

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Evidence base: Outcomes and experiences of BAME Disabled people in Camden	
REPORT OF Head of Strategy Corporate Services	
FOR SUBMISSION TO The Disability Oversight Panel	DATE 03/07/2019
<p>SUMMARY OF REPORT</p> <p>This report lays out what we know about Camden residents who have a disability and are also Black, Asian or from Minority Ethnicities (BAME). Both national and local data have been used to form this report as well as information from qualitative and quantitative sources. This research has been done in order to build a picture of what Camden knows about the experiences and needs of BAME residents who have disabilities.</p> <p>Local Government Act 1972 – Access to Information</p> <p>The following documents have been used in the preparation of this report: No documents that require listing have been used in the preparation of this report</p> <p>Contact Officer: Rosie Clewlow Graduate Trainee Strategy & Change, Floor 5, 5 Pancras Square, Kings Cross, N1C 4AG Rosie.clewlow@camden.gov.uk</p>	
<p>RECOMMENDATIONS</p> <p>This report has highlighted the importance of considering the intersectionality of people's lives and therefore collect data that cuts across different characteristics. Data on disability is rarely cross-tabulated by ethnicity and this is true nationally and locally in Camden.</p> <p>Further guidance to be provided on completing Equality Impact Assessments to consider the impact of proposals on people with multiple protected characteristics.</p>	

1. Purpose of Report

- 1.1. This report lays out what we know about Camden residents who have a disability and are also Black, Asian or from Minority Ethnicities (BAME). For the purpose of this report disabilities include both physical and mental/emotional disabilities, learning disabilities and long-term health problems. Both national and local data have been used to form this report as well as information from qualitative and quantitative sources.
- 1.2. This research has been done in order to build a picture of what Camden knows about the experiences and needs of BAME residents who have disabilities. By forming this analysis gaps in what we know can be revealed, areas where service delivery could be improved are highlighted, and the unique needs and experiences of BAME disabled people better understood. Therefore future policy and practice can be tailored to suit these citizens' needs and requirements to the fullest.
- 1.3. This report finds that BAME disabled people face multiple barriers and challenges due to the intersectionality of being BAME and disabled. This leads to multiple disadvantages in terms of opportunity and access to resources.
- 1.4. Experiences vary between people but common barriers are access to services due to lack of language and cultural appropriateness and access to employment due to discrimination (nationally disabled people are twice as likely to be unemployed compared to non-disabled people¹).
- 1.5. A consideration of this research is that data on BAME disabled residents in Camden is limited and in some cases does not exist. For example there is no register of people with physical disabilities in Camden and it is noted anecdotally that disabled people are unlikely to share their lived experience due to fear of persecution or stigma. Additionally, where data is available on disability it is unlikely to be broken down by ethnicity.
- 1.6. This report is the start of a series of evidence bases created for the London Borough of Camden that focus on equality and cohesion and will help build a better picture of what we know about our residents.

2. National Context

- 2.2. National data states that outcomes for BAME disabled people are worse than that of the general population. This population are effected by the systemic barriers against both BAME and disabled people. Access to services, employment market, and society can be reduced if you are BAME and further if you are disabled.

¹ Disability Facts and Figures, Scope, 2018: <https://www.scope.org.uk/media/disability-facts-figures/>

- 2.3. Research from the LSE found that there are at least one million BAME disabled people living in the UK. As BAME Disabled people can face multiple disadvantages and barriers their research advises that policy-makers, advocates and service providers should consider carefully how such overlapping identities can affect, and be affected by, policy decisions². BME disabled people's needs and views have often fallen between the two areas of disability and race equality policy.
- 2.4. According to Scope, a disabled people charity, 1 in 3 disabled people feel that three is a lot of discrimination in the UK towards disability³ and research by Carers UK ⁴ found that there are multiple additional difficulties and barriers for BAME carers such as struggling with language barriers, accessing culturally appropriate services and stereotyping around caring. This puts them at greater risk of ill health, poverty, loss of employment and social isolation.
- 2.5. Scope and the Equalities National Council – a user-led BME disabled people's organisation – carried out research to identify how BME (alternative term used in the UK to describe BAME people⁵) people feel about the services available to them⁶. They found that: nearly half of all minority ethnic disabled people live in household poverty, compared with 1 in 5 of the population as a whole; individual incomes for BME disabled people are 30% lower than for the general population; and less than 4 in 10 BME disabled people of working age are in employment. Experiences reported in the research were difficulties in communication and heightened levels of stigma (which is particularly acute within some ethnic minority communities).

3. Camden Context

- 3.1. At the time of the last census, in 2011, 34% of Camden's residents were from black and minority ethnic groups (BAME) making up 74,283 residents⁷ and there was 35,037 BAME residents living with a long-term health problem or disability in Camden. This makes up just over 1/3 of all residents living with a long-term health problem or disability in Camden (107,885) therefore this rate is fairly proportional⁸.

² 'The already disadvantaged and little understood BME disabled community will suffer greatly under austerity measures', LSE, 2012: <https://blogs.lse.ac.uk/politicsandpolicy/bme-disability-scope-trotter>

³ 'The disability perception gap', Scope, 2018: <https://www.scope.org.uk/campaigns/disability-perception-gap/>

⁴ 'Half a Million Voices: Improving support for BAME carers', Carers UK 2011: <https://www.carersuk.org/for-professionals/policy/policy-library/half-a-million-voices-improving-support-for-bame-carers>

⁵ Definitions, Institute of Race Relations: <http://www.irr.org.uk/research/statistics/definitions/>

⁶ 'Over-looked Communities, Over-due Change: how services can better support BME disabled people', Scope & Equalities National Council, 2012:

https://www.supportsolutions.co.uk/blog/client_groups/disability/issues_for_bme_disabled_people.html

⁷ Census population data, Open data Camden, 2011, <https://opendata.camden.gov.uk/w/c6rq-u7nw/7xcc-ae6v>

⁸ Census population data, Open data Camden, 2011, <https://opendata.camden.gov.uk/w/c6rq-u7nw/7xcc-ae6v>

- 3.2. In the census 2,096 (5.9%) BAME residents recorded that their health problem or disability limits their day-to-day activities 'a lot' and 2,051 (5.8%) said it limited their day-to-day activities 'a little'. This is a similar rate compared to white residents where 7.1% record that their health problem or disability limits their day-to-day activities 'a lot' and 7.2% said it limited their day-to-day activities 'a little'⁹.
- 3.3. Considerations to this data should be that it is relatively out of date (by 8 years) and that understandings of disability vary between different ethnic groups.
- 3.4. Camden and Islington NHS Foundation Trust has more up to date data on Camden's population by health conditions and ethnicity. In 2015 research with Camden's GP practices found that Camden's healthy population is dominated by women, the least deprived, and people from white ethnic groups. Among people with greater health needs¹⁰;
- Men, and people from Black and Asian ethnic groups, are overrepresented in the learning disabilities population segment. This data was support by Camden's Learning Disability Service (CDLS)¹¹.
 - The serious mental illness segment shows a similar pattern; Black and Asian ethnic groups and the most deprived are overrepresented, along with working age men and older women
- 3.5. Camden Public Health GP dataset in 2012¹² suggests that BME communities have poorer health outcomes than other groups. For example members of Camden's Bangladeshi community, the largest minority ethnic group in the Borough, have a 69% higher risk of a long term limiting illness: their risk of diabetes is four times higher than for the general population, they are twice as likely to suffer from heart disease, stroke and high blood pressure and 22% more likely to suffer from serious mental illness.
- 3.6. According to a TUC report in 2015¹³ disabled people consistently fare worse in employment than non-disabled people and are twice as likely to be unemployed that able bodied people.
- 3.7. DWP published data shows that 2,890 BAME residents claimed ESA in August 2018 in Camden compared to 3,840 white residents. This shows that,

⁹ Census population data, Open data Camden, 2011, <https://opendata.camden.gov.uk/w/c6rq-u7nw/7xcc-ae6v>

¹⁰ Camden Demographics Population Segment, 2015: <https://opendata.camden.gov.uk/Health/Camden-Demographics-Population-Segmentation-2015/v6fr-wght>

¹¹ Camden Profile Public Health Intelligence, 2013, Camden Learning Disability Service: <https://opendata.camden.gov.uk/Health/Camden-Learning-Disabilities-Profile/95wp-jefr/data>

¹² Camden Population Segment by Ward, 2012: <https://data.gov.uk/dataset/308bf656-6efe-45ae-8fb7-8803e463389e/camden-population-segmentation-by-ward-2012>

¹³ 'Disability and Employment Report', Department of Work and Pensions, 2015: <https://www.tuc.org.uk/sites/default/files/DisabilityandEmploymentReport.pdf>

proportionally to their population size, a greater percentage of BAME residents claim ESA compared to white residents. *(Note, this comparison should be treated with some caution as there was a high number of residents (3,050) who did not give their ethnicity).*

- 3.8. Camden's Strategic Needs Assessment¹⁴ recognises the need to understand the effect of being BAME on resident's health outcomes, especially as the ethnic diversity in Camden continues to change and grow. Services need to be culturally sensitive and appropriate to the different communities within the BAME population.
- 3.9. Certain BAME groups, such as the Bangladeshi and black African communities, have a higher risk of developing mental illness, certain chronic conditions such as heart disease and hypertension. Some behavioural risks, such as smoking, are also more common in certain BAME groups. Those groups disproportionately affected by long term sickness or disability and unable to work include older residents aged 55-59 and Black or Black British residents.
- 3.10. Camden has the third highest prevalence (1.3%) of recorded serious mental illness (schizophrenia, bipolar disorder and other psychoses) in London and has a crude prevalence significantly higher than London and England. Locally, black men have the highest rates of diagnosed serious mental disorder, at 4.8% higher compared to the borough average. Camden has significant numbers of people suffering from depression (over 28,000 people), the 7th highest rate in London.

4. Lived experience and anecdotal evidence in Camden

- 4.1. In 2016 Healthwatch Camden published a report on access to and experience of GP services in Camden for BAME residents¹⁵. The findings of the report were:
 - There are cases where satisfaction with health care was lower in BAME communities due to not receiving enough information, support or assessments relating to disability or health impairment.
 - A frequent complaint from all communities is the lack of respect they feel they receive from GP receptionists, who were said to be 'rude' (by many), 'unfriendly', 'uncooperative' and 'patronising', particularly if English is not your first language. *'Receptionists are very rude; they want to know why you want to see the doctor before you make an appointment. This is not good if you want to talk about something*

¹⁴ 'Camden's Joint Strategic Needs Assessment', 2014-2014: camden.gov.uk/jsna

¹⁵ 'Access to GP services for BME Communities', Healthwatch Camden, 2016:

<https://healthwatchcamden.co.uk/resources/access-gp-services-camden-experience-bme-communities>

private, personal.’ (Bangladeshi woman)

- Communication was a big barrier to good service for many BAME residents, *‘I always struggle to communicate with my GP due to language barrier ... they don’t give me time to express myself because English is not my first language and I find it hard to understand the medical terminologies or know the right name for parts of the body.’ (South Sudanese woman)*
- All the groups that discussed mental health reported that participants were reluctant to do so at first, partly because of a lack of knowledge but also because of the cultural stigma attached to this.

4.2. Colloquial evidence from Camden’s strategic partners in the VCS:

- Transport is a major issue for some people with disabilities. Often residents are reliant on informal carers to support their travel.
- Lack of independence is a barrier to wellbeing as it can lead to isolation and potential exploitation.
- BAME Disabled people find it difficult to navigate the services available for them. One woman stays with a relative and rarely leaves the house because she doesn’t know where to go to access any services.
- One woman said she feels she can’t articulate or express herself when speaking to the professionals for example her GP and she feels misunderstood. Translation and interpretation would help. Her grandchildren who help her have to go to school, she has to wait for them after school or during the holidays.
- Poverty – contributes to causing ill health-most of the service users.

5. What is Camden doing for this group?

- 5.1. In 2019 The London Borough of Camden commissioned Mind in Camden to deliver a service to engage underrepresented groups (Bangladeshi, African, Chinese, Black and Irish). The project is coproduced and co-facilitated with ethnic groups. Those BAME people who are part of the programme have expressed that they have felt embarrassment before and that language and cultural differences are barriers to accessing services and achieving good mental health.
- 5.2. This Mind service is the only commission services specifically for BAME residents with disabilities in Camden.

- 5.3. However there is an expectation that Camden services will deliver for all people and Camden's Centre for Independent Living will provide support to all residents.

6. Recommendations

- 6.1. Further guidance to be provided on completing Equality Impact Assessments to consider the impact of proposals on people with multiple protected characteristics.

7. Finance Comments of the Executive Director Corporate Services

This report does not recommend any new resource implications for the council. It is a data review and can be delivered within existing resources.

8. Legal Comments of the Borough Solicitor

- 8.1. The Public Sector Equality Duty under section 149 of the Equality Act 2010, which the Council is subject to, covers age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. In summary, those subject to the general equality duty must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

- 8.2. These are sometimes referred to as the three aims of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

- 8.3. The Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations

as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the equality duty may involve treating some people more favourably than others.

REPORT ENDS