

Over-looked Communities, Over-due Change: how services can better support BME disabled people

Executive summary

This report:

- Presents new, wide-ranging evidence about disabled people from black and minority ethnic (BME) backgrounds.
- Recommends how policy-makers, local authority commissioners, and service providers can improve BME disabled people's access to services.

Key points:

- There are at least one million disabled people from black and minority ethnic backgrounds in the UK. Many face considerable difficulties in their daily lives, yet are unable to access the services they need.
- Demographic change means there will be many more BME disabled people in the future. If the needs of this growing community are to be met, it is vital that the accessibility of services is improved.
- Increased community involvement in the design, commissioning and delivery of services is essential for such improvements to happen. More accurate evidence, better communication, and greater recognition of this group in policy-making are vital steps for developing fully inclusive services.



Recommendations for policy-makers

BME disabled people's needs and views have often fallen between the two areas of disability and race equality policy. Finding ways to bring these two policy fields together is extremely important for developing effective support for BME disabled people.

To do this, we recommend that government:

- Develops a national race equality strategy which includes BME disabled people's needs and views, and ensures that they are recognised in the forthcoming disability strategy.
- Creates a joint implementation plan linking these two strategies, to be led by the Office of Disability Issues and the Government Equalities Office.
- Includes the intersections between equalities characteristics on future Equalities Impact Assessments, which the government has a duty to carry out when designing policy.

Recommendations for Local Authority Commissioners:

Commissioners have a hugely important role to play in creating fully inclusive services for BME disabled people. For the commissioning process to fully reflect local need, we recommend that commissioners:

- Work with local community groups, disabled people's organisations and religious centres to develop targeted information campaigns to build awareness of disability services, and improve attitudes towards disabled people.
- Develop an effective evidence base about local need in partnership with community groups and disabled people's organisations, in order to improve the available data for BME disabled people.
- Set community-led outcomes for project managing service delivery, which should be co-designed with both community groups and service providers.
- Re-design commissioning contracts to better facilitate collaboration between small and large organisations, in order to allow more consistent, wide-ranging care that meets both personal and community needs.

Recommendations for Service Providers:

Knowing how to provide accessible and useful services for BME disabled people is often seen as challenging. We have developed a 'Plato' model to highlight the kinds of services that BME disabled people reported finding accessible and useful. These services are:

- Person-centred – Engage with user-led organisations to better understand the cultural dimensions of person-centred planning, and improve the planning process;
- Local – Support existing BME disabled people's organisations and build better working links between local agencies to create a better, more knowledgeable local offer.
- Advocacy – A critical part of improving service access and outcomes for BME disabled people is the role of advocates; we recommend developing networks of community and self-advocates;
- Translation and communication – Develop more effective pre-translated materials in partnership with communities, in order to create more up-to-date, relevant and wide-ranging information.
- Outreach - Improve outreach into local communities through strong partnerships with local organisations. Employ dedicated outreach workers, who should also contribute to the development of community support networks.

Background

Scope and the Equalities National Council – a user-led BME disabled people's organisation – carried out research to identify how BME disabled people, their families and carers feel about the services available to them and how these could be improved in the future.

We conducted secondary data analysis of existing government datasets, and carried out focus groups with nearly 60 BME disabled people in London, Bradford and Preston.

Throughout we worked closely with existing BME disabled people's organisations to advise on the direction of the project, the research strategy, and to help us recruit survey participants.

The report presents a comprehensive evidence base - and makes positive recommendations - for how policy-makers, service providers and service commissioners can begin the urgent task of improving BME disabled people's lives.

Primary research findings:

Our original statistical profile shows that:

- There are at least 1 million disabled people from black and minority ethnic backgrounds – and the population is growing.
- There tends to be lower prevalence of impairments amongst BME disabled people of working age, but over the age of 40 prevalence increases dramatically.
- 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.
- Less than 4 in 10 BME disabled people of working age are in employment.

Participants in our focus groups talked about experiencing:

- Communication difficulties and language barriers: for older people and recent migrants especially, limited spoken English is a considerable barrier to full service access. Many other people reported difficulties understanding technical, medical or bureaucratic languages.
- Stigma: Many of our respondents reported experiencing stigma, and felt that it remains particularly acute within some ethnic minority communities.
- Social isolation: Social isolation was widespread among our focus group participants, especially for women, migrants and carers.
- Migration: we found that disabled migrants experience a number of particular difficulties accessing services, and that being disabled can affect migration decisions.
- Discrimination: BME disabled people experience wide-ranging, subtle and complex forms of discrimination.