

**Tower Hamlets
Race Equality Scheme
2009-2012**

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Introduction

This is London Borough of Tower Hamlets' third Race Equality Scheme. It is timely that this scheme is launched in 2009, which marks ten years since the publication of the Stephen Lawrence report - a significant landmark in the history of race in Britain, and how the public sector deals with issues of equality. We have come a long way since our first Race Equality Scheme was produced in 2002 both in terms of our outcomes and our confidence and capacity to tackle race inequality. A decade later we are about to see an overhaul of equality legislation with the imminent Single Equality Bill which will replace current equality legislation.

This Scheme builds on the work of the last two Race Equality Schemes and outlines the Council's continued commitment to make sure that race equality is at the centre of its work when developing a policy or strategy, providing a service, or employing people.

The borough continues to face big challenges. We are the second most deprived borough in London, the third most deprived borough in the country and have the highest rates of child poverty in London. Poverty sits at the heart of inequality and is intrinsically linked to race inequality in Tower Hamlets. It disproportionately affects the lives and life opportunities of Black and other Minority Ethnic (BME) communities who are for the most part the poorest in the borough, earning lower incomes, working in lower skilled jobs, and experiencing some of the highest levels of economic inactivity and unemployment in London.

For this reason the overarching objectives of this Scheme remain unchanged from the first two Race Equality Schemes. What has changed is the profile of our communities and some of the ways and areas in which inequality manifests itself. Taking into account these changes, this Scheme offers a more sophisticated approach to understanding the diverse needs of communities in Tower Hamlets and delivering race equality priorities. With such a unique and diverse population it has never been appropriate to understand and respond to the needs of our BME communities as one group. We know that over the next twenty years the demographic profile of our community will significantly change and we will see significant growth in the number and relative size of smaller ethnic groups in the borough. Over the last ten years our understanding of the needs of some of our larger BME communities has improved and services have been tailored to respond effectively to their specific needs. This has been particularly true of the provision of services to the Bangladeshi community who make up a third of our population, making them the largest minority group in the borough.

This Scheme aims to sharpen our understanding of the diversity of and among communities in the borough and enable us to better meet the needs of residents and address inequality and discrimination. Just as it is inappropriate to think about ethnic minority communities as a single group, it is also inappropriate to think about any one single community in this way. For example the barriers to employment for a Bangladeshi woman may be different from the barriers faced by Bangladeshi men, younger Bangladeshis or those that have newly arrived in the borough.

Two principles have emerged in the research and development of this Scheme which will guide the Council's work on race equality over the next three years:

- We know that BME communities are more likely to experience inequality and discrimination than other groups, but that the experiences of different communities are not identical. We need to be more sophisticated in our use of the term 'BME' in describing communities, designing services to respond to their needs and our tracking progress against race equality objectives. BME can imply an undifferentiated group and using it in this way means that smaller communities are 'lost' and their needs not met effectively. Recognising the needs of newer white minority communities the Council adopts a broader definition of BME as 'Black *and* other minority ethnic'.
- We need to develop our understanding of diversity within ethnic groups. This Scheme sits alongside Equality Schemes in relation to age, disability, gender, religion/belief and sexual orientation and highlights areas in which inequality is related to an interplay of a number of these factors.

Within each of the Council's Equality Schemes we have identified three priority areas of inequality which require significant and sustained action across a number of Council services. These priority areas provide the Council with some high level direction about where attention and resources need to be targeted to make real progress. Without addressing these core inter-connected issues it will be difficult to shift inequality radically and make progress on the wide range of issues identified in each of Equality Schemes. In relation to race inequality, these priorities are set out below and are explored further in this Equality Scheme.

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|---|
| <ol style="list-style-type: none">1 Tackle high levels of unemployment and worklessness amongst Bangladeshi and Somali residents.2 Tackle the disproportionate impact on Black and other Minority Ethnic communities of overcrowding and shortage of social housing.3 Increase the extent to which people from different ethnic groups get on well together. |
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Race Equality Legislation

It was in response to the Stephen Lawrence Inquiry report that in 2001 the government toughened race relations legislation by giving public authorities a legal duty to promote race equality. The aim of the duty is to make race equality a central part of the way public authorities work, by putting it at the centre of policy-making, service delivery, regulation and enforcement, and employment practice.

The Race Relations (Amendment) Act 2000 (RR(A)A) places a legal General Duty on the Council, in everything we do, to have due regard to the need to:

- Eliminate unlawful racial discrimination;
- Promote equality of opportunity; and
- Promote good race relations between people of different racial groups.

Under the legislation, the general duty is supported by a number of 'specific' duties one of which is to publish a Race Equality Scheme that sets out how we intend to fulfil the general and specific duties. Local authorities must also list the functions and policies (including proposed policies) that have been assessed as being relevant to the general duty to promote race equality. Other specific duties require local authorities to set out their arrangements for:

- assessing and consulting on the likely impact of policies/proposed policies on promoting race equality
- monitoring policies for adverse impact on the promotion of race equality
- publicising the results of assessments, consultation and monitoring
- training staff in connection with the requirements of the general and specific duties.

Finally, the Act places an employment duty on local authorities to monitor, review and publish details of the number of staff from different racial groups:

- who are in post and apply for jobs;
- receive promotion and training;
- benefit or suffer from performance appraisals;
- are involved in grievances;
- are subject to disciplinary action and;
- who leave the authority.

This Scheme articulates how we intend to meet our general duties. In the next section the Council's corporate framework for Diversity and Equality sets out how we will meet our specific duties.

How we developed our Race Equality Scheme

The development of our Scheme has been led by the Diversity and Equalities Team and supported by officers from the Corporate Equalities Steering Group (CESG) and Directorate Equality Focus Groups.

To develop the Schemes a comprehensive baseline exercise was undertaken using a combination of research and input from staff across the Council. Key activities undertaken included: analysis of demographic and statistical information, analysis of local and national research; consultation with services and teams, analysis of existing consultation and a review of existing Equality Impact Assessments (EqIAs).

From the baseline information we were able to identify a number of areas for further examination and discussion. Wider consultation was undertaken with residents through street surveys, an Internet survey and consultation with community groups.

Using feedback from our consultation and baseline exercises, a number of key themes for priority and overarching activity have been set.

The Corporate Framework for Diversity and Equality

Delivery framework

Valuing diversity is one of four core values of Tower Hamlets Council. We promote diversity and equality in everything we do to improve life for everyone living, working and visiting Tower Hamlets. We build upon this by working with the Tower Hamlets Partnership to provide accessible and responsive services that enable everyone to take part in the social, cultural and economic wealth of the borough. Achieving this is central to delivering the Council's vision, is linked to the Strategic Plan priorities and objectives and forms a driving force within the Community Plan and key to creating a cohesive community.

Our aims and values

As a service provider we will:

- Promote equality of opportunity and eliminate discrimination in the planning and delivery of our services in terms of age, disability, ethnicity, gender, sexual orientation, religion or belief, health and income status.
- Promote good relations between communities and address negative stereotyping of any groups
- Ensure that all residents have equal opportunity to participate in the democratic process
- Tackle harassment relating to a person's age, disability, ethnicity, gender, sexual orientation, religion or belief, health and income status

As an employer we will:

- Develop, review and promote policies and practices that ensure equality of opportunity and eliminate discrimination for our workforce in all areas of employment (including recruitment, retention, learning and development, promotion, grievance, disciplinary and retirement)
- Ensure that our workforce reflects the diverse nature of the borough

We will recognise our community leadership role and use this to work towards a cohesive community in which inequality is tackled and equality promoted.

Our commitment is supported by a number of legal duties that require us to promote equality and eliminate discrimination, including:

- the Equal Pay Act 1970
- the Sex Discrimination Act 1975
- the Race Relations Act 1976
- the Race Relations (Amendment) Act 2000
- the Disability Discrimination Act 1995
- the Disability Discrimination Act 2005
- the Human Rights Act 1998
- the 2004 Employment Regulations on Religion and Faith

However under current legislation, the requirements to address inequality and discrimination and promote equality vary between equality 'strand'. For example, while under current legislation we are required to address discrimination against employees on the basis of all six equality strands, age, gender, ethnicity, sexual orientation, disability and religion / belief, it is only in relation to race, gender and disability that this duty extends to the provision of services and the active promotion of equality. We believe however that we have a strong moral and social duty to recognise that discrimination takes place and inequality exists for individuals and groups belonging to all of the six equality strands. We are therefore committed to going beyond the requirements laid down in law to address all six equality strands and to do everything that we can to challenge prejudice and discrimination and promote better understanding and respect between all people.

To demonstrate our commitment to all six equality strands, the Council has gone beyond the legal requirement to produce Equality Schemes in relation to race, gender and disability and has published Schemes covering Religion/Belief, Age and Sexual Orientation equality. Each Scheme sets out what we know about the profile of our community in relation to the relevant strand and the nature of inequality experienced by people as a result of this element of their identity. The Schemes also contain a summary of the action which the Council and partners will undertake to address inequality and discrimination in relation to this equality strand.

How we will deliver our commitment

Tackling discrimination and promoting equality requires action at corporate, directorate, service, team and individual levels. At a corporate level the six Equality Schemes and the overall Diversity and Equality Action Plan identifies priority areas for work on equalities across the organisation. The Diversity and Equality Action Plan is agreed by Cabinet annually and monitored by the Overview and Scrutiny Committee six-monthly along with a summary of progress on each of the Schemes.

Below we describe the processes and procedures we have put in place to embed the delivery of our commitment to promote equality in relation to all six strands within everything that we do as a Council:

- Undertake **equality impact assessments** of both new and existing policies and services
- Ensure that all our **team plans** incorporate relevant diversity and equality objectives and targets
- Ensure all new staff participate in Council **equality induction training** processes
- Ensure that our policies are compliant with **equality legislation**
- **Involve communities, staff and stakeholders** in the design, review and scrutiny of our services and employment practices
- Increase the extent to which our **workforce reflects the local community**
- Using our **procurement** powers to make sure that organisations providing services on our behalf work in line with this policy
- **Monitor the equality profile** of people using and benefiting from our services to enable us to identify groups which are not accessing services

- **Provide information and access** to our services in accessible ways

The Profile of Ethnicity in Tower Hamlets

Tower Hamlets has a unique demographic profile even in comparison to other diverse boroughs across Britain. In 2001 just over half the population was white British, a third was Bangladeshi and the rest of the population was made up of a large number of much smaller but significant ethnic minority communities including African, Caribbean, Somali, Indian and Chinese communities. New migrants continue to move into the borough with some of the highest numbers coming from Bangladesh, Poland, Australia, Lithuania, India, France and Italy¹.

Since 2001 the population of Tower Hamlets has grown significantly from 202,000 to around 239,000, four times higher than the rate of increase across London as a whole. Over the next 10 to 15 years the borough is expected to see the largest and fastest growth in population in London; by 2012 the population is expected to rise by a 9% and by 2026 by a further 27%. This huge growth in population is not however expected to change dramatically the relative proportions of the white British and Bangladeshi communities living in Tower Hamlets which will continue to account for approximately a half and a third of the population respectively. However, the demographic profile of these two groups is likely to change significantly. More detailed information about each of the communities is set out below.

Although smaller minority communities will continue to account for a much smaller proportion of the population than white British and Bangladeshi groups, in absolute terms the increase in the numbers of people from smaller BME groups living in the borough will be significant. Over the next three years we expect to see a 9% rise in the white British population, a 6% rise in the Bangladeshi population and an 11% percent rise in all other smaller minority groups. Of the smaller communities we expect to see the biggest change in the Chinese population (18%) and the smallest change amongst the Black Caribbean population (0%).

Communities in Tower Hamlets

White British

The single largest ethnic group in the borough are white British who make up just over half the borough's population (51%) and this is likely to remain the case over the next 15 years as the population grows by an anticipated 24%. The age profile of the white British community is very different from the Bangladeshi and other BME communities. White British residents comprise nearly 50% of the 16 plus population compared to 25% who are Bangladeshi. However, white British children and young people only account for 20% of the school age population in the borough and this is likely to remain the case over the next 20 years. White British residents also make up 69% of the people over the age of sixty in the borough. This proportion is expected to drop to 54% over the next twenty years as the Bangladeshi population ages.

¹ New Communities in Tower Hamlets: characteristics, trends and challenges, Praxis, 2007

The proportion of white British residents is greater in more affluent parts of the borough including Bow, the Isle of Dogs, St Katherine's and Wapping. Generally white British residents are more likely to own their own homes, experience higher levels of employment and better health outcomes than other ethnic groups. However, as with all our communities the white British community is not a homogenous group and is diverse particularly in terms of socio economic status. For example on the Isle of Dogs, there is a contrast between longstanding working class white British families and more affluent newer white British residents who have been moved to the borough for work, and many of whom are single. A particular issue for families is that the educational achievement of white British children is amongst the lowest in the borough.

Bangladeshi

The size of the Bangladeshi community makes Tower Hamlets' population unique. The borough has the largest Bangladeshi community in the country. It makes up a third of the local population and is expected to maintain this relative size over the next 15 years. It is a very young population with half under the age of 20, which means the majority of young people in the borough are of Bangladeshi origin. Population projections indicate that, over the next twenty years, the proportion of people under twenty in the borough that are Bangladeshi will remain at around 60%. However, the proportion of over-60s who are Bangladeshi is projected to increase from 19% to 28% over the next twenty years.

Most Bangladeshi children in London were born in the UK, and in Tower Hamlets there are now three generations of Bangladeshis. The vast majority of Bangladeshis are Muslim. The proportion of Bangladeshi residents is highest in Spitalfields & Banglatown (58%); Whitechapel (52%); Shadwell (49%) and; Bethnal Green South (48%) wards. Deprivation indicators show that Bangladeshis are considerably more likely to live in social housing and suffer from poor employment, housing and health outcomes. There is also a higher rate of disability among Bangladeshi residents. Almost half of all Bangladeshis have no qualifications and experience high levels of unemployment and worklessness. The majority of Bangladeshis in employment work in the industrial sector, particularly in the restaurant trade where they are six times the average proportion of the workforce.

Chinese

In 2009 it is estimated that there are around 7,000 Chinese people living in the borough, making it one of the highest concentrations of Chinese people living in London. It comprises 3% of the population and is estimated to be the joint second (Somali is also 3%) largest minority community after Bangladeshis. The borough's Chinese population is concentrated in Millwall, Blackwall, Cubitt Town, and Limehouse wards. This community will see the largest percentage increase of any section of the population. There is also a large temporary Chinese population visiting or studying in London in higher or further education or English language schools. (2002).

Since the largest wave of immigration in the 1950s and 1960s the Chinese community has made rapid socio-economic advancement in Britain compared to other minority ethnic communities. Chinese people in London are more likely to be owner occupiers, have good health, experience higher levels of education and economic activity and more likely to be concentrated in professional and senior jobs than other minority communities. However whilst 20% of London's Chinese population are amongst the highest 20% of all London earners, 27% of London Chinese are in the lowest 20% of London earners. A large proportion of London's Chinese population is employed in the restaurant sector, where wage levels are generally low². Language barriers are a key issue for the Chinese community in accessing public services. The most commonly spoken languages are Mandarin and Cantonese.

Somali and Black African

Most Black African people living in London were born outside the UK. From the 1960s onwards, political instability in various African nations including Kenya, Uganda and Malawi has contributed to increased migration to Britain. More recent conflicts such as those in Rwanda, Sudan and the Democratic Republic of Congo have also led to migration from Africa. The more commonly spoken African languages include Swahili, Somali, Yoruba, and Twi.

78% of the Black African population is concentrated in London. The population in London has a very young profile with 30% under the age of 15 and a small population over the age of 50. 70% of Black Africans in London are Christian and 19% Muslim. Black Africans are quite highly qualified compared to other minority groups but experience high levels of unemployment. Black Africans in employment are better represented in (38%) in professional jobs however the majority work in lower paid elementary positions.

In Tower Hamlets a sizeable proportion of the Black African community are from Somalia. Accurately estimating the total number of Somalis is difficult because the 2001 Census did not have a specific category for 'Somali'. However we know from health and other public records that the Somali community in Tower Hamlets is significant and is estimated to be the joint second (with the Chinese community) largest minority community in the Borough. Data collected from a range of sources estimate that Somalis living in Tower Hamlets represent anything between 0.7% - 5% of the population. It is expected that the actual figure is most likely to be around 2-3%. The Somali population has a very young age profile with a larger proportion of 0-15 year olds and a smaller proportion of 20-39 year olds compared to the population as a whole.

Somali residents experience high levels of deprivation in terms of health, unemployment, education and housing. Somali residents are highly concentrated in poorer areas such as East India and Lansbury and Bethnal Green North. Most Somalis are Muslim, whereas other Black Africans are most likely to be Christian.

² Chinese People in the UK: Meeting Community Needs, 2005

African Caribbean

African Caribbean people make up approximately 2% of the borough's population which is smaller than the average proportion for London. This is the only group of residents that is expected to fall in numbers in Tower Hamlets over the next 20 years.

The African Caribbean population profile is young. Most African Caribbean people are born in the UK and as one of the longest settled minority ethnic communities they have a much larger proportion of people in the 50-64 age group than other black communities. In Tower Hamlets African Caribbean residents are largely concentrated in the north of the borough in Bow East and Bow West and are most likely to live in social rented housing. African Caribbean people are the most likely of all BME groups to be economically active, however Black men in particular experience high levels of unemployment. A quarter of African Caribbean people are likely to have no qualifications, which although high, is much lower than some other BME groups. 75% of African Caribbean people identify themselves as Christian.

New migrants

The term 'new migrant' refers to people who migrated to the Britain within the last five years. Research on new migrants in Tower Hamlets³ shows that there is a growing trend of people immigrating to the borough from Bangladesh and Somalia. However the rate of people arriving from Eastern Europe is higher and increasing, particularly for people from Lithuania and Poland. A less steep evident in people from Latin America particularly Columbia and Brazil. In addition there are other new communities from a wide range of different countries, but frequently in small numbers, which suggests a tendency towards hyperdiversity in the population. The trend of newcomers from refugee and asylum seeking communities continues, but it is not as steep as that of those entering from the "Accession 8" countries which joined the European Union in 2008. Findings also confirm that new communities tend to be young (under 40) and that there are more women than men.

There are three main reasons why people come to live in Tower Hamlets: social networks including friends or family already living in the area; employment opportunities; and availability of comparatively affordable accommodation. Contrary to assumptions many new communities, including those from Eastern Europe, intend to stay in the borough for a long time. This development suggests that people from these communities will be increasingly represented in take up of services including housing, healthcare and schools.

With the exception of those from Latin America, new communities tend to be relatively less well qualified than other groups living in Tower Hamlets, 15% have no qualifications and 55% have only graduated from secondary school. There are some differences between people of different regional origin. For example, 22% of Eastern Europeans

³ New Communities in Tower Hamlets: Characteristics, Trends and Challenges, 2007

have some sort of diploma and 20% of Latin Americans have a first degree. Many newly arrived communities experience extremely high levels of unemployment. Local research confirms that levels of unemployment among new communities varies significantly, with rates varying from 79% of people from Africa, 58% from Asia and 36% from EU Accession states.

People from new communities who are in work tend to be employed in low waged, low skilled and insecure jobs. Many participants who took part in our local study⁴ were employed as cleaners, care assistants, and in retail. A large proportion of Eastern Europeans work in construction, but this is not the case for other nationalities. The majority of new communities live in privately rented accommodation.

⁴ New Communities in Tower Hamlets: Characteristics, Trends and Challenges, 2007

The Story So Far

The Council has come a very long way since the first Race Equality Scheme was produced in 2002 in terms of outcomes and our confidence and capacity to tackle race inequality. Over the last ten years our understanding of the needs of our BME communities has improved significantly and this has been central to the design and delivery of our services. The Council is nationally recognised for its work in relation race equality and has been awarded Beacon Status for Community Cohesion, Getting Closer to Communities and Promoting Racial Equalities. A flavour of the Council's record on race equality is illustrated in the examples below.

Improved outcomes for young people: Tower Hamlets is one of the most improved education authorities in the country and in particular the attainment of Bangladeshi pupils has risen significantly. In 2008 43% of Bangladeshi pupils achieved 5 or more A*-C grades at GCSE up from 38% in 2006. Across Key Stages 1-4 Bangladeshi pupils, and in particular Bangladeshi girls, are the highest performers in Tower Hamlets. Children's centres have been opened in the borough, helping under-fives and their families learn and develop together, whilst also advising parents on how to access affordable childcare and employment and training opportunities. The Council has halved the number of local young people who are not in education, employment or training (NEET).

Improved outcomes for older people: In response to an under-representation of Bangladeshi older people in the take-up of extra care schemes and residential and nursing home care our award winning Sonali Gardens scheme was established targeted at meeting the needs of this community. It not only provides day care facilities for around 40 people a day, but also offers 40 flats for especially vulnerable older people who need intensive around-the-clock care. A Bangladeshi care team provides a culturally sensitive environment designed to reflect the particular religious and cultural needs of this community. Care is provided around the clock by dedicated staff, most of whom speak at least one of three languages – Urdu, Sylheti or Bengali. Mayfield House Day Centre also provides 30 places daily to service users from the Somali community. Service users not only receive social, cultural and community support but they also receive practical assistance with translation and with legal, housing and benefits advice.

Improved communication: East End Life was launched by Tower Hamlets Council in 1993 in response to the Council's increasing frustration at being unable to get across positive messages in the press about its work and the contribution made by different communities to the growing success of the borough. As well as highlighting and promoting Council services and activities, it portrays a positive image of the community and encourages engagement with residents. East End Life has grown from a 12- page fortnightly newspaper to a 40-page weekly and is delivered free to around 75,500 local households, businesses, community groups and partner organisations. It carries a two-page Harmony section every week with news written in Bengali and Somali, the two main ethnic languages in the borough. The ICM Readership Survey also showed that among Bangladeshi respondents, 88% regularly read the paper, much more than any other local publication in English or Bengali.

A safer community: The Race and Hate Inter-Agency (RHIAF) have been instrumental in improving hate crime reporting in the borough. Increased numbers of third party reporting sites, such as the one at the East London Mosque, provide trained staff that are able to report crimes on behalf victims, without them having to meet directly with the police. This has meant that people who have been a victim of hate crime such as racial abuse or harassment, can report the incident in a more familiar environment than a police station, to staff with whom people can identify with more readily. In 2007/8 training on hate crime was delivered to over 500 people in the borough. Targetted work has taken place with hard to reach sections of BME communities such as the Somali Women, Bangladeshi disabled residents, Asian deaf Women, refugee and new migrants and BME gay men. Also in 2008 to raise awareness, RHIAF launched a high profile No Place for Hate Campaign which aims to prevent hate through promoting awareness, encouraging reporting and fostering community cohesion across all communities.

Workforce to Reflect the Community: Since 1998 the Council has had in place a 'workforce to reflect the community strategy', which was introduced on a firm understanding that quality services based on the needs of a diverse community are best served by a diverse workforce, drawn from the local area – staff with a real insight into the needs of local people. The outcomes of the Council's Workforce to Reflect the Community strategy have been positive. The percentage of BME staff has increased from 39% in 2002/3 to 48.4% in 2008/9 of which 19% are Bangladeshi.

This has been achieved through a wide range of successful recruitment, training and employment schemes for local people. The Council's Youth Training scheme provides local 16 to 18 year olds with work experience, up-to date vocational skills training, the chance to obtain appropriate qualifications and support to find a full time job within the Council or with another employer. The Tower Hamlets Graduate Development Programme has been running since 2000, with the aim of providing employment opportunities within the Council for local graduates from BME communities. Graduates learn specific skills on a dedicated work placement and, where possible, work towards a relevant professional qualification. Equalities education initiatives to develop a more representative teaching workforce have increased the proportion of BME teachers in Tower Hamlets schools was 14.3% in 2000 to 25% in 2007, the third highest in London. Our highly regarded Social Work Positive Action Scheme which offers a range of different entry routes and has increased the number of qualified social workers and occupational therapists from local Bangladeshi and Somali population.

Race Equality Priorities 2009-2012

The Tower Hamlets 2020 Community Plan vision is to *'improve the quality of life for everyone who lives and works in the borough'*. The priorities of this Scheme have been aligned to the five Community Plan themes to ensure that race equality is at the centre of our work to achieve this vision. Set out in this section are the key priority themes and objectives that emerged from our consultation and baseline exercises.

ONE TOWER HAMLETS

One Tower Hamlets reflects the borough's ambition to reduce poverty and inequality, bring local communities closer together, and provide strong local leadership by involving people and giving them the tools and support to improve their lives. Set out below are our key race equality priorities that relate to this vision.

Community Cohesion

We want people to feel proud to live and work in Tower Hamlets and to have a bond with others who live here. For many people it is the cultural diversity of the borough that makes it a great place to live and work. The 2007/08 Annual Residents Survey found that most people (71%) say that Tower Hamlets is a place where people get on well together, that ethnic differences are respected (75%), and feel a sense of belonging (78%) to the borough. However we know that, these sentiments can be fragile if a deeper and more meaningful understanding and communication does not reinforce them.

There are three key inter-related aspects to strengthening community cohesion:

- We need to create the space and opportunity for residents from different backgrounds to come together;
- We need to promote an inclusive sense of belonging that all residents feel valued and a part of the community and;
- We need to promote understanding and awareness of different ways of life in the borough and continue to challenge prejudice and discrimination.

We know that experiences and feelings about cohesion vary in the borough and that some of these differences are linked to race. A recent government study into the sources of resentment and perceptions of ethnic minorities among poor white people in England also recommends improving communication and transparency of process to address perceptions of unfairness and competition for resources amongst white communities.

Consultation and Involvement

Effectively communicating with, listening to, consulting, and involving all sections of our diverse community is key to understanding and responding to race inequality. We need to ensure information, consultation and involvement opportunities are accessible and meaningful.

Our consultation shows that BME communities are keen to have a say about the issues that affect their lives. There are a plethora of mechanisms to facilitate engagement and community voice in the borough organised by third sector organisations and public bodies. Last year the Tower Hamlets Partnership exceeded targets to engage

Bangladeshi residents at Local Area Partnership events. However we recognise that that not all sections of larger minority communities such as older Bangladeshi people or Bangladeshi women and smaller minority communities are able to engage through these mainstream mechanisms. This means we need to continue to develop a more sophisticated approach to meaningfully engage these residents. Where engagement and voice is successfully working in the borough we need to better coordinate and connect these voices at the grassroots to decision making structures.

Community Development

Tower Hamlets has a strong, thriving and diverse community and voluntary sector with local communities actively engaged at a grassroots level. Communities moving into the borough have strengthened and evolved the sector over the years by establishing and integrating their own community infrastructures. The Bangladeshi community has contributed significantly to the community and voluntary sector in Tower Hamlets and has been successful in creating a community infrastructure that supports the local community. Organisations and groups provide a range of services from youth groups and leisure activities to information and advice and arts projects. However not all communities in the borough have the same capacity to organise in this way. Somali residents in particular aspire to strengthen and empower the community in a similar way to address issues of isolation amongst what they suggest is a more fragmented community.

Democratic participation

Local councillors play an important role in leading communities and supporting them to get involved in their neighbourhoods and local decision making. Democratic engagement in the borough is vibrant; voting in elections is higher than national averages, which is positively reflected in the ethnic makeup of our councillors, two thirds of whom are from BME backgrounds. To maximise this strength we need to improve the percentage of people in the borough who feel they can influence decisions in Tower Hamlets, which varies between communities. Asian residents (49%) are more likely to feel that they can influence decisions in the local area than black (39%) or white residents (36%). Smaller BME communities and BME women are less likely to be represented in democratic processes or local decision making and consultation suggests that they are also less likely to approach their local councillor for support.

Access to Services

Language barriers were identified as the single largest obstacle to accessing many public services particularly for smaller minority communities such as Somali and Vietnamese residents and new arrivals. The language needs of our communities have changed over the past 10 years. After Bengali, the second largest number of requests for interpreters in 2008 was made by Polish speakers. We need to understand and tailor the way in which we communicate with people who cannot speak English. Consultation

feedback tells us that interpreting and translation services and better staff representation within public services are both essential to ensuring that all communities are able to access the services they require. Consultation with smaller minority communities suggests that many perceive there to be a lack of interpreters speaking their language. Whilst interpreting and translation services are critical smaller minority communities also stressed the importance of better representation of staff from their communities in front line services which they feel is needed to help people *understand* as well as access services.

In Tower Hamlets the demand for English as a Second Language (ESOL) provision far exceeds supply, particularly at entry level. ESOL provision is of critical importance to improve access to services and employment but also to help reduce the vulnerability and isolation that some minority groups face and promote cohesion. It is important that provision is tailored to local needs. The ESOL needs of older residents in enabling them to access particularly health and care services, while not an employment or skills need, are nevertheless key in relation to meeting the needs of individuals from a social cohesion perspective. Both young Bengali and Somali women talked about the importance of culturally inclusive and accessible ESOL provision. Entry and employment level ESOL provision are of equal and connected importance and demand for both, and progression routes between them, need to be reflected in our approach to local provision.

Objectives

Community Cohesion

- Create the space and opportunity for residents from different backgrounds to come together
- Promote an inclusive sense of belonging particularly for smaller minority groups so that all residents feel valued and a part of the community.
- Promote understanding and awareness of different ways of life in the borough and continue to challenge prejudice and discrimination.
- Improve communication and transparency of process to address perceptions of unfairness and competition for resources between communities.

Consultation and Participation

- Improve the effectiveness of consultation and participation mechanisms to engage BME communities, paying particular attention to smaller minority communities and the diversity within larger BME communities.

Community development

- Further support and strengthen the capacity of BME third sector in Tower Hamlets paying particular attention to smaller and more isolated sections of the BME community.

Democratic participation

- Strengthen the capacity of local councillors to lead all sections of the local community and get them actively involved in their neighbourhoods and local decision making.
- Improve the representation of smaller BME communities and BME women in the democratic process and other local decision making structures.

Customer Access

- Improve understanding of current language needs and tailor the way in which we communicate with people who cannot speak English to ensure that interpreting and translation is able to improve access to services.
- Ensure the workforce to reflect the community strategy includes initiatives to engage smaller BME communities, particularly in frontline services.
- Improve access to culturally inclusive and accessible ESOL provision

A PROSPEROUS COMMUNITY

Poverty sits at the heart of inequality and is intrinsically linked to race inequality in Tower Hamlets. We are the second most deprived borough in London, the third most deprived borough in the country and have the highest rates of child poverty in London. Poverty disproportionately affects the lives and life opportunities of BME communities who are the poorest in the borough, earning lower incomes, working in lower skilled jobs, and experiencing some of the highest levels of economic inactivity and unemployment in London. The Tower Hamlets Employment Strategy sets out a framework to tackle some of these complex issues of worklessness and child poverty within the borough.

Employment: Set out below are our key race equality priorities that relate employment.

Unemployment and worklessness: BME communities are much more likely to be economically inactive and unemployed: Nearly a third of the working age population in Tower Hamlets was economically inactive in 2008, much higher than in London (25%) or the UK (21%). Bangladeshi residents face the highest levels (56%) followed by Black African (35%) and Indian and Caribbean residents at 33%. Unemployment rates also vary considerably across different ethnic groups. According to the 2001 Census Bangladeshis experience the highest unemployment rates, exceeding 40% for those under the age of 25. In terms of gender, economic inactivity amongst working age Bangladeshi women is the highest in the country at around 75%.

There are high levels of unemployment amongst the Somali community but this often goes undetected as 'Somali' is not included as a specific ethnic category in the majority of data sets on employment. We do know however that Somali people experience the highest of unemployment (55%) in London and 72% are concentrated in lower paid jobs.

Analysis of employment by country of birth shows that migrants from developing countries face particular difficulties in accessing the labour market and once in work, tend to be concentrated in lower paid occupations. The unemployment rates for BME women born outside the UK is 51%, compared to 33% for white women born outside the UK. The unemployment rate for migrant women with children is 76%.

The borough has achieved rapidly improving school results, but this has not lead to a commensurate reduction in youth unemployment which is higher than the London average (17.7% compared to 11.8%). The proportion of 16-18 year old who are not in employment, education or training (NEET) is falling but remains high at 8.2% (January 2008). Children in the borough are twice as likely as the England average, and one and a half as likely as the London average, to be growing up in a workless household. With the majority of young people of BME backgrounds and with high levels of unemployment and worklessness amongst the BME community it is important to understand the barriers faced by young people brought up in workless families. This suggests the need to focus support to make successful transitions from education to

work.

Access to employment: We have seen an unprecedented growth in jobs of 56% over the last 10 years compared to 7.7% in London, yet we experience some of the highest unemployment rates in the country.

Many of these jobs are concentrated in areas that BME groups are under represented and are less able to access such as finance, IT or other business activities (54%) or public administration, education and health (17%)⁵. BME communities are more likely to work in manual jobs and much less likely to be working in professional or managerial jobs where as the opposite is the case for white British residents. Bangladeshi residents (40%) and African residents (30%) are most likely to be working in elementary, factory or retail jobs.

Qualifications: Qualifications and skills have a big part to play in improving access to better employment opportunities and are strongly associated with employment rates. Bangladeshi residents are most likely (45%) to have no qualifications in Tower Hamlets as are some of our smaller minority communities and new communities. London wide data shows that migrants with qualifications are twice as likely to be in employment (72 per cent) as migrants with no qualifications (35 percent). We also experience some of the highest levels of graduate unemployment in the country. Consultation feedback revealed frustration amongst Bangladeshi and Somali graduates who are working in low skilled jobs and have found it difficult to access professional jobs despite their skills and qualifications

Objectives

- Improve economic activity rates amongst the Bangladeshi and Somali community paying attention to the particular barriers that women from these communities face.
- Make employment services available in community settings, targeting workless families.
- Develop an up-to-date and detailed understanding of the profile and causation of worklessness among BME communities in the borough.
- Improve the under-representation of BME communities in key employment sectors by promoting the best practice in relation workforce to reflect the community and encouraging and working with major organisations in the borough to adopt similar initiatives.
- Maximise employment, placement, apprenticeship and training opportunities amongst workless people in the public sector, building on existing good practice within the Council and NHS services
- Support qualified BME residents to access professional jobs
- Improve the qualification and skills levels of Bangladeshi and Somali adults in Tower Hamlets.

⁵ Census 2001

- Raise both aspirations and skills of BME children and young people make successful transitions from education to work through more effective advice, guidance and support.

Education: In Tower Hamlets we want to use education to break the cycle of poverty and give people a step into employment. Set out below are our key race equality priorities that relate education.

Educational Attainment

In comparison to the rest of London, Tower Hamlets has a unique younger school age profile. 70% of the under 19 population is from a BME background of which the large majority are Bangladeshi. In 2008 the majority of pupils in *primary school* were Bangladeshi (64%), with a minority of white (12%), Somali (3%), Black African (2.5%), white other (2.5%) and Black Caribbean (2%) pupils. In *secondary schools* over half (56%) were Bangladeshi, 15% white, 5% black African, 3.5% Black Caribbean and 2.6% Somali. Bangladeshi and Somali were the top two of community languages spoken at home by pupils.

Overall educational achievement between the ages of 5 and 19 has risen substantially in the borough in the last ten years. However to continue to deliver ambitious educational achievement outcomes we need to bridge the achievement gaps between different ethnic groups and between boys and girls, particularly at GCSE and in key curriculum areas.

The attainment of Bangladeshi pupils has risen significantly over the last ten years. 2008 educational attainment figures show that between Key Stages 1-4 Bangladeshi pupils, and in particular Bangladeshi girls, are the highest performers in Tower Hamlets. On the whole Bangladeshi girls perform better than, or in line with the national average. Bangladeshi boys overall perform better than the national average for Bangladeshi pupils but below overall national average up until Key Stage 4. The gaps between national and local performance is greatest for Bangladeshi boys at Key Stage 4 whose performance (55%) is below the Bangladeshi national average (56%) and overall national average for all pupils (64%).

Black Caribbean pupils are the second highest achievers in Tower Hamlets and perform in general above the national Black Caribbean average up until Key Stage 2. However at Key Stage 3 the performance of Caribbean pupils starts to fall below the national Caribbean average and considerably below the national average. On the whole Black Caribbean girls perform much better than boys and at Key Stage 4. Only 42 % of Black Caribbean boys achieved 5 A*-C GCSE's below the national Caribbean average (47%) whilst Black Caribbean girls (72%) achieved significantly above the national Caribbean and overall national average.

White pupils are amongst lowest achieving pupils and generally performing lower than

Bangladeshi and Caribbean pupils across Key Stages 1-4. The performance of white pupils falls below the national white average and the gap is most significant at Key Stages 3 and 4 and in particular for white boys. At GCSE 46% of white boys achieved 5 grades A*-C, considerably below the national average for white boys (60%). The performance of white girls (51%) also falls considerably below the national average for white girls (68%).

Of the four largest ethnic groups in Tower Hamlets schools, the Somali community are the lowest performers and for the most part achieve significantly lower grades than Bangladeshi and African Caribbean pupils and slightly lower grades than white pupils. Somali girls do significantly less well than boys at GCSE with 40.7% achieving 5 grades A*-C compared to 52.9% of boys.

Schools Workforce to Reflect the Community

To help deliver the best educational outcomes it is important that staff in schools reflect the diversity of the local pupil population. Improving the representation of BME teachers has been a key part of our approach to improving educational attainment in the borough. Local initiatives aimed at training and recruiting BME teachers has seen the percentage of BME teachers rise from 21% in 2002 to 29% in 2008.

We need to continue to improve the representation of BME teachers locally, particularly for some smaller minority groups such as the Somali community who are under-represented and where take up of the training and recruitment initiatives is low. We need to also understand the barriers that BME teachers face to progression and improve their representation in senior positions and headships.

Objectives:

- Address the specific under-achievement of white and Somali communities across all Key Stages.
- Address the under-achievement of white, Caribbean and Bangladeshi boys particularly at Key Stage 4.
- Continue to improve the representation of BME teachers in local schools paying particular attention to promote teaching as a career to smaller minority communities.
- Increase the percentage of BME teachers moving into leadership positions

A GREAT PLACE TO LIVE

By 2020 our vision is that Tower Hamlets will continue to be a place that attracts people to settle and raise families, to study, to work in a thriving local economy and enjoy the rich cultural life. The ambition is for everyone to have the opportunity to live in a decent home, which they can afford, and for all children to have a bedroom of their own.

Housing has an important impact on reducing inequality given its relationship to many other outcomes such as health, safety, employment and education. Many residents recognise that housing has improved in the Tower Hamlets, however access to a decent, safe and secure home remains a critical issue. The borough is an area with a very large demand for social and affordable housing, acute housing need and limited affordable options. The following key race equality issues emerged from research and consultation in relation housing:

Overcrowding: The rate of overcrowding (14%) in Tower Hamlets is much higher than the average rate in London (5%). Overcrowding disproportionately affects BME communities in the borough with 72% of Bangladeshi households short of one or more rooms, compared to 48% of black and 23% of white residents. It has a wide range of disproportionate knock-on affects: children and young people living in over-crowded homes have little or no place to study; it can affect safety and lead to an increase in anti-social behaviour as young people may spend less time in their homes and more on the streets; and it is associated with increased transmission of infectious diseases and mental health problems.

Demand and affordability: The demand for social housing far outstrips supply. The number of households on the Common Housing Register is over 20,000, but every year only about 2000 social housing lets become available, only 13% of which are family size homes. BME residents, in particular Bangladeshi and African residents are much less likely to own a home and much more likely to be living in Council or social rented accommodation. With the largest forecast population increases in London, continuing migration, high levels of deprivation and unaffordable house prices and rent the levels of demand across all communities, but particularly within the BME community, for social housing is set to increase. Eastern European migrants who have lived in the borough for more than 12 month are also starting to have the same rights as any other EU citizen which will start to add to the pressure for social housing.

Access: A Choice Based Lettings System (CBL) for social housing was introduced in 2002 which means available homes are advertised and applicants on the housing list can choose the homes they want to be considered for by 'bidding' for any homes they feel are suitable. National research suggests that the system has been successful in providing people with more choice and control over access to social housing. The research found that the system can however disadvantage BME applicants with little or no English who find it difficult to use the system without assistance from family and friends or community or voluntary groups. This was echoed in local consultation with Somali residents. They felt that language barriers and a lack of Somali speaking staff

therefore meant that Somali residents may not understand the system and have difficulty accessing it.

Quality of Housing: In 2006 62% of social housing in the borough fell below decent homes standard. There is significant variation by ward in non-decent housing. East India and Lansbury both have over 25% higher levels of non-decent stock than Bow East. BME residents are much more likely than other groups to live in social housing which means they are likely to be disproportionately affected by non-decent housing.

Homelessness: Demand on homeless services is extremely high and disproportionately affects BME communities. At the Homeless Service alone, over 4000 households per year present some form of housing need. Overcrowding, is the main cause of homelessness, which alongside population growth, unaffordable housing and high rents suggests homelessness, particularly for BME communities is set to increase. The way in which homelessness is likely to affect most of the borough's poorest BME communities will differ and therefore it is important to understand the different profiles, needs and impacts on different BME groups. For example Somali residents talked about the affects of a high incidence of family break-up leading to an increase of homelessness for single men, whilst amongst the Bangladeshi community there is likely to be high levels hidden homelessness particularly amongst young people who cannot afford to move out of family homes.

The arrival of newer communities is also affecting levels of homelessness in the borough. 26% of participants who took part in a local study into the needs of new communities in Tower Hamlets reported they were homeless or living in insecure housing. The study identified that people of African origin and Eastern European origin were disproportionately affected

Objectives

- **Overcrowding:** Reduce levels of overcrowding and work in partnership to minimise the wider impacts of over-crowding such as a lack space at home for young people to study.
- **Demand and Affordability:** Improve understanding of the future housing needs and demand of BME communities in the borough and ensure that they effectively inform the planning of future housing provision.
- **Access:** Ensure there is equal access to social housing for BME communities facing language barriers or may find it more difficult to understand the system.
- **Homelessness:** Improve understanding of the extent and impact of homelessness on different BME communities and ensure that they inform strategies to address homelessness in the borough.

Leisure

A mixture of views about leisure facilities emerged from consultation. There have been improvements in usage of leisure facilities by Bangladeshi residents, particularly amongst women. However other smaller minority groups such as Vietnamese and Somali residents felt that these that language barriers meant that many people from those communities did not know about or felt uncomfortable accessing leisure services.

Women-only services have improved usage of leisure services by BME women and the take-up of services is good with the demand far exceeding supply. However a difficulty in recruiting female sports supervisors and instructors is limiting the services that can be provided. Timing of activities for BME women is very important as some are less likely to go out after dark or the evenings.

Improving physical activity is critical to addressing some of the serious health problems that BME communities face. Younger BME men and women are more likely to participate in physical activity than older people. For example in the 35-54 age band 98% of Asian residents in the borough reported that they did not exercise for at least half an hour three times a week. It is particularly important to improve the rate of physical activity in this group as they suffer disproportionately from serious health conditions which can be improved or prevented by adopting healthier lifestyles.

Objectives:

- Continue to promote access to leisure facilities for BME groups paying particular attention to different sections of larger BME communities and smaller BME communities Continue to provide culturally appropriate leisure facilities for BME women
- Work with local communities to improve the representation of smaller BME communities working in leisure services and address difficulties in recruiting BME female leisure staff.
- The PCT and Leisure services to work in partnership to promote health lifestyles and encourage physical activity amongst BME groups who suffer the highest preventable health risks.

A SAFE AND SUPPORTIVE COMMUNITY

Our vision is that crime and anti social behaviour will be greatly reduced in our neighbourhoods so that all residents and visitors feel safe and confident in their homes and on the streets. Services will ensure that everyone, particularly the vulnerable, is protected from risk of harm and is enabled to live a full and independent life. Parents and families will get the support they need to give children the best possible start in life.

Crime in Tower Hamlets has fallen by nearly a quarter over the past four years but continues to be the largest concern for local residents. We know that the experience of crime and community safety is not the same for all our communities and recognise that inequality and crime is strongly linked. Set out below are our key race equality priorities that relate to promoting a safe and supportive community.

Reduce the overrepresentation of some BME communities as perpetrators and victims of crime.

We know that some ethnic groups are disproportionately represented as victims and/or perpetrators of crime. In the case of violent crime for example, African Caribbean people are significantly over-represented as both victims and perpetrators. We know from anecdotal information that young black and Asian boys are more at risk of becoming victims of and being convicted as perpetrators of anti-social behaviour. Probation and prison data from 2007 indicates that Bangladeshi, Caribbean and African residents are also over-represented in groups serving community and prison sentences. We also recognise that young people are overrepresented as victims and perpetrators of crime. With over 70% of under 19 year olds in the borough of BME background it is important to understand the experiences of crime in terms of age and ethnicity. We need to develop our understanding of the underlying causes of this over-representation and use our strategies to support and work with victims and perpetrators of crime to address these inequalities.

Demonstrate fairness and transparency of Stop and Search procedures

In recent years there has been a sharp increase in the use of stop and search powers in the borough as a result of an increased focus by the Police on issues such as terrorism and knife crime. BME people are more likely to be subject to Stop and Search than white groups. Of the 2064 people stopped and searched in October 2008, 27% were of white, 15% were black and 55% were Bangladeshi. This is a controversial issue that particularly affects the confidence and trust of BME communities in the Police and criminal justice service. Therefore we need to demonstrate the fairness, transparency and purpose of the process.

Continue to tackle race hate crime

Tower Hamlets has one of the highest levels of reported hate crime in London, the majority of which is race hate crime. However the number of reported race hate crimes is falling and feedback from consultation has been positive. BME residents say that in some respects they feel safer in Tower Hamlets than elsewhere and feel that physical safety has improved over the past five to ten years. Somali and Bangladeshi residents

talked positively about how 'no-go areas' that used to exist for them were now a thing of the past. Young BME women told us how living within a diverse community made them feel more comfortable, safe and secure.

Improve local ethnicity monitoring and analysis of crime

Poor and inconsistent recording of crime by ethnicity makes it difficult to establish an accurate understanding of crime and community safety experiences of different communities. In many cases ethnicity is recorded by the Police on the basis of ethnic appearance which does not correspond with other local ethnic monitoring categories. The use of the category 'Black African' in particular means that it is difficult to understand the experience of Somali communities.

Further develop culturally appropriate responses to domestic violence

The Police deal with 4,000 incidents a year of domestic violence and these account for over 30% of reported violent crime. Both adults and children are affected, and domestic violence is a major cause of homelessness, as well as a factor in a high proportion of child protection cases. We know that domestic violence services have achieved significant increases in use of services by Bangladeshi women. However the issue continues to be an important priority and during consultation with Bengali and Somali women undertaken to develop this Scheme they highlighted a need to further develop services to reach isolated women and those in smaller BME communities.

Support vulnerable families and individuals

Some sections of our BME communities can be particularly vulnerable and isolated. A quite specific issue that emerged from the consultation with Somali residents is that there is a high incidence of divorce within their community. Consultees talked about the considerable affect this has on families, including leaving women isolated and struggling to bring up children alone as single mothers, high levels of depression and negative affects on young people who lack father figures, particularly boys.

New migrants who come to Tower Hamlets to join their partners from abroad may be particularly isolated and/or vulnerable as they tend to lack wider family or social support structures. This can have a detrimental effect on mental health and wellbeing.

Objectives

- Work with strategies to support victims and perpetrators of crime to respond to the over-representation of Black and Asian men as perpetrators and victims of some crimes.
- Demonstrate fairness and transparency of process in the application of stop and search in Tower Hamlets.
- Ensure that victims of race hate crime have access to appropriate protection and support and prevent race hate through promoting awareness, encouraging reporting and building community cohesion across all communities.
- Continue to deliver and further develop culturally appropriate responses to domestic violence.
- Improve local ethnicity monitoring and analysis of crime and community safety

A HEALTHY COMMUNITY

By 2020 our vision is that local people will live longer and healthier lives. The wider influences on health such as poverty, housing and employment will have improved making it easier for people to lead healthy lives. Everyone will have access to high-quality, local health and social care services, from primary care at GP surgeries to maternity care and mental health services.

Health inequalities are created by differences in health status driven by inequalities in society. We know that BME groups generally have much worse health than the overall population caused by poor social and economic circumstances such as housing and unemployment. As the third most deprived borough in the country residents in Tower Hamlets experience substantially poorer health than London and England. For example, residents from some of the most deprived parts of the borough with the highest concentrations of BME residents such as St Dunstan's and Stepney Green are likely to live up to 8 years less than residents living more affluent areas such as Millwall. Within the borough some communities fare much worse than others and patterns vary from one health condition to the next. Local health data and consultation feedback indicates that some of the key race equality issues relating to health in Tower Hamlets are:

Life expectancy: Coronary heart disease (CHD) and stroke are the leading causes of death and residents are 63% more likely to die prematurely from CHD compared to England as a whole. For Bangladeshi and South Asian men CHD is of epidemic proportions and rates are higher than anywhere else in Western Europe. Risk factors for this disease include smoking, high blood cholesterol, physical inactivity, being overweight or obese, diabetes and having family heart disease. Strategies to improve awareness of health risks and promote healthy lifestyles need to be further developed to respond to the scale of the task and more directly engage with specific BME communities, or sections within these communities who are particularly hard to reach and most at risk.

Smoking: Smoking is the biggest preventable cause of death in Tower Hamlets. Rates at 37% are much higher than the national average (27%) and Bangladeshi men (40%) are reported to have the highest smoking rates of all ethnic groups. It is also reported that 19% of Bangladeshi men and 26% of Bangladeshi women have used some form of oral tobacco, which leads to increased risk of mouth cancer. Stopping smoking or the use of oral tobacco is a key lifestyle factor in reducing BME mortality, morbidity, and improving health. The risk of a heart attack is halved within a year and that of lung cancer is halved within ten years.

Substance misuse: One of the most significant concerns raised in consultation is the misuse of drugs and the profound negative affect this has on lives. Tower Hamlets has a higher than both London and national average of opiate use and higher than national use of crack cocaine. Male Bangladeshis using heroin account for at least 50% of the treatment population. Bangladeshi (94%) treatment users are more likely to be engaged

in opiate use than White British (77%) or Black (67%) users.

The Drug and Alcohol Action Team estimate that about 63% of problematic drug users in the borough are currently not accessing treatment services. The number of BME drug users and specifically Bangladeshi women who access drug services is disproportionately low and those that do engage usually do so as part of a wider Social Care intervention.

In consultation young Bangladeshi boys talked about the high prevalence of drugs on streets and neighbourhoods making young people vulnerable to drug misuse. Shame and stigma attached to drug use means that most people find it difficult to turn to families for support, but consultees suggest that for many BME drug users this is even more difficult.

Amongst the Somali population the use of the legal substance Khat, a leaf that contains an amphetamine-like stimulant, causes significant community concern. Local research estimates that 59% of Somali men and 15% of Somali women chew Khat and suggests that it can lead to schizophrenic behaviour and depression and problem drinking. It can also be the cause of violent behaviour, financial and family problems. This was echoed by local Somali women who felt that Khat has been responsible for high levels of depression and divorce amongst their community.

Mental health: In the UK one in five mental health in-patients are from a BME background, compared to about one in ten of the population as a whole. In Tower Hamlets there is evidence of a high proportion of undiagnosed depression and the prevalence of schizophrenia is four times the national average. In 2008 of 128 patients at the Tower Hamlets Early Intervention Service (THEIS), a service for all those with a first presentation of a psychotic disorder, 82% were BME, 71% male and in their early 20s, 74% has a history of violence and high levels of unemployment and cannabis use. People of African Caribbean origin are over-represented on mental health wards by 400% and also over-represented in detention under the Mental Health Act. There is limited mental health data available, but it is thought that there are high levels of admission to inpatient wards for Somali people.

The issue of mental health and depression stood out quite starkly in consultation results. Somali residents talked about low incomes, unemployment, Khat usage, family breakdown, isolation, and for women in particular being a lone parent as causes of depression. Bangladeshi residents echoed some of these issues and highlighted that in many cases depression is not understood and both men and women struggle with it unrecognised. Stigma around mental health and a reluctance to talk about the issues serve as barriers to accessing support.

Learning disabilities: National and local evidence shows an high incidence of learning disabilities within South Asian populations. Therefore it is important to have a fuller understanding at a local level within the Bangladeshi and other smaller BME

communities to inform future commissioning plans. In particular, given the age profile of these populations locally, the prevalence rates amongst children and young people need to be understood to inform longer term commissioning strategies for adult services.

Older People: One of the most significant population changes in terms of ethnicity is amongst the Bangladeshi over-60s which is due to increase from 19% to 28% over the next twenty years. This has important implications for the kind of support we provide to older people and the demands of culturally appropriate services.

Carers: Tower Hamlets has one of the highest proportions of BME carers in London. Bangladeshi people, particularly women, are three times more likely to provide care to family members than people from white British groups. BME carers are multiply disadvantaged in terms of their own health, the health of those they care for and in terms of problems accessing health and social care services. There is a range of barriers that prevent BME carers from accessing support including not knowing about the support available to them, to language and cultural barriers. With a growing older BME population the number of BME carers is set increase in the next 10-20 years. It is therefore important that we understand the barriers that BME communities face and continue to improve their access to support.

Knowledge gaps in health needs: Although we hold good robust information about the health needs of the Bangladeshi and white communities there are some significant gaps in the needs of other smaller minority communities. For example, due to the way ethnicity is coded some services have a category for Somalis while for others it is incorporated into 'Black other' or 'Black African' which means that accurate assessment of a community known to suffer from poor health is not available.

Objectives:

- Healthy lifestyles and smoking cessation: Further tailor specifically targeted culturally appropriate health campaigns to improve awareness of specific health risks and promote healthy lifestyles among specific BME groups experiencing poor health
- Drugs misuse: Continue to improve access to treatment services amongst different BME communities and develop initiatives to reach out to under-represented groups and BME women.
- Develop culturally appropriate strategies to work with BME families in the safeguarding young people from getting involved in drug misuse and support families experiencing drug addiction.
- Improve understanding of the impact of all current drug use (not just problem drug use), including the use of Khat amongst the Somali community, and associated harm on different BME communities locally.
- Develop education and support initiatives to inform Somali people about the effects of Khat and reduce its usage.
- Mental health: Improve the understanding of mental health needs of BME communities and strengthen the accessibility and delivery of mental health services

to the BME community.

- Learning disabilities: Continue to develop a fuller understanding of the picture of learning disabilities at a local level within the Bangladeshi and smaller BME communities to better inform future commissioning plans.
- Older people: Develop a fuller understanding of the implications of a growing older Bangladeshi population on health and adult social care services.
- Carers: Improve understanding of the barriers that BME carers face and increase their access to support.

Promoting Race Equality an Employer

The Council is committed to promoting equality as an employer and is proud of its long-standing commitment to the achievement of a workforce that reflects the local community. We have strengthened our capacity to deliver on this commitment by bringing together the PCT and Council Human Resources functions to produce a joint 'Workforce to Reflect the Community' Strategy.

In order to meet our employment duties under the RR(A)A and ensure that no group is disadvantaged in applying for and undertaking employment in the Council we monitor by ethnicity:

- Recruitment and selection
- Numbers of staff in post
- Training
- Promotions
- Harassment and discrimination complaints and other grievances
- Disciplinary proceedings
- Starters and leavers
- Performance management

This information is analysed and published each year in the Race Equality Scheme Employment Monitoring Report and reported to the Corporate Equalities Steering Group Based on this information as well as staff consultation our race equality employment priorities are set out below.

Recruitment and Selection

The outcomes of the Council's Workforce to Reflect the Community strategy have been positive. The percentage of BME staff has increased from 39% in 2002/3 to 48.4% in 2008/9 and 19% are Bangladeshi.

However we recognise that there is still a lot more progress to be made in tackling the under-representation of BME staff. In 2007/8, Bangladeshi residents made up 27% of the working age population but only 21% of successful job applicants in the Council and 19% of the workforce. Although there is an over-representation of African Caribbean staff this masks and significant under-representation of Somali staff who make up a very small fraction of black staff working in the Council and only 1% of all staff.

We have identified that there are also differences in representation across the directorates that need to be addressed, this is particularly important to note in terms of frontline services and customer access. Our consultation revealed that access to services is still one of the biggest issues particularly for smaller minority communities such as the Somali community. Monitoring in 2009 shows that for Communities Localities and Culture and Adults Health and Wellbeing which include of many important frontline services only 17% of staff are Bangladeshi and only 1.7% are Somali.

Progression and Career Development

The Council is committed to investing in and developing all employees and for some years now has recognised and sought to address the under-representation of BME staff in middle and senior management. Analysis of 2008/9 records show the majority of Bangladeshi and Black employees are predominantly located in the up to £20k salary bracket and under-represented in middle management and senior positions. In the £40k and above salary ranges 4.8% are Asian, 7% are Bangladeshi and 9.9% are Black. In Children's Services (where there is the highest proportion) only 6 (or 5.7%) of the senior managers (top 5%) are from a Bangladeshi background; in the Adults Health and Wellbeing and Resources Directorates there none. Council wide at senior manager level, there are only 9 Bangladeshi staff. The profile appears more favourable for Black African/ Caribbean staff with it being possible to conclude that overall, there is a representative proportion of African/African Caribbean staff at management level (those earning above £40K) in the organisation. However, amongst senior managers there is only 6 African/African Caribbean staff in the organisation.

The Council has put in place a number of initiatives targeted at developing and progressing BME staff. This includes Aspiring Leaders and Step Up Now Programmes which are positive action initiatives for BME staff that provide study support for a post graduate Diploma in Management Studies or Certificate in Team Leadership or First Line Management aimed at supporting career development. Other initiatives include positive action schemes on social work and other services, and local graduate and youth trainee schemes.

In 2008 a strategic level equality impact assessment (EQIA) of staff progression was undertaken. This EQIA sought to undertake an evidence based analysis of staff progression looking in detail at the different opportunities and factors that affect progression within the organisation. This found there was no significant overall variance in progression between different groups of staff. However, the greatest challenge for the Council is the need to increase the diversity of its senior managers. The EQIA identified that under-representation of BME staff in management posts is an issue of recruitment rather than progression. Improvements in recruitment of BME staff have been concentrated at entry level or lower grade position, further work to improve recruitment of BME staff at management grade now needs to take place.

The Council and PCT Workforce to Reflect the Community Strategy recognises that it is important to ensure that career development / advancement pathways from junior and middle management positions exist to facilitate the preparation of BME staff in the longer-term to move into most senior (top 5%) of positions.

Training and Development

The ability to build on or acquire new skills within an employee's job is a key feature of the Council's learning and development programme. A wide range of learning opportunities are provided and employees are supported in learning through their work

as the Council believes that investment in employees shows through in the quality of work and a high level of staff engagement. Consequently, the uptake of learning and development events is recorded by ethnicity to ensure that every employee has access to continuous professional development.

The number of BME participants at corporate learning and development events is representative of the workforce and has significantly increased since 2002/03, however further promotion of learning and development opportunities is required to develop staff and increase the percentage of BME staff progressing into senior positions in the Council.

Working conditions and Working Environment

In order to ensure that managers and employees are aware of their responsibilities in working with diversity and progressing equalities in the workplace incorporating regulations relating to race equality, regular learning opportunities are offered to employees.

The Council has policies and procedures in place to promote equality of opportunity and to address circumstances where an employee believes that they have been disadvantaged. The Council has a Combating Harassment and Discrimination Procedure and monitors the complaints received. The number of grievances submitted by employees is also monitored. 2007/08 figures show that the Council needs to investigate why 57% (8 out of 14) employees dismissed under the Disciplinary Procedure were Black.

Additionally, there is a BME Staff Forum which meets on a quarterly basis and is supported by Corporate Human Resources and the Diversity and Equalities Team. The purpose of the Forum is to give BME employees a means of raising collective issues in relation to their employment. It also provides a means for the Council to consult on employment policies and practices to help ensure that the Council has the mechanisms in place to recruit and retain BME staff. The main issues that the Forum raised in the last year relate to progression of BME staff and the impact of re-structures on BME staff.

Objectives

- Improve the representation of Bangladeshi and Somali staff in the organisation across the directorates
- Examine and address the under-representation of BME staff at management level within the organisation.
- Act on the findings of the Equality Impact Assessment of career progression for Council staff.
- Continue to provide targeted learning and development opportunities for BME staff and review the impact of existing BME targeted initiatives to ensure that they are successfully developing and progressing staff.
- Investigate the over-representation of black staff facing dismissal under the Disciplinary Procedure.

- Review the Organisational Change Procedure in respect of how the impact of re-structures on different staff groups is given appropriate consideration.
- Continue to support and develop the Council's BME Staff Forum.

Delivering the Race Equality Scheme objectives, 2009-12

Drawing on the findings outlined above, we have identified a number of key areas in which the Council along with its partners needs to take action to ensure that we promote equality for everyone living, working or visiting Tower Hamlets. The action plan outlines a programme of actions to address issues where there is evidence of inequality based on race.

Race Equality Scheme Action Plan

Priority	Objective	Action	By whom	By when
ONE TOWER HAMLETS				
	<p>Create the space and opportunity for residents from different backgrounds to come together</p> <p>Promote an inclusive sense of belonging particularly for smaller minority groups so that all residents feel valued and a part of the community.</p>	<p>Review community cohesion principles to embed One Tower Hamlets in service delivery and development: Learning from existing community cohesion initiatives assessed to develop proposals for ensuring that cohesion is evidenced and embedded into service planning and delivery</p> <p>Use the Olympic and Paralympic Games to engage communities in cultural, sporting and celebratory events:</p> <p>Paradise Gardens Major Community Event June 2009 (CLC)</p> <p>Field Day / Underage Event August 2009 (CLC)</p> <p>Personal Best Programme and recruiting - Apr 09 Nick Smales (D&R)</p> <p>Delivery Arrangements and SLAs agreed with partner delivery agencies- Apr 09 Nick Smales (D&R)</p>	<p>Service Head, Scrutiny and Equalities</p> <p>Service Head Cultural Services</p>	<p>September 2009</p> <p>Dec 2009</p>
	<p>Promote understanding and awareness of different ways of life in the borough and continue to challenge</p>	<p>Continue to promote understanding and awareness of different ways of life in the borough and continue to challenge prejudice and discrimination through East End Life.</p>	<p>Service Head, Scrutiny and Equalities</p>	<p>Ongoing</p>

	prejudice and discrimination.	Continue to deliver a programme of arts and events that celebrates the diversity of Tower Hamlets	Head of Communications	
	Improve communication and transparency of process to address perceptions of unfairness and competition for resources between communities.	Use corporate and service level communication mechanisms to further enhance the way in which decisions about funding and resource allocation is communicated to residents.	Head of Arts Head of Communications	Ongoing
Consultation and Participation	Further enhance consultation and involvement mechanisms to engage BME communities, paying particular attention to smaller minority communities and the diversity within larger BME communities.	Adapt participation performance targets to ensure that they identify specific underrepresented ethnic groups rather than 'BME' categories by March 2010 Undertake mapping of engagement and consultation with the Somali community across THP by July 09; and implement recommendations by March 2010 Establish up-to-date information about third sector BME organisations operating in the borough for consultation and involvement activities. Work with Praxis to establish models of engagement with smaller minority communities	Head Participation & Engagement Team Service Head, Scrutiny and Equalities	March 2010 March 2010 March 2010
Community development	Further support and strengthen the capacity of BME third sector in Tower Hamlets paying particular attention to smaller and more	Complete mapping exercise of third sector provision Deliver capacity building programme for third sector organisations	D&R External Funding	March 2010

Democratic participation	isolated sections of the BME community. Strengthen the capacity of local councillors to lead all sections of the local community and get them actively involved in their neighbourhoods and local decision making.	Implement Councillor Call for Action Implement programme of Council/Cabinet/Committee meetings in Community Venues and pilot webcasting project Develop local response to the 'Communities in Control' White Paper – proposals drafted for April 2009 and action plan delivered throughout 09/10	Service Head- Democratic Services Service Head, Scrutiny and Equalities	April 2009 from May 2009 April 2010
Customer Access	Improve the representation of smaller BME communities and BME women in the democratic process and other local decision making structures. Improve understanding of current language needs and tailor the way in which we communicate with people who cannot speak English to ensure that interpreting and translation is able to improve access to services. Improve customer access for smaller minority communities	Deliver Future Women Councillors training programme Explore potential to apply the lessons learnt from this programme to smaller minority groups who are under-represented in the democratic process. Review the effectiveness of the Council's interpreting and translation provision to improve access to services and communication with residents who face language barriers. Explore the potential for joint interpreting and translation arrangements with partners. Work with Praxis to better understand the barriers to access for smaller minority communities and develop a model for improving access to services.	Service Head- Democratic Services Service Head, Scrutiny and Equalities	March 2010 March 2010

	<p>Ensure the workforce to reflect the community strategy includes initiatives to engage smaller BME communities, particularly in frontline services.</p> <p>Improve access to culturally inclusive and accessible ESOL provision</p>	<p>See section on 'promoting equality as an employer'</p> <p>Deliver the ESOL for Tower Hamlets Residents WNF Funded programme which is part of a number of partnership projects supporting employability and skills and tackling worklessness. The programme begins in April 2009</p> <p>Review the Adult Learning Strategy and work with other partners to revise and publish a unified Adult Learning and Skills Strategy</p>	Customer Access	<p>Idea Store Learning Development Manager</p> <p>April 2009 start</p> <p>By July 2009</p>
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A PROSPEROUS COMMUNITY

<p>Improve the economic inactivity rates amongst the Bangladeshi and Somali community paying attention to the particular barriers that women from these communities face.</p> <p>Make employment services available in community settings, targeting workless families, ensuring that specific communities currently facing exclusion are targeted.</p>	<p>Measure and monitor the impact of the Working Neighbourhood Fund by diversity groups at both registration and outcome stages on a quarterly basis.</p> <p>Continue the City Strategy initiative to develop a family focussed approach to tackling worklessness by integrating employment related activity into family and parental engagement (600 residents into employment - March 2010)</p>	Access to Employment Manager	Access to Employment Manager	March 2010	March 2010
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	<p>Develop an up-to-date and detailed understanding of the profile and causation of worklessness among BME communities in the borough.</p> <p>Improve the under-representation of BME communities in key employment sectors by promoting the best practice in relation workforce to reflect the community and encouraging and working with major organisations in the borough to adopt similar initiatives.</p> <p>Maximise employment, placement, apprenticeship and training opportunities amongst workless people in the public sector, building on existing good practice within the Council and Health services.</p> <p>Support qualified BME residents to better access professional jobs</p>	<p>Publish “worklessness assessment” as part of the preparation of the Economic Assessment evidence base.</p> <p>Promote activities and develop programmes through the Docklands HR Initiative and the Dockland Business Forum</p> <p>Publish more widely the outcomes of Skillsmatch/JCP and 3rd sector employment schemes</p> <p>Expanding apprentice scheme to 200 local young people by 2011 (HR)</p> <p>Increase the number of public sector apprenticeships by 50</p> <p>Hold joint event with JCP to increase employment in the Public Sector.</p> <p>Implement the action plan within the Employment Strategy</p> <p>Deliver the Employment Strategy to ensure that Tower Hamlets residents access new and existing jobs and thereby reduce the</p>	<p>Access to Employment Manager</p> <p>Access to Employment Manager</p> <p>Joint Assistant Director Organisational Development, Workforce Strategy & Equalities</p> <p>Access to Employment Manager</p> <p>Access to Employment Manager</p>	<p>March 2010</p> <p>March 2010</p> <p>March 2011 March 2010 March 2010</p> <p>March 2011</p>
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		numbers of people on out of work benefits			
	Improve the qualification and skills levels of Bangladeshi and Somali adults in Tower Hamlets.	Review the Adult Learning Strategy and work with other partners to revise and publish a unified Adult Learning and Skills Strategy	Idea Store Learning Development Manager	July 2009	
	Raise both aspirations and skills of BME children and young people make successful transitions from education to work through more effective learning, advice and guidance and support.	Reduce levels of youth unemployment by agreeing a 14-19 sector pathway to employment with local employers, linked to all 14 Diploma lines of learning, and provide targeted learning programmes for each significant group of 14-18 learners at risk of becoming NEET	Service Head- Young People and Learning	March 2010	
	Address the specific under-achievement of white and Somali communities across all Key Stages. Address the under-achievement of white, Caribbean and Bangladeshi boys particularly at Key Stage 4.	Identify the lowest achieving 20% of pupils, target evidence based intervention and extended school support appropriately, and rigorously track them.	National Secondary Strategy Manager Head of Ethnic Minority Achievement School Development Adviser-Primary Head of Community Language Service	March 2011	
	Continue to improve the representation of BME teachers in local schools paying particular attention to	To increase the percentage of BME teachers to 30% (currently 29.2%). Encourage more members of the Somali	Development Mgr for Schools Equalities Initiative	Feb 2010	

	promote teaching as a career to smaller minority communities.	community to consider teaching as a career by targeted campaigning.	
	Increase the percentage of BME teachers moving into leadership positions	Deliver a pilot management development programme for 24 BME teachers. The first cohort to consist of twelve teachers aspiring to become managers and a second cohort of twelve existing middle managers wanting to move into senior leadership.	Development Mgr for Schools Equalities Initiative Feb 2010

A GREAT PLACE TO LIVE

	<p>Overcrowding: Reduce levels of overcrowding and work in partnership to minimise the wider impacts of over-crowding.</p> <p>Demand and Affordability: Improve understanding of the future housing demand and needs of BME communities in the borough and ensure that they effectively inform the planning of future housing provision.</p> <p>Access: Ensure there is equal access to social housing for BME communities facing language barriers or may find it more difficult to understand the system.</p>	<p>D&R: Housing Strategy Implement the recommendations of the Overcrowding Pathfinder Update Report. Produce an Overcrowding Strategy and undertake an accompanying EqIA Review the Lettings Policy with particular reference to the current/ future needs of the BME communities</p>	<p>Strategic Housing Manager Strategic Housing Manager Strategic Housing Manager</p>	<p>Sept 2009 March 2010 Dec 2009</p>
		Undertake Equality Impact Assessment of Choice Based Lettings	Strategic Housing Manager	March 2010

	<p>Homelessness: Improve outcomes for disadvantaged and vulnerable groups in housing need, and ensure local services (e.g. hostel) are focused on local needs.</p> <p>Leisure: Continue to promote access to leisure facilities for BME groups paying particular attention to different sections of larger BME communities and smaller BME communities</p>	<p>Deliver year 1-3 of the Homelessness Strategy</p> <p>Work with community groups, such as Praxis, to enhance communication of available opportunities to leisure facilities</p> <p>Better communicate and promote what's on offer for young people</p>	<p>Service Head Older People & Homelessness</p> <p>Leisure Contracts & Partnership Manager/ Joint Head of Sports & Physical Activities</p> <p>Leisure Contracts & Partnership Manager/ Joint Head of Sports & Physical Activities</p> <p>Leisure Contracts & Partnership Manager/ Joint Head of Sports & Physical Activities</p>	<p>Ongoing</p> <p>March 2010</p>
	<p>Continue to provide culturally appropriate leisure facilities for BME women</p> <p>Work with local communities to improve the representation of smaller BME communities working in leisure services and address difficulties in recruiting BME female leisure staff.</p>	<p>Deliver programme as part of Healthy Towns to provide women & girls swimming programme commencing April 2009 -2011</p> <p>Deliver programme as part of Healthy Towns to provide women & girls swimming programme commencing April 2009 -2011, aimed at those individuals who are interested in further development.</p> <p>Approach to be reviewed based on feedback from focus/local groups</p> <p>Working with Muslim Women's Collective to encourage employment of Muslim women in</p>	<p>Leisure Contracts & Partnership Manager/ Joint Head of Sports & Physical Activities</p> <p>Leisure Contracts & Partnership Manager/ Joint Head of Sports & Physical Activities</p> <p>Leisure Contracts & Partnership Manager/ Joint Head of Sports & Physical Activities</p>	<p>Commence April 2009</p> <p>Commence April 2009</p> <p>Mar 2010</p> <p>Mar 2010</p>

		frontline leisure services.		
	The PCT and Leisure services to work in partnership to promote health lifestyles and encourage physical activity amongst BME groups who suffer the highest preventable health risks.	Working in partnership with PCT, refresh Joint Strategic Needs Analysis, including specific focus on under-represented groups.	Service Head Commissioning & Strategy	July 2010

A SAFE & SUPPORTIVE COMMUNITY

Victims and perpetrators of crime	Work with strategies to support victims and perpetrators of crime to respond to the over-representation of Black and Asian men as perpetrators and victims of some crimes.	Implement the Youth Crime Action Plan, identifying disaffected young people on the edges of crime, and working with them their families, and schools to re-engage them with the community Propose policy issue to CDRP for consideration at the autumn review process (as it is currently too late to for this upcoming year's CDRP). Develop and implement actions that emerge from the review process in the CDRP Action Plan for 2010/11	Youth Offending Team Police/Victim Support. Philippa Chipping, Policy & Victims, Community Safety Service, CLC	Autumn 2009
Stop and search	Demonstrate fairness and transparency of process in the application of stop and search in Tower Hamlets.	Work with the Diversity and Equality Network to equality impact assess the application of stop and search in Tower Hamlets to demonstrate fairness and transparency and improve public confidence.	Service Head, Scrutiny and Equalities	March 2010
Hate Crime	Ensure that victims of race hate crime have access to appropriate protection and support and prevent race hate through promoting	Race and Hate Interagency Forum (RHIAF) Action Plan sets out how the partnership will tackle Race Hate Incidents. Key actions for the HCPPT are as follows:	LBTH CSS Hate Crime Policy & Partnership Team	March 2010

	<p>awareness, encouraging reporting and building community cohesion across all communities.</p>	<p>Maintain and develop the Third Party Reporting Project to increase reporting of hate incidents and foster effective joint working amongst partner agencies involved where 100% of Third Party Reports monitored and actioned (baseline of 18).</p> <p>If funding confirmed commission specialist hate crime victim support services where 100% of hate incidents reported to Police are contacted and 50% engaged with service.</p> <p>Implement recommendations from Hate Crime Victim's Needs Research Report for increased satisfaction with services by victims of hate crime measured through satisfaction questionnaires.</p> <p>work with partners in ensuring race hate incidents are recorded effectively.</p> <p>work with partners to ensure 100% of identified perpetrators of race hate incidents reported to the Council are actioned.</p> <p>work with partners to ensure 38% sanction detection rate for perpetrators of race hate (This target is to be achieved by the Police).</p> <p>Coordinate Hate Incidents Panel - multi-agency panel which ensures a coordinated response to all race hate incidents reported to Council.</p>		
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Domestic violence	Continue to deliver and further develop culturally appropriate responses to domestic violence.	<p>If funding confirmed maintain and develop the No Place for Hate Champions Project where 3 targeted hate crime training, workshops and outreach activities delivered per Champion.</p> <p>Deliver awareness campaign promoting clear messages that Tower Hamlets is No Place for Hate including Race Hate – 100% increase in sign up to NPFH Pledge (baseline of 50), 24 outreach activities (including BME, refugee, newcomer communities and events) and Evaluation Report.</p>	Maryam Rouf, Domestic Violence Team, Community Safety Service, CLC	Sept 2010
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A HEALTHY COMMUNITY

Healthy lifestyles:	Healthy lifestyles and smoking cessation: Further tailor specifically targeted culturally appropriate health campaigns to improve awareness of specific health risks and promote healthy lifestyles among specific BME groups who experience serious health risks	<p>Employ a Young People's Alcohol Health Improvement Officer to provide training for teachers and youth workers to be able to deliver alcohol awareness messages to young people</p> <p>Prevent young people from taking up smoking by enforcing the law on underage sales of cigarettes and extending peer led approaches to smoking prevention.</p> <p>Issues to be picked working in partnership with PCT and refresh of Joint Strategic Needs</p>	Peer Work Development Worker, CS Service Head Commissioning &	July 2010
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Drugs	<p>Continue to improve access to treatment services amongst different BME communities and develop initiatives to reach out to under-represented groups and BME women</p> <p>Develop culturally appropriate strategies to work with BME families in the safeguarding young people from getting involved in drug misuse and support families experiencing drug addiction.</p>	<p>Analysis, including specific focus on under-represented groups.</p> <p>Evaluate treatment system to ensure it meets the needs of all sections of Tower Hamlets diverse community (DAAT TP)</p>	<p>Drug & Alcohol Action Team, Community Safety Service, CLC</p>	Mar 2010
		<p>Re-structure of DIP Service to improve access and engagement in treatment for all DIP clients (DAAT TP)</p> <p>Improved data recording and analysis of effectiveness of Drug Interventions Programme (DAAT TP)</p> <p>Identify early hidden pockets of drug and alcohol misuse in different communities educating target groups of young people in school and their parents</p> <p>Implement the Youth Crime Action Plan, identifying disaffected young people on the edges of crime, and working with them their families, and schools to re-engage them with the community</p>	<p>Drug & Alcohol Action Team, Community Safety Service, CLC</p> <p>Drug Action Team Youth Inclusion Programme Youth Offending Team Police/Victim Support.</p>	<p>Jun 2009</p> <p>Mar 2010</p>
	<p>Improve understanding of the impact of all current drug use (not just problem drug use), including the use of Khat amongst the Somali</p>	<p>Improve co-ordination and delivery of education and awareness in the community, schools and in LAPs (DAAT TP)</p> <p>Improve communication and publicity of</p>	<p>Drug & Alcohol Action Team, Community Safety Service, CLC</p>	Mar 2010

	community, and associated harm on different BME communities locally.	DAAT services and initiatives to both internal and external partners (DAAT TP)	
Mental health:	Mental health: Improve the understanding of mental health needs of BME communities and strengthen the accessibility and delivery of mental health services to the BME community.	<p>Deliver services in more accessible settings in the community such as Children's centres, schools and GP surgeries</p> <p>Working in partnership with PCT, refresh Joint Strategic Needs Analysis, including specific focus on under-represented groups.</p> <p>Implement Somali Needs Assessment Action Plan completed in March 2009</p>	<p>Children's Centres Strategic Manager</p> <p>Service Head Commissioning & Strategy (AHWB)</p> <p>Ongoing</p> <p>July 2010</p> <p>Ongoing</p>
Learning disabilities:	Continue to develop a fuller understanding of the picture of learning disabilities at a local level within the Bangladeshi and smaller BME communities to better inform future commissioning plans.	<p>Through JSNA establish systematic approach to needs assessment for learning disabilities including both:</p> <ul style="list-style-type: none"> ▪ Borough / community level, public health information ▪ Aggregation of information from individual person-centred plans. 	<p>Katharine Marks, Cheryl Spencer AHWB</p> <p>March 2011</p>
Older people	Develop a fuller understanding of the implications of a growing older Bangladeshi population on health and adult social care	Working in partnership with PCT, refresh Joint Strategic Needs Analysis, including specific focus on under-represented groups.	<p>Service Head Older People & Homelessness</p> <p>July 2010</p>
Carers	Improve understanding of the barriers that BME carers face and increase their access to support.	Ensure that the understanding of carers needs within BME communities informs the Carers Strategy 2008-11 Action Plan.	<p>Service Head Older People & Homelessness</p> <p>March 2011</p>

PROMOTING EQUALITY AS AN EMPLOYER

<p>Improve the representation of Bangladeshi and Somali staff in the organisation across the directorates</p>	<p>Implement findings from Equality Impact Assessment of career progression and evaluation of positive action initiatives that apply to Bangladeshi and Somali staff</p>	<p>Joint Assistant Director Organisational Development, Workforce Strategy & Equalities</p>	<p>During 2009/10</p>
<p>Examine and address the under-representation of BME staff at management level within the organisation.</p>	<p>Outline proposals in Workforce to Reflect the Community report to Cabinet</p>		<p>April 2009</p>
<p>Act on the findings of the Equality Impact Assessment of career progression for Council staff.</p>	<p>Agree actions with Corporate Equalities Steering Group, trade unions and other appropriate groups.</p>		<p>July 2009</p>
<p>Continue to provide targeted learning and development opportunities for BME staff and review the impact of existing BME targeted initiatives to ensure that they are successfully developing and progressing staff.</p>	<p>Build on established social work progression models for other hard to recruit professions Expand apprenticeship schemes and adopt an 'employer-led approach' to apprenticeships. Improve opportunities for staff to undertake secondments and acting up opportunities Evaluate existing positive action initiatives and recommend improvements required</p>		<p>During 2009/10</p>
<p>Investigate the over-representation of black staff facing dismissal under the Disciplinary Procedure.</p>	<p>Review most recent Race Equality Scheme Employment Monitoring Report Present analysis and recommendations to</p>	<p>Head of Corporate Human Resources</p>	<p>June 2009 July 2009</p>

	Corporate Equalities Steering Group	Head of Corporate Human Resources	May 2009
<p>Review the Organisational Change Procedure in respect of how the impact of re-structures on different staff groups is given appropriate consideration.</p> <p>Continue to support and develop the Council's BME Staff Forum.</p>	<p>Review the Organisational Procedure and consult with Trade Union representatives and other appropriate groups.</p> <p>Implement revised procedure (in line with HR Improvement Project timescales that are developed)</p> <p>Coordinate and support quarterly BME Staff Forum meetings</p>	<p>Service Head, Scrutiny and Equalities</p> <p>Head of Corporate Human Resources</p>	<p>During 2009/10</p> <p>On-going</p>