

“Making disability information accessible to individuals from Black & Minority Ethnic groups”

A review of current findings and thinking

June 2008

SID (Social Information on Disability)
as part of EHRC funded project

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EXECUTIVE SUMMARY

This research forms the preliminary work undertaken as part of an EHRC funded project looking at the dual disadvantage in accessing disability information often experienced by disabled people from BME (Black & Minority Ethnic) communities in Surrey.

The demographic figures used are based on the 2001 Census. Whilst we recognise that these statistics have a limited value now, especially in view of population migration and the increase of immigrants to the UK, we have used them to estimate the current South East population and that of the county of Surrey. We have also used the ONS (Office for National Statistics) "Resident Population Estimates by Ethnic Group, All Persons 2005" to assess the trends throughout Surrey, the South East and the UK (see Appendix 4).

OUTCOMES SOUGHT

Eleven specific groups (including their carers) have been researched to identify the current issues faced in accessing the appropriate information they need in order to make choices about the way they live their lives. From these eleven, five focus groups have been identified with whom we plan to complete the second phase of our work to meet the aims of the project - **to improve access to information in Surrey for the disabled BME population.**

RESEARCH FINDINGS

The groups researched are as follows:-

- Rural communities
- Travellers & gypsies - (Surrey has the 4th highest population in the UK)
- Older people
- Disabled children & their families
- Carers
- Deaf people
- People with a visual impairment
- People with a learning disability & their carers
- Children & adults with autism
- People with mental health difficulties
- Refugees & asylum seekers
- Health issues for BME communities

With all of the above, recent published research papers have been identified and examined. They highlight the many and varied historical and cultural barriers faced by both the providers of support and the intended recipients. In addition we have noted the limitations and often unsuitable use of prescribed language and communication methodologies. These factors have been and will continue to be an important guide in determining the choice of communications SID makes to the groups chosen to complete this project.

In some groups, it was found that BME people experience the problem of racism in addition to the problems faced by disabled people. In others, the extent of unmet need was far greater among minority ethnic groups compared with white families. Misunderstandings also occur because of misinterpretation of dialect, lack of knowledge relating to religion and culture and the assumption of inter - family dependency.

With all groups there was a clear need to differentiate and tailor the approach to developing information & support because their needs are so specialised. Due to the one year timeframe within which this project must be completed and the desired outcomes, the following five groups have therefore been identified as those with whom we anticipate being able to take the project forward and achieve our aims (see Appendix 2).

The five focus groups:-

Visual Impairment - Refugees & Asylum Seekers - Older people re benefit take up (Muslims in Woking & Chinese in Epsom) - Travellers & Gypsies

CONCLUSIONS

During the review of all of the above mentioned published research, we have found a wealth of information on the potential barriers to accessing both information and services but little “best practice”.

To enable SID to develop new, practical and user friendly resources, we will collate examples of existing information routes and methods used across the UK. We will also run workshops with client groups in partnership with their supporting organisations to identify key information needs, specific barriers to accessing services, preferred formats and channels. We then plan to launch a specialist information database and produce new literature designed to meet the above needs that may be accessed by both supporting organisations and disabled BME individuals.

A database will also be set up with training for ten key BME organisations together with leaflets and posters publicising the newly developed resources with links to and from the appropriate websites. SID’s strategy will include the ongoing maintenance of the database and resources.

INTRODUCTION

Background

SID (Social Information on Disability) is a Surrey based charity which aims to ensure that disabled people have access to the information they need in order to make choices about the way in which they lead their lives. A brief overview of our preliminary background research and discussions is provided in Appendix 1.

The EHRC Funded Project

We have received funding from the EHRC (Equality & Human Rights Commission) for a period of one year, for a piece of work to be carried out within Surrey. This new project will address the dual disadvantage in accessing disability information often experienced by disabled people from BME (Black & Minority Ethnic) communities.

The first part of the project is a piece of desk-based research to produce a literature review and report which will form the foundation for a further piece of practical work.

The next stage of the project will include meetings with professionals and workshops with disabled individuals to explore the development of appropriate information resources and the best ways of disseminating this information. Five specific groups have been selected based on the issues highlighted in this report and in the light of the Surrey demographics, local demands, resources and partners.

The Literature Review & Report

The report pulls together the research and views of others working in this field into one place. The reports, talks and research cited are linked to their relevant websites wherever these are available, or are fully referenced.

The report is designed as a working document for the SID project, so keeps this as its focus of learning, but may be useful to others as a point of reference.

The report includes -

- An overview of national and Surrey BME population statistics (including immigration figures, gypsy and traveller populations, faith groups & asylum seekers).

- A review of research in other parts of the UK (national and local), looking at the particular issues and barriers to accessing information for specific groups of disabled people within BME communities (eg people with visual impairment or older people who have a BME background). It also seeks to identify examples of good practice in these areas, on which to build.
- The implications of the findings in each of these areas is then considered in terms of their relevance to SID's project focus on promoting disability information provision in the context of Surrey's particular demographics, infrastructure and services.

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Demographics

United Kingdom

The demographic figures most widely quoted are still based on the 2001 Census. These statistics therefore have a limited value, particularly in the light of the significant levels of population movement into the UK from Eastern Europe over the last five years. They provide a basis from which to work initially, but the following information should be read with this in mind, and further information needs to be sought to gain a true picture.

The size of the minority ethnic population was 4.6 million in 2001 or 7.9 per cent of the total population of the United Kingdom.

Half of the total minority ethnic population were Asians of Indian, Pakistani, Bangladeshi, Sri Lankan and other Asian origin. A quarter of minority ethnic people described themselves as Black - that is Black Caribbean, Black African or Other Black. Fifteen per cent of the minority ethnic population described their ethnic group as mixed. About a third of this group were White and Black Caribbean backgrounds.

In 2001 Indians were the largest minority group, followed by Pakistanis, those of mixed ethnic background, Black Caribbean, Black Africans and Bangladeshis. The remaining minority ethnic groups each accounted for less than 0.5 per cent, but together accounted for a further 1.4 per cent of the UK population.

In Great Britain the minority population grew by 53% between 1991 and 2001, from 3.0 million in 1991 to 4.6 million in 2001, with an expectation that this figure would rise considerably, particularly in relation to the Bangladeshi and Black African populations.

South East region

The South East region has a relatively low minority ethnic population, as opposed to an area such as London, where the percentage is high and networks of neighbourhood support and specialist service provision are more readily available. Minority ethnic population as a percentage of the total population (Winter 2003) Office for National Statistics

London - 23% UK - 8.1% South East - 4.2%

Surrey

Information from the 2001 Census shows that the boroughs of Woking and Epsom & Ewell have non-white populations which account for almost 9% of the population. 3.9% of Woking's population are of Pakistani background and are the largest proportion of people from a single ethnic minority. 1% of residents in Woking, 1.4% in Elmbridge, 1.7% in Epsom & Ewell and 1.9% in Spelthorne are of Indian origin. These are the most significant sized clusters at a borough level.

More recently, a report in May 2005 'Consultation with BME Communities' for Surrey Supporting People Team, Surrey County Council, carried out by PS Consultants reported that the ethnic population in Surrey has increased by 5% since the 1991 Census and is now estimated to account for more than 5% of the population, over 50,000 people.

Surrey also has the fourth highest population of Gypsies and Travellers in the UK. It is difficult to estimate with accuracy the number of Gypsy and Traveller people in Surrey, but it is thought to be as many as 10,000. This makes them the largest ethnic minority group in the county.

Research carried out in 2006 by North Harbour Consulting Ltd on behalf of the Surrey ChangeUp Consortium found migrant workers from Spain and Portugal, Asia, Mauritius and the Philippines living or working in the Epsom & Ewell area, as well as evidence to suggest that on the Hounslow/Stanwell borders there is a group of Somalis and refugees or economic migrants from Serbia and Croatia. Evidence also points to there being young migrants from Italy in the Elmbridge area. Generally, people from minority communities are dispersed in relatively small numbers across the county, including the rural areas.

In recent years the influx of economic migrants from Central and Eastern Europe to the UK has increased. In Surrey, the location and support needs of these groups have not yet been determined and require further research. However, it is known that more than 5,000 Polish residents have moved into Surrey since 2003.

People seeking asylum are dealt with nationally by the National Asylum Seekers Service - NASS. Therefore, asylum seekers entering Surrey may not necessarily settle here and would only be known to Surrey County Council if they are in need of a community care service. At the time of writing this report there are 167 children and young people from BME communities known to social services. To provide some perspective, the Office for National Statistics reports that the UK received 24,345 asylum applications in 2007/08, of which 28 % were granted asylum or Humanitarian Protection or Discretionary Leave and 72 % were refused.

*a person waiting for a decision from the Home Office on their claim is an asylum seeker and achieves refugee status when their claim has been accepted

Equality & diversity - history & legislation

Introduction

On 1 October 2007, the Equality and Human Rights Commission [EHRC] replaced the three former equality commissions:

- Commission for Racial Equality (CRE)
- Disability Rights Commission (DRC)
- Equal Opportunities Commission (EOC)

The Equality and Human Rights Commission (EHRC) is a non-departmental public body (NDPB) established under the Equality Act 2006. It is accountable for its public funds but is independent of Government. The EHRC deals with disability discrimination as well as discrimination on the grounds of race, gender, age, religion and sexual orientation, and also advises on the Human Rights Act 1998.

Race Equality

The legislation regarding racial discrimination is clearly set out in the ***Race Relations Act 1976***. The Act makes it unlawful to treat a person less favourably than others on racial grounds. These cover grounds of race, colour, nationality (including citizenship), and national or ethnic origin. People of every background, race, colour and nationality are protected by the law. The Act provides protection from race discrimination in the fields of employment, education, training, housing, and the provision of goods, facilities and services.

The ***Race Relations (Amendment) Act 2000*** aims to eliminate institutional racism and it specifically prohibits race discrimination in all public functions (with only a few limited exceptions) and gives public authorities a new statutory duty to promote race equality. The aim is to help public authorities to provide fair and accessible services, and to improve equal opportunities in employment.

Disability Discrimination

The ***Disability Discrimination Act (DDA) 1995***, followed years of campaigning by disabled people and supporters. The Act is intended to reduce discrimination against disabled people in the areas of employment, education, property, the provision of goods, facilities and services and transport.

It has been amended to improve its scope several times, most significantly by the: ***Special Educational Needs and Disability Act 2001*** which introduced provisions to cover education, ***Disability Discrimination Act (Amendment) (Further and Higher Education) Regulations 2006***, the ***Disability Discrimination Amendment Regulations 2003*** bringing in

changes to employment and the ***Disability Discrimination Act 2005*** which covers councillors and private clubs.

The Act has come into force in stages from 2 December 1996 beginning with employment. New parts of the law relating to employment came into force in October 2004. From October 1999, service providers have had to make 'reasonable adjustments' for disabled people, such as providing extra help or making changes to the way services are provided. From October 2004 service providers have had to make 'reasonable adjustments' to the physical features of premises to overcome physical barriers to access.

Parts of the law relating to education came into force in September 2002, with other parts coming into force in 2003 and 2005. Further new provisions came into force in September 2006.

Public authorities have been covered by anti-discrimination provisions in relation to all their functions; and certain transport vehicles have been covered by the goods and services provisions. A new duty to promote disability equality was introduced in 2006 - this gives rights to disabled people collectively rather than as individuals.

Equal Opportunities

The ***Sex Discrimination Act 1975*** (SDA) makes it unlawful to discriminate on grounds of sex or marital status in recruitment, promotion and training. Direct sex discrimination occurs when a person of one sex is treated less favourably on grounds of sex than a person of the other sex would have been treated in the same circumstances.

Indirect sex discrimination can occur where a requirement or condition is applied equally to men and women, but the proportion of one sex that can satisfy the condition is much smaller than the proportion of the other sex. Unless it can be proven that the condition is essential for the job, indirect discrimination may have taken place. It has also been established that discrimination against part-time workers may constitute indirect discrimination against women because nationally, and in most organizations, the majority of part-time workers are women. Restricting employment by means of age limits is another possible instance of indirect discrimination. The third type of discrimination covered by the Act is victimization. This occurs when an individual is discriminated against because they have exercised their rights under the Act.

The ***Equal Pay Act (1970)*** came into force originally at the end of 1975 and its purpose was to eliminate discrimination in pay between men and women. It was amended in 1983 to include work of equal value and most claims are now under this part of the Act. The Act allows an individual to claim pay equal to that received by members of the opposite sex on the grounds that they are doing: like work, work rated as equivalent under a job evaluation scheme, work of equal value - in terms of demands made under such headings as effort, skill and decision-making.

Cultural perceptions & misconceptions

Reaching Out: Working with Black and Ethnic Minority Groups - Birmingham MENCAP (2006)

There is a tendency to think of BME communities as homogeneous groups, and to overlook the many differences between and within communities. However, across these groups engagement with services and knowledge of entitlements varies considerably according to socio-economic class and education level.

The taboo around learning disability in some Asian communities means that parents receive very little support from within their communities. Women may become lone parents, receiving little or no support from their family. People in this position may feel a sense of guilt because of their child's condition and their inability to meet the child's needs. A professional is quoted: *"The situation is so bad that mothers are more likely to seek help from agencies that are outside their community rather than from Bangladeshi specialist agencies."*

<http://www.bcen.net/uploads/76/Reaching%20Out.pdf>

The role of extended families

While the idea that BME communities receive support from their extended families is prevalent, in fact in 1992 the Racial Equality Council reported that fewer than half of BME individuals in the UK were living in extended families.

On the edge: Minority ethnic families caring for a severely disabled child (1999) found that fewer mothers in their survey received practical help and emotional support from partners than white mothers in an earlier study. Black African/Caribbean and Indian families were most vulnerable to low levels of support from the extended family. The most cited reason for a lack of support was that no family members lived nearby. Half of the Bangladeshi and Black African/Caribbean parents said they did not have family living nearby. However some Asian parents expressed the belief that they should bear full responsibility for their child and this prevented them from asking for help from their extended family.

<http://www.jrf.org.uk/knowledge/findings/socialcare/539.asp>

Language & communication issues

Improving the Access of Ethnic Minority Visually Impaired People to Appropriate Services (Thomas Pocklington Research)

Cultural and language differences in description may cause a barrier to accessing services. Someone may go to the hospital, for example, complaining of a sick heart and their cardio vascular system may be examined. What the patient actually means is that he is feeling depressed!

Every PCT hospital and Trust in the country has access to the NHS Direct Translation Service online.

Publicity material needs to learn from the existing use of branding/lettering to attract particular ethnic groups

<http://www.hsbp.co.uk/Templates/Internal.asp?NodeID=91001>

There may be issues around confidentiality and privacy when family members or friends are asked to interpret.

How to provide information well to Bangladeshi, Chinese, Indian, and Pakistani people. London: National Information Forum; 1998.

Decoration, jewellery, dress and colours can all mean something to people. It is important to get ensure these are right for the people the information is for. Check all pictures and photographs with the community before they are used. Small details can help people feel the information is right for their community.

Several of the research reports found difficulties resulting from poor interpretation and translation services. Printed translations should be checked by the audiences for which they are intended, and a check made that the intended message is being conveyed - the language needs to be simple and straightforward.

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- Publicity material needs to learn from the existing use of branding/lettering to attract particular ethnic groups
- Check all pictures and photographs with the community before using them
- Printed translations should be checked by the audiences for which they are intended, and a check made that the intended message is being conveyed
- Written translations need to be simple and straightforward

Accessing information

A survey - '**Consultation with BME Communities for Surrey Supporting People Team, Surrey County Council**', carried out by PS Consultants in May 2005, looked at housing needs in Surrey.

It asked groups working with minority ethnic communities if they thought members of their community or religious group would know where to access housing related help.

Two of the three groups which didn't think members of their community would know where to access help, were explicitly linked to Islam, and so it may be that particular effort is needed to reach Muslims (as opposed to say, people of Asian background).

While most BME groups were happy to approach their local councils with queries related to housing, groups did feel that there were some specific barriers that would prevent them accessing services: language presented the main barrier, along with a lack of information and a lack of understanding of process and procedures.

Within the Bangladeshi community a member of the opposite sex dealing with their queries is a barrier for women.

91% of Bangladeshi respondents said that written information would be useful to them, compared to just 48% of Pakistani individuals.

Specific groups facing dual disadvantage in accessing information

Rural communities

The 1997 *Listening to the Voice* report for BEMIS (Black and Ethnic Minorities in Scotland) <http://www.bemis.org.uk/> was a major piece of work that highlighted the importance of establishing an infrastructure for the black and ethnic minority voluntary sector in Scotland, with the aim of tackling the inequalities they face and empowering them.

This research found a correlation between rural areas and lack of black and ethnic minority organisations.

The provision of advice, support and information was cited as one of the four common reasons for the establishment of organisations (along with meeting unmet needs, developing culturally sensitive services and maintaining heritage).

The study also found that organisations were accessing mainstream support organisations in a piece-meal fashion, and surmised that this could be because organisations either do not have enough information as to what support organisations such as SCVO have to offer; and/or that they find it difficult to engage in dialogues which are pertinent to the voluntary sector but do not deal directly with the particular issues of relevance for the black and ethnic minority voluntary sector. This is an area of commonality with other VCS - Surrey's Infrastructure Development Plan found 21 % of VCS were involved to some extent in the provision of advice

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report:

- Highlights the particular lack of provision in rural area and a need to focus on these areas (in the South East 20% of the population live in rural areas)
- Reinforces the central role of information provision as a key activity for BME organisations.
- Emphasises the need for a structured and co-ordinated approach, not simply to enable BME groups to work together (an area of work that is being address by the BRIDGE project, along with other initiatives), but to enable these organisations to access the services provided by VCS organisations working with other communities and in other specialist fields

Travellers & Gypsies

Consultation with **BME Communities** for Surrey Supporting People Team, Surrey County Council', May 2005, carried out by PS Consultants

Surrey has a large population of Travellers and Gypsies (the fourth highest in the UK), approximately 10,000 in Surrey. Travellers and the Gypsy community are among those groups that often face the biggest problems of open, overt prejudice and discrimination, and yet this group is often not identified in ethnic monitoring. They are, as a consequence, one of the most overlooked BME groups.

The transient nature of the Traveller / Gypsy community, together with a lack of access to education, makes it difficult for services providers to keep individuals informed about services available and for travellers and gypsies to build a knowledge and understanding of the services available in a particular locality.

Surrey however, has a good level of provision and support for Travellers / Gypsies in the shape of dedicated sites, and officers within many of the boroughs and districts working with the Travelling communities.

The report to the Department of Health in 2004 **Health Status of Gypsies and Travellers in England** www.gypsy-traveller.org/health/health-status/ identifies the inequalities in health status between Gypsy Traveller and non-Gypsy Traveller populations.

Health problems among Gypsy / Travellers are between two and five times more common than in the settled community. Gypsy / Travellers are more likely to be anxious (the women are twice as likely to be anxious as the men), have breathing problems (including asthma and bronchitis) and chest pain. They are also more likely to suffer from miscarriages, still births, the death of young babies and older children.

There is also a traditional belief in self reliance or family support, suspicion of health services, and the belief that treatment will not be effective.

An exploratory study **Making a Difference**

www.grtleeds.co.uk/Health/makingaDifference.html on the health needs of gypsies and travellers in Leeds in July 2001 found that the Traveller community is one of the most disadvantaged, yet most under resourced.

Travellers' problems are complex and are often caused or exacerbated by their environmental living conditions. Many families live with a tremendous amount of anxiety - fear of eviction, finding a place to stop and the constant battle against discrimination and poor access to medical care in some parts of the country. They often live in conditions which lack the basic necessities e.g. clean running water, security and privacy etc.

The report's recommendations include providing advice, information, advocacy and practical help, as well as establishing community groups, projects and initiatives to meet their needs, through community development work.

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this research highlights:

- The importance of addressing the needs of this group in Surrey in terms of demographics
- The difficulties in accessing information presented by both a transient lifestyle and a lack of access to education
- The particular health issues especially associated with anxiety
- A need to build up a level of trust in the health services available, and the ways in which they may be effective in the help they provide

Older People - Benefits Take up

In December 2003 the Department for Work and Pensions produced a report **Delivering Benefits & Services for Black & Minority Ethnic Older People** www.dwp.gov.uk/asd/asd5/summ2003-2004/201summ.pdf

The aim of this project was to explore the barriers to the take-up of benefits among black and minority ethnic older people. Barriers to claiming were found to include language, concerns about the impact of claiming on residency status and not having a National Insurance Number. There were also barriers associated with literacy problems, ignorance about the benefits system (and sometimes of the concept of benefits) and apprehension about contact with statutory service providers.

Five specific factors affect the levels of benefit claimed by BME elders:

- Personal resources: basic skills, confidence & understanding
- Attitudes: awareness & willingness to go through the processes
- Social capital: support of knowledgeable and skilled third party
- External factors: ID and NI information, design of forms, channels of communication available
- Macro factors: anti-fraud campaigns, withdrawal of outreach work, support of smaller VCS organisations

The effectiveness of the services provided to support claims depends upon:

- Providing services tailored for each community
- Support from VCS organisations and outreach workers. Both services build up relationships and are particularly trusted
- Language specific helplines/leaflets, use of community specific media - but often viewed as a backup to face-to-face contact

‘Older People generally reported having claimed with the help of a third party. However, the likelihood of older people making a claim was also affected by the resources of these third parties: their knowledge about benefits; their training; the time they had available to help older people; and their own attitude to claiming.’

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- The need for services to be specifically tailored for each community
- The crucial role of small VCS organisations and outreach workers, and the needs of these third parties to have access to information and training resources, and the capacity to make full use of them.
- The risk of focusing solely on the issues of relevance to BME elders, which may mean overlooking themes common to all older people, (eg thinking that entitlements are paid automatically).
- Reassurance re residency, eligibility etc
- Verbal communication rather than written if using English

Older People - Advice & Information

Age Concern Information and Advice Services for black and minority ethnic older people - A Strategy for London October 2002

Information and advice (I&A) services have a key role to play in supporting older people to enforce their rights, to gain access to services and to influence the policies and practices that affect the quality of their lives. Services need to ensure:

- access to translation and interpreting services to support mainstream services;
- access to I&A services for black and minority ethnic older people which can require a targeted response to different populations, in particular through outreach services in community locations;
- that work with other local groups is undertaken, in particular with BME community groups, so a successful and necessary approach to extending access, in particular building personal relationships over time can be achieved

<http://www.rightsnet.org.uk/pdfs/polresAgeConBMEstrat.pdf>

The needs of frail elderly people or older people with support requirements were seen as the most serious of the issues for BME communities investigated by a Surrey survey in 2005. All except 3 of the 17 groups who responded thought this issue to be either very serious or quite serious - and it is often overlooked by providers as there is an assumption that many ethnic minority communities “look after their own”. This report clearly identifies this as a serious issue among Surrey BME communities.

‘Consultation with BME Communities for Surrey Supporting People Team, Surrey County Council’, May 2005, carried out by PS Consultants.

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- *Need to identify current outreach services to older people*
- *Need to provide information on translation and interpreting services*

Disabled children & their families

A study by Chamba et al **On the edge: Minority ethnic families caring for a severely disabled child (1999)**

<http://www.jrf.org.uk/knowledge/findings/socialcare/539.asp> looked at the needs of six hundred Black African/Caribbean, Indian, Pakistani and Bangladeshi parents caring for a severely disabled child in the UK. The findings were compared with a survey of the needs and experiences of white families with a severely disabled child, conducted by Bryony Beresford in 1995.

Twice as many (9 out of 10) BME families report that their child's needs are not being met, compared with white families (Chamba et al 1999). This same study found that both groups of parents had the same seven most pressing needs, with more money and more help planning the child's future at the top of the list.

Type of information and support needed

The extent of unmet need was far greater among minority ethnic groups compared with white families. Half the parents said their child had seven or more unmet needs (compared with four or more unmet needs among white parents in the 1995 survey).

Parents identified the following key areas for their children:

- Skills for future independence;
- Help with learning abilities;
- Access to social/leisure activities;
- Help with communication;
- Help with physical abilities;
- Help with learning about culture/religion;
- Emotional/counselling support.

Parents identified the following key areas for themselves:

- Money;
- Help planning child's future;
- Help during school holidays;
- Personal guidance about available services;
- Skills to help the child;
- A break from care;
- Help with behaviour/sleep problems.

Parents also wanted more information about their child's disability.

Families from black and minority families are under-represented as users of short break services (Chadwick et al 2003).

The Family Fund Annual Activity Report 2003/04 Family Fund, York www.familyfundtrust.org.uk found a significantly lower rate of take-up of Disabled Living Allowance and other disability allowances amongst families from minority ethnic groups. The report suggests these families may be unaware of their eligibility or have difficulty completing forms.

Preferred style of information

On the edge: Minority ethnic families caring for a severely disabled child (1999) <http://www.jrf.org.uk/knowledge/findings/socialcare/539.asp> reported that the most preferred information sources were directly from a professional and written material. Telephone help lines (in English and other languages) were not popular.

Overall, a third of Asian parents said they needed an interpreter when talking to professionals. However, almost all families felt such support was inadequate in some way. Problems in professional interpreting included: lack of availability of interpreters; limited knowledge of the child's impairment; and concerns about confidentiality.

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- *The need for increased awareness re benefit eligibility*
- *Need for support in completing forms*
- *Need for information and support to access short term breaks*
- *The desire for information about their child's disability*
- *The desire for written materials*
- *Problems with interpreting services related to: availability; confidentiality; knowledge about the child's impairment*

Carers

In summer 2006 Bath and North East Somerset Council undertook their **Black and Minority Ethnic Carers Access Research Project**.

The aim of the research project was to encourage BME carers to identify the barriers they experienced accessing assessments and services. The report made recommendations about how to improve access and advance service delivery.

The BME carers interviewed identified barriers that they had experienced and overcome in order to receive support. Written English was acknowledged as a difficulty for many BME carers. Reading documents and form filling was often identified as a problem. However, most had a good command of spoken English. Some BME carers wanted to improve their understanding of written English. They acknowledged that support would be required to achieve this aim. Many BME carers did not appear to be aware that they could ask for documents in other formats. They identified the need for more information to be available in their first language. Some BME carers recognized that pride prevented people accessing services.

Many carers did not know that help was available to support them and thought they wouldn't be entitled to it. Previous bad experiences, especially of racism prevented people asking for help.

Many of the needs, difficulties and wishes of BME Carers reflect the views of all carers. Carers from all backgrounds experience difficulties in accessing a break and often lacked knowledge of services and support available locally.

The significant difference between BME carers and white British carers was the experience of racism. These experiences exacerbate the problems faced by carers. All carers can experience problems understanding the systems of Community Care, but for BME carers this can be exacerbated by language difficulties. The BME carers interviewed indicated that understanding written English can be difficult. They also reported that misunderstandings can occur because of misinterpretation of dialect and language.

<http://www.bathnes.gov.uk/BathNES/healthandsocial/carers/BlackandMinorityEthnicCarersAccessResearchProjectReport.htm>

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- The need to raise awareness that documents are available in other formats
- The need for information to be available in carers first language
- Need to address acceptability of receiving assistance
- The need for support in both understanding and accessing the community care system

Deaf People

Deaf people from minority ethnic groups: initiatives and services
Deafness and ethnicity: Services, policy and politics, by Waqar Ahmad, Aliya Darr, Lesley Jones and Gohar Nisar; Joseph Rowntree Foundation 1998 <http://www.jrf.org.uk/knowledge/findings/socialcare/SCR818.asp>

The majority of initiatives focused on Asian and Afro-Caribbean deaf people and/or their families, and were based in large cities. Provision was poor for other minority ethnic groups. There was little provision for older deaf people, deaf-blind people, deafened and hard-of-hearing people.

The lack of information about deafness, deaf culture and services among users meant that workers often had to provide this information. This task was often beyond their remit. Workers in the voluntary sector were particularly poorly supported and dealt with demands for which they had neither training nor resources.

Unlike other BME groups, Deaf people and their families often lacked a common language in which to communicate within their own families. Communication often took place through one or two family members.

Many deaf people felt marginalised from their own religions and cultures. Schools were seen not to be sufficiently concerned about children having a positive ethnic identity. Whilst valuing a positive deaf identity, for many parents deaf culture was simply an extension of the white culture, and had a strong fear of deaf children losing their cultural and religious identity. Many deaf young people resented not knowing enough about their cultures and religions for easy participation in family and community life. Equally they felt marginalised in the deaf culture which did not respect their ethnic identity.

Many deaf people had a strong deaf identity. However, they accused white deaf people of racism. Deaf clubs were regarded as not welcoming. Few minority ethnic deaf people held senior positions in deaf organisations.

A number of British Sign Language (BSL) and sign-supported English classes for parents were identified. Users were largely Asian women. Few Asian fathers or parents of other ethnic groups attended. Such groups helped develop valued communication skills. They were also an important source of information on deaf culture, services, and procedures such as cochlear implants, access to benefits, other advice and social support. Successful signing classes provided transport. Unlike in much BSL teaching, most classes were taught by hearing tutors, sometimes assisted by people skilled in Asian languages.

Access was hampered because of limited provision of BSL and community language interpreters. The community language interpreters, when available, were not always knowledgeable about deafness and services;

some users found them insensitive. Sign language interpreters were often not aware of certain cultural practices. Information about deaf culture, services and procedures, and support to parents was difficult to obtain, especially for those who did not use English.

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- The need for information about interpreters
- The importance of providing the resources and systems to back up those who are supporting deaf individuals within BME communities
- That BME workers need information about deafness, deaf culture and services
- Deaf service workers need to understand the importance of ethnic identity
- That Community language interpreters need to have an understanding of deafness and services
- Sign language interpreters need to have an awareness of cultural practices
- British Sign Language (BSL) and sign-supported English classes run for BME groups may be a good way of disseminating information (transport is an important factor in the success of these classes)
- Information is needed about - deafness, deaf culture, services, procedures such as cochlear implants, access to benefits, other social support

People with a visual impairment

Improving the Access of Ethnic Minority Visually Impaired People to Appropriate Services (Thomas Pocklington Research)

<http://www.hsbp.co.uk/Templates/Internal.asp?NodeID=91001>

Research found that Visual impairment (VI) issues have been sidelined from the BME agenda and BME issues and are largely ignored by Visual impairment service providers and organisations.

Reviewing the literature on VI in BME communities showed that there were high levels of diabetes that led to an expectation of worse eye health. Also, that there were raised levels of glaucoma in African Caribbean populations and that cataracts are more common amongst people of South Asian origin.

There is under use of services by ethnic minority groups, possible under-registration and certainly a problem with low levels of knowledge among BME communities.

People of BME groups were generally found to have low expectations, seeing sight loss as an inevitable part of the ageing process. There was also a sense of stigma or false pride among ethnic minority groups and a sort of learned helplessness. Any response at improving access to services must be community specific.

The research also found that information must be translated into minority languages and needs to be actively promoted through community organisations. CD ROMS are helpful for providing a talking version of leaflets, but a checklist of issues to raise with individuals, within communities and organisations, and a toolkit checklist for service providers would elicit more meaningful responses.

Examples of good practice have been seen in Henshaws, RNIB, Seeability and Birmingham Focus, but often not written up and documented for others to use.

Spreading the Word - Henshaw's Society for Blind People research project

<http://www.hsbp.co.uk/Templates/Internal.asp?NodeID=90994>

This was a three year project looking at the information needs of visually impaired families. The project focused on families within four marginalised groups including families with a visually impaired child or teenager from a BME background. In phase one the research objectives were to identify & explore the barriers faced by BME families when accessing services; identify the main information gatherer within the BME families; and to explore and evaluate the recommendations made by BME families. included in the findings were recommendations to provide appropriate information services;

to provide a translation of the information provided and to promote and raise awareness of Henshaws

The report's main findings highlighted that there was little knowledge of the service providers available; English speaking groups had a higher awareness of VI groups than those that spoke Urdu or Punjabi as their first language; there was a stigma about disability among the Urdu & Punjabi groups; parents were not proactive in gathering information, but expected information to be sent to them automatically. Others felt 'ashamed' of their inability to communicate in English.

Many VI organisations were found not to be culturally sensitive and are aimed at white British communities; the mother was the primary carer and the father the information gatherer because he could communicate in English and had stronger societal links; face to face information provision is favoured through parent support groups who share the same cultural and religious beliefs; links with Asian communities are made through community and religious leaders;

Translated information should use simple, direct language. Pictures in written material were viewed positively by the English speaking group, but viewed as culturally insensitive by Urdu and Punjabi speaking people; effective information points - markets, mosques and community shops selling cloth; and the most common topics requested at forums held in the mother tongue of the attendees were education, disability and benefits

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- With the raised incidence of glaucoma and cataract in some BME groups the expectation would be to see this reflected in the Surrey register
- There is a need to raise awareness, especially among older people, that sight loss is not inevitable with old age, and to raise people's expectations regarding the quality of their lives if affected with VI
- Translations of leaflets and CDs of talking leaflets are both useful means of communicating with VI people from BME communities
- Need for a checklist of issues to raise with individuals, within communities and organisations
- Need for a toolkit checklist for service providers.
- The language for translations needs to be very simple and proof reading is essential
- Face to face information provision is preferred
- Information may need to be targeted at fathers
- Effective information points - include markets, mosques and community shops selling cloth
- Information on education, disability and benefits is particularly needed

People with a learning disability

Improving services for people with learning disabilities, compiled by Chris Hatton, professor of psychology for Health Research at Lancaster University (2005) www.valuingpeople.gov.uk/EthnicitySurvey

This report found that many services focus too heavily on addressing individual needs without attempting to recognise the interdependent, collective culture of family life in South Asian communities

Advocacy services which rely on self-referral can also end up excluding people who would be more effectively engaged through outreach work.

Children with a learning disability from black and minority ethnic communities (BME) Chance for Change (2005) Mencap submission

www.hm-treasury.gov.uk/media/A/9/cypreview2006_mencap1.pdf

The prevalence of learning disability in South Asians aged 5-32 is three times higher than in other communities (Azmi et al 1996). This higher rate of learning disability in South Asian populations is linked to high levels of material and social deprivation which may combine with other factors such as poor access to maternal health care and higher rates of environmental or genetic risk factors (DH 2001).

There is a need to ensure that information about local services and welfare benefits is developed and delivered to meet the needs of South Asian families with a child with a learning disability. The key recommendations were that all families with a child with a learning disability under the age of 3 years is offered a Portage service; that regional BME/disability advisers support local agencies in developing culturally sensitive services and information; and the introduction of a minimum entitlement of one break a week for every family with a child on higher rate DLA and a comparable break for other families

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- Need to recognise self-referral may not be taken up and more active invitation to take up services needed
- Need to target South Asian population in particular
- Information on local services and welfare benefits needed
- Promotion of short term breaks, Portage schemes and advocacy services recommended

Carers of people with learning disabilities

Reaching Out: Working with Black and Ethnic Minority Groups - Birmingham MENCAP (2006)

<http://www.bcen.net/uploads/76/Reaching%20Out.pdf>

Among the key findings of this research is evidence to show just how little carers from BME communities know about the services they could be using. They lack basic knowledge about the services that are available, and they have no understanding of how those services operate and consequently what their rights are. But worst of all, they often have no idea what learning disability is, how it affects the person they care for and what they can do to help.

Carers told researchers that the lack of accessible information was the greatest problem they faced in caring for their loved ones. They wanted more information about the particular conditions that they are dealing with, and about the financial support available and how they can get it. Older carers need information about what is available for the person they care for, including daytime activities like employment, volunteering or leisure pursuits.

Although this information is sometimes available, it is often not in a format or language that carers can understand. They told researchers that agencies use a lot of jargon and complex medical terms that they do not understand. And very few services make information available in community languages. Even when translated written material is available, it is often hard to understand - terms like 'learning disability' do not have equivalents in some languages.

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- Need explanations of how services work and rights of individuals
- Need to avoid jargon and complex medical terms
- Need for information on -
 - learning disability itself, specific conditions, their effects and approaches to supporting people with learning disabilities
 - financial support and how to access this
 - daytime activities, employment, volunteering, leisure
- Translated information needs to include explanations

Autism

The National Autistic Association produced a report **Missing out? Autism, education and ethnicity: the reality for families today** in 2007. It found that children with autism from black and minority ethnic (BME) communities face a double discrimination which makes their educational experience consistently worse than that of their white British peers.

- 62% of parents from BME communities who have a child with autism said they did not have a choice in the type of school their child attended
- 24% of BME children with autism had been excluded from school
- 78% of parents from BME communities said their local education authority did not provide support to their child with autism during exclusion
- parents from BME communities were significantly less satisfied with their child's academic and social progress compared to their white British counterparts.

The NAS report recommends that:

- every child with autism has local access to a diverse range of educational provision
- schools must address bullying on the basis of race and/or disability explicitly in anti-bullying procedures
- all professionals working with children with autism from BME communities should receive training in autism and cultural awareness
- speech and language therapists should be aware of strategies for working with children who have autism whose first language is not English.

The scoping paper **Autism and the Ethnic Minorities** (2002) by Ivan Corea <http://www.ukautism.com/id20.html> highlighted the need for culturally appropriate services to meet the growing needs of ethnic minority communities across the UK. This includes: ethnic minority advocacy services, dissemination of information on autism and Aspergers syndrome in the major ethnic minority languages, and bi-lingual workers and Special Educational Needs teachers from BME communities.

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- The need for information on -
 - a range of local educational provision
 - ethnic minority advocacy services
 - autism and Aspergers syndrome in ethnic minority languages
- The need for autism & cultural awareness training for professionals

People with mental health difficulties

There is a body of evidence to show that people from BME groups are disadvantaged in gaining access and treatment for mental health issues. Research by Rethink for their factsheet - **Black and Minority Ethnic communities and mental health** and the **Race Equality Impact Assessment** by the Mental Health Alliance to changes to mental health legislation, highlight some of the main issues:

BME groups face additional problems compared to their white counterparts, when seeking support and treatment for a mental health condition. People from BME groups are more likely to be diagnosed with severe mental health problems and admitted to hospital.

Black service users and carers found it difficult to find help in the early stages of illness, resulting in the individual's condition deteriorating to the point where compulsory treatment was the only option. Overall, people from BME groups were over represented as compulsory patients. There are numerous reasons for this which do not necessarily relate to the mental health legislation itself.

Cultural beliefs may put people off getting support and treatment, leading to the individual's condition deteriorating further until a crisis situation occurs and compulsory treatment is necessary. The issues that affect people from BME groups are not common to all and this can result in inadequate support and treatment

Families from BME groups may be larger and cope with mental health issues within the family. The lack of adequate support and the pressures of doing this can affect the mental health of children within the family. Mental illness has a stigma attached to it and may be dealt with privately by the family.

Some BME groups view mental illness in a more holistic way, as a mental and spiritual experience. The Western approach to mental illness is based on the medical model where drug treatment is offered. Some BME groups may be deterred from seeking support and treatment because the holistic approach is not offered by services, or they may find that their mental health problems are not recognised when they do seek help.

Mental illness may not be seen as a priority by some BME groups and therefore help is not sought.

Most medical consultations are in English which may not be the preferred language of the person seeking help and this can lead to misdiagnosis.

Some BME groups are over represented in hospital, but despite this very few people are offered non drug treatments like cognitive behavioural therapy or art therapy. Racial stereotyping can result in more people from BME

groups being considered a risk to the public and therefore detained under the relevant legislation.

Research suggests that young Asian women are particularly prone to suicide and those from Pakistan and India have the highest incidence depression. First generation parents may not recognise the Western approach to the treatment of mental illness and therefore have unmet need.

African Caribbean people are more likely to be diagnosed with psychosis and admitted to hospital than any other group. This may be because this group are hesitant to seek medical help fearing misdiagnosis or institutional racism and therefore only receive treatment when a critical situation arises.

Mental illness among Chinese people is relatively low. This could be because of strong family support networks or because of the stigma attached to mental illness means outside help is not sought

Ethnic minority groups do also include white people from outside the UK - Irish communities have been shown to have higher incidences of depression and alcohol problems and are more vulnerable to suicide.

In Surrey mental health related problems are seen as a very serious problem among the Bengali and Islamic communities of Epsom and Ewell, and the Pakistani community in Woking - as well as among Kosovan/Albanian refugees. **Consultation with BME Communities** for Surrey Supporting People Team, Surrey County Council', May 2005, carried out by PS Consultants.

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- The importance of making information available on the different routes into mental health services in the county in both the voluntary and statutory sector
- The information and support needed for carers and families of people with mental health difficulties

Refugee & asylum-seekers

In 2003 Joseph Rowntree Foundation looked at the particular needs of **Disabled people in refugee and asylum-seeking communities in Britain**
<http://www.jrf.org.uk/knowledge/findings/socialcare/962.asp>

The research found that a lack of co-ordinated information and service provision, and gaps in professional knowledge on disability-related entitlements increased the difficulties experienced by disabled people in refugee and asylum-seeking communities.

Most service providers were unfamiliar with the full range of entitlements of disabled people within refugee and asylum-seeking communities, and had very little knowledge of community care assessments. This hindered their ability to act as effective advocates and signposts for disabled clients.

Unmet personal care and domestic assistance needs (e.g. washing, dressing, making meals) were common and few people were aware that social services might be able to assist with such tasks. These needs were often exacerbated by problems with inadequate housing and a lack of aids and adaptations. Several interviewees (including two disabled women raising young children on their own) reported great anxiety about the lack of practical assistance available for essential parenting roles. A lack of knowledge about entitlements and of how to negotiate social services and benefits systems led to individuals missing out on benefits and services, sometimes for decades. One commented that his life in exile provided sanctuary from persecution, yet felt like a prison sentence due to the isolation he experienced as a disabled person.

The report recommends that there needs to be disability equality training for those working with refugee and asylum-seeking communities and training to increase professionals' knowledge about entitlements for disabled people in refugee and asylum-seeking communities.

With both Gatwick and Heathrow on the borders of Surrey, we are in a good position to impart information at the point of entry to the UK.

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- The need to provide information training and information resources to enable those working with refugees and asylum seekers
- Specific areas of information need include: Disability related benefits, personal care, community care assessments, housing, aids and adaptations, parenting support

Health issues for BME communities

Ethnicity and Health Office of Science and Technology PostNote (January 2007 Number 276)

<http://www.parliament.uk/documents/upload/postpn276.pdf>

This research found that Black and minority ethnic (BME) groups generally have worse health than the overall population, although some BME groups fare much worse than others, and patterns vary from one health condition to the next. Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities.

- Many BME groups experience higher rates of poverty than the White British, in terms of income, benefits use, worklessness, lack of basic necessities and area deprivation
- Much of the variation in self-reported health between and within BME groups can be explained by differences in socio-economic status
- However, there is a complex interplay of factors affecting ethnic health, such as the long-term impact of migration, racism and discrimination, poor delivery and take-up of health care, differences in culture and lifestyles, and biological susceptibility.

Some BME groups experience worse health than others. For example, surveys commonly show that Pakistani, Bangladeshi and Black Caribbean people report the poorest health, with Indian, East African Asian and Black African people reporting the same health as White British, and Chinese people reporting better health.

Patterns of ethnic inequalities in health vary from one health condition to the next. For example, BME groups tend to have higher rates of cardiovascular disease than White British people, but lower rates of many cancers.

For SID, working to meet the information needs of disabled people from BME communities in Surrey, this report highlights:

- The fact that there is a higher incidence of certain conditions amongst certain BME groups, means that there may be a useful opportunity to address these specific health issues through information provided in an accessible format and made available via organisations working with these groups

Conclusions

A common theme of this literature review seems to be summed up in the words of one respondent -

‘I just never thought the service was for me or my family’

This may be due to a lack of expectation regarding the quality of life and health with old age, uncertainties about rights and eligibility or a lack of awareness about the ways that both information and services can and are adapted to meet the needs of specific groups of individuals. Whatever the root cause, the result is the same - isolation and lack of life choices.

This is central to our work at SID, and confirms that this is an area in which there is much work to be done within Surrey, as elsewhere.

Specific issues for specific groups

The issues are complex, and the presenting barriers tend to be specific to a particular group. For example, one piece of research found that 91% of Bangladeshi respondents thought that written information would be useful, compared to, just 48% of Pakistani individuals. A blanket response in terms of either service provision or resource development would therefore be inappropriate.

As the review of literature has grown, we have become aware of the breadth of the issues to address, and the fact that we will need to select specific groups on which to focus our work, if we are to do more than just touch the surface.

We are aware that this report has focused on the different disabilities, and has not gone down the more detailed route of looking at the impact of these disabilities on specific ethnic groups.

Key issues

The BME groups interviewed in the 2005 research ‘Consultation with BME Communities for Surrey Supporting People Team, Surrey County Council, carried out by PS Consultants, (17 respondents) felt that two issues were the most serious - frail elderly people or older people with support needs, and people with mental health needs.

The BME individuals (191 respondents) agreed with this, but also perceived learning difficulties to be a quite serious problem too.

Examples of good practice

In the course of the literature review we have found considerable information on the potential barriers to accessing both information and services, but few examples of good practice. While there are references to work that has been undertaken, it would seem that these are seldom written up, so that the experiences and outcomes are often not shared.

From the point of view of the next stage of SID's EHRC funded project this means that more research will be needed at a grassroots level if we are to be able to build on the work of others (as well as developing our own initiatives). It also indicates the importance to us in writing up the work at the conclusion of our one year project, so that others can learn from our experience.

Next stage of the project

The research report revealed the importance of tailoring information to the needs of specific groups. This has led us to reconsider the way in which the work - both in terms of identifying needs and developing resources - would be approached.

We have realised that, while initially we saw disability combined with BME issues in Surrey to be a specific area of work in itself, it actually constitutes an amorphous grouping for which it would be inappropriate to seek a single response. We have therefore identified five areas (see Appendix 2) which, on the basis of the initial desk-based research, we feel both warrant further investigation and are areas in which we might be able to have a positive impact.

The research report also highlighted the important role of the specialist VCS organisations working with each particular group in delivering services aimed at their client group. We therefore recognised that our success in engaging these groups in this project work will be key to its success. This may not always be possible, for a variety of reasons, within the one year timeframe of this project, so we anticipate that we may only be able to take forward work in a maximum of three of the identified focus areas.

This does not affect the principle activities of the project already agreed, but provides a more specific focus for both activities and monitoring as the project develops.

APPENDIX 1 Background to the project

Providing information to disabled people in the BME community
Meeting at WIDE 26th September 2006

Hazel Plastow & Karen Lucey - SID (Social Information on Disability)
Norida Mohammed - WIDE, Woking
Rachel Nkama - Terrence Higgins Trust, Woking

Background information on demographics

The information on the BME population in Surrey on which discussions were based is drawn from the 2001 census, so we recognise that may not be up to date. In particular the number of people from Eastern Europe is not reflected in these figures. However it does provide us with a basis on which to work.

The ethnic population in Surrey has increased by 45% since the 1991 Census, with the 2001 census indicating that more than 5% of the population in Surrey, over 53,000 people, belonged to minority ethnic groups.

From national data it is estimated that the number of disabled people is likely to be 1 in 6 of the total population. In Surrey this means a disabled population of approximately 177,000. The number of people on Surrey's disability registers has increased over the last two years, but do not as yet provide a definitive number.

We therefore estimate the number of disabled people from the BME community in Surrey to be approximately 8,800.

Carers, friends and other family members are also likely to need information on disability issues and services, and may double this number.

Barriers

- Income - in addition to financial difficulties (high costs and limited income) faced by many disabled people, families from the BME community may be sending money back to their home country to support other family members.
- Language barriers and preference for information by word of mouth - English may be someone's third language where perhaps members from within one family come from different areas or tribes, so that the family is already dealing with two languages. Africans in particular often prefer to receive information by word of mouth and

are likely not to turn to written information even if it is in their own language.

- Transport is a problem for many disabled people in Surrey (26% of people in Surrey live in rural areas). Low income and lack of information is likely to compound this for people from the BME community. Isolation of people in rural areas is likely to be compounded by the fact that Surrey has a predominantly white population.
- Unfamiliarity and lack of understanding of help available from charities. This leads to a lack of trust in the system. Free services may therefore need to be explained.
- Reluctance to look for help outside the family. Families may have a feeling of failure if outsiders are involved in family matters. However in this country people may be separated from their extended families, and family members who are around have busy lifestyles and may not be on hand to help disabled members.
- Cultural differences may mean that individuals need information about how to get services tailored to meet their specific needs or preferences (eg hospital or delivery meal services)

Ways of presenting information

- Could use more visual materials - photos on posters etc
- Give the right message - look at language and graphics
- Organise a workshop to develop appropriate presentation of information

Ways of getting information to BME groups

- Where possible by word of mouth and via individual contacts
- Consider alternative places to promote services like shopping centres and churches.
- Identify workers who work with ethnic groups and brief them so they can go out and tell others about it. Some Carers Support Services have a BME worker and volunteers can act as ambassadors and go into communities and spread the word.
- Wherever possible have a presence at events which may act as community gatherings

The way forward - Actions Agreed

At the end of the meeting it was agreed that providing information to disabled people from the BME community was an important area of work, which needed to be addressed in a specific way if it was to meet the needs of this section of Surrey's population.

- We agreed to keep in contact with each other and share information. We will all seek out others who may have a particular interest in this area of work, with a view to inviting them to a follow-up meeting or to become involved in any project work that may develop from our discussions.
- It is hoped that Norida and Rachel will be able to attend the next Information Exchange Network meeting. At a future date we could arrange speaker on this topic to make a presentation and lead discussion amongst the Network members to help raise awareness of the key issues.
- SID will explore what pieces of work have been undertaken in the area of providing information to disabled people from the BME community, to see if these could be used in Surrey.
- The idea of a workshop to develop a poster or other material aimed at this community may be the best way forward, but would need funding for a facilitator, venue, travel expenses, materials and printing etc - SID will explore the funding options to develop this, Norida and Rachel said they would be happy to offer their support in developing a funding bid.

NB Paper from Carers UK
"More than a Job - Working Carers: Evidence from the 2001 Census"
Authors Lisa Buckner & Sue Yeandle, University of Leeds, 2006

'Young Bangladeshi and Pakistani men and women are three times more likely than other younger people to combine paid work and caring'

'A high proportion of young Pakistani and Bangladeshi men and women combine paid work and unpaid care.

One in eight young Pakistani and Bangladeshi men (aged 16-29) who are in employment also provide unpaid care (compared with just one in twenty five young White British men).

One in seven young Pakistani and Bangladeshi women who have a paid job are also carers (compared with just one in twenty young White British women).'

APPENDIX 2 Identified focus areas for the project

The areas identified for specific focus are -

1. Visual Impairment (VI) -
 - Reason - while there is a higher incidence of certain eye conditions in people from BME communities, failing eyesight is often associated as an inevitable part of growing older and so that people do not seek support
 - Outcome sought -
 - increased awareness of support available
 - increased registration on sight register
 - Type of work envisaged -
 - work with Surrey's sight register to look at BME monitoring
 - In partnership with local VI organisations - run a workshop with this client group to identify best ways of raising awareness
 - In partnership with local VI organisations - produce and disseminate publicity materials
 - Find and write up examples of good practice (we believe that these exist but are often not written up) to support development of this area of work by local VI organisations

2. Refugees and Asylum seekers -
 - Reason -
 - the information provided to refugees and asylum seekers is generally related to their legal status, but often does not include information on the additional support related to any disability they may have, since this is not the area of expertise for their primary information providers
 - with both Gatwick and Heathrow on the borders of Surrey, we are in a good position to impart information at the point of entry to the UK
 - Outcome sought -
 - increased awareness of primary information providers working with refugee and asylum seekers of the disability support services available
 - Type of work envisaged -
 - Identify the key organisations in Surrey working in this area and arrange meetings/networking
 - work with In partnership with local organisations to produce and make available information via a database and written material

- 3./4. Older people re benefits take up - 3. Muslim community in Woking
4. Chinese community in Epsom
 - Reason -

- older people from within BME communities are often unsure as to their eligibility for benefits and assume that entitlement would mean an automatic payment. Under claiming of benefits is likely to have a significant impact on the quality of an individual's life and their ability to make choices about how they lead their lives.
- The two communities selected represent the two single largest BME groups in the county
- Outcome sought -
 - increased take up of benefits checks available in Surrey via the Pensions Service outreach programme, Age Concern services and Citizen's Advice Bureau
- Type of work envisaged -
 - Establish links with pensions service, Age Concern groups and CABx re this issue
 - Identify current levels of benefit take up in the two communities identified nationally and locally
 - In partnership with local organisations and with a benefits specialist - run a workshop with this client group to identify best ways of raising awareness
 - In partnership with local organisations - produce and disseminate publicity materials

5. Travellers and Gypsies

- Reason -
 - Surrey has the fourth largest traveller community in the UK, approximately 10,000 individuals
 - Travellers and Gypsies have particular health issues especially associated with anxiety
 - They have difficulties in accessing information presented by both a transient lifestyle and a lack of access to education
- Outcome sought -
 - Improved knowledge of most relevant health conditions
 - increased awareness of the local support services available
- Type of work envisaged -
 - Establish links with Traveller Community Development Workers in Surrey
 - Identify and source health promotion materials used effectively in other parts of the UK
 - Identify most effective formats and routes for disseminating information in Surrey
 - Produce material that development workers can use to develop their own knowledge of disability services and to pass on to Traveller and Gypsy communities

APPENDIX 3 Research

Demographics

Census 2001 Office of National Statistics <http://www.statistics.gov.uk/>
Surrey Infrastructure Development Plan
'Consultation with BME Communities' for Surrey Supporting People Team,
Surrey County Council, carried out by PS Consultants
North Harbour Consulting Ltd on behalf of the Surrey ChangeUp Consortium

Cultural perceptions & misconceptions

Reaching Out: Working with Black and Ethnic Minority Groups - Birmingham
MENCAP (2006) <http://www.bcen.net/uploads/76/Reaching%20Out.pdf>
On the edge: Minority ethnic families caring for a severely disabled child
(1999)
<http://www.jrf.org.uk/knowledge/findings/socialcare/539.asp>

Language & communication issues

Improving the Access of Ethnic Minority Visually Impaired People to
Appropriate Services (Thomas Pocklington Research)
<http://www.hsbp.co.uk/Templates/Internal.asp?NodeID=91001>

Accessing Information

'Consultation with BME Communities' for Surrey Supporting People Team,
Surrey County Council, carried out by PS Consultants

Rural communities

Listening to the Voice <http://www.bemis.org.uk/>

Travellers & gypsies

Health Status of Gypsies and Travellers in England www.gypsy-traveller.org/health/health-status/

Making a Difference www.grtleeds.co.uk/Health/makingaDifference.html

Older People

Delivering Benefits & Services for Black & Minority Ethnic Older People
www.dwp.gov.uk/asd/asd5/summ2003-2004/201summ.pdf
Age Concern Information and Advice Services for black and minority ethnic
older people - A Strategy for London October 2002

Disabled children & their families

Family Fund Annual Activity Report (2003) Family Fund, York

On the edge: Minority ethnic families caring for a severely disabled child (1999) <http://www.jrf.org.uk/knowledge/findings/socialcare/539.asp>

Carers

2006 Bath and North East Somerset Council undertook a Black and Minority Ethnic Carers Access Research Project - <http://www.bathnes.gov.uk/BathNES/healthandsocial/carers/BlackandMinorityEthnicCarersAccessResearchProjectReport.htm>

Deaf people

Deaf people from minority ethnic groups: initiatives and services
Deafness and ethnicity: Services, policy and politics, by Waqar Ahmad, Aliya Darr, Lesley Jones and Gohar Nisar
<http://www.jrf.org.uk/knowledge/findings/socialcare/SCR818.asp>

People with a visual impairment

Improving the Access of Ethnic Minority Visually Impaired People to Appropriate Services (Thomas Pocklington Research)
<http://www.hsbp.co.uk/Templates/Internal.asp?NodeID=91001>

Spreading the Word – Henshaw’s Society for Blind People research project
<http://www.hsbp.co.uk/Templates/Internal.asp?NodeID=90994>

People with a learning disability

Improving services for people with learning disabilities, compiled by Chris Hatton, professor of psychology for Health Research at Lancaster University (2005) <http://www.valuingpeople.gov.uk/EthnicitySurvey>

Children with a learning disability from black and minority ethnic communities (BME) Chance for Change (2005) Mencap submission www.hm-treasury.gov.uk/media/A/9/cypreview2006_mencap1.pdf

Carers of people with learning disabilities

Reaching Out: Working with Black and Ethnic Minority Groups - Birmingham MENCAP (2006) <http://www.bcen.net/uploads/76/Reaching%20Out.pdf>

Autism

Missing out? Autism, education and ethnicity: the reality for families today in 2007 - The National Autistic Association

Autism and the Ethnic Minorities (2002) by Ivan Corea
<http://www.ukautism.com/id20.html>

People with mental health difficulties

Rethink factsheet - Black and Minority Ethnic communities and mental health

Race Equality Impact Assessment - Mental Health Alliance

‘Consultation with BME Communities for Surrey Supporting People Team, Surrey County Council’, May 2005, carried out by PS Consultants.

Refugee & asylum-seekers

Disabled people in refugee and asylum-seeking communities in Britain
<http://www.jrf.org.uk/knowledge/findings/socialcare/962.asp>

Health issues for BME communities

Ethnicity and Health - Office of Science and Technology PostNote (January 2007 Number 276)
<http://www.parliament.uk/documents/upload/postpn276.pdf>

APPENDIX 4

Ethnic Group 2001 Census

	<i>Elmbridge</i>	<i>Epsom and Ewell</i>	<i>Guildford</i>	<i>Mole Valley</i>	<i>Reigate and Banstead</i>	<i>Runnymede</i>	<i>Spelthorne</i>	<i>Surrey Heath</i>	<i>Tandridge</i>	<i>Waverley</i>	<i>Woking</i>	<i>South East</i>	<i>England</i>
Count													
All People	121936	67059	129701	80287	126523	78033	90390	80314	79267	115665	89840	8000645	49138831
White: British	102697	57410	117303	74895	114750	68376	81130	72745	73693	107476	75599	7304678	42747136
White: Irish	2008	1150	1308	839	1552	1331	1519	932	904	1097	1228	82405	624115
White: Other White	9914	2688	5767	2485	3859	4415	2600	2923	2245	4077	5174	221906	1308110
Mixed: White and Black Caribbean	307	185	225	92	347	161	278	155	201	187	222	23742	231424
Mixed: White and Black African	186	94	163	79	150	90	94	63	67	124	116	9493	76498
Mixed: White and Asian	890	472	453	264	670	372	564	385	350	412	503	29977	184014
Mixed: Other Mixed	659	446	383	231	389	301	276	252	222	242	387	22567	151437
Asian or Asian British: Indian	1731	1191	939	403	1174	846	1763	818	432	382	961	89219	1028546
Asian or Asian British: Pakistani	251	294	253	66	717	284	283	359	44	197	3517	58520	706539
Asian or Asian British: Bangladeshi	287	191	122	117	290	130	134	132	81	131	288	15358	275394
Asian or Asian British: Other Asian	539	872	479	126	551	260	344	341	199	143	453	23518	237810
Black or Black British: Caribbean	220	205	337	77	446	146	214	135	199	101	170	27452	561246
Black or Black British: African	233	344	403	99	565	188	227	152	152	242	222	24582	475938
Black or Black British: Other Black	53	72	65	15	84	33	80	47	26	18	55	4880	95324
Chinese	762	603	820	258	534	546	400	327	293	485	424	33089	220681
Other ethnic group	1199	842	681	241	445	554	484	548	159	351	521	29259	214619

APPENDIX 4 Cont'd

Ethnic Group 2001 Census

	<i>Elmbridge</i>	<i>Epsom and Ewell</i>	<i>Guildford</i>	<i>Mole Valley</i>	<i>Reigate and Banstead</i>	<i>Runnymede</i>	<i>Spelthorne</i>	<i>Surrey Heath</i>	<i>Tandridge</i>	<i>Waverley</i>	<i>Woking</i>	<i>South East</i>	<i>England</i>
Percentage													
White: British	84.22	85.61	90.44	93.28	90.69	87.62	89.76	90.58	92.97	92.92	84.15	91.3	86.99
White: Irish	1.65	1.71	1.01	1.05	1.23	1.71	1.68	1.16	1.14	0.95	1.37	1.03	1.27
White: Other White	8.13	4.01	4.45	3.1	3.05	5.66	2.88	3.64	2.83	3.52	5.76	2.77	2.66
Mixed: White and Black Caribbean	0.25	0.28	0.17	0.11	0.27	0.21	0.31	0.19	0.25	0.16	0.25	0.3	0.47
Mixed: White and Black African	0.15	0.14	0.13	0.1	0.12	0.12	0.1	0.08	0.08	0.11	0.13	0.12	0.16
Mixed: White and Asian	0.73	0.7	0.35	0.33	0.53	0.48	0.62	0.48	0.44	0.36	0.56	0.37	0.37
Mixed: Other Mixed	0.54	0.67	0.3	0.29	0.31	0.39	0.31	0.31	0.28	0.21	0.43	0.28	0.31
Asian or Asian British: Indian	1.42	1.78	0.72	0.5	0.93	1.08	1.95	1.02	0.54	0.33	1.07	1.12	2.09
Asian or Asian British: Pakistani	0.21	0.44	0.2	0.08	0.57	0.36	0.31	0.45	0.06	0.17	3.91	0.73	1.44
Asian or Asian British: Bangladeshi	0.24	0.28	0.09	0.15	0.23	0.17	0.15	0.16	0.1	0.11	0.32	0.19	0.56
Asian or Asian British: Other Asian	0.44	1.3	0.37	0.16	0.44	0.33	0.38	0.42	0.25	0.12	0.5	0.29	0.48
Black or Black British: Caribbean	0.18	0.31	0.26	0.1	0.35	0.19	0.24	0.17	0.25	0.09	0.19	0.34	1.14
Black or Black British: African	0.19	0.51	0.31	0.12	0.45	0.24	0.25	0.19	0.19	0.21	0.25	0.31	0.97
Black or Black British: Other Black	0.04	0.11	0.05	0.02	0.07	0.04	0.09	0.06	0.03	0.02	0.06	0.06	0.19
Chinese	0.62	0.9	0.63	0.32	0.42	0.7	0.44	0.41	0.37	0.42	0.47	0.41	0.45
Other ethnic group	0.98	1.26	0.53	0.3	0.35	0.71	0.54	0.68	0.2	0.3	0.58	0.37	0.44

APPENDIX 4 cont'd

Resident Population Estimates by Ethnic Group (Percentages), June 2005

	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking	South East	England
All Persons	127600	68800	131500	80500	128200	80200	90000	81600	80700	116500	89900	8184600	50465600
White	91.3	88.8	93.5	95.1	92.7	92.5	91.8	93.4	93.8	95.3	89.6	93	89.1
White: British	80.3	82.2	87.5	90.3	87.5	83.9	86.7	87.6	89	90.3	81.4	88.5	84.7
White: Irish	1.5	1.6	1	1.1	1.2	1.6	1.7	1.2	1.1	1	1.3	1	1.2
White: Other White	9.4	4.9	5	3.7	4	7	3.4	4.6	3.7	4	6.8	3.5	3.2
Mixed	2	2	1.3	1.2	1.6	1.5	1.7	1.4	1.4	1.2	1.7	1.4	1.6
Mixed: White & Black Caribbean	0.3	0.4	0.3	0.2	0.4	0.3	0.4	0.3	0.4	0.3	0.3	0.4	0.5
Mixed: White and Black African	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Mixed: White and Asian	0.8	0.8	0.5	0.4	0.6	0.6	0.7	0.6	0.5	0.5	0.7	0.5	0.5
Mixed: Other Mixed	0.6	0.7	0.4	0.4	0.4	0.5	0.4	0.4	0.3	0.3	0.5	0.4	0.4
Asian/Asian British	3.3	4.7	2.1	1.8	2.8	2.9	3.8	2.8	2	1.6	6.3	3.1	5.3
Asian/Asian British: Indian	1.9	2.3	1	1	1.2	1.5	2.3	1.4	1	0.7	1.7	1.5	2.4
Asian/Asian British: Pakistani	0.5	0.6	0.4	0.3	0.7	0.7	0.6	0.6	0.3	0.3	3.6	0.9	1.6
Asian/Asian British Bangladeshi	0.3	0.3	0.2	0.2	0.3	0.2	0.2	0.3	0.2	0.2	0.4	0.3	0.6
Asian/Asian British Other Asian	0.6	1.4	0.5	0.3	0.6	0.5	0.6	0.5	0.5	0.3	0.6	0.4	0.6
Black/Black British	1.2	1.8	1.3	0.8	1.7	1.1	1.3	1	1.8	0.9	1.1	1.3	2.7
Black/Black British: Caribbean	0.4	0.6	0.6	0.3	0.7	0.4	0.5	0.3	0.8	0.3	0.4	0.5	1.2
Black/Black British: African	0.7	1.1	0.6	0.5	1	0.6	0.7	0.5	0.9	0.5	0.6	0.7	1.3
Black/Black British: Other Black	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.2
Chinese or Other Ethnic Group	2.2	2.6	1.7	1	1.2	1.9	1.3	1.4	0.9	1.1	1.4	1.2	1.3
Chinese	0.8	1.1	0.9	0.5	0.6	1	0.5	0.5	0.5	0.6	0.7	0.6	0.7
Other Ethnic Group	1.5	1.5	0.8	0.5	0.6	1	0.8	0.9	0.4	0.5	0.7	0.6	0.6

Rounded to nearest 100

ONS Neighbourhood Statistics

APPENDIX 4 cont'd

Resident Population Estimates by Ethnic Group, All Persons, 2005

	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking	South East	England
All ages													
All Ethnic Groups	127600	68800	131500	80500	128200	80200	90000	81600	80700	116500	89900	8184600	50465600
White	116400	61100	123000	76600	118800	74200	82600	76100	75700	111000	80500	7615600	44967800
White: British	102500	56600	115100	72700	112100	67300	78000	71500	71800	105100	73200	7247400	42752600
White: Irish	1900	1100	1300	900	1500	1300	1500	900	900	1100	1200	83300	592000
White: Other White	12000	3400	6600	3000	5100	5600	3100	3700	3000	4700	6100	284900	1623200
Mixed	2600	1400	1700	900	2100	1200	1500	1100	1200	1400	1500	111900	791400
Mixed: White & Black Caribbean	400	300	400	200	500	300	400	200	300	300	300	30300	266300
Mixed: White and Black African	300	100	200	100	200	100	100	100	100	200	200	14000	101400
Mixed: White and Asian	1100	500	600	400	800	500	700	500	400	500	600	38200	233100
Mixed: Other Mixed	800	500	500	300	500	400	400	300	300	400	400	29400	190600
Asian/Asian British	4200	3200	2800	1500	3600	2300	3400	2300	1600	1800	5600	251600	2675000
Asian/Asian British: Indian	2400	1600	1300	800	1500	1200	2100	1100	800	900	1600	122500	1215400
Asian/Asian British: Pakistani	600	400	600	200	900	500	600	500	200	400	3200	71300	825500
Asian/Asian British: Bangladeshi	400	200	200	200	400	200	200	200	100	200	300	22000	324300
Asian/Asian British: Other Asian	800	900	700	300	800	400	600	400	400	300	500	35800	309700
Black/Black British	1500	1300	1700	700	2200	900	1200	800	1500	1000	1000	106800	1359300
Black/Black British: Caribbean	500	400	800	300	800	300	400	300	700	300	300	41000	590400
Black/Black British: African	800	700	900	400	1200	500	700	400	700	600	600	57500	658500
Black/Black British: Other Black	100	100	100	0	100	100	100	100	100	100	100	8200	110400
Chinese or Other Ethnic Group	2800	1800	2300	800	1500	1600	1200	1200	700	1300	1300	98800	672200
Chinese	1000	700	1200	400	700	800	500	400	400	700	600	51300	347000
Other Ethnic Group	1900	1100	1100	400	800	800	700	800	300	600	700	47500	325200

Rounded to nearest 100

ONS Neighbourhood Statistics

APPENDIX 4 cont'd

Resident Population Estimates by Ethnic Group, All Persons, 2005

	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking	South East	England
Aged 0-15													
All Ethnic Groups	26000	13300	23300	15500	25200	13300	16700	16800	16400	23600	17800	1582500	9712500
White	23200	11400	21700	14500	22800	12200	14900	15400	15100	22100	15200	1438800	8268700
White: British	20800	10900	20800	14000	22000	11400	14500	14700	14600	21300	14100	1395200	8021200
White: Irish	200	100	100	0	100	100	100	100	0	100	100	4700	33400
White: Other White	2200	500	800	500	700	700	400	700	500	700	1000	38800	214100
Mixed	1200	700	700	500	900	500	700	600	600	700	700	51100	363600
Mixed: White & Black Caribbean	200	100	100	100	200	100	200	100	200	200	100	15600	138300
Mixed: White and Black African	100	100	100	100	100	100	100	100	100	100	100	6300	43600
Mixed: White and Asian	600	200	200	200	400	200	300	300	200	300	300	17200	103500
Mixed: Other Mixed	300	200	200	100	200	100	100	100	100	200	200	11900	78200
Asian/Asian British	800	600	500	300	700	400	700	600	300	400	1600	57600	669200
Asian/Asian British: Indian	400	300	200	100	300	200	400	300	100	200	300	22500	233600
Asian/Asian British: Pakistani	100	100	100	100	200	100	200	200	100	100	1000	21700	261800
Asian/Asian British: Bangladeshi	100	100	100	100	100	0	100	100	0	100	100	7000	109500
Asian/Asian British: Other Asian	100	200	100	0	100	0	100	100	100	100	100	6400	64200
Black/Black British	300	300	200	100	500	100	200	200	300	300	200	21500	315500
Black/Black British: Caribbean	100	100	100	0	100	0	100	0	100	100	0	6200	108000
Black/Black British: African	200	200	100	100	300	100	100	100	200	200	100	12700	169200
Black/Black British: Other Black	0	0	0	0	0	0	0	0	0	0	0	2500	38300
Chinese or Other Ethnic Group	500	300	300	100	200	200	200	200	100	200	200	13500	95600
Chinese	200	100	100	100	100	100	100	100	100	100	100	7000	46200
Other Ethnic Group	300	200	100	100	100	100	100	100	0	100	100	6500	49400

Rounded to nearest 100

ONS Neighbourhood Statistics

APPENDIX 4 cont'd

Resident Population Estimates by Ethnic Group, All Persons, 2005

	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking	South East	England
Aged 16-64/59													
All Ethnic Groups	78100	42200	85000	46700	79100	52100	55300	50600	47900	68400	56600	5032400	31383500
White	70600	37000	78500	44000	72700	47500	50200	47000	44600	64700	50300	4641400	27694900
White: British	60600	33800	72400	41400	67800	42300	46900	43700	41900	60700	45200	4376400	26105800
White: Irish	1300	700	900	500	1000	800	1000	600	600	700	700	51400	358700
White: Other White	8700	2500	5100	2100	3900	4400	2300	2700	2100	3400	4500	213600	1230400
Mixed	1200	700	1000	400	1000	700	800	500	600	700	800	56600	401700
Mixed: White & Black Caribbean	200	100	200	100	200	100	200	100	100	100	100	13900	121300
Mixed: White and Black African	200	100	100	100	100	100	100	100	100	100	100	7300	55200
Mixed: White and Asian	500	300	300	200	400	300	300	200	200	200	300	19200	120500
Mixed: Other Mixed	400	300	300	100	300	200	200	200	100	200	200	16200	104800
Asian/Asian British	3000	2300	2200	1100	2600	1800	2400	1600	1100	1300	3700	176300	1815900
Asian/Asian British: Indian	1800	1200	1000	600	1100	900	1500	800	600	600	1200	90100	874600
Asian/Asian British: Pakistani	400	300	400	100	600	400	400	300	100	300	2000	45200	517900
Asian/Asian British: Bangladeshi	300	200	200	100	200	100	100	100	100	100	200	14000	198500
Asian/Asian British: Other Asian	600	700	500	200	600	300	400	300	300	200	400	27100	224900
Black/Black British	1100	900	1400	500	1600	700	900	600	1000	700	700	77500	927500
Black/Black British: Caribbean	400	300	700	200	600	200	300	200	500	200	200	29400	393100
Black/Black British: African	600	500	700	300	900	400	500	300	500	500	400	42800	466800
Black/Black British: Other Black	100	100	100	0	100	100	100	100	100	0	100	5300	67700
Chinese or Other Ethnic Group	2200	1400	1900	700	1200	1300	1000	900	600	1000	1000	80400	543500
Chinese	800	600	1000	300	600	700	400	300	300	600	500	41400	281500
Other Ethnic Group	1400	800	900	300	600	700	600	600	300	400	500	39000	262000

Rounded to nearest 100

ONS Neighbourhood Statistics

APPENDIX 4 cont'd

Resident Population Estimates by Ethnic Group, All Persons, 2005

	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking	South East	England
Aged 65/60 and over													
All Ethnic Groups	23400	13300	23200	18200	24000	14800	18000	14100	16300	24400	15500	1569800	9369600
White	22700	12700	22800	18000	23400	14500	17400	13800	16000	24200	14900	1535400	9004200
White: British	21100	11900	21800	17300	22400	13600	16600	13200	15300	23100	13900	1475800	8625700
White: Irish	500	400	400	300	500	400	500	300	300	400	400	27100	199800
White: Other White	1100	400	600	400	600	500	400	400	400	700	700	32400	178700
Mixed	100	100	100	0	100	100	100	0	0	100	0	4200	26000
Mixed: White & Black Caribbean	0	0	0	0	0	0	0	0	0	0	0	800	6700
Mixed: White and Black African	0	0	0	0	0	0	0	0	0	0	0	400	2600
Mixed: White and Asian	0	0	0	0	0	0	0	0	0	0	0	1700	9100
Mixed: Other Mixed	0	0	0	0	0	0	0	0	0	0	0	1300	7600
Asian/Asian British	300	300	200	100	300	100	300	200	100	100	300	17600	189900
Asian/Asian British: Indian	200	100	100	100	100	100	200	100	100	100	100	9900	107200
Asian/Asian British: Pakistani	0	0	0	0	100	0	0	0	0	0	200	4300	45800
Asian/Asian British: Bangladeshi	0	0	0	0	0	0	0	0	0	0	0	1000	16300
Asian/Asian British: Other Asian	100	100	0	0	100	0	0	0	0	0	100	2400	20600
Black/Black British	100	100	100	0	100	100	100	0	100	0	0	7800	116400
Black/Black British: Caribbean	0	100	0	0	100	0	0	0	100	0	0	5400	89300
Black/Black British: African	0	0	0	0	100	0	0	0	0	0	0	2000	22500
Black/Black British: Other Black	0	0	0	0	0	0	0	0	0	0	0	400	4500
Chinese or Other Ethnic Group	200	100	100	100	100	100	100	100	100	100	100	4900	33100
Chinese	100	100	0	0	100	0	0	0	0	0	0	2900	19300
Other Ethnic Group	100	100	0	0	0	0	0	0	0	0	0	2000	13800

Rounded to nearest 100

ONS Neighbourhood Statistics

APPENDIX 4 cont'd

Resident Population Estimates by Ethnic Group, All Persons, Trend 2001-2005

Elmbridge Epsom and Ewell Guildford Mole Valley Reigate and Banstead Runnymede Spelthorne Surrey Heath Tandridge Waverley Woking South East England

People

Asian or Asian British

Jun-01	2900	2600	1800	700	2800	1500	2500	1700	800	900	5200	190100	2290900
Jun-02	3100	2700	2000	900	2900	1700	2700	1800	1000	1100	5300	202500	2368200
Jun-03	3500	2800	2200	1100	3100	1900	3000	1900	1200	1400	5400	216700	2450900
Jun-04	3800	3000	2500	1300	3400	2100	3200	2100	1400	1600	5500	233300	2555100
Jun-05	4200	3200	2800	1500	3600	2300	3400	2300	1600	1800	5600	251600	2675000

Chinese or Other Ethnic Group

Jun-01	2000	1500	1500	500	1000	1100	900	900	400	800	900	64000	449400
Jun-02	2200	1500	1700	600	1100	1200	1000	900	500	900	1000	72500	507100
Jun-03	2500	1600	2000	700	1200	1300	1100	1000	600	1100	1100	82300	568400
Jun-04	2700	1700	2100	800	1400	1400	1100	1100	700	1200	1200	90100	615700
Jun-05	2800	1800	2300	800	1500	1600	1200	1200	700	1300	1300	98800	672200

Black or Black British

Jun-01	600	700	800	200	1100	400	500	400	400	400	500	59300	1158300
Jun-02	800	800	1100	300	1300	500	700	500	700	500	600	70100	1206900
Jun-03	1100	1000	1300	400	1600	600	900	600	1000	700	700	82900	1263300
Jun-04	1300	1100	1500	600	1900	800	1000	700	1200	900	800	95300	1314000
Jun-05	1500	1300	1700	700	2200	900	1200	800	1500	1000	1000	106800	1359300

Mixed race

Jun-01	2100	1200	1200	600	1600	900	1200	900	800	1000	1200	86900	654200
Jun-02	2200	1200	1300	700	1700	1000	1300	900	900	1100	1300	92300	685700
Jun-03	2300	1300	1500	800	1800	1100	1400	1000	1000	1200	1400	98600	719500
Jun-04	2400	1300	1600	900	1900	1200	1500	1100	1100	1300	1400	105100	753800
Jun-05	2600	1400	1700	900	2100	1200	1500	1100	1200	1400	1500	111900	791400

Rounded to nearest 100

ONS Neighbourhood Statistics

APPENDIX 4 cont'd

Resident Population Estimates by Ethnic Group, All Persons, Trend 2001-2005

Elmbridge Epsom and Ewell Guildford Mole Valley Reigate and Banstead Runnymede Spelthorne Surrey Heath Tandridge Waverley Woking South East England

Percentage

Asian or Asian British

Jun-01	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Jun-02	107	104	111	129	104	113	108	106	125	122	102	107	103	103
Jun-03	121	108	122	157	111	127	120	112	150	156	104	114	107	107
Jun-04	131	115	139	186	121	140	128	124	175	178	106	123	112	112
Jun-05	145	123	156	214	129	153	136	135	200	200	108	132	117	117

Chinese or Other Ethnic Group

Jun-01	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Jun-02	110	100	113	120	110	109	111	100	125	113	111	113	113	113
Jun-03	125	107	133	140	120	118	122	111	150	138	122	129	126	126
Jun-04	135	113	140	160	140	127	122	122	175	150	133	141	137	137
Jun-05	140	120	153	160	150	145	133	133	175	163	144	154	150	150

Black or Black British

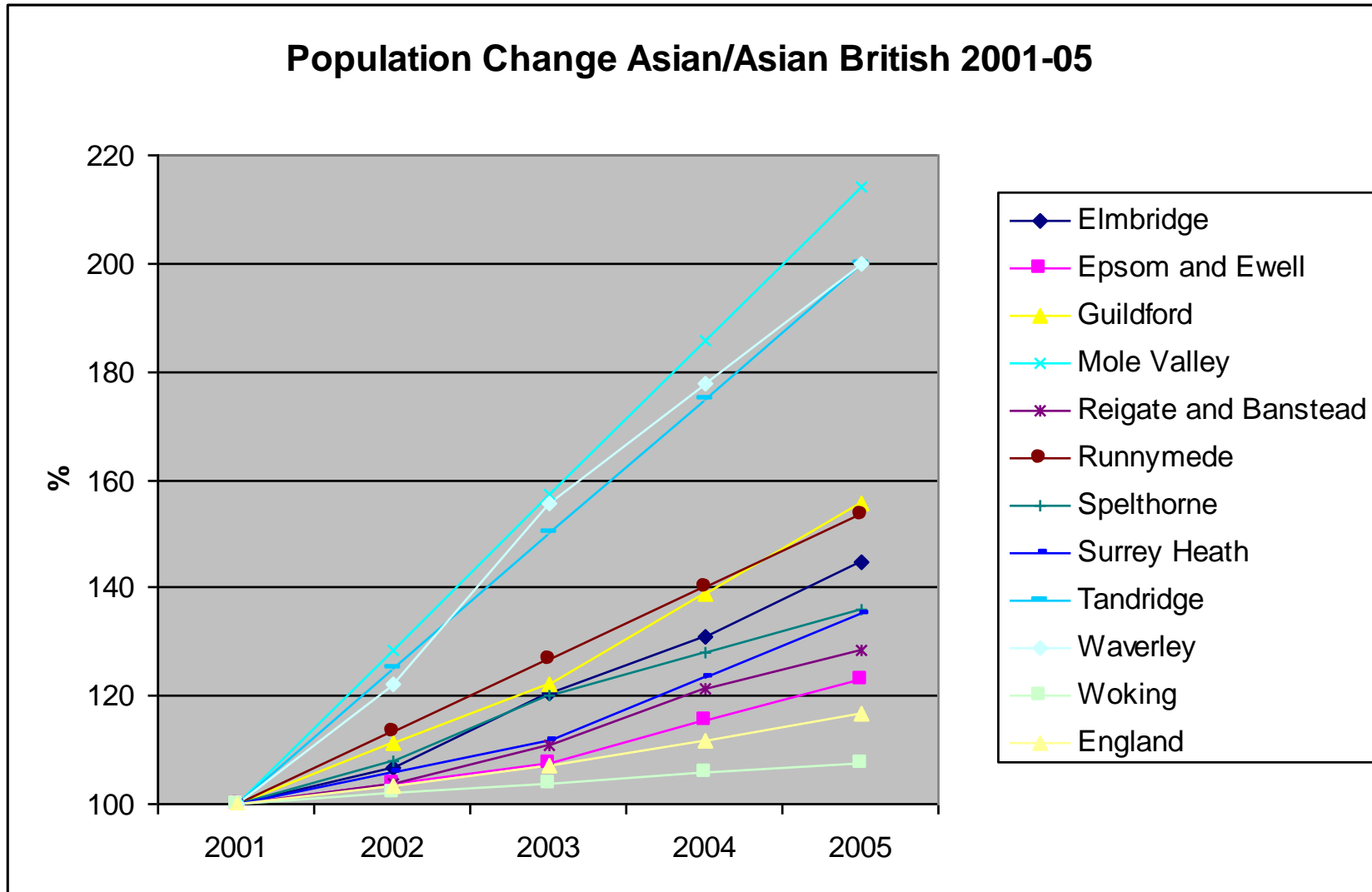
Jun-01	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Jun-02	133	114	138	150	118	125	140	125	175	125	120	118	104	104
Jun-03	183	143	163	200	145	150	180	150	250	175	140	140	109	109
Jun-04	217	157	188	300	173	200	200	175	300	225	160	161	113	113
Jun-05	250	186	213	350	200	225	240	200	375	250	200	180	117	117

Mixed race

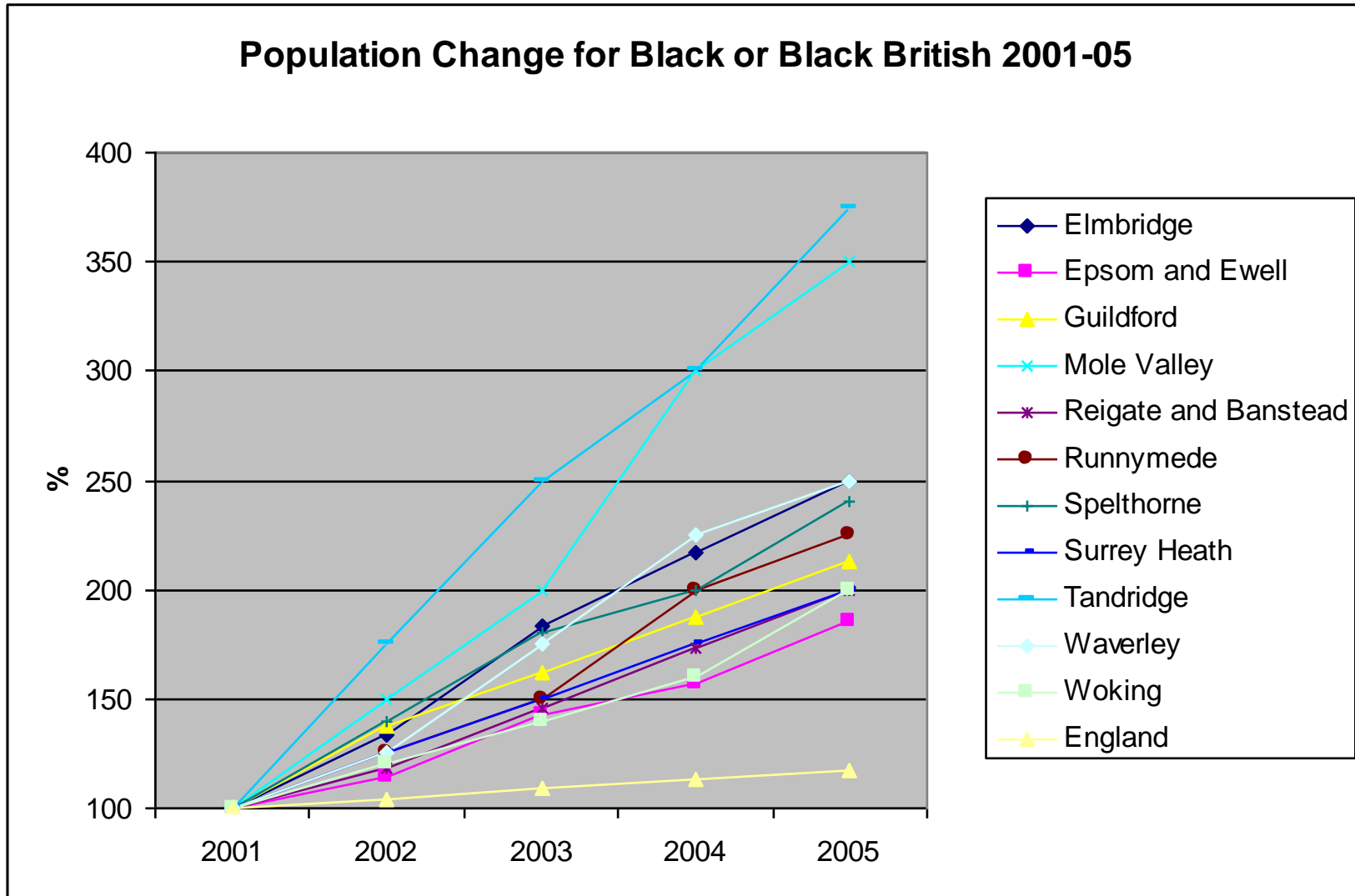
Jun-01	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Jun-02	105	100	108	117	106	111	108	100	113	110	108	106	105	105
Jun-03	110	108	125	133	113	122	117	111	125	120	117	113	110	110
Jun-04	114	108	133	150	119	133	125	122	138	130	117	121	115	115
Jun-05	124	117	142	150	131	133	125	122	150	140	125	129	121	121

ONS Neighbourhood Statistics

APPENDIX 4 cont'd



APPENDIX 4 cont'd



APPENDIX 4 cont'd

