

Black and Minority Ethnic Communities in Brighton & Hove – summary report

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Brighton & Hove City Council
Policy, Scrutiny & Communities Unit

About this report

This is a summary of a more detailed report aiming to provide an accessible overview of statistics about Black & Minority Ethnic people living in Brighton & Hove, with an ultimate aim of creating a shared sense of priorities. It updates a snapshot report originally prepared and published in December 2013.¹ This report provides trend data, where possible, and is based on a wealth of information, mainly collected by the local authority and partner agencies. Sources are referenced so that readers can investigate topics of interest in more depth if they wish to.

It should be noted that whilst this report focuses on ethnicity and variations between ethnic groups, it may be misleading to think of ethnicity as the main, or most likely, explanation for any differences. Other factors such as age, migrant or socio-economic status, cultural or religious differences and poor service delivery may be more important influences. Additionally, there is growing recognition of diversity within ethnic communities, and other protected groups, and this “super diversity” makes it difficult to draw general conclusions based on protected characteristic alone.

This report aims to provide an overview and as such it should form the basis for future, more in depth analytical work on particular issues.

Our definition of Black & minority ethnic is anyone who identifies their ethnicity as anything other than ‘White English / Welsh / Scottish / Northern Irish / British’. It is therefore a wide definition.

It should also be noted that where samples are small, small differences can distort proportions more markedly. Not all data can be analysed by all ethnic groups, either due to the way it has been collected, or because it risks identifying individuals. We have tried to provide as much detail as possible within these constraints.

This summary provides the ‘At a glance’ box in the full report, giving key statistics.

A section outlining key weaknesses in our evidence base is included at the end of the report.

This report would not have been possible without the co-operation and contributions of many analysts and support staff working across the city whose assistance is gratefully acknowledged.

¹ The 2013 summary and report are available here: <http://www.bhconnected.org.uk/content/reports>

Population

All of our minority ethnic communities have grown significantly in number and proportion between 2001 and 2011, with the exception of the White Irish community

2011 census data shows that 20 per cent of our residents (53,351 people) are from a BME background

The largest increase in the number of people in an ethnic category between 2001 and 2011 is in the Other White category. The number of people in this category has risen by 8,041 people to 19,524

Our BME population's age profile is younger than our White UK/ British population; Mixed ethnic background residents have a very young age profile, with 50 per cent (5,218) of this community being aged 19 years or less, whilst White Irish and White UK/British residents have an older profile

There is a substantial full-time student population in the city (14 per cent) with a third being from BME backgrounds

Diversity

There is no robust quantitative information about the ethnic profile of our lesbian, gay and bisexual residents or our transgender residents

A quarter (24 per cent) of households in the city with more than one person living in them include people of different ethnic backgrounds; significantly higher than the 13 per cent found in both the South East and England

For one in 12 residents (21,833 people or 8.3 per cent) aged over three English is not their main or preferred language. Arabic is the most widely spoken language in the city besides English

According to 2011 census data nine per cent of all residents are providing unpaid care in the city and six per cent (3,201 people) of BME residents are

Black & minority ethnic residents were more likely to report having a religion or belief in response to the 2011 census than White UK/British residents; overall 42 per cent of the city's residents reported having no religion or belief, whilst 32 per cent of BME residents had none

Older people

There were comparatively few BME residents aged over 65, and very few aged over 85 years at the time of the census. Just 8.1 per cent of residents aged over 65 years were from BME backgrounds in 2011

Two-thirds (66 per cent) of older people of an Other ethnicity had a health problem or disability in 2011; significantly higher than all other ethnic groups

According to the 2014 City Tracker survey satisfaction with services for older people is low, although higher amongst BME respondents

Overall, eight per cent of clients aged 65 and over receiving Adult Social Care services provided or commissioned by the council in 2013/14 were from a BME group, mirroring the city profile:

- Eight per cent of the older clients receiving Adult Social Care services because of a physical disability were from a BME background**
- Ten per cent of those older residents receiving Adult Social Care services for dementia were from a BME background**

Children & young people

Overall, twenty-two per cent of the city's 0-19 year olds were from BME backgrounds in 2011, however there are big differences in the numbers and proportions of young people of different ethnicities

Nine per cent of all 0-19 year olds in the city were of a Mixed ethnic background, almost five per cent were Asian/Asian British and a slightly smaller proportion were Other White

The proportion of children with English as an Additional Language (EAL) has risen from 6.7 per cent in 2007 to 11.3 per cent in 2014, although this is still five per cent lower than the national average

In Early Years Foundation Stage the gap in achievement for pupils with English as an Additional Language (EAL) compared to non EAL pupils was 8.9 per cent, representing a narrowing of the gap from 16 per cent in 2012

At Key Stage 1 the EAL gap was nine per cent for writing, five per cent for Maths and four per cent for reading in 2014, representing narrowing of gaps in all subjects, although Brighton & Hove's gaps are larger than the England gaps in all three areas

At Key Stage 2 the EAL gap has fallen from 14 per cent in 2011 to five per cent in 2014, however, it's still higher than the England average

In 2014 the lowest performing ethnic group remained unchanged between Key Stages 2 and 4 (White and Black Caribbean) with 31 per cent of this cohort achieving five or more GCSEs graded A*-C, including English and Maths, compared to 53 per cent across the Local Authority area

Black or Black British (29 per cent) and Asian or Asian British (21 per cent) children aged 10-11 years (Year 6) are significantly more likely to be obese than other ethnic groups

On most issues asked about in the Safe at Well at School survey those pupils who had an Other ethnicity or who did not provide any ethnicity information appear to be more vulnerable, as has been the case in previous years

Families

BME residents, particularly, Other White residents are under-represented in the population being supported through the 'Stronger Families, Stronger Communities' initiative, whereas White UK/British residents are over-represented

Seventeen per cent of people who have been offered, or have engaged with 'Early Help' are from BME backgrounds

Neighbourhoods

Black & minority ethnic residents' satisfaction with their local area as a place to live is in line with White UK/British residents' satisfaction

Comparing results of the City Tracker survey relating to neighbourhoods by ethnicity reveals few notable differences between BME and White UK/British residents' views, but where there are differences BME residents tend to be more positive

Looking at who lives where, more than a third, 39 per cent, of our total BME population live in the six city centre wards of Central Hove, Brunswick & Adelaide, Regency, St. Peter's & North Laine & Goldsmid

Whilst 11 per cent of the total population live in the ten per cent most deprived areas of the city, 31 per cent of Bangladeshi residents do

Participation

Black and minority ethnic residents are more likely to feel it's important that they can influence decisions affecting the local area, and more likely to agree that they can, according to City Tracker 2014 results

Black and minority ethnic residents are more likely to agree that the Council acts on the concerns of locals, as well as being more positive on a range of measures related to the Council

Other White residents of the city are the most likely to report providing unpaid help and support at least once a month

Transport

Amongst BME residents 29 per cent did not have access to a car or van in 2011, which is very similar to the 28 per cent of White UK/British residents who don't have access

On transport topics it is hard to establish noticeable differences in behaviour between people of different ethnic backgrounds

Homes

Across all BME groups lower proportions lived in owned, or part owned, homes than White UK/British residents at the time of the 2011 census

Proportionally nearly twice as many BME residents (45 per cent) were renting their homes from private landlords than White UK/British residents (24 per cent) were in 2011

Overall, BME households in the city were less likely to be prevented from becoming homeless than White UK/British households between 2009 and 2014

Black/Black British residents are over-represented in terms of approaches to the Housing Options team for assistance to prevent homelessness, homeless applications, homeless acceptances, being on the Housing Register awaiting social housing and living in social housing

Health & wellbeing

People from BME groups were more likely to report that they were in very good or good health (88 per cent) than White UK/ British residents (83 per cent) in 2012

Whilst 17 per cent of White UK/British residents had a long-term health problem or disability in 2011 the proportions are lower across all other ethnic groups

Local research on ethnic differences in mental health has identified higher risks among BME populations. However, there were no significant differences in any of the measures for BME respondents in the Health Counts survey

Locally, Seven per cent of HIV patients accessing treatment in 2013 were Black African, whilst more than half of women with HIV are Black African

Data from Health Counts suggests that most minority ethnic groups are more likely not to drink alcohol

Between 2009/10 and 2012/13, hospital admission rates have increased significantly among Asian/Asian British Populations

Black and minority ethnic respondents to the 2014 City Tracker survey reported lower levels of satisfaction with their GP and NHS dentist than White UK/British respondents, similar satisfaction levels with the local NHS hospital and chemist and higher levels of satisfaction with Mental Health Services

Culture & leisure

Black & minority ethnic respondents to the City Tracker annual survey in 2014 were less likely to say that they had attended a creative, artistic, theatrical or musical event and less likely to have visited a museum or gallery in the past 12 months

Using the ethnic profile of respondents to a citywide survey of library users as a proxy for the library using population suggests that there were more Other White, White Gypsy/traveller and Bangladeshi users than we might expect

Community safety

Looking across a range of data shows that BME males are more likely than White males to report being victims of crime, more likely to be victims of police recorded racist & religiously motivated crimes and more likely to be charged as offenders (not necessarily convicted)

The police recorded 188 racist or religiously motivated incidents and crimes in the city in 2013/14, 15 per cent more than in 2012/13

Data from the 2014 Safe & Well at School Survey shows an increase in the percentage of pupils bullied who reported it was related to race or ethnicity in Key Stage 2 (from four per cent in 2011 to seven per cent in 2014) but no increase in Key Stages 3 and 4 (nine per cent in both years)

In response to the City Tracker Survey conducted in autumn 2014, BME respondents were more likely to agree that they felt safe in the city centre after dark and during the day and in their own area in the day, but slightly less likely than White UK/British respondents to say they felt safe in their own area after dark

Employment & skills

Fourteen per cent of all residents in the city aged 16 years or more were full-time students in 2011 with a third of these being from BME backgrounds; high proportions of BME residents are full-time students

Whilst economic activity and employment rates of BME and White UK/British men and BME and White UK/British women are similar, there are big differences between ethnic groups

The ethnic profile of Jobseeker's Allowance claimants closely reflects the ethnic profile of the city's 18-64 year olds

Gaps & weaknesses in the evidence base

There are gaps and weaknesses in our evidence base about BME communities in Brighton & Hove, although we are not unique in experiencing these issues.

In many cases our data is limited or partial. This can be because data isn't collected in the first place, because people are given options not to disclose information, because data recording is poor, or because some people are hidden from official statistics. In some services (eg: crisis services) it may not be appropriate to ask for equality data. Sometimes data is not requested in consistent categories, making it hard to compare. In some cases the number of people in a specific ethnic group may be very low so numbers are suppressed to protect anonymity.

In some cases data is not available at the local level. In these cases we can make estimates about how the national patterns might apply at the local level but we can't be sure about the accuracy of doing this as we don't know what other variables could be at play. And whilst all the issues in this report are analysed by ethnicity many may not primarily be influenced by ethnicity, but rather by other variables such as deprivation, location, health and well-being.

In some cases data is collected but not analysed or reported. Some services may not have the necessary resources or skills to analyse data effectively. This can result in either no data being presented or the data being misunderstood.

In some cases data and information is not easily accessible. Different services collect, manage and analyse data and information in different ways and for different purposes, and it can be difficult to access the data, to make sense of it and to join it with other data sets to draw meaningful conclusions.

In some cases, robust quantitative data simply does not, and may not ever, exist. This is often the case for sensitive issues, such as sexual or 'honour' based violence, where there is a tendency towards under-reporting for a variety of reasons such as shame and fear of repercussions.

Examples of key areas where there are weaknesses in our evidence base generally, including about Black & minority ethnic communities, are outlined below:

- Numbers of people, adults and children, with disabilities of different types and severities, including people with learning disabilities.
- Numbers of lesbian, gay and bisexual residents and the issues they experience; Count me in and Count me in too were not designed to analyse particular issues that BME LGB residents experience.
- The number of transgender residents; the Count me in projects and the more recent trans needs assessment identified the nature of the issues transgender residents face but not the number of transgender residents living in the city.
- The number of people, including children, living in poverty in the city and how this affects their day-to-day lives. An assessment of the impact of welfare reforms is being conducted which will help to address this gap.
- Transport and travel behaviours and needs.
- Understanding of migration as a factor influencing outcomes and vulnerability.