaluation.

The results showed that after the most recent campaign those from African and Caribbean and other Black and Minority Ethnic communities had just as much awareness of the campaign as other respondents.

Community events are another powerful way of getting people talking about mental health, which is the chief goal of the campaign. Time to Change currently has events planned for 2013 – one such event took place at the Leicester Caribbean Carnival in August, and a ‘Stereohype’ event for African and Caribbean audiences in East London is being planned for January.

One of the most positive developments, and biggest signs of real progress, was in the first round of funding grants which were given in 2012. Almost half of the fund was awarded to projects led by and working with Black and Minority Ethnic groups, including a flagship grant for the Afiya Trust and projects run by BRAP, the Naz project, and Tower Hamlets’ Mind, which works in partnership with the East London Mosque and the University of East London.

Representation from Black and Minority Ethnic communities on all advisory and decision making boards, which Time to Change and others in the area recognise as increasingly important, is also on the rise. Evaluation tools have been developed to measure impact on Black and Minority Ethnic groups and a new annual survey has been commissioned to measure levels of discrimination experienced by BME people using mental health services.

Leadership from all communities is needed to fulfill a vision of a society where no one experiences discrimination on the grounds of their mental health. Partnerships and cross-community relationships will be essential to achieve the eventual eradication of a stigma which damages all sectors of British society and push back the disproportionate harm it does to Black and ethnic minority communities.

To find out more visit:

www.time-to-change.org.uk/
Brandy Jensen looks at one of the most diverse countries in the world, and how their liberal immigration policies work out for minority ethnic groups and the disabled.

The immigration policies which make Canada one of the most ethnically diverse countries in the world, while generally considered liberal, can sometimes limit participation or even exclude BME and disabled people completely from the broader social agenda.

One seventh of the Canadian population are immigrants and approximately a quarter of newcomers are from minorities. Although in 1967 Canada adopted a universal point system which assesses prospective immigrants irrespective of country of origin or racial background, the policies are still a real source of ethnic inequalities. Government programs and multinational companies specifically recruit people from the global South for low-skill, low-wage work. Such initiatives have de-skilling built into them: decreasing the possibility of participants taking on roles that would utilize existing skills. For instance, medical practitioners are recruited from places such as India, but are then placed on a waiting list of seven or more years to take the qualifying exams that would allow them to practice in Canada.

For many industries, educational qualifications are not seen as legitimate, and six in ten immigrants permanently change careers after relocating. Within this group, Black and ethnic minorities experience higher ‘de-skilling’ rates than their white counterparts and also receive less compensation for identical work, compared to Canadian citizens and white immigrants. Therefore most BME immigrants belong to a population cohort with fragile earning and have extra immigration-related expenses.

Canada’s Participation and Activity Limitation Survey (PALS) shows that disabled people represent 16.5% of the adult population in Canada – nearly 4.2 million people. Financial struggle underscores their lives: 14.4% experience poverty – more than double the rate of able-bodied people. Unemployment is highest for this group at a rate of nearly 30%. When immigrants become disabled, as with the general population, employment can cease, income can drop, and resources can dwindle. BME groups are often less equipped to cope financially and less familiar with the workings of the system.

Operating under the same principal as race-neutral immigration laws, Canadian immigration policy officially does not discriminate against disabled people, as per a 1991 amendment. The amended policy does exclude those who would make an ‘excessive demand’ on health and social services, usually defined as over $15,000 of publicly funded health care costs over the following 5 years. The amendment has been criticised as heavy-handed and perpetuates the notion that disabled people are less-deserving and a burden on society.

Filipino-Canadians are the third-largest Asian-Canadian group in the nation after the Indian and Chinese communities. In public schools, citizenship status is coupled with race to track progression and students who counter this tracking system are often disadvantaged or stigmatised. Although students in the Philippines begin English courses in 1st grade, school-age Filipinos are overwhelmingly placed into English as a second language (ESL) courses upon arrival in Canada. Some of those incoming migrants score higher on English language exams than their Canadian-born peers and express frustration at being routed into what they call ‘easy courses’ or ‘dead-end tracks’. The ESL trajectory fails to provide university preparation and can lead to lower-skilled employment upon graduation. Frustrated at being ghettoized in this way, students can misbehave and find themselves labelled troublemakers. Some of these students can be designated ‘learning disabled’ at the same time if grades do not meet the school expectations.

Statistics demonstrate that BME students have a higher incidence of ‘learning needs’ than white students. While ‘learning need’ does not necessarily equate with any form of disability, as it is socially determined, it does carry significant consequences. Frequently, opportunities narrow, decision-making power is eroded and courses may be arbitrarily determined by ‘experts’ rather than students. Such a readily available disability label can further pathologise BME groups.

Despite these disadvantages, resistance and advocacy are growing. A key aspect is refraining from viewing race, disability, and citizenship in isolation from one another – not only because many Canadians occupy more than one of these categories, but also, and more damagingly, because processes of exclusion often overlap and reinforce one another. Officials need to change existing systems so that they allow for and acknowledge the individual needs of all minority citizens and the potential value they can bring. This will benefit not only those individuals but Canada itself.

Photo: Flickr©AlbertaVan2010
Tackling learning disabilities inequalities

New guidance aims to tackle the inequalities experienced by people with learning disabilities from Black and Minority Ethnic (BME) communities.

- Many BME communities are still unaware of what learning disability support is available to them.
- Commissioners and practitioners need to be fully aware of the different concerns of particular BME groups.

The Foundation for People with Learning Disabilities has launched a new report, commissioned by the Department of Health, to tackle the inequalities in health and social care, which continue to be experienced by people with learning disabilities and their families from BME communities.

The report, Reaching Out to People with Learning Disabilities and Families from BME Communities, is complemented by two guides which provide practical guidance and tools that local authorities, practitioners and service providers can use in supporting families.

The report found that local community organisations have a significant role to play in supporting people with learning disabilities and their families from BME communities.

Local statutory agencies should examine their own policies and practices openly and honestly in order to eradicate any element of institutional racism that means people with learning disabilities from BME communities are worse off than others.

The following recommendations emerged from the project’s findings:

- A person-centred approach that goes beyond health and social care is needed to embrace families as a whole.
- Families are not “hard to reach”: they simply have to be identified and contacted.
- More attention should be given to the issues highlighted by families from BME communities.
- The two complementary guides produced alongside the report include:
  - Reaching Out – Guidance for Practitioners from Social Care and Health Services in Developing Culturally Competent Practice
  - Reaching out – Guidance for Families of People with Learning Disabilities and Practitioners in Developing Culturally Competent Planning

There is also an Easy Read Summary. For a free download of all reports go to: www.learningdisabilities.org.uk

For further information please contact Christine Burke, Foundation for People with Learning Disabilities, at cburke@fpld.org.uk

The government’s role in response to sex trafficking

Sharron A. FitzGerald’s book has a legal emphasis with several of the chapters focusing exclusively on the legal implications of trafficking and immigration in various countries.

Tsachi Keren-Paz’s essay asks specific questions about what role governments have in sex trafficking and how they may be obliged to compensate victims. These include individual payments to victims and the use of funds garnered in fines from sex trafficking to provide services that help the victims. This refocuses the role of government from prosecution and criminalization to provision and support but also forces them to examine and respond to the causes of sex trafficking.

Anna Carline criticises how increased criminalization is promoted over all other forms of state response. She argues that actions reflecting the ethical responsibility we have for others may be more effective in reducing the harm done to women.

The essays are grouped into three parts looking at vulnerability in relation to citizenship, race and sex trafficking. The idea of vulnerable women is important because it reinforces the state’s need to act as the protector over women who are framed clearly as victims. This allows the focus to remain on the crime of trafficking rather than dealing with the faults of society that allow it to happen.

Recenty there has been increasing talk of ‘double discrimination’ where both ethnicity and disability form a double barrier to those seeking care. People with learning disabilities from BME backgrounds can be subject to services that are not always culturally sensitive.

This is often fuelled by unsound assumptions about what certain ethnic groups value, and is further compounded by a lack of knowledge as to where the families are. It is against this background that the Reaching Out project, commissioned by the Department of Health, was initiated.

Regulating the International Movement of Women: From Protection to Control

Edited by Sharron A. Fitzgerald
Taylor & Francis

Review by Jess Bunyan
Festival of Ideas: Lydia Cacho on Sex Trafficking

Lydia Cacho is honest, engaging and funny as she talks to an audience in Bristol about her new book, *Slavery Inc: The Untold Story of International Sex Trafficking*. Cacho's first book, *The Demons of Eden*, exposed a paedophile ring in Mexico City, run by high-powered businessmen. After a year of being tortured in prison, Cacho was freed and moved on to writing *Slavery Inc*. She said she wanted to answer the question of ‘Who is letting this happen?’ and began by trying to map out the mafias across the world. She realised that if she could track women being taken from Venezuela to Mexico, to the US and on, that those organisations must be working together.

Over the next five years this led her to 141 different countries on the trail of traffickers and the women who were being made to work in the sex trade. She uncovered widespread use of underage girls and a large demand for them. She describes the clients themselves as a missing link in the conversation about sex trafficking because clearly they are everywhere, hiding in plain sight. She speaks to a few clients under the guise of being a prostitute herself – something she says as a feminist and a woman she found extremely difficult – and the reason they give for using underage foreign women for sex are most frequently: obedience, submissiveness and “horniness”.

One of the biggest issues explored in the book, and the focus of several questions from the audience, is the idea of voluntary prostitution. Cacho's answer was simply that if a child is raised in an environment where they are surrounded by sexual abuse to the point that they normalise it, then that is not an environment in which sound choices are made. A brothel madam in the book talks about repeated exposure to pornography being something she uses to normalise sexual abuse to the girls so that they believe it is their choice to become a prostitute. The gangs and traffickers themselves mendaciously repeat the dialogue of liberal feminism; ‘that it’s empowering and up to the girls as justification for their actions.’

The Inc of the title is explored just as thoroughly as Cacho focuses on the economic as well as the emotive side of trafficking. The illegal sex industry, difficult as it is to properly monitor, is worth between $9 billion and $31.6 billion annually. A recent development Cacho discusses is how women are controlled now compared to 15 years ago. Traditionally they would be plied with drugs until they would have to continue working just to fuel their addiction. Now it is more likely that traffickers seduce girls with expensive gifts and plastic surgery, and then tell them they are in debt and must pay it back. This means the girl is effectively working for free and can be locked into a debt trap for years. It underlines the brutal capitalist economics which underpin sex trafficking; methods have changed but only to drive down costs, and traffickers operate not as mobsters and criminals, but increasingly as businessmen.

Lydia spoke animatedly about the complicity of governments, who have protected, failed to prioritise or simply turned a blind eye to trafficking and sex slavery. One enlightening section of *Slavery Inc* details the long-history of military hierarchies supporting and enabling soldiers to procure prostitutes whilst on ‘rest and recuperation’ leave. Such complicity makes discussing how to tackle the growth of such an exploitative industry deeply frustrating. Cacho spoke about how interviewees almost always change her life in small but significant ways; every story is unique and equally deserving of one's help and attention. In response to a final question about what can be done she replied that in every country she visits she looks for those who are doing something to help, from the ex-KGB agent who now saves young girls from sex slavery, to those who help her at the shelter she has set up herself. Ultimately governments must know that many refuse to accept this problem and demand action to change it.

The event was organised by the Bristol Festival of Ideas, set up in 2005 by the Labour Council. Over the last seven years it has grown immeasurably. The aim of the festival is to put on events with speakers from all corners of the world on subjects as varied as the future of feminism or the discovery of the Higgs boson. It allows a dialogue between people in extremely different fields with the aim of reinforcing the multidimensional culture of Bristol.
The good we secure for ourselves is precarious and uncertain until it is secured for all of us and incorporated into our common life.

Jane Addams - 1931 Nobel Peace Laureate

If inequality is a burden to most of society, its removal is a challenge to us all. The challenge presented to education in this regard is especially pressing, as it is surely at school where life prospects are most likely to be fundamentally altered. The current difficulties of the economic and social climate and the reversal of gains made against inequality in recent decades has meant more than ever that a doubled-down, more concerted effort is necessary to secure more equal life chances for all. In the language of legislation this challenge has been translated into ‘eliminating discrimination, advancing equality of opportunity and fostering good relations’ or as Robin Richardson in this new book ‘treating everyone the same…treating everyone differently…and helping people get on with each other’.

Richardson brings 25 years of expertise with education systems to bear in a newly published resource for teachers and school leaders. The book gives the reader a lively and relevant guide through which to understand the two centrepieces of the recent legislation; the Equality Act and the Pupil Premium.

Richardson has created an accessible book to help today’s educators counter the inequality that exists in society through the use of school projects, activities and discussions. This is an essential read for those involved with the issues in and around primary and secondary education. Richardson has attempted to make the lessons of his book transferrable to the range of educational systems across the UK.

The Equality Act and Pupil Premium provide the core framework around which readers can assess how the changes can translate practically into the educational context. Part One also looks at the impact of teachers’ perspectives and the expectations of pupils before finally exploring real-life examples of schools addressing inequality practically.

Part Two broadens the understanding of literacy from simply reading and writing to those skills usually considered ‘soft’ skills, such as resilience, creativity, confidence, reliability and perseverance. This broader definition emphasises a holistic approach to the idea of education as a social equaliser. It can provide definable focus points which empower students who are ordinarily disadvantaged by below-average proficiency in the traditional academic skills.

Another key strength of Richardson’s overview is the use of case studies from successful projects, which could easily be adapted or used wholesale. In general Richardson brings an intelligently balanced approach and builds a compelling argument for encouraging teachers to build student confidence and essential skills through activities that encourage greater variation and flexibility in approaches to learning. The book includes some smaller but useful resources for staff to use when planning activities. For example a look at ‘literacy within the context of teenage identity and masculinity’ includes a set of questions for teachers which deal with how they may be reinforcing existing gender stereotypes and unintentionally excluding those who don’t identify with assigned gender roles.

Two slight structural criticisms might be made. Firstly the boxes that contain interesting factoids and extra information: the reason for their inclusion is not always apparent and they can interrupt the flow of the main text and make it more difficult to follow. The second criticism is that the ‘Introduction and Summary’ is placed in Chapter 1 rather than as a stand-alone section and Chapter 2 is the actual start of Part One, which could cause minor confusion.

All in all Richardson has produced a thought-provoking addition to the literature on a subject which is a perennial theme of education policy. It is a welcome introduction to some interesting new themes; a prompt for teachers on how to engage pupils in new and imaginative ways and a resource to counteract what Richardson describes as the tendency of schools to accept that for some pupils ‘failure is…inevitable’. Changing Life Chances provides educators with practical and pragmatic approaches to the principles and theories that underpin equality in education. If teachers are to ensure that all pupils receive more of the benefits of education than has been the case in the past, new approaches and new ideas like these must be utilised.
**Systemic Prejudices in the US Justice System**

*Race and Justice* attempts to update the current literature on miscarriages of justice in the USA. The authors acknowledge in their introduction that there are significant challenges involved in such studies; data on wrongful convictions concerns by definition those that have already come to light and there is little way of knowing how many remain undetected. In theory, the absence of this data could fatally undermine an academic study, but the authors suggest that there is good reason to suppose that such miscarriages are more prevalent and more unevenly distributed than many would like to think. It is a disquieting read.

Discussion opens by identifying the factors that drive wrongful conviction and why individuals belonging to an ethnic minority have a higher likelihood of being subject to such convictions. A major issue is the ingrained prejudice of police, witnesses, prosecutors, defendants, judges and most depressing of all, defence attorneys. Predominantly white judiciaries tend to assume that a BME defendant is guilty, if not of the specific crime then of broader crimes or failings. Alongside these cultural and attitudinal factors are structural issues: law enforcement is often targeted at lower socio-economic and disproportionately minority ethnic areas. This creates much higher conviction rates in BME areas and increases the chance that a given suspect will have a previous conviction, further decreasing their ability to effectively fight the case.

One of the biggest causes of wrongful conviction is witness misidentification. A study found that 78.6% of Criminal Justice personnel considered witness misidentification to be the prime cause of wrongful conviction. This is most common in cases where there is a racial difference between witness and suspect. Police and prosecutor misconduct plays a key role in many wrongful convictions. This can be harassing witnesses, falsifying or tampering with evidence, improper closing statements and withholding information about witnesses – plea bargains or payments received for example. The prejudicial police culture is best summed up by the motto of the notorious Dallas County District Attorney’s Office: ‘Anyone can convict a guilty man, it takes a real prosecutor to convict an innocent one’.

False confessions – extracted through intimidation, intoxication or intentionally misleading defendants are another important factor; a study in Illinois in 1970 found that 59.5% of wrongful convictions involved wrongful confession. The authors make no distinction between voluntary and involuntary confession, suggesting that all confession is to some extent coerced and research indicates that the longer an interrogation goes on the more likely it is a confession will be reached – even within legal limits. A string of examples follow including cases of police misconduct, false confession, witness misidentification, misleading testimony from informants ‘Witnesses with motivation to lie’ – the most common, and incompetent defence representation – a problem the authors suspect is the largest cause but the most difficult to monitor. One study in Kentucky found a quarter of those on death row had been defended by attorneys who were later disbarred, suspended or incarcerated themselves.

Wrongful convictions of individuals with an IQ at 70 or below were also reported with dispiriting frequency. One individual, Earl Washington Jr. functioned at the level of a 10 year old when he was arrested. After extensive coaching the one viable confession Virginia law enforcement officers secured – for the brutal murder of Rebecca Lynn Williams 19 years old – was riddled with inconsistency. Washington was not able to accurately identify the victims race, height or injuries and had no idea of her address. He was unaware the victim had been raped or that her children were home during the attack.

The overriding impression conveyed is that the mechanics of the Criminal Justice System operates so that those who have the misfortune to be wrongfully accused – all-too often because of police discrimination or unscrupulousness – then have to face a system in which the emphasis is on conviction and incarceration. Such emphasis distorts justice and creates pressure to convict during interrogation and trials. Race and Justice seems to suggest that it is much easier for police to target and convict minority individuals and communities, safe in the knowledge that cultural, legal and institutional prejudices will abet them.
A new schools pack has been published in a joint project by the Crown Prosecution Service (CPS), the National Union of Teachers (NUT) and the Anthony Walker Foundation (AWF). The foreword to the pack says:

Our aim has been to provide a resource which will help schools to promote understanding of what racist and religious hate crimes are, develop pupils’ understanding of the effects of racist behaviour and anti-religious prejudice and bullying, and enhance commitment to preventing it.

The pack begins with a PowerPoint presentation from which the teacher accesses a series of dramatised stories from pupils, and talking heads of pupils discussing their own experiences and feelings.

An accompanying 84 page PDF provides classroom activities and worksheets for each video, with other activities picking up on the themes for teachers to use in the relevant teaching context. A key aspect of the CPS’s approach was that it be pupil-driven and this has produced compelling and often quite emotional results. It is clear that racism and discrimination has not disappeared from our schools, and the teacher who thinks it could never happen in their classroom only has to look at the videos of these young people to understand otherwise.

As one boy said, ‘I think racism has come a long way from years ago obviously, and I think it is getting better, but it still does exist and we can’t ignore it’, and another pointed out ‘it can change a person’s life, in a bad way.’

The RRHC resource can be accessed online at: www.cps.gov.uk or hard copies are available from david.leighton@cps.gsi.gov.uk
Disabled people from black and minority ethnic communities and their families are often left disengaged from the decisions of policymakers and practitioners, disconnected from support systems and services, and disempowered from finding local solutions to the problems that they face.

Disability: Looking for a change in attitude from service deliverers

In opening the recent House of Lords debate about the Scope report Over-looked Communities, Over-due Change: How Services can Better Support BME Disabled People, Lord Boateng highlighted the particular challenges faced by people with disabilities from Black and minority ethnic communities. [see scope article on pp 12-13].

Our systems of support for people with disabilities often rely on personal advocacy in order to access services. In schools, receiving the most appropriate support often takes effective navigation through a complex system of statements and assessments.

In the benefits system, needs are often assessed through a complex and confusing set of interviews and forms. In both cases failing to get the necessary support has incredibly high stakes for those concerned. In order to get the most out of these systems, citizens are required to have access to knowledge, skills and confidence that elude many in our society.

Given the structural patterns of racism that also exist in our society which impact on the educational opportunities, socio-economic status, and confidence of individuals from minority ethnic communities these systems may be a driver of greater exclusion for minority ethnic people with disabilities. Understanding the particular challenges that some individuals may face in the systems that are created to offer support requires a change in attitude from service deliverers. This change is summed up nicely in the work of the Foundation for People with Learning Difficulties [see Reviews on p 18] in terms of personalisation of services, never defining families as ‘hard to reach’ as if that is somehow an excuse for not offering them an equitable service, and listening to the experiences of families and individuals rather than seeking to deny their experiences.

Unfortunately, as highlighted in other articles in this edition of the Bulletin [Universal Credit and disability on pp 6-7], welfare reforms may make it more difficult for systems to respond in this manner.

This Bulletin also highlights a range of challenges in healthcare for people from minority ethnic communities where earlier intervention might reduce the incidence of limiting illnesses. From cancer to HIV and sight loss, there are ways in which improving access to health services and knowledge about the risks of certain behaviours for people from minority ethnic communities could improve a range of health outcomes.

It is clear that there is a role for further advocacy in health promotion for people from minority ethnic communities. The reforms to the NHS and in local government which will see new responsibility structures for public health will have to be alive to this challenge. The inequalities in access to relevant information about health will continue to be seen in health inequalities unless imaginative and insightful ways of reaching all parts of the community are supported; this is unlikely to be through a one-size fits all approach and will require partnerships with organisations who have an in depth understanding of particular communities – such as the organisations who are engaging with the ‘Time for Change’ initiative (p 16).

As Runnymede enters 2013, we are taking stock of our position and assessing how to deliver our mission over the next period which is likely to be marked by both ongoing financial austerity and continued challenges to race equality. We have recently said goodbye to some key members of our team who have moved on to new challenges, but have been integral to our success thus far. We wish Sarah Isal, Rebecca Waller, Vicki Butler, Kamaljeet Gill, and Klara Schmitz well and thank them for their considerable contribution to Runnymede and to promoting racial justice in the UK and beyond.