

Support needs of black, minority and ethnic communities, individuals, groups and businesses in Suffolk.

Final draft

A research report for Suffolk Learning and Skills Council/Suffolk Association of Voluntary Organisations Working Together Project.

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March 2005



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Introduction

The acronym BME where used in this report means Black and Minority Ethnic. There is currently a debate in Suffolk about whether to drop 'Black' from the term to promote inclusiveness.

The One Voice Suffolk, Voluntary and Community Sector Infrastructure Review highlighted development and exemplar project recommendations in BME network mapping and development

- Consultation with BME groups in order to clarify public sector priorities and expectations in relation to the development of integrated BME support mechanisms.
- Classify BME groups into 2 categories-focusing on social and economic needs.
- Commission a management-training programme to guide BME groups.
- Create new BME support mechanisms including the formation of a forum, website and paid infrastructure link officer integrated with other infrastructure provision, hosted by ISCRE (Ipswich and Suffolk Council for Racial Equality).
- Explore the acquisition and development of shared facilities and accommodation.
- Explore opportunities for engagement in the public service agenda, delivering social care services for instance.

This report pulls together research and consultations completed by public, statutory and voluntary organisations in Suffolk, the East of England and nationally to identify barriers and the future development and growth of Black and Minority Ethnic individuals, communities, groups and businesses in Suffolk.

The aim of this research is to establish the BME needs identified through these reports, to suggest areas for action to improve the support and survival of these groups and networks and what research and consultation work is available and accessible. This report will help to determine the shape and structure of the forum to support Suffolk's BME communities.

Methodology

This report has focussed on gathering reports and consultations into BME communities' needs.

- These reports have been obtained through National and Countywide contacts by internet research, telephone research, networks and publications from organisations, press and national magazines.
- The research limitations has meant that whilst the information gathered is not complete, the sources used in this report have been listed, indicating the extent of the research's reach.
- The views and opinions of countywide organisations, business, community groups and individuals in the United Kingdom have been included in this report. They represent those who work with BME communities and business, are a part of a BME network or are a BME community group.
- Recommendations have been taken from these reports to identify the actions/solutions needed to prevent these groups/individuals from being socially excluded or to provide information, support and training that will encourage the growth, skills and knowledge of these groups/individuals.

Acknowledgements

Suffolk Association of Voluntary Organisations would like to thank the Learning and Skills Council for Suffolk for its funding of this project.

The author would like to thank all the organisations and networks involved in this project for supplying and making their findings and reports accessible and forwarding on requests for information to other networks.

1. Profile of BME Community Organisations in the East of England

397 organisations were initially mailed the questionnaire from a database provided by MENTER (East of England Black and Minority Ethnic Network). In all 90 organisations responded, which represents a response rate of 23%.

It is not known why many organisations did not respond to the questionnaire and whether there was any language or other barriers involved. As by some standards, it is a low response rate, this information can only be used as a guide and further consultation with BME groups and communities is needed to establish the true needs for them and should be conducted by other methods. It is also not known how many of the organisations of each county responded.

Whilst some BME groups in Suffolk are involved in support networks, for example, The Black Workers Forum, membership of the Suffolk Compact currently has no BME communities or organisations signed up to it (*Suffolk Compact as of 22nd March 2005*).

These figures below have been obtained from the *MENTER mapping the Black and Minority Ethnic Voluntary Sector in the East of England 2004 report*:

Trustees (* The researchers commented on the need to find out what the word trustee meant to BME groups)

- 23% have no trustees, 26% have 5 or fewer, 23% have between 6 and 10, 35 is the most trustees an organisation has.
- 11% do not have a majority group among their trustees (This means that the trustee board is made up of a variety of backgrounds: for example, different race, cultures, abilities, skills) (24% did not respond to this question).
- 50% of trustees are from the 41-64 age group, 24% are over the age of 65, 31% are from the 25-40 age group.
- 34% have a male majority, 31% female majority

Workforce

- 44% have no paid staff, 10% have 11 or more, 10% between 6 and 10, 33% have 5 or fewer
- 11% have no unpaid staff or volunteers
- 1 organisation has more than 50 unpaid staff/volunteers

Organisation make up

- 21% from under the age of 25, 44% between 25-40,
- 46% have a female majority, 36% a male majority

Organisation status

- 39% are community or voluntary with no other legal status
- 37% are registered charities, 13% are limited companies with charity status
- 27% have been in operation for five years or less
- 24% have been in operation between 6 to 10 years
- 2% are limited companies without charity status
- The oldest is 113 years.

Planning for the future

- 52% of the organisations surveyed have a business plan.

Of the 52% who have a business plan, 70% have a plan for the next 3 years or less and 15% for up to 5 years.

Beneficiaries and service

Top five cultures

1. Indian
2. Mixed heritage
3. African
4. Caribbean
5. Black

Top five services

1. Community development
2. Education
3. Women
4. Training
5. Youth

Top five funders to BME groups

1. Local authority
2. Self funded
3. Donations/ Sponsorship
4. Community Fund
5. Other charitable

Sector Support

- 66% have received information and help from a Local Authority
- 57% have received information and help from a Council for Voluntary services
- 44% have received information and support from the Racial Equality Council

- 55% found the information fairly helpful
- 35% found the information helpful
- 11% have not received any help or information

Additional information the respondents would like to help their organisation develop

- Access to funds 74%
- Community development 46%
- Management systems 29%
- Equal opportunities 28%
- Recruitment 23%
- Health and safety 22%
- Book keeping 18%
- Other 2%

14% did not provide an answer to this question.

What would help the organisation to carry out its work more effectively?

- More sustainable funding 69%
- Own premises/permanent location 26%
- More training for staff 21%
- More paid staff 17%
- More volunteers 14%
- More support from local authority 13%
- Greater co-ordination/co-operation with other local groups 11%
- Publicity 5%

Involvement in networks

- 66% are aware of the Local Strategic Partnership, 58% have had some involvement, but not a lot, 18% have had a lot of involvement
- 56% are aware of the development of community strategies, 60% have had some involvement, but not a lot, 16% had a lot of involvement
- 53% are aware of the development of the BME Compact, 58% have had limited involvement, 13% have had a lot of involvement

2. Key Research findings

2.1 Mapping BME groups/individuals

'The 2001 Census revealed that the UK today is more culturally diverse than ever before. The 4.8 million people from a variety of non-white backgrounds are not evenly distributed across the country, tending to live in the large urban areas. The different groups share some characteristics but there are often greater differences between the individual ethnic groups than between the minority ethnic population as a whole and the White British people' (*National Statistics website*).

Within Suffolk there are at least three Chinese Communities who do not communicate with each other and do not work together. The different characteristics within these BME groups can present additional barriers when the groups work together. The culture and dialect within different BME communities can contribute to these barriers, for example, language is the most frequently identified barrier for the Chinese Community, as some members of the community speak either Cantonese or Mandarin. For others, there may be the issue of 'sense of being' and/or the 'identity of being British or from an ethnic group or a bit of both'.

Salford City Council research report '*Moving beyond one size fits all*', has found that:

- The census data may be patchy, contradictory or not available
- Often the first language is not recorded
- Generally the lower the BME population, the worse the data held in that area
- If the census suggests there is a very low BME population- the data may be scarce

There are many suggestions as to why identifying BME communities is so difficult. The census taken in 2001 did not identify those who consider themselves Travellers and Gypsies. Individuals who are sceptical of filling out forms may not have completed and returned the census. Some may not have filled in the information correctly due to the individual not understanding the question.

How ethnic groups are defined can also create a barrier when accessing information about the ethnic identity of the population. Labels can cover up a community's true diversity, for example BME/Asian. Individuals decide their own ethnic group, which can change over time and a child's ethnic group may be decided by one or both parents or by some other ethnic group, including mixed origin.

There is no consensus on what constitutes an 'ethnic group'. Membership of any ethnic group is something that is subjectively meaningful to the person concerned and the terminology used to describe an ethnic group has changed over time. As a result, ethnic groups however defined or measured, will tend to change over time depending on social and political attitudes or developments. (*Moving beyond one size fits all*).

Therefore ethnic groups should include non-white minority groups (Indian, Pakistani, Chinese, etc), white minority groups (American, Irish, Gypsies, French, Italian, etc) and mixed backgrounds (more than one ethnic group, Chinese and White British, Italian and White British etc) and the variations within these ethnic groups along the lines of generation, gender, locality and social or economic position.

Working together with other agencies and organisations can help to identify unknown groups and individuals. However, the release of and knowledge of this data is subject to the consultation and research conditions set by the agency, organisation, groups and individuals involved.

There is also the question of individuals who are from an ethnic background but do not see themselves as a part of a BME community.

- Are these people socially excluded?
- Which methods do they use to access the services according to their needs?
- Are there lessons that could be learned from these individuals that could help develop better services?
- Could there be other barriers within BME communities that exclude these individuals from their services?
- Do they see themselves as British " non-specific" and therefore have integrated with the majority society?

Consultation with these individuals could help to identify these barriers or provide examples of how individuals have overcome barriers that others have found more difficult.

2.2 Skills level in BME Communities

The level, at which BME groups in Suffolk operate, varies according to the skills and knowledge they have acquired.

There are some BME groups in Suffolk who are now starting to expand the services that they offer to their communities and offer training to their workforce and volunteers through their own organisation's staff training programme, service providers (for example Adult Education, Business link for Suffolk) or from other umbrella voluntary groups. The development of their workforce/volunteers depends on the cost of attending these training courses, finances available in the budget, the timing of the training and the family background of the member of staff or volunteer.

In the Bangladeshi community, for example, males appear to dominate in education and employment, whilst females are underachieving in both areas in Suffolk. As the community make up is 42% 0-16 year olds, it is clear that this is the age group that needs to be targeted and requires information on education, further studies and employment for all (*Ipswich and Suffolk Bangladeshi Community Research Project Report*).

Community and voluntary leaders and business entrepreneurs who have a higher level of academic achievements or work in professional roles are more likely to ask for support and advice from external sources as they feel more confident than those who do not fall in to this social class. A Ram and Smallbone publication in 2001 commented that social class was possibly a greater factor in BME than race in the decision to use friends, as opposed to wider social networks (*Engaging Black and minority ethnic entrepreneurs in business support*).

One situation that can happen in any voluntary, community group or business regardless of culture, is where the knowledge and skills of the workforce or volunteers is not passed on to other or younger members, who may step into their shoes at some point, either by default or by choice. This can lead to a skills gap, which can and in some cases has hampered further development, increased the likelihood of loss of staff/volunteers/services or the closure of the group, organisation or business. This can be due to the culture of the members/workforce.

Many community and voluntary leaders and business entrepreneurs from BME backgrounds would rather obtain information from their own peers rather than approach other professionals or organisations from outside their own culture. There is a feeling that the BME ways of doing business are not valued by support agencies and that there is a need to 'fit the mould', therefore denying the benefits and clear successes from the traditional ways adopted to date (*Engaging Black and minority ethnic entrepreneurs in business support*).

A typical example of this is holding seminars, training or networking events when the businesses, organisation or individuals are busy and may not have the resources, workforce or volunteers to attend. Time, place and the response of the people approached are all a contributing factor as to who the individual approaches for information.

The thought process involved when running a BME organisation or business can be different to the White British person's perspective and engaging BME individuals in these practices can be difficult for them to understand when generations before them have used the same methods and not had any difficulty in surviving.

People from BME cultures also do business by having a chat and getting to know people first or finding out how they are before getting down to talking about business or community work. Trust can be built up quicker in these communities by using these methods and building on these relationships. In a White British person's world, this can be hard to understand when time is money and money is time.

This pattern also happens with individuals, who may need information and support with application forms provided by service providers, for example banks, social services, etc.

2.3 Barriers between the sexes

Women can have additional cultural barriers to face as they are perceived by some to have a lack of credibility. For example, in a retail environment, some Muslim women may not wish to work on the tills and could bring themselves in to disrepute because the barrier would be around the sale of the products in the store to men.

Women can be too busy with responsibilities to sit on a committee and time on a voluntary basis could be difficult if it is in the evening and means travelling alone (*Engaging Black and minority ethnic entrepreneurs in business support*).

Many women in Asian cultures could find the situation of their father or brother, picking them up from their place of work or place of volunteering embarrassing or leave them feeling vulnerable, if colleagues from White British backgrounds do not understand the motive behind their father or brother picking them up. These situations may discourage them from returning, if they feel that they are being drawn out or made fun of in a multi-cultural environment.

Some cultures may find it more relevant, for example, when talking about health issues, if there was only one sex present or may find it difficult to communicate in an environment with members of the opposite sex due to their culture and upbringing.

Bangladeshi men may find it awkward to discuss topics, such as information on drugs, in front of other members of the community at an event, for fear of being labelled or excluded by the rest of the community. Bangladeshis and other South Asians are also reluctant to use general practitioners, family doctors and community based interventions to discuss personal health issues as they do not feel that it would be kept confidential (*Black and Minority Ethnic Communities Consultation Project*).

Further work is required to carry out a needs analysis of the requirements of the BME communities. This should be informed by the facts that specific groups have very particular needs and that women from Asian backgrounds in particular can be isolated and are not allowed out of their home environments (*Diversity Café Collated Results-Essex County Council*).

As cultures change and adapt to western ways, the cultural barriers may also change. A regular needs analysis would provide a way of monitoring these changes and prevent the risk of socially excluding individuals by not acknowledging the individuals choice to change in their cultural background.

Families of Gay and Lesbians have very little language support when understanding and accepting their child's sexuality. Friends and Families of Gay and Lesbians and Gay UK have information in Urdu and Hindi but the amount of information that is available in other languages and for bisexuals, transvesticism (South Asian Hijras), and transsexuals is not known.

2.4 Funding knowledge

When asked to rate their understanding of the way that the public sector funds and supports the voluntary sector, half of the respondents said they understand this reasonably well (52%), whilst another 12% understand it very well. Nevertheless, 28% say they do not understand the process very well, and 1% do not understand it at all well (*Mapping the Black and Minority Ethnic Voluntary Sector in the East of England 2004 report MENTER*).

Case study

A BME group saw a funding application being rejected because they hadn't fulfilled the criteria required by the funders. The impact it has had on the organisation has shown that they may only be able to run for another year unless they show that they can meet these stringent funding criteria or find other funding options, therefore denying the community a valuable service, which they have come to rely on and have referred people to for help and support. These situations leave the communities feeling that nothing is sustainable or it is a case of "here today gone tomorrow". This lowers the level of trust when working with or obtaining information from other organisations and individuals from outside the community and makes it harder to work towards social inclusion.

The knowledge of funding and where to access advice and information does vary from group to group and between the community, voluntary and business sectors. The understanding of the questions being asked and how to answer the question to meet the criteria can mean the difference between gaining funding and having the application rejected. BME businesses can sometimes feel that there is a long list of requirements, which can put small micro businesses at a disadvantage. These BME micro business leaders then feel that they have been effectively blocked out of bigger contracts. This leads to the perception by BME micro business leaders that the funders do not feel that the BME micro businesses have the capacity to deliver the contract (*Engaging Black and minority ethnic entrepreneurs in business support*).

Involving Black and Minority Ethnic Communities in decision making within Lewisham's Health Services consultation event, identified that there is inadequate funding for BME voluntary/community groups. "Funding is often short term, for example one years funding is not enough". "Community sector finds the criteria for funding rigid, it would be useful to have representation from the community on the funding boards."

Little is known about how many funders have application forms or information about funding opportunities in other languages. Research into this area would help to establish whether the funding applications are being turned down because:

- The applicant does not understand the language being used
- The applicant does not understand the jargon used
- The criteria is too rigid and disadvantages BME groups
- The applicant does not understanding the aims and outcomes the funders may be looking for
- There are other barriers that may be identified though this research.

2.5 Accessing information

Accessing information for assistance can be hard to come by if the work pattern of the person seeking the information involves shift or night work. Services may provide multi language leaflets to support BME communities but telephone helplines that have pre-recorded answer machine messages or do not have access to an interpreting service, may not support those individuals whose English is not strong or who may only speak their mother or native tongue (*Black and Minority Ethnic Communities Consultation Project - Suffolk Drug Action Team*). This is more relevant to individuals who are from first generation, migrant workers or refugees and asylum seekers, but can also apply to offspring of the first generation.

Access to information about events, networks and training in BME communities often comes through word of mouth in the communities or by posters, local press, schools, and newsletters (*Our Communities Speak: Communication/information*). Other means of accessing information include local community events, and radio, especially where there is a community radio station, which supports the language needs of the community, or a local station, which has specialist community programmes developed (*Engaging Black and minority ethnic entrepreneurs in business support*).

At present, there is a growing radio sector for multi-language or culture specific radio stations, as unlike television these can be listened to on the move from area to area. Television is seen as more of a leisure pursuit to be enjoyed with the family. Larger cities where the population of BME communities is greater have their own television and radio stations. Rural communities access these through satellite and cable television and the internet. At present, it is unknown how many access national cultural radio stations through the new medium of digital radio (DAB), as the coverage is not yet nationwide.

Cultural behaviour influences whether or not an individual reads a newspaper and the availability of material in a variety of languages. Those professionals, who work as solicitors and accountants, are expected to read the national press. Some business owners who work long shifts do not have the time to read newspapers, others who feel that mainstreaming is important would not read ethnic minority press.

Some BME groups are reluctant to use mainstream media to promote a project or event. This could be due to not being able to promote a positive image, celebrating the achievement made or stereotyping. Coverage of events that do not portray a positive image have a bigger impact in the media and are much more likely to be asked about in an interview, even when celebrating the achievements made in a project. The teaching of media skills and how to use them to the groups' advantage when promoting positive events and projects may help them to overcome the barrier of using mainstream media and help them to gain confidence when giving interviews to the media.

2.6 Cross cultural communication

Cross cultural communication is a language barrier that is not often thought about when communicating with BME individuals.

The difficulty is that the way we speak to everyone is mostly an unconscious process. For example, people for whom English is a second language may find it difficult to pick up meanings from the heavily figurative ways English is used by native speakers. They may carry over accents, intonation patterns, placing of stress in sentences, body language, etc, which are derived from their first language in to their ways of speaking in English as their second language. Often not realising how the way English is spoken can carry or alter the apparent literal meaning of the words.

The White British individual may find the BME individuals manner irritating - apparently unco-operative and unforthcoming, or at the other extreme abrupt, rude and demanding. These are common symptoms of a breakdown of intercultural communication - a particular danger in interactions involving members of the BME groups.

Public services need to be able to handle such differences positively - otherwise they will be at risk of excluding those with alternative styles.

(Briefing on awareness and skills of cross-cultural communication - Diversity Works Ltd. 2003)

With BME communities, groups and business, the language we use in everyday working life may also alienate them from improving their skills, coming forward and admitting the jargon being used in the meeting is not being understood by the individual.

Communication between BME groups can also create barriers. Within a BME community, there can be many different dialects and languages, for example, the most widely spoken languages in China are Cantonese and Mandarin. While the latter is the official language of mainland China and the language that most people will understand, not everybody will be able to understand Cantonese. The same can apply to the Chinese written language. 'Traditional' is written and read by those over the age of 40, while the 'simplified' written language introduced in the 50's and 60's, is known mostly by those who are younger. Therefore, these differences need to be identified and taken into account when encouraging BME communities to work together.

Suffolk Association of Voluntary Organisation's view is that it is not reaching all groups and feels that it needs to adapt it's "offer" to different cultures but is currently not resourced to do so.

Further information on barriers to groups/individuals, collaborative working and recommendations from the reports received can be found in the appendices listed at the end of this report.

3. Conclusions

From the reports received, there is little written evidence from Suffolk's BME voluntary and community groups of what needs have been identified for their communities, the actions that have taken place to address those needs and the outcomes or evaluations from the services and support offered. The groups that have taken on a consultation or event for their own members and communities' have been able to provide and expand their own services and have solid evidence of their communities needs when providing information to funders and partners. Other BME groups may have identified their own communities needs but it is not known if there are any reports to support this or if there is, if it is available to other organisations to assist them in developing services sensitive to a service user's cultural needs.

An in depth study or research project to pull together information on what services are currently being provided by BME groups, voluntary, community, statutory and public organisations in Suffolk would identify which services are not reaching the BME communities. This would help to define the information and support that the network, forum or support group could offer, prevent duplicating what is already being provided by working in partnership with those organisations and offer one clear access point to information, advice and service providers. This would provide a better environment for partnership working, which is currently lacking within BME groups and other organisations and improve the sharing of information within organisations and between service users.

One area that is preventing BME groups from growing is access to funding. At the BME Community Action Event held in Ipswich on the 21st March, it was noted that of all the workshops run, the funding workshops were the ones that had the highest attendance. Further research in to the barriers faced by BME groups when applying for funding, their knowledge of the funding streams, their understanding of the criteria and the language used, would help to increase the awareness, knowledge and access to funding for both BME groups and funders alike.

The definition of the term BME group needs awareness raising within the communities and the sectors if we are to tackle social exclusion. Many groups may not place themselves under this term and may feel that the support, information and advice are not offered to them because they do not fit the description used (for example, they see the word 'Black' first and ignore the rest of the sentence). The name of the network and the way it promotes itself will be important to ensure that it is accessible by all minority groups regardless of culture or race.

Recommendations

The following recommendations should be considered when developing the BME Network. It is up to the steering group to determine the priority areas of work.

Social

- Consulting with BME groups and individuals to find out what access methods to this network would suit their needs and encourage participation
- Compile a list of services providers to BME groups, their user groups and make it accessible to BME groups and individuals
- Providing regular updates to BME groups on consultation outcomes and development work
- Compile the multi-language information that is available to support BME groups and their communities and make it accessible to them
- Provide a regular networking event, for example seminars on important issues as covered in appendixes and those that arise from future consultations and reports
- Raising awareness of the network as a route to support and advice for all ethnic minority organisations and individuals
- Develop outreach work and training that takes place within the community
- Provide information to the community on changes to procedures and laws that will effect BME individuals in everyday life, for example, new stop and search procedures.
- Develop and implement a marketing strategy to ensure BME individuals know how to:
 - access higher and adult education services
 - employment fairs
 - Careers advice
- Develop and implement a marketing strategy to ensure that groups and individuals know who to go to for information and advice and make it easily accessible

- Develop and produce 'Introduction to Britain' classes or pack
- Develop and maintain a list of playgroups, pre-school, after school care and crèche facilities and services for children under four that are available

Economic

- Collaborate with other organisations, forums and networks to bring together an ongoing list of BME groups and organisations
- Provide a network of information sharing about events to reach the wider BME community, individuals and those organisations wishing to provide services to BME communities
- Ensure that the network is sustainable for current and for future development to prevent and break down the "here today and gone tomorrow" syndrome
- Provide information on and encourage BME groups to access and participate in local partnership networks
- Provide information on funding opportunities and obtaining office equipment
- Develop and provide training sessions to develop the skills needed to run their organisation efficiently. These training needs may include:
 - Managing your organisation
 - Managing your staff and volunteers
 - Business and operational planning
 - Funding
 - IT and internet skills
 - The trustees or management committee role
- Develop partnership working with other organisations and community agencies
- Ensure representation of the steering group includes those from BME communities
- Provide information on support networks for business needs
- Encourage service providers to adapt their services and make them more accessible to BME individuals
- Raise awareness of cultural differences and encourage organisations to provide training programmes for all staff to prevent social exclusion

- Raise awareness to service providers of how to access and use interpretation services
- Develop a support and information network for those who undertake rural race equality work to prevent them from becoming isolated
- Develop BME groups to be able to provide appropriate services to their communities

Appendix A - Barriers to BME groups/ individuals

The following is a key list of barriers and issues faced by BME individuals and groups drawn from the reports received. These have been broken down in to two areas: social and economic needs.

Social needs

Access to services and advice

- Access to services at weekends and evenings
- Clear guidance on obtaining information and who to speak to
- Access to Interpreters needed when phoning services
- Information leaflets in bi-lingual languages
- Bring the services to the community not the community to the services
- Service providers to offer outreach community development work
- Access is often made during a crisis
- Not enough trained/competent staff
- Service providers, such as medical staff, are unwilling to take on cultural differences

Education

- Top up classes at college to supplement foreign qualifications
- Access to training/employment fairs, etc
- Access to suitable English as a Second Language provision that fits in around shift work
- Integration into schools/provision of English as a Second Language support for children

Housing and rights

- Poorly informed about their rights and responsibilities
- Issues with poor housing
- Poor working conditions/tenuous work contracts
- Accessing advice on immigration/status issues
- Issues finding suitable accommodation (Refugees and Asylum Seekers)

Cultural awareness

- Everyone knowing what is going on with everyone else
- Face to face contact is preferred, rather than by phone
- Does race=culture
- Lack of understanding of the diverse needs of the community

Economic needs

Advice, information and support

- Provide information in a more culturally sensitive way to community organisations
- Lack of outreach work and rural peer support networks
- Knowing who provides which service
- Some groups won't have access to the internet and will have quite low economic means
- Awareness as to who to speak to obtain information
- Individuals employed to undertake rural race equality work quickly becoming overwhelmed in terms of the demands made on them and they tend to be isolated
- Professional/BME officers should be credited for their knowledge in different sectors
- Issues finding suitable accommodation (organisations and groups)

Funding

- Lack of long term and adequate funding was a major problem faced by projects at a local level
- Inadequate funding for voluntary and community groups

Networking

- There are very few, if any, opportunities for networking across rural areas
- Lack of representation and involvement of black and minority ethnic communities in decision making
- Setting up opportunities to meet, however small the group size or infrequent the meeting, is very valuable in helping form social networks, build a BME voice through sharing experiences and a sense of community
- Involvement of communities through the planning process

Training needs

- Training/shadowing/networking is needed
- Training and capacity building of BME communities to enable them to carry out equality work and address training needs

Appendix B - Barriers to collaborative working

The list below highlights some of the barriers to collaborative working identified through the reports received:

- No effective approach to joint working – community agencies are often left out
- Filling in the gaps/crossing boundaries. Too many disjointed initiatives, lack of communication and sharing of good practice
- Little joined up working apparent to local communities and agencies
- Poor communication and 'passing the buck' is common. 'Client being sent round in circles'
- Agencies are often 'assessing client's to death', yet the clients needs are not often prioritised or responded to
- Local community centres are not used as effectively as they could be to support community groups and initiatives - (some local centres are in danger of closing, thus limiting resources further)
- Practical strategies need to reflect views, opinions and ideas of local service users and community agencies
- Statutory agencies do not actively 'link up' with the communities as 'collaborators', give the communities reasons to want to participate or listen to what the BME community has to say and act on their concerns

Appendix C - Recommendations from reports received

The list below highlight recommendations suggested from the reports received which could improve the support and lifestyles of BME communities. (The brackets indicate reports that suggest areas of work within these BME communities):

Awareness raising

- Continued awareness raising activities in Lowestoft (Refugees and Migrant workers)
- Provide feedback to the communities on what issues are going to be addressed from the consultation to increase confidence and trust in the services
- Clear sign posting to advice, support and information for all the community
- Produce a handy leaflet with basic information about services provided by all the major public agencies, together with contact points
- Overview of services available to them
- Dedicated diversity or outreach worker/s
- Optional 'Introduction to Britain' classes. Information to be given out about social and cultural issues, language, the NHS, the legal system (Portuguese)
- A programme of ongoing consultation should be developed in collaboration with all key agencies. It should be complementary to the existing 'Our Communities speaks' (Black and Minority Ethnic Consultation and Involvement Project - Consultation work in Suffolk to improve services to BME communities) initiative to avoid duplication of effort and ensure a consistent approach

The Programme should take into account the following:

- Provide clear and simple information to communities about:
- The agencies involved
- The purpose for consulting communities
- How the feedback will be used

- The processes for taking action of feedback
- Planning and timeframes should allow individual communities adequate time to encourage good representation from within their communities

Housing

- Refugees need to be told about their rights and responsibilities as tenant (Refugees)
- Information on accessing the private rent sector should be given whilst in National Asylum Support Service (NASS) accommodation and should be printed in asylum seekers' languages (Refugees and asylum seekers)

Education

- Develop educational work within schools
- Greater use and staff knowledge of interpretation services to support BME parents at parent evenings

Language

- The need to expand further local English as a Second Language provision/English as a Second Language teacher training
- Translate published documents in to other languages appropriate to them

Language support

- Bilingual support to help with enquires

Childcare

- More effective publicity about services for children under 4
- Information about the location of playgroups, pre school and after school care, and crèche facilities

Health

- Being able to access a GP when required (Gypsies and Chinese)
- Bridge the gap between community, health and social services
- Demonstrate a commitment to providing for all communities by communicating regular updates on the progress made from the report's recommendations

- BME voluntary organisations should represent community groups in Primary Care Trusts (PCT)

Development and skills

BME groups need support in:

- Developing specialist knowledge in Lowestoft on immigration/nationality/refugee issues (Refugees and migrant workers)
- Obtaining office equipment and furniture
- Business development and management
- Consultancy and advocacy
- Setting up new BME groups
- Reviewing and evaluating their achievements
- Registering their groups with the Charity Commission
- Developing quality standards for volunteers, providing training, support and resources thereby raising the overall profile of volunteering
- Developing funding applications and information and advice on fundraising
- Developing a programme to prepare, and integrate new non-executive ethnic minority participants, with a 'buddy' on the trustee board or management committee, and training for chairpersons
- Training and developing staff and volunteers
- Recruiting staff
- Becoming advocates for service users
- Providing transport and home care
- Providing services that are culturally sensitive and developing appropriate services such as befriending to clients in their homes
- Highlighting Black and Minority Ethnic issues in strategic partnerships
- Working in partnership with other organisations to find solutions to Black and Minority Ethnic issues

Appendix D - BME groups in Suffolk

There is currently a mapping exercise being undertaken to establish all the BME groups and communities in Suffolk. The list below contains information on the main groups in Suffolk and is not inclusive.

BME groups

Bangladeshi Islamic Centre
110-112 St Helens Street
Ipswich
Suffolk
IP4 2LH

Bangladeshi Luncheon Club
32-36 Bond Street
Ipswich
Suffolk
IP4 1JE

Balkan Cultural Centre
P.O. Box 432
Ipswich
Suffolk
IP1 2WE

Beck Row Community Association
66B The Street
Beck Row
Bury St. Edmunds
Suffolk
IP28 8AQ

Bethesda Community Charitable Trust
41 Highfield Road,
Ipswich
Suffolk
IP41 6DD

Indian Association (Ipswich and Suffolk)
140 Fircroft Road
Ipswich
Suffolk
IP1 6PP

Ipswich and Suffolk Bangladeshi Muslim Community and Mosque Centre
32-36 Bond Street
Ipswich
Suffolk
IP4 1JE

Ipswich Caribbean Association
15 Woodbridge Road
Ipswich
Suffolk
IP4 2EA

Norfolk and Suffolk Islamic Mission
39 Northgate Street
Great Yarmouth
Norfolk
NR30 1BH

Sangrat Silk Temple
719 Bramford Road,
Ipswich
IP1 2LT

Suffolk Chinese Association
17 Woodbridge Road
Ipswich
Suffolk
IP4 2EA

Woodbridge and District Bangladeshi Community Group
C/O 6 Quat Street
Woodbridge
Suffolk
IP12 1BX

BME support groups

Bangladeshi Support Centre
Room 37-38
19 Tower Street
Ipswich
Suffolk
IP1 3BE

Bangladeshi Support Group
Room 28
19 Tower Street
Ipswich
Suffolk
IP1 3BE

Ipswich and Suffolk Bangladeshi Support Group
50 Sidegate Lane
Ipswich
Suffolk
IP4 4HX

Ipswich and Suffolk Council for Race Equality
46a St Matthews Street
Ipswich
Suffolk
IP1 3EP

Lowestoft International Support Group
12 Grove Road
Lowestoft
Suffolk
NR 32 1EB

MENTER
c/o Ipswich and Suffolk Council for Racial Equality
46a St Matthews Street
Ipswich
Suffolk
IP1 3EP

Refugee Council
1st Floor
4-8 Museum Street
Ipswich
Suffolk
IP1 1HT

Suffolk Chinese Family Welfare Association
10 Birch Road
One House
Stowmarket
Suffolk
IP14 3E2

Suffolk Inter-Faith Resource
c/o Suffolk College
Rope Walk
Ipswich
Suffolk
IP4 1LT

Suffolk Refugee Support Forum
38 St Matthews Street
Ipswich
Suffolk
IP1 3EP

Voluntary Sector Refugee Network
38 St. Matthews Street
Ipswich
Suffolk
IP1 3EP

The Progressive Jewish Community of East Anglia
61 Albe Marle Road,
Gorleston-On-Sea
Great Yarmouth
Norfolk
NR31 7AS

Appendix E - Translations, interpreting and transcription services available to Suffolk Agencies

Aplin Translation Services
Westwood Park,
Little Horkesley,
Colchester,
Essex
CO6 4BS
Lead Contact: Rachael O'Connell
Telephone: 01206 274034
Fax: 01206 274035
E-mail: translation@aplin.co.uk
Website: www.aplin.co.uk

APU Regional Transcription Centre
Bishops Hall Lane,
Chelmsford,
Essex
CM1 1SQ
Lead Contact: Steve Carey
Telephone: 01245 493131

Ask Group
ASK House,
Northgate Avenue,
Bury St Edmunds,
Suffolk
IP32 6BB
Telephone: 0870 0422121
Fax: 0870 0422122
E-mail: help@ask-group.co.uk or sales@ask-group.co.uk
Website: www.ask-group.co.uk

Community Interpreting and Translation Service (CITS)
41 Union Street East,
Stowmarket,
Suffolk
IP14 1HP
Lead Contact: Barry Bowles
Telephone: 01449 676546
E-mail: info@citsanglia.co.uk
Website: www.citdanglia.co.uk

Deaf Direct Interpreter Agency (BSL)
Telephone: 01905 746300

Ipswich Translation and Interpreting Project (TIP)
46a St Matthews Street,
Ipswich,
Suffolk
IP14 3EP
Lead Contact: Annie Chow
Telephone: 01473 400082
Fax: 01473 400084
E-mail: tipiscreorguk@byopenworld.com
Website: www.iscre.org.uk/tip.htm

Just Communications Ltd (BSL)
Surditas House,
Bromsgrove Road,
Redditch,
Worcestershire
B97 4QY
Telephone: 01527 582080
Fax: 01527 582083
E-mail: office@justcommunication.co.uk
Website: www.justcommunication.co.uk/learn_bsl.htm

Language Line
11-21 Northdown Street,
London
N1 9BN
Lead Contact: Tracey Watkins
Telephone: 0207 520 3420 or 0800 169 2879
Fax: 0207 520 1450
E-mail: tracey.watkins@languageline.co.uk
Website: www.languageline.co.uk

Lasa Multikulti Project, London Advice Services Alliance
1 Rivermead,
Pipers Way,
Thatcham,
Berkshire
RG19 4EP
Lead Contact: Fiona O'Brien
Telephone: 0207 247 7226
E-mail: info@lasa.org.uk
Website: www.multikulti.org.uk

Lin Berwick Braille Translation Service
Blackton,
4 Chaucer Road,
Sudbury,
Suffolk
CO10 1LN
Lead Contact: Lin Berwick
Telephone: 01787 882111
Fax: 01787 882112
E-mail: lin@berwick.fsnet.co.uk

Living Word Language Service
64 Jeavons Lane,
Cambourne,
Cambridge
CB3 6AZ
Lead Contact: Katharine Marr
Telephone: 01954 20406
E-mail: livingword@livingword.co.uk
Website: www.livingword.co.uk

National Interpreting Services
61 The London Fruit and Wool Exchange,
Brushfield Street,
London
E1 6EP
Telephone: 0800 169 5996
E-mail: enquiries@nisuk.co.uk
Website: www.marketing.languagelineservices.com/nis

Prestige Translation and Interpreting News
1 Rivermead,
Pipers Way,
Thatcham,
Berkshire
RG19 4EP
Lead Contacts: Myra Erbenova and Jolanta Kaczmarek
Telephone: 0870 770 5262
Fax: 0870 770 5261
E-mail: admin@prestigenetwork.com
Website: www.prestigenetwork.com

Suffolk Social Care and Health BSL Interpreter (for services users only)
Social Care Services
Whitehouse Road,
Ipswich
Suffolk
IP1 5NX
Lead Contact: Grainne Sheehan
Telephone: (Mobile) 07740 481 323

E-mail: interpreter@ntlworld.com

Individual BSL Interpreters

Maureen Wood:	Mobile: 07919 891877	Voice/fax: 01206 820511
David Hewitt:		Voice/fax: 01689 876283
Paul Mancini:	Mobile: 07974 121647	Voice/fax/telephone: 01454 324035
Roma Parrick:		Voice/fax: 01572 770592
Ivan Osborne:		Voice: 01394 272814
Sonia Hollis:		voice/fax 01933 386096

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- *Black and Minority Ethnic Communities Consultation Project* - SILKAP - Suffolk Drug Action Team - August 2003
- *Delivering Responses to Victims of Rural Racism: Assessing the Impact of a Dedicated Racial Harassment Project* - Shammi Jalota - Racial Harassment /Officer - Suffolk County Council - November 2004 - Website: www.suffolkcc.gov.uk/srhi/rural.html
- *Labour market survey of young minority ethnic people in Suffolk* - Eleanor Formby, Becky Gulc, Ali Turnham and Alexandra Upton - Questions Answered - June 2002 - Website: www.questions.co.uk

Regional (East of England)

- *Mapping the Black and Minority Voluntary Sector in the East of England*-BMG Research Interim Results - May 2004 - Prepared for MENTER by James Elliott - Senior Account Executive, BMG research Website: www.mentor.org.uk/html/honours_nominations.psd#survey
- *A report on the Diversity Cafes held in North Essex* - Alan Honey Joint Commissioning Team(Mental Health) and Pauline Stratford, Essex County Council Equalities Adviser Social Care

Local and regional (other areas of the country)

- *Involving Black and Minority Ethnic Communities in decision Making within Lewisham's Health Services* - October 2001- Beverley Ejimofa and Daisy Camiwet - Voluntary Action Lewisham, Health action Zone Lambeth, Southwark and Lewisham and the Black Ethnic Minority Health Initiative (BEMHI) Website: www.haznet.org.uk/hazs/hazmap/lsl_involve-bme-oct01.doc
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