

Equality & Diversity Profile – Race

This profile presents the current information available. We would like your feedback. Does it reflect your understanding of key issues for race? If not, what would you change or add?

The Population at Risk of Disadvantage & Their Experiences

People from black and minority ethnic (BME) groups can experience a range of disadvantages in living in the city. BME residents can find themselves victims of prejudice, discrimination, harassment and abuse. However, the disadvantages can be more subtle and might include in terms of both access to, and benefiting from, facilities, services and solutions designed to support the city's population, as well as lack of access to opportunity, such as good quality housing and work. Given the diversity of the relatively small BME population within Sunderland, there is a particular risk the city and its public agencies don't fully understand the needs of specific residents.

Latest population estimates from the Office of National Statistics, have shown that in Sunderland the BME population is significantly increasing. The overall White British population of Sunderland decreased from 263,200 to 262,300 between 2008 and 2009; by comparison, the BME population is believed to have increased by 9.6% over the same period. Currently the BME population within Sunderland is generally considered to be quite 'young', with, for example, only 0.5% of the city's population over 65 from BME groups.

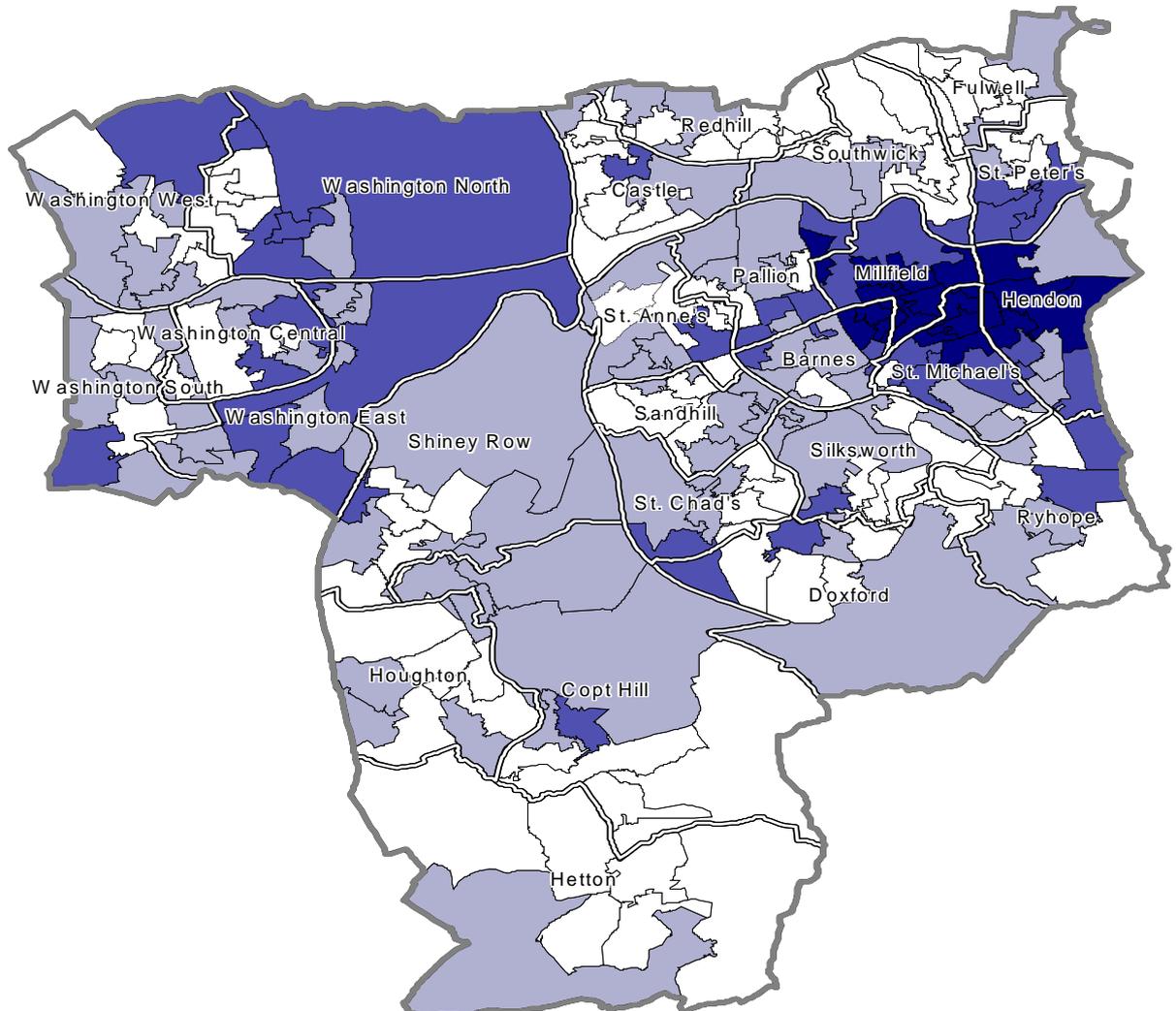
Sunderland has a very rich diverse community comprising of numerous cultural and social origin. The table below highlights the ethnic split of people residing in Sunderland and how this has changed between 2001 and 2009.

Ethnic Group Population	2001	2003	2004	2007	2009
White	98.1%	97.2%	97.1%	96.1%	95.7%
(Includes White Irish, White Other)					
Black	0.1%	0.4%	0.4%	0.5%	0.7%
(Caribbean, African)		(1100)	(1100)	(1500)	(1900)
Asian	0.9%	1.1%	1.1%	1.5%	1.7%
(Indian, Pakistani, Bangladeshi)		(3100)	(3100)	(4100)	(4700)
Chinese	0.2%	0.4%	0.4%	0.5%	0.3%
		(1000)	(1000)	(1400)	(800)
Other (All Mixed, Other Asians)	0.6%	0.9%	1.0%	1.4%	1.7%
and Others		(2700)	(2800)	(3900)	(4700)
Total Black and Ethnic Minority Population as % of whole popn	1.9%	2.8%	2.9%	3.9%	4.4%

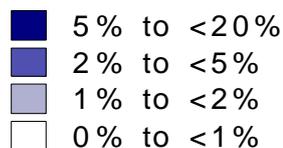
Source: **Table EE1**, ONS Mid-2009 Estimates

The map below shows the geographical distribution of the black and ethnic minority population across the city – however, it should be noted this is based on the 2001 census.

Distribution of black and minority ethnic group population by lower tier super output area within Sunderland at 2001 Census



Percentage of population that are from black and minority ethnic groups by lower tier super output area at 2001 Census



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Information from the Office of National statistics, on components of population change 2009-2010, has highlighted a year on year increase in Sunderland, of international in-migration. These figures have increased from 1686 in 2007-08, to 1976 in 2008-09 and 2836 in 2009-10, a substantial growth of 68%. As a result of the government's dispersal policy, the City has also seen an increase in the number of asylum seekers since 1999. In September 2011 the number of asylum seekers in the city was 170, of whom 100 are single households & 24 families. The North East Refugee Service indicated the

largest number of refugees in the NE England were from Iraq, Iran and Zimbabwe.

The precise numbers of Gypsies and Travellers within the United Kingdom are unknown. The Commission for Racial Equality (CRE) estimates that there are between 270 and 360,000 Gypsies and Travellers in England alone living in bricks and mortar housing, around three times the number maintaining a nomadic lifestyle (Commission for Racial Equality 2006). Official government statistics (based upon the bi-annual Caravan Count – July 2009), estimated the number of gypsy/traveller caravans on sites across England authorised and unauthorised to be 17,437 (Source: Communities & Local Government).

There is limited information around the exact number of Gypsies and Travellers visiting Sunderland, although it is thought that this varies on a year by year basis. The City also lacks an in depth knowledge of the numbers of Gypsies and Travellers who live in the city in bricks and mortar accommodation. This highlights that Gypsy/Travellers are still living on the fringes of 'settled society' and suggests they are not getting access to basic amenities/services including health care and education. Gypsy/Traveller websites estimate that this population is on the increase, which may be due in part to dynamics of this population which is generally more youthful, with larger households, earlier ages of marriage/having children and stronger ties to extended families, than that of the general population.

The above analysis illustrates that although the BME population within Sunderland is comparatively small it is diverse and subject to dynamic changes. With this in mind the likelihood is, that there will be many issues and concerns, some of which will be general but others that will be very specific to relatively small groups of residents.

Research on local communities, undertaken by BME Independent Advisory Group, has indicated that there is a need to improve knowledge of local BME communities in Sunderland, in respect of their size, location and age profile. This information is required to ensure that Sunderland is able to better understand and fulfil the needs of these groups and ensure there are services available to meet those needs, delivered in a culturally sensitive way.

From national and local research, specific areas of disadvantage for BME population include:

Access to information

- Local evidence, collected from residents, has highlighted a lack of general information available to BME communities. One significant reason for this is the language barrier, with a number of key information leaflets and publications, produced only in English
- Not having adequate access to information, means that the BME community are often not aware or informed of general advice on day to day living such as claiming benefits; city services including; health, leisure and social activities; and community events.

Access to services

- Although the City has seen increases in the number of services aimed at the BME population, given the diversity of this community it is likely this only goes some way to meet the needs of residents;
- Some BME residents may be unable to access specific retail services, such as specialist food and clothing stores, places of worship and community centres;
- According to national research, general services such as libraries and leisure centres are often inadequately equipped to meet the needs of such a diverse population;
- Services specific to the BME community are often situated within concentrated pockets in the city, where there is a greater proportion of residents. This can mean that individuals who live outside of those areas have difficulty in accessing these services.

Health & Social Care

- There is limited understanding of the needs of the BME population within Sunderland. This is particularly relevant when considering health care, in which there is historically poor engagement with services;
- Information from International Community Organisation of Sunderland (ICOS) highlighted a number of barriers in accessing health, particularly in relation to GP services which are not always accessible to migrant communities;
 - Walk in Centres have also been reported to work differently in other countries and there is a need to make information relating to these services more readily available to BME communities to improve access and take up services;
 - Mental health can also be an issue amongst individuals from BME communities. For example: women from South-East Asian communities are reported to suffer from particularly high levels of mental illness; a number of asylum seekers residing in the city suffer from post traumatic stress disorder; and suicide is reported to be high amongst the Polish community. Given the poor take-up of health services, this raises some questions as to how these individuals are accessing the treatment they require and how this can be improved.

Social Isolation

- BME people account for only 4% of the overall population in Sunderland. This may result in some black and minority ethnic people feeling socially isolated, given that they may not have access to extensive social and family networks. This is particularly relevant amongst those residents from less established groups, who may lack a sense of belonging within their local area;
- There are a number of former asylum seekers who have had their applications refused, living in the city supported by voluntary/charitable agencies. Given their specific situation, this may be a hidden population who are isolated from the wider community.

Access to work/education

- Language can often be a barrier in accessing both work and education for BME individuals, and this is the case for both adults and children;
- There are very few education projects that explicitly address BME needs;
- BME communities, with a large proportion of individuals employed by independent agencies, often have limited employment rights, access to health care, sickness pay and holiday entitlement and are often poorly paid.
- There are particular barriers to some groups accessing work and adult education. For example, the Shakti project found many women from ethnic groups in the North East have little economic independence, with a significant minority of those from South East Asian communities looking after families full-time;

Community cohesion

- Most people in Sunderland remain positive about community integration in their local area, though the proportion that feel positive (72%) is lower than the England average (85%);
- The BME population within Sunderland, although growing is still substantially smaller than the white population. This in itself can be quite daunting for BME communities, with the majority of those individuals residing in pockets across the City. For those residents who are well established in the area it is likely there will be a high feeling of belonging within this area, however, for those communities that are less well established this can be issue;
- Information from the 2010 MORI survey indicated that people from BME communities are more likely to feel strongly that people from different backgrounds get on well in local neighbourhoods (37% v. 17%), although this could largely be dependent on the area in which people reside, with a larger proportion of people from the Coalfields area disagreeing with this statement than residents from Washington;

Perception of community safety

- Those from BME communities will often find themselves victims of discrimination and hate crime. In 2011 (April onwards), there were 275 hate incidents reported to the ARCH partnership, 227 of which were classified as racist incidents. It should be recognised however that the number of incidents that actually take place are likely to be under reported;
- There were a number of reported incidents across the City, against both individuals and businesses, with younger BME and white residents becoming involved in affrays;
- Data from previous MORI surveys have indicated that BME residents feel less safe walking alone in the city centre at night and women also feel less safe;

Specific areas of disadvantage for gypsies/travellers include:

Access to information

- Due to the transient nature of Gypsies it is difficult to keep them informed of services available to them. They are generally, not in a location long

enough to gather relevant information for services they may need to access;

Access to services

- Sunderland currently does not have any permanent, transit or stopover Gypsy or Traveller sites, although this has been identified as a need (specifically a stop over site for approximately 12 pitches). Therefore services provided are done so on an ad hoc basis and delivered at the site of the unauthorised encampment. Also, given the varying numbers of Gypsies and Travellers visiting the City, the needs of each group can vary significantly;
- Gypsies and Travellers who temporarily reside in the city are regularly unable to access services as they will not have a fixed address and often have to move on with little or no notice;
- There are procedures in place to overcome these issues, however, the nature of their lifestyle mean they often move on before they have the opportunity to access services they may be interested in;

Health & Social Care

- Members of the Gypsy and Traveller community have a life expectancy of at least 10 years less than the general population. They are also 20 times more likely to suffer from the death of a child. Children are also less likely to have inoculations carried out. These issues are all important factors that are taken into consideration when Gypsies and Travellers visit the city. Difficulty seeing a GP can often result in visits to A&E;
- All encampments receive a visit from a health visitor to try and resolve some of these issues, however, the nature of their lifestyle means they often move on before they have the opportunity to access services they may be in need of;

Social Isolation

- Gypsies and Travellers generally reside in locations which include industrial estates and pieces of waste land;

Access to work/education

- Traveller children often grow up outside of educational systems and nationally were found to be the lowest attaining amongst all Ethnic Minority groups (Source:www.grtleeds.co.uk). Poor education means most Travellers are disadvantaged in the job market and have therefore traditionally been self employed;

Community Safety

- It is often the perception of the general population that crime increases when there are Gypsies and Travellers in the city, however, crime reports have shown that this is not the case;