



REPORT PREPARED BY
HARROGATE COUNCIL FOR VOLUNTARY SERVICE
COMMUNITY HOUSE
46-50 EAST PARADE
HARROGATE
HG1 5RR

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Executive Summary

- There has been a steady increase in the number of black and minority ethnic people living and working in the Harrogate District since the 2001 census.
- The largest increase is in the migrant worker population, aged 15-34. This group is crucial to underpinning the viability of the District's farming, care, hospitality and construction industries.
- BME people can be geographically located by the agencies that recruit and find accommodation for them, but these private employers will not divulge much information when approached.
- A forecasting model used at Yorkshire Futures groups the population by 15 broad non-British ethnicity groups and acknowledges that there are additional cultural sub-groups within these. All 15 key groups are now represented in the Harrogate District; the most notable increase is in groups of Eastern European origin.
- There is a strongly-driven government agenda for community cohesion which is wider than the equality agenda. The vision includes the view that diversity is valued and people from different backgrounds should have similar life opportunities.
- Public and voluntary sector services in Harrogate District have a long-standing track-record in working to improve the equality of opportunity among the District's majority white population but with an increasing number of minority groups there are now unfamiliar cultural issues that need to be addressed.
- Equality and diversity policies are being reviewed or strengthened in all sectors but there is work to be done in incorporating cultural issues in monitoring systems and workforce training. There is scope for a multi-agency approach to these activities.
- Black and minority ethnic people access the full range of services across the District.
- BME issues in the District are currently about individuals rather than groups and there are common key issues of concern; the lack of housing is high in priority needs
- Given the limitations of a scattered BME population engagement with them for the purposes of consultation is fragmented and feedback is not shared; communication is more with individuals than groups so feedback is not necessarily representative.

- With changing trends in health care provision and working patterns, BME people living across the sub-region will be accessing services based in the Harrogate District. Planners of the District's services should also take note of the sub-regional population forecasts.
- Strategic groups, support groups and resources are developing and becoming available for support and planning on BME issues in York and North Yorkshire. At sub-regional level the voluntary and community sector and faith organisations are taking a strong role in these developments.

This research was commissioned by the Harrogate District Public Involvement Group.

Membership includes representatives from a range of voluntary and statutory organisations who meet to ensure an overview of consultation and community engagement exercises is taken and issues arising from consultations can be shared and acted upon.

Introduction

This report was written during a period of considerable activity on Black and Minority Ethnic issues both in the Harrogate District and in the wider context of the sub-region in response to a nationally driven government agenda. However, as is the nature of intensive activity, information is fragmented and of a varied nature. In this report I have aimed to encapsulate the current issues in an overview and this has resulted in a lengthy report.

1. BACKGROUND DEMOGRAPHICS

The 2001 census record indicates that about 2 per cent of the population of Harrogate District was of non-white minority ethnic (BME) origin. The largest non-white ethnic group was Chinese. In addition there were about 400 Irish White and about 4000 Other White. Since then in the vagaries of significant political, social and environmental activities on the world stage there has been movement in the world's populations and Britain's response to these events has resulted in a growing number of people of black and minority ethnic origin arriving in Britain to seek refuge or work. There is now the perception that people from BME groups are increasing in the Harrogate District.

Yorkshire Futures conducts population projections based on yearly forecasts from the Yorkshire Futures/Experian Economic model. The figures for 2001, 2006 and 2011 have been used based on the Regional forecast and 2 regional gender forecasts modelled to the age, sex and ethnicity structure of the population of each Local Authority District. In the Harrogate District, based on these figures only, between 2001 and 2011 there will be an overall increase in the 15-64 age group population from minority ethnic groups except the Irish White group which is projected to decrease (see table, p3).

During the 10 year period from 2001 the projection for both male and female populations aged 15-54 shows an increase, the largest minority group to increase will be Other White. This reflects the pattern of migration for work to the District from the new EU countries (see MIGRANT WORKERS below).

However in view of changes in access to services because of strategic developments, patient choice, movement of population within the region due to jobs, schools and housing, etc., it is also useful to become familiar with key *regional* population trends to 2011 because all but two of the ethnic minority groups are predicted to increase. Key increases are projected as follows: Mixed Ethnicity (White and Black Caribbean) – c. 6,800; Pakistani – c. 28,500; Bangladeshi c. 2,600; Indian c 2,200 and Mixed Ethnicity (White and Asian) c. 4,200; Chinese c. 1,000 and Other Ethnic, including Other White c. 1,200. The Irish White population is predicted to decrease by c.3000 and the Black Caribbean by marginal numbers, c. 50.

Population aged 15 - 64	All	White			Mixed Ethnicity				Asian				Black			Chinese and Other	
	All	British	Irish	Other	White and Black Caribbean	White and Black African	White and Asian	Other mixed	Indian	Pakistani	Bangladeshi	Other Asian	Black Caribbean	Black African	Other Black	Chinese	Other Ethnic Group
2001	97695	92183	588	3316	136	70	173	145	153	37	27	68	77	104	96	305	217
2006	101304	95298	558	3590	162	83	241	188	160	43	35	71	82	109	103	357	226
2011	103157	96844	508	3796	194	91	294	227	160	40	39	69	79	104	114	368	229

10 year changes in the 15 – 64 Population split by Sex and Ethnicity

	Ethnic Group	Male		Female	
		Numbers	% change	Number	% change
	All	3605	7	1892	4
White	British	3191	7	1506	3
	Irish	-40	-17	-40	-14
	Other	249	13	231	12
	White and Black Caribbean	31	28	27	33
Mixed	White and Black African	16	26	6	18
	White and Asian	62	41	60	42
	Other mixed	43	34	40	39
	Indian	-2	-2	8	9
Asian	Pakistani	5	32	-1	-5
	Bangladeshi	4	24	9	36
	Other Asian	0	1	1	3
	Black Caribbean	5	11	-3	-9
Black	Black African	-2	-5	2	3
	Other Black	5	8	13	25
Chinese and Other	Chinese	33	21	29	14
	Other Ethnic Group	6	9	5	3

Reproduced from Yorkshire Futures Regional Intelligence Network: Harrogate

2. KEY PURPOSES OF THE STUDY

Harrogate Council for Voluntary Service (HACVS), on behalf of the Public Involvement Group, is carrying out a mapping study which is seeking to substantiate the statistical picture with some measure of qualitative information in the form of nature of activity, support and engagement with BME people in the Harrogate District.

This study has four key purposes:

- To identify agencies used by BME people
- To identify who is working on BME issues
- To collate information on the work that is in progress to support people from BME groups
- To raise awareness of the nature of support that is sought by BME people

3. METHODOLOGY

3. i. A Working Group was formed with the following members, Rose Johnston/Fiona Friday (HBC), Lynne Garne (CHARD PCT), Hazel McGrath (HACVS Director), Kate Paisley (HACVS Forums Development) and Nina Muir (HACVS Development).

3ii. The study has been carried out using two key resources. These are:

- Factual information, views and opinions have been sought from key people and support workers via numerous telephone conversations and email. (There is therefore sometimes information in this report that is anecdotal, but where this has been included it is because the same information has been heard from more than one source).
- Written information from a range of documents and reports sent to me by various people or by signposting to relevant websites.

3.iii The information collected is presented in four parts:

- i. Service Sectors: There is some activity relating to BME issues in every sector in the District with key areas of action emerging.
- ii. A closer look at issues relating to how BME people are located in the Harrogate district

3iv. Regional Activity: There is currently a significant push by central and regional government bodies to develop structures and programmes to better support BME people, and particularly in Yorkshire and Humber where this has been comparatively slower to develop than elsewhere in Britain. This is inevitably set to make an impact on the Harrogate District

3.v Observations and recommendations

4. HEALTH SECTOR

Some people from minority ethnic communities fail to access the full range of health services. The reasons are complex but include:

- Not having English as their first language
- Cultural differences and beliefs
- Health issues related to poverty

In the policy document of Craven, Harrogate & Rural District Primary Care Trust, a CHRD PCT *Provision of Race Equality Scheme 2005-2008* the population profile is based on the 2001 census, but it is intended that the nature and diversity of both the workforce and service users will be regularly monitored against changing trends in the Harrogate population.

The Provision of Race Equality Scheme 2005-2008 will include:

- Equality and Diversity Steering Group of senior staff established in October 2005 with responsibility for implementation and monitoring of Equality and Diversity Strategy and Race Equality Scheme with regular feedback.
- Quarterly monitoring of applications for employment, training and promotion.
- The establishment of monitoring systems where these do not exist, for example:
 - Monitoring of ethnic origins in recognition that health problems are specific to specific communities
 - Monitoring of provider services for sensitivity to cultural and ethnic needs of the CHRD population
- Initiatives to include minority groups in the planning and development of services
- Subscription to Language Line (an interpreting and translation service with face to face and telephone interpreters, specifically geared towards language-impaired situations in the public and commercial sectors of the United Kingdom).

In monitoring and implementing its Race Equality Scheme CHRD PCT may wish to take note that in a recent report prepared by Craven Connecting Communities the following health-related issues emerged in feedback from BME patients within CHRD PCT. These were:

- Asian people, women in particular, were more likely to seek health information from a Health Visitor or Practice Nurse instead of their GP and may seek gender-specific health workers. Also in many Asian cultures, the advice of 'elders' is widely sought for a range of health care issues, and particularly for family planning and early years child care, and this may be incongruous with Western health care provision.
- There were problems with GP receptionists when seeking appointments – language and poor cultural understanding were quoted.
- It is easier for BME people to use health services if there is an interpreter or advocate to facilitate communication
- Opening hours of Primary health services do not always suit shift patterns and full-time employment
- Transport to Primary and Specialist health services (and other regularly-sought services such as religious places) in rural areas – expensive public transport and poor understanding of timetables and vulnerability to racial harassment when using public transport were reported.

In 2005 CHRD PCT consulted with personnel at RAF Menwith Hill in the Working with Local Communities Initiative. A range of issues emerged including difficulties in understanding the NHS complexities and cultural differences in seeking health care. Information and easier access to this was suggested.

In a recent report from the NHS National Institute for Mental Health In England, *Inside Out*, it is acknowledged that minority ethnic groups experience disproportionate levels of social and material deprivation when compared with the majority white population and this compounds social exclusion. The extent of social exclusion among BME people and the levels of racism and racial discrimination experienced by them are recognised as key determinants leading to mental health problems. However the social exclusion of minority ethnic groups is complex and varies according to their economic, social, cultural and religious backgrounds. This complexity is as yet not fully understood or appreciated, partly because there are limited data available about the overall and specific experiences of minority groups. The report states that it is fundamental to this understanding, and to the setting and monitoring of relevant standards and outcomes that services undertake ethnic monitoring, and that data can be analysed by ethnicity in local information systems. It recommends that 'self-identified ethnicity' and the preferred spoken language of all service users must be documented routinely and recorded in information systems as well as the patient's record in order to be able to examine the outcome of its current policies and practices or monitor progress in addressing inequalities.

In the Macpherson report (1999) and the Race Relations (Amendment) Act 2000 training and education of the workforce is recommended in addressing inequality within the health service, but it is acknowledged in *Inside Out* that what is often considered to be sound professional training is, at present, devoid of a cultural component.

CHRD PCT has implemented the following activities in addressing identified issues relating to BME people:

- CHRD PCT commissions the services of interpreters
- As appropriate (but not consistently) invitations to information and consultation events are published in languages other than English.
- Staff awareness-training (including BME issues) is available all year round

CRHD PCT reports that while there is recommended allocation based on the sub-region's population of the equivalent of 4.5 posts specifically to address BME health issues, there are no resources to implement this recommendation. Instead CHRD PCT is linked to the Craven Connecting Communities Initiative and sub-contact services, currently training, from them.

In a recent baseline assessment of patient and public involvement at Harrogate Health Care NHS Foundation Trust the following issues emerged relating to BME people:

- Patients are now seen from Bradford/Wakefield and several divisions seek interpreter services
- There is increasing access to the Trust's Services from non British European Groups but monitoring is within the overall diversity policy and *not* group specific.
- PALs Worker based at hospital has contact with BME patients but there is no specific monitoring
- The Chief Nursing Officer is seeking to address training for BME staff. [The Public Involvement Group agree that CHRD PCT, HHC Trust and HBC could be working together on the training needs of BME staff]

Addressing Staff Training Needs on Ethnicity Issues

- The Ethnicity Training Network provides training for people working in health and social care services. The Network is run by the Centre for Research in Primary Care at the University of Leeds, www.etn.leeds.ac.uk ; or Catherine Bennett (Project Administrator - Ethnicity Training Network) on 0113 343 6903.
- The Skills for Life/ESOL co-ordinators (see Education below) are able to offer ESOL courses with an employment slant to BME people who seek to improve their English.
- The website Refugee Access www.refugeeaccess.info has a growing database of training organisations for BME people

5. HARROGATE BOROUGH COUNCIL

In the Borough Council the Housing Division has direct contact with BME people and the nature of contact and service is monitored. In the Planning and Policy Divisions there is data on the location and composition of BME people by Ward and it is also known which groups are longer established and the location of the newer arrivals.

- The Policy and Planning Division holds a database collated from the 2001 Census and other sources about residency by post code in every Ward in the Harrogate District. The nature of this information enables some extrapolation of the location of ethnic minority people.
- In 2005 HBC conducted an inter-departmental audit of consultations with hard to reach groups and individuals. There was a measure of success in engaging with BME individuals in their consultations on Housing Stock Option and Tenant Involvement because the nature of consultation was door-knocking and discussion groups, with transport and other support to enable attendance

In May 2005 a report was prepared by Crime Data and GIS Officer, Richard Wilkinson, based on a detailed database of 'high density' ethnic groups by Ward in Harrogate in both geographical areas of communal establishment and in private housing. Three Census Output Areas have been identified with 'exceptionally high population rates for minority groups' (with statistics) and in addition there is data on the location of 'non-white/Non-UK-Born populations living in other Wards in the District.

5i. HOUSING

BME people are known to occupy the full range of housing available in the District, but due to a severe scarcity of cheap and temporary accommodation HBC Housing Division is seeing a growing number of BME referrals and self-referrals seeking public sector housing.

Therefore, theoretically, it may be relatively easier to locate those BME people who have been allocated public sector housing due to the risk of homelessness, others in housing with Registered Social Landlords (RSL)/Housing Associations (HA), and individuals that have been found accommodation via migrant-worker recruiting agencies.

RSL/HA are non-profit making organisations, each run by a Voluntary Board of Management, and each with a different portfolio of properties in the District. Some RSLs will specialise in providing accommodation for particular client groups. Enquiries about accommodation are made direct to RSLs but people of BME origin in these properties tend to be established residents in Britain or are settled asylum seekers or with refugee status. Those RSLs in the District that have HBC housing allocations (*marked 'H' in table in the Appendix*) will return regular Core Sheets to the HBC Community Services Division for government monitoring purposes and to extrapolate data on tenant profiling.

The nature of information held on ethnicity of tenancy varies across the RSLs as does their divulging of this. People at various levels in their RSL were able to respond to enquiries about tenants; some were able to be very helpful and even took the trouble to run an up to date report giving specific detail while others stated they did not want to divulge any information at all.

Housing Associations do have policies to engage with BME tenants, for example, they produce tenancy newsletters and have tenancy group meetings where there may be attendance from BME people. Two reported they are trying initiatives for more specific activity; one HA has tried to facilitate a BME Tenant Focus Group, but without much success, and another has BME people on its Management Board (Leeds-based). But more generally it seems these organisations are neither very effective at implementing engagement policies nor is the engagement truly representative of the actual diversity of their BME tenants. An anecdotal example was reported to me where a poor understanding of the differences in cultures of different BME groups living in close proximity is resulting in individuals from one ethnic group becoming dominant and better resourced while those from the other, smaller ethnic group are becoming more isolated and vulnerable.

For a large proportion of the migrant worker population in the District it is the recruiting agencies that tend to assume responsibility for their accommodation and so it is possible to locate BME groups and individuals via these agencies (also see below EMPLOYERS). Migrant workers from established BME communities who have become familiar with the necessary procedures can find their own accommodation through kinship and friends. It is the concern of the Fire Services that where properties can become overcrowded there may not be adequate standards of safety, principally fire safety.

The Supporting People funding programme provides housing related support to people with a wide range of needs in hostels and supported housing and in the floating support services commissioned for them. Where the support is short term, for 2 years or less, the funding is provided as a grant to the organisation providing the support. As there are currently no Supporting People services in North Yorkshire for gypsies and travellers, the programme is working with other local authorities regionally to carry out some research into their needs in 2006. There is a registered site for Travellers at Thistle Hill in Knaresborough. The Traveller Education Co-ordinator and his Community Education Development Family Support colleagues engage with the traveller communities at the Thistle Hill site about the educational needs of their children. The ethnic mix at the site is complex and there are cultural differences in the response to education. Currently there is more success at the site with children up to the age of 11 years. Older children from some family groups tend to become more involved in working activities with adults and others are allowed to continue formal learning. Resources are sought for portable ICT equipment for those older children to continue their formal learning. *[In recognition of limited resources and space for learning in travelling communities, there is now a new project in York which provides support from teachers in designated times and places of study of the nature of Homework Clubs, contact Sylvia Hutton 01904 554335]*

There are two additional areas of support for homeless people. These are 'Floating Support Services' to help people sustain their tenancy and maintain their independence in their homes and 'Advice and Support Services', including non-residential services, practical support, non-specialist advice and signposting. Much of the voluntary sector support falls within this last area.

In addition, Harrogate and District Women's Aid provides temporary refuge accommodation for women, with or without dependent children, who are fleeing from domestic violence. During the past year the agency has seen BME women (Eastern European, Thai, American) seeking refuge from domestic abuse.

At a recent Domestic Abuse Forum meeting a senior member of the Community Safety Partnership Team reported an issue that was raised by the HBC Chief Executive. Men and women from other nationalities who come to England to marry a UK-born person must sign documents to accept they have no recourse to public funds. As a result women fleeing from domestic violence, and with no recourse to public funds, can not access public services. Harrogate Women's Refuge is public sector funded and therefore cannot shelter BME women without recourse to public funds. Recently this organisation has not been able to shelter two women in this position and could only offer them the very limited support of the Women's Aid Outreach Service. Any independent application for indefinite leave to remain by the violated person must show evidence of physical abuse and because foreign women are unfamiliar with procedure or there are cultural issues involved (such as shame to the family in the country of origin) incidents are not reported and so there is no necessary evidence. If there is a child involved, an appeal for the mother to remain here can be made under Article 8 of the Human Rights Act which states that a child has the right to both a mother and father, and this has enabled the Refuge to speed up the necessary support. This issue is a growing trend reported nationally by organisations supporting victims of domestic abuse.

6. NORTH YORKSHIRE COUNTY COUNCIL

NYCC services known to be accessed by or engaging with BME people have been presented in broad areas: NYCC Social Services Department; Education; Leisure, Police and Fire Services and Wider Community Links

6. i NYCC SOCIAL SERVICES DIVISION

Customer Service Units are reporting increasing enquiries from people of Eastern European origin and queries from people who do not fit the eligibility criteria on issues such as access to care, payment for medicine and housing. If children or disabled people are involved there is some support available but otherwise staff at the division aim to give information and will signpost to community links; a large number of enquiries are directed to the Citizens Advice Bureau.

6.ii NYCC EDUCATION

Children from BME families attend primary and secondary schools in the district including children of migrant families, asylum seekers, the RAF Menwith Hill community, and people living in north Leeds. The social inclusion officer at NYCC facilitates contact with parents via schools.

There is NYCC provision of courses English to Speakers of Other Languages (ESOL) across the District and there are workers in Community Education and Harrogate College that have direct contact with groups in the workplace in Wath, Pateley Bridge, Knaresborough, Boroughbridge and in Harrogate in the catering and hospitality sectors (eg, Greyfriars and The Moat House). The majority of learners are of Eastern European and Asian origin. Updating basic skills in the working population is a high-priority government national target. The demand in the last year for ESOL courses

has been a significant element in enabling Skills for Life providers in the district to meet their learner targets. ESOL programmes are currently free in line with the national agenda.

Employee shift patterns create difficulties in accessing existing learning provision in the community so the ESOL providers are working directly with employers and facilitating bespoke outreach programmes that match shift patterns. There is an increased demand for ESOL programmes that address the day to day needs of the migrant learners so bespoke courses are designed to deliver the information that is sought, eg completing official documentation, understanding access and rights to local health and social care services, etc.

In addition there are BME students on all campus of Leeds Met (Harrogate College – not funded by NYCC) and there are initiatives at the University that are specific to the support needs of BME students including ESOL classes, work-related learning of migrant workers and provision for refugees and asylum seekers. STAR (Student Action for Refugees) is a youth and student network within Leeds Met that assists refugees and asylum seekers locally with the help of volunteers. The University has a strong relationship with the Refugee Council and hosts events on themes of art, culture and heritage to deliver positive messages about refugees.

6. iv. NYCC LEISURE

Library and Information Services collate data on membership and visitors to the libraries and will respond to the needs of library users. All libraries in the Harrogate District are equipped with a free internet facility which is well used across the District by BME people: in Harrogate mainly by students from several ethnic groups and elsewhere in the District mainly by people of Eastern European origin. The mobile library service and Discovery Bus (mobile ICT unit with Internet access) is beginning to be used by BME people in the rural areas. Multilingual access to ICT facilities and more multi-language literature is sought, particularly in the library at Ripon.

BME people, particularly individuals of Eastern European origin will visit the Tourist Information Service to find information on local facilities and amenities and for signposting to other services.

There is a new alliance between four National Park Authorities – the Peak District, Yorkshire Dales, North Yorkshire Moors and Brecon Beacons – and the Youth Hostels Association to increase the participation of BME people and communities in the use of National Parks in order to better understand the British countryside as a way of life and leisure. In turn the Parks are offering opportunities to understand ethnic art and culture (eg. tai chi, meditation) in order to help the British people to appreciate the activities of other cultures

7. NORTH YORKSHIRE POLICE AND FIRE SERVICES

The Community Policing Team is reporting increasing contact between Community Beat Officers and BME people in their day-to-day beat patrols. In 2005 NY Police reviewed the Communications Strategy aspect within its Race Equality Scheme & Diversity Strategy. The Communications Strategy includes

- multi-language awareness of a dedicated telephone line, 0845 6060247, which the public can access at any time, with high minimum standards of response.

- subscription to Language Line; every member of the organisation has 24 hour access by telephone.
- the development of independently chaired Area Race and Diversity Advisory Groups, which will act as critical friends to NYP and scrutiny panels for monitoring of data, and incidents of hate crime. The groups are aimed to be as inclusive of the community as possible, and
- Area Diversity Champions are tasked, through their action plans, to develop the membership of these groups.

The Fire Service engages with BME people in their programmes on training for health and safety. Fire safety schemes such as the free 'chip pan exchange' and smoke alarms are welcomed by all sectors of the community that can benefit from these including BME people who tend to have a high respect for the Fire Service.

8. NYCC SUB-REGIONAL LINKED ACTIVITY

NYCC is engaged in several initiatives relating to BME issues and has appointed staff in both strategic and service posts to address BME issues.

- NYCC has been working together with 7 other Districts in North England to share the services of a Capacity Building Officer based within the CEMVO (Council for Ethnic Minority Voluntary Sector Organisations/Ethnic Minority Foundation (EMF)). This is a national body that facilitates the development of a networking infrastructure for services and support to minority ethnic voluntary sector organisations and communities.
- There is a Community Cohesion Officer whose role has been mainly in resolving issues of dispute - policing, housing, etc. The role also has the brief of delivering training on issues of culture and ethnicity. The main geographical areas of focus to date have been Skipton, Scarborough and Ryedale where there has been significant work in engaging communities. To date activity in the Harrogate District has been in a personal capacity as an interpreter at Harrogate Hospital.
- NYCC has established a pivotal post, Equality and Diversity Officer, to work closely with HR and to advise on best practice, partnership working, community engagement partnerships, policy development and review. The current post-holder has considerable past experience of community work so is able to be available for information and advice to the wider community.
- The Rural Racism Initiative emerged in 2005 from the recommendations of the Commission for Rural Communities. As a result The Monitoring Group (see Appendix), has established a worker in the sub-region providing assistance and support to victims of racial harassment, and domestic violence. The post holder is currently working with the NYCC Equality and Diversity Officer and other key people to develop a sub-regional BME strategy group, see below.

9. MIGRANT WORKERS

There is the perception that there is a significant increase in migrant workers in the District, and especially since Britain recognised the freedom of movement and residence of EU A8 Accession States (Poland, Hungary, Slovenia, Slovakia, Czech Republic, Estonia, Latvia, Lithuania) and 'the future growth of the migrant worker population is considered to be uncertain' (ONS 2006). However a recent European Commission report (February 2006) has shown that in this early stage (one year on) workers from new member states did not, in fact, flood the old EU after enlargement. The majority of the migrant labour coming to the UK is between the ages of 15 and 34. In December 2004 Yorkshire Futures produced the document *Forecasts by*

District for the Population Aged 15-64 by Ethnic Group to provide an insight into how the workforce will change over the next 10 years (see DEMOGRAPHICS above). The current 15-64 age group ethnic minority population in Harrogate, including Irish White, is 3,000-3,500.

Statistics from the Recruitment and Employment Confederation (REC) show that more than 40% of the 130,000 new EU workers who registered to work in the UK within the first eight months of enlargement had registered with recruitment agencies.

Legal migrants from the EU and elsewhere in the world are now recognised to make a substantial contribution to the Region's economy. They have filled vital skill shortages at all levels and have boosted the economy of Yorkshire and Humber. It is known that without these workers a number of sectors would need to acutely reduce their levels of activity, for example in care homes across the UK 2,500 workers have come from the new EU member states. In Harrogate care and nursing homes there are also migrant workers from the Philippines, Uganda and Bangladesh.

But recent research has also shown that a lack of assistance and support for some nationalities of migrant workers means that many are struggling to find legal employment. For example, existing government policy prohibits Jobcentre Plus staff from providing one-to-one support for jobseekers from the new member states. This, in turn, forces many to seek an alternative income in the black economy.

In the Harrogate District migrant workers fall into four main groups: students workers (in child care, eg au-pairs), well-qualified professionals, and people skilled and unskilled that are employed in the primary agriculture sector (mainly seasonal and short term contracts), farming businesses – often forming a significant proportion of the workforce – food processing, hospitality and care. It is often the case that workers in unskilled jobs are from the professional sectors in their country of origin, but because they do not have a good command of the English Language they will temporarily work in unskilled positions for financial security or to take advantage of the free ESOL training programmes to improve their English. The majority of workers in all the mentioned groups are likely to have been recruited through agencies in their country of origin. Self-employment is also becoming a growing feature among ethnic minority groups. The most visible are proprietors of ethnic restaurants and small shops, but there is now a growing number of people who are set up as painters and decorators, plumbers, electricians and joiners.

At RAF Menwith Hill there is mix of ethnic groups but they tend to consider themselves to be a single nationality group – North American. RAF Menwith Hill works with a range of contractors and therefore access to resources, facilities and provision for personnel there is dependent on their contracts; many employees live 'off-base' across the Harrogate District in private housing and access health, education and community services (religious, voluntary, leisure, etc) in their local communities. A key link in liaison with the RAF Menwith Hill community is the Community Relations Officer.

A recurrent theme mentioned by managers and farm owners is the hard working attitude of the migrant workers that, they say, contrasted with the less vigorous approach of the English worker. This can raise tension where migrant and English staff work alongside each other. Migrant workers also tend to be contracted by recruitment agencies to work more flexible hours enabling easier staff cover during leave of absence. However there are examples of issues in the workplace that have created problems for both the employer and the worker such as the implementation of Health and Safety regulations by workers, gender problems when it comes to accepting the authority of female supervisors, time off for prayer, the prospect of racial discrimination being alleged, compliance with hygiene requirements (jewellery, nail varnish), tolerating cold temperatures in certain working

environments, repetitive work and long periods of standing up. Workers have a tendency to stay in their ethnic groups in canteens and meeting places and this reinforces the 'us and them' attitudes expressed. However group-clustering is likely to be exacerbated with the long distances travelled to work mainly in the company of other migrant workers, shift patterns and long hours at work.

There is a range of Recruiting Agencies for migrant workers to the Harrogate District (see Appendix). Expensive and scarce accommodation is an issue in the Harrogate District so agencies recruiting low-skilled workers, and who claim to be largely responsible for the provision of worker accommodation, can provide this outside this county (sometimes as far as Hull and Wakefield) with a bus service to the workplace in this District. In some cases a recruiting agency or work place employer will have a dedicated Welfare Officer to address specific issues, eg formal letters, house repairs, TV licences, etc, but broadly speaking it is believed that less than 10 per cent of the migrant working population receives these services from their recruiting agency. Some employers will encourage and support their workers to attend ESOL classes and these workers are known to the providers of ESOL.

The characteristics of the Recruitment Agency: Central European Staffing, website <http://www.cestaffing.co.uk/>

Central European Staffing is a recruitment agency providing skilled Polish workers and will also recruit staff from Romania and other Eastern European countries. There are workers recruited by this agency in North Yorkshire.

Their primary activity is the recruitment of skilled tradesmen and labour for the building and construction industries. Many of their workers have 15 or more years of experience in their chosen profession and are familiar with working abroad.

They will also provide seasonal agricultural Polish workers and recruit other categories of employees, who are able to come and work in the UK seasonally, for fixed length contracts, or for permanent positions: engineers, care assistants, dentists, doctors, industrial workers, computer specialists, call centre staff and highly motivated entry-level personnel.

They claim all their candidates have been interviewed, references checked and screened.

They are able to provide complete teams of Romanian or Polish workers working together or as subcontracting team.

Central European Staffing will claim they have supplied Romanian and Polish workers in all parts of the UK and Ireland.

10. REFUGEES

In the Harrogate District the main group of refugees are those who sought asylum from the Kosovo crises in 1999 and have since settled here; the largest group is in the Ripon area. These individuals are known to all the public services as they have been supported since their arrival in the District. More recently there are reports from the Churches in the District of asylum seekers from Iraq and Zimbabwe.

In North Yorkshire, there are two key sources of support for refugees and asylum seekers. These are the Refugee Council and the website Refugee Access (see following text box). In addition, there are newly developing regional and sub-regional multi-agency bodies to focus on BME, refugee and asylum communities (see SUB REGIONAL VOLUNTARY AND COMMUNITY ACTIVITY below).

The Refugee Council is the largest refugee organisation in the UK providing advice and assistance to asylum seekers and refugees. The Regional Office in Leeds provides a range of services for asylum seekers recently arrived in the UK, asylum seekers settled in the UK, and offers advice to those who have received an asylum decision. Individuals can visit in person or advice can be given by telephone, subject to the availability of interpreters.

Refugee Council Yorkshire & Humber office, Ground Floor, Hurley House, 1 Dewsbury Road, Leeds LS11 5DQ, Regional Development
Adviser: Katherine Blaker, T 0113 244 9404, F 0113 246 5229

The Refugee Access website, <http://www.refugeeaccess.info>, provides information in a variety of languages about services and rights for asylum seekers and refugees in the Yorkshire and Humber and Liverpool areas. This resource is available in Albanian, Arabic, Chinese [simplified], English, Farsi, French, Kurdish [Sorani], Portuguese, Russian, Turkish and Somali. There is also a bi-monthly *Asylum Newsletter* which can be downloaded from the website.

Liz Westmorland, Regional Refugee and Asylum Service manager
T. 01132143942, refugee.access@leeds.gov.uk

11. FAITH GROUPS

The relationship between faith and ethnic identity can be close and faith groups can sometimes be the only grassroots organisation able to reflect the view of a particular ethnic group. In terms of membership, faith groups can be significant social infrastructure organisations and can also be important in the delivery of front line services when these are not sought elsewhere. Faith groups (the large majority of which are Christian) in the Harrogate District are reporting an increase in membership from ethnic minority people. For example, a small group of Iranian Christians attends St Peter's church

in Harrogate. It is known that these individuals, and Iranian people from elsewhere in the region, meet at an informal meeting centre in Harehills in Leeds. St Aidan's Church in Leeds that is opposite this meeting centre, has strong links with St Peter's Church in Harrogate so the Churches aim to work with the community meeting centre to support this Iranian group. At the Hope Centre in Harrogate (a community resource of theEvangelical Church) refugees from Zimbabwe and South Africa have sought help with housing, job seeking and refereeing/guarantor. Elsewhere there is ongoing informal activity in churches with attending members who are speakers of languages other than English. It is perceived there is some correlation between the pastor's ethnicity and congregation. There are three pastors from BME groups in Harrogate District.

In Leeds and Bradford there are established places of worship for specific ethnic groups, with substantial membership, and it is known that because of the proximity and good public transport between Harrogate and these towns, people living in Harrogate will worship in Leeds and Bradford. Most ethnic places of worship have paid staff in addition to the paid clergy. Leadership roles are mostly taken on by the clergy but also by lay people. Premises of worship can have dual roles and can also be centres for community activity and members' voluntary work.

12. VOLUNTARY AND COMMUNITY SECTOR ACTIVITY - HARROGATE DISTRICT

The Councils for Voluntary Service at Harrogate and Ripon hold information on voluntary and community sector groups in the District and there are no known BME voluntary or community groups, possibly reflecting the relatively small populations of BME people in the District. There is some anecdotal evidence of key people emerging in the groups of refugee people that are living together in close proximity, but it is harder to make contact with individuals than with organised groups. The passing on of contact information is difficult if the address is a home address as, among other things there can be a fear of racial harassment.

As with all other service sectors VCS organisations have equality and diversity policies and therefore can *claim* to have the processes to engage with and support BME people. There are examples of engagement that is monitored. The CAB in both Ripon and Harrogate are reporting an increase in clients from BME groups (Harrogate CAB is reporting that 14 per cent of its clients are BME people). Help is sought mainly on housing, work permit and benefit related issues. Victim Support receives referrals from the Police and reports an increase in assaults to BME people from Eastern European origin. These assaults are from non-BME people. There can be cultural issues in receiving help from the voluntary and community sector. For example, it is the procedure of Victim Support initially to make contact with a referred person by letter. Such a letter caused confusion to an Eastern European recipient who called back concerned that his legitimacy was being questioned and insistent on wanting to supply documentary proof that he was here legally. He was then genuinely puzzled at the concern for his welfare and the offer of support. The *Trades Club* in Hebden Bridge is a small live music venue providing opportunities for performance of world music. The proprietor there is collating a database of BME groups interested in visiting performers reflecting their own ethnic culture.

Otherwise, aside from the huge goodwill of the voluntary sector in supporting the refugees from the Kosovo crises in 1999, and some ongoing support to individual refugees who have acquired refugee status since then, there is a scarcity of data and almost non-existing monitoring specific to BME people to be able to reflect the emergence of any meaningful issues or concerns.

13. SUBREGIONAL VOLUNTARY AND COMMUNITY ACTIVITY

Elsewhere in the Region where there are now well-established BME communities (usually considered to be two or more years old), strong BME voluntary and community groups have formed. There is evidence that these groups are beginning to provide a crucial empowering and representational role for their communities. Initiatives are now developing in the Sub-Region to establish stronger associations with known BME groups and to facilitate better processes of engagement where there may be little or none. The Yorkshire and Humber Regional Forum (a strategic partnership organisation for the voluntary and community sector) is taking a key role in driving this activity and there is strong support from GOYH and national VCS strategic bodies.

13.i BLACK AND MINORITY ETHNIC REGIONAL PANEL (BME RP)

Early in 2006 a new Black and Minority Ethnic Regional 12-member Panel was appointed by The Yorkshire and Humber Regional Forum. In addition a Development Worker has been appointed to support the Panel in forming a programme which will link up regional developments with grass roots BME voluntary action. Challenges for the Panel will include building the right provision for two-way communication with BME voluntary and community organisations across the region. A Manchester-based consultancy, Hoshin Ltd, has been recruited to develop a communications strategy and to pilot a study to examine what links there are between the BME groups/infrastructure and other infrastructure organisations and how to work together more effectively. The Panel is planning 4 events across the sub-region to facilitate the development process. Updates of the Panel's work can be found via the website www.bme.org.uk.

13.ii. NORTH YORKSHIRE SUB REGIONAL STRATEGY GROUP

In recognition that there is a weak sub-regional BME infrastructure, the Development Worker for the BME Regional Panel is working with the NYCC Equality and Diversity Officer and The Monitoring Group on a framework to engage key multi-agency representatives in developing a joint strategic approach and partnership activity in BME issues and in accessing resources and investment allocations dependent on strong partnerships.

13. iii YORK & NORTH YORKSHIRE BME SUPPORT NETWORK, a subgroup of the Regional Refugees Network, formed in October 2005 to bring together key organisations (multi-agency) that provide support and services to the BME, refugee and asylum communities across York and North Yorkshire. The Network will meet quarterly and is currently working with the Refugee Access Website to build in an easy and convenient electronic system of communication between members via the website.

13. iv CHURCHES REGIONAL COMMISSION FOR YORKSHIRE AND HUMBER (CRC YH) was created in 1998 with the key aims of representing the churches to regional bodies, advocating the significance of faith in the life of the region and working as partners in regional regeneration. CRC YH sees itself as a valuable catalyst in developing multi-faith interaction and communication at regional level. Training sessions and seminars are frequently organised to promote understanding of all faiths, good practice in ethnicity issues and equality in the workplace. More recently there have been a series of events to focus on migrant workers.

CRC YH has also initiated the North Yorkshire Church Tourism Initiative to promote and support the role of faith in cultural, heritage and tourism activity across the region. CRC YH in partnership with Black Majority Churches published a directory to promote a shared social initiative amongst black churches and contributes to their strengthening networks (see Appendix)

CRC YH has played a key role in contributing evidence to the recent survey of BME and Faith Groups in York and North Yorkshire carried out for the North Yorkshire Sub-regional VCS Infrastructure Consortium in order to involve identified groups in the future development of Change Up (a government-led initiative on the infrastructure of the VCS).

CRAVEN CONNECTING COMMUNITIES is a short-term funded project of South Craven Community Action, funded by NYCC Social Services and CHRD PCT. The Project has sought to identify the needs of Black and Minority Ethnic Communities in Craven and has published a report on its findings. A major outcome of the project's activities has been a BME forum which will seek to address issues that emerged in the report, such as access to services, and will share experience, resources and information with a view to developing locally integrated strategies and inform Regional activities on BME issues. The Project carried out its consultation with ethnic communities by identifying key people in these communities and trained them to do the job. While this enabled different consultation methods to be practiced that were appropriate to the nature and diversity of the groups there was a common framework in place to be able to make an effective analysis of the range of feedback. People have a lot to say about their lives, but are less responsive when asked to feedback on services until this is critical. This was an intensive consultation process but the return was a higher level of meaningful response and examples of appreciation and good practice emerged in sectors that are not the usual partners for health and social services; for example the library services, the tourist information office and fire services are much appreciated by BME communities in Craven. Copies of the report are available from South Craven Community Action @ £5.00/per copy. Contact Tel. 01535 639044

14. OBSERVATIONS AND RECOMMENDATIONS

12i SPECIFIC ISSUES

- **Demographics.** The BME population is increasing in the Harrogate District, and although this increase is currently 'manageable' in terms of all resources except housing, changes in the delivery of health care and an increasing need of low-skilled workers in the construction, farming and care industries will influence the level of services accessed by BME people.
- **Language.** The inability to communicate in English can leave BME individuals liable to being misunderstood and excluded. In Harrogate adults from Kosovo will often use their children who have been attending English schools as interpreters. If these meetings are distressing for the adult then a child can be caught in this situation. There have been many reports of workers in care homes experiencing acute cases of isolation.
- **Housing.** There is concern that some housing providers are taking advantage of arrangements with recruitment agencies but are not necessarily meeting acceptable standards of safety of the premises, tenancy agreements, rent etc. The Tourist Information Office reports frequent enquiries from Eastern European people about accommodation and know of cases of out-of-season holiday cottages being rented by large groups of Eastern European people who have destroyed properties due to over-occupancy through illegal sub-letting so this temporary housing option is becoming scarce or non-existent.

- **Accessing information.** Most sectors are now investing in multi-lingual information, but this is worryingly, uncoordinated and poorly monitored. Feedback on who has used the information produced, the extent to which money spent on its promotion was effective and what has been its value is hard to find. So this could cynically be perceived to be nothing more than a tick-box exercise. And yet it could be said where information is sought, it is lacking. For example in the CHRD PCT consultation process, Working with Local Communities, a session at RAF Menwith Hill raised some basic issues such as in understanding the complexities of British health services, a lack of understanding of referral systems, how to find dentists, etc – relatively inexpensive solutions were suggested such as a simple pocket guide and/or a website portal on appropriate websites for new arrivals (NHS Direct comes to mind). There are already resources for diverse groups at a single site, for example Language Line, or Refugee Access, and perhaps more could be done to use these and in turn support their sustainability; there are already examples of good practice in resource sharing to maximise outcomes in the voluntary sector, for example the York and North Yorkshire BME Network has purchased space on the Refugee Access website. In addition, the ESOL workers incorporate day to day issues, such as access to health care, in their course provision.
- **Health Care.** The lack of reasonable and accessible dental care is a major issue with BME groups
- **Child Care.** There are reports of childcare issues if both parents are working shift patterns. HBC Housing Division among others has raised this issue.
- **Advocacy.** Interpreters are not always the best advocates if a member of family or the same ethnic group is unable to take on this role.
- **Social Isolation.** The issues of concern in BME people in the Harrogate District can often be those of individuals rather than groups.
- **Work related.** Workers may be well-qualified in the places of their origin but will do low paid, unskilled jobs because of their inability to communicate well in English. Working conditions can fall below acceptable if recruitment of workers is direct from their countries of origin and migrant workers can be vulnerable to abuse. There is access to limited or no support for people without entitlement.
- **Training.** Opportunities to learn ESOL are widely sought in BME people. This has been free to date, but providers are now wanting to negotiate fees with employers whose worker benefit from this provision; there are wider concerns that costs may be passed on to workers.
- **Government Agenda.** There are government drivers in place to encourage all sectors to engage with BME communities. The response to date has been to put processes in place but there is work to be done in monitoring implementation and outcomes, the nature of response to identified gaps, and transparency in demonstrating this.

12ii. OBSTACLES FOR EFFECTIVE CONSULTATION AND ENGAGEMENT

- BME people are notably increasing in the Harrogate District but it cannot be said that there is evidence of meaningful engagement with them. There is a scarcity of data as a result of very little specific monitoring of services to BME people in all service sectors. There is generally a poor understanding of the cultural complexities of different BME groups. Current engagement is still more about ticking boxes and less about demonstrating response through understanding.
- While organisations may hold data on BME individuals using their services, this information cannot be shared for data protection reasons. The passing on of contact information is difficult if the address is a home address because of fears of racial harassment.
- BME people will rightly say they are the best people to work with their communities and there is work to be done in identifying the natural leaders in known groups or clusters and to support them in helping with the engagement process. Due to various cultural and working conditions BME individuals who cannot communicate confidently in English will tend to associate with their own particular factions and sects, and with groups of the same social class and similar background. These distinctions (cultural) can influence how effectively people outside these cultural and ethnic divisions are able to engage with them.

12iii. RECOMMENDATIONS

In this research I have discovered that in all sectors there is an awareness of a rising BME population through increased contact, but by far the most significant contact in the Harrogate District is with people of Eastern European origin. All sectors are in the stages of developing or reviewing their policies on equality and diversity and it is generally acknowledged that cultural issues are hugely complex. Most sectors have some monitoring systems in place but information on data and outcomes, though accessible, is not proactively shared. Most workers I have spoken to will claim that the activity with BME people is 'manageable' and, it likely that different agencies are seeing the same people. So it would seem to me that this is the time to explore joint protocols and guidelines for information sharing and joint activity (for example, a multi-agency monitoring group) in order to maximise resources and influence more effective outcomes. There is also scope for a multi-agency co-ordinated approach to training with built-in cultural components. There are now BME-specific training resources available in the sub-region which may consider cost-effective bespoke provision.

There are two sub-regional bodies that aim to facilitate operational and strategic level joint-working that are seeking to involve key people across the sector; respectively the York and North Yorkshire BME Support Network and the North Yorkshire BME Strategy Group. The Regional BME Panel can link local issues to regional developments.

In addition Faith and VCS Networks are working to become familiar with the wider needs of BME communities so that they are able to better inform local and regional public sector agencies. Service providers in the Harrogate District could become familiar with these groups and look to working with them.

BME issues are currently high on the national agenda with funding support from various sources. As a result there is a variety of activities in response to this in the creation of new posts. In addition to those mentioned above, NYCC is developing facilities to incorporate several apprenticeships for BME people and in the VCS, the York and North Yorkshire Sub-regional Infrastructure Consortium is seeking to appoint a BME VCS Development Worker to develop the engagement and support of BME voluntary and community organisations in York and North Yorkshire. It may be the case that these different strands across the sectors can be drawn together to maximise support and resources and sustain whatever is established beyond the short-term period of funding.

The BME theme is acknowledged to be one that is cross cutting in the functional blocks of Local Area Agreements. Perhaps these recommendations and others from work that is being done elsewhere can be taken for discussion and development at that Forum.

Nina Muir
Harrogate & Area Council for Voluntary Service
Community House
46-50 East Parade
Harrogate
HG1 5RR
nina@harrogate.org

March 2006

Black and Minority Ethnic People in the Harrogate District An Overview of Activities and Issues

Appendix

The following people were contacted for information about the nature of activity or information relating to BME people

HEALTH

Organisation	Contact – Role in Organisation
CHRD PCT	Lynne Garne, Clinical Governance and Research Manager John Hancock, Senior Planning Manager Liz Walker, Primary Care Liaison
Harrogate Health Care NHS Foundation Trust	Jo Bray, Head of Corporate Affairs Angela Monaghan, Chief Nurse
Mental Health Services	Jane Jewitt, Community Support Officer, Employment and Training, Mental Health

HARROGATE BOROUGH COUNCIL

Division	Contact – Role in Organisation
Harrogate Borough Council Community Safety Partnership	Richard Wilkinson, Crime Data GIS Officer
Harrogate Borough Council Policy and Planning	Richard Wilkinson, Policy and Planning Officer
Harrogate Borough Council Housing Division	Sue Baker
Registered Social Landlords/Housing Associations with properties in the Harrogate District	<ul style="list-style-type: none"> ➤ Accent Yorkshire (H) ➤ Anchor Trust ➤ Broadacres Housing Association Ltd (H) ➤ Carr Gomm Society Housing Assn (H)

Division	Contact – Role in Organisation
<p>Full contact details in local telephone directory – ask for Association Manager</p> <p>NB Harrogate Borough Council Department of Community Services</p>	<ul style="list-style-type: none"> ➤ Chevin Housing Group (H) ➤ Hanover Housing Association ➤ Harrogate Families Housing Association Ltd (H) ➤ Harrogate Neighbours Housing Association Ltd ➤ Headrow Housing Group Ltd ➤ Home Group Ltd (H) ➤ Leeds Federation Housing Association Ltd ➤ North British Housing Ltd (H) ➤ Northern Counties Housing Association Ltd ➤ Railway Housing Association and Benefit Fund ➤ Sanctuary Housing Association (H) ➤ YMCA (H) ➤ Yorkshire Metropolitan Housing Association (H) <p>Collate RSL Core Sheet Returns so this division has some data on tenant profiles Bernadette Cressey</p>

OTHER HOUSING SUPPORT

Organisation	Contact – Role in Organisation
Specialist housing provider Harrogate and District Women's Aid	Gerry Smith, Manager T. 01423 529974
Supporting People	Gill Warner, Strategy and Policy Manager, Gill.warner@northyorks.gov.uk

NORTH YORKSHIRE COUNTY COUNCIL

Organisation	Contact – Role in Organisation
NYCC Social Services Department	Joan Harry, Customer Relations Unit
NYCC Social Inclusion Division	David Walker, Education Officer Social Inclusion Paul Winter, Traveller Education Co-ordinator

Organisation	Contact – Role in Organisation
NYCC Community Education English for Speakers of Other Languages (ESOL)	Janice Gowing, Skills for Life Co-ordinator Margaret Blythe, Skills for Life Co-ordinator
NYCC Police	Nigel Day, NYP Community Safety Officer
NYCC Fire Services	Nigel Plant
NYCC County Library Services	Julie Scatchard
National Parks Initiative The Mosaic Partnership	Junie Joseph

NYCC SUB-REGIONAL LINKED ACTIVITY

Organisation	Contact – Role in Organisation
NYCC Equality and Diversity	Pammi Sahota, Equality and Diversity Officer
NYCC Community Cohesion Initiative	Nasar Eman, Community Cohesion Officer (also Vice Chair at North Yorkshire Forum for Voluntary Organisations)
Monitoring Group/ Racism Group Initiative North Yorkshire	Rathna Rachman, Rural Racism Initiative, Monitoring Group The Monitoring Group Ltd. is a charitable organisation providing assistance and support to victims of racial harassment, and domestic violence.
NYCC/EMF-CEMVO	EMF-CEMVO Regional Contact: Rushi Munshi, rushi.munshi@emf-cemvo.co.uk

8. OTHER EDUCATION PROVIDERS

Organisation	Contact – Role in Organisation
Leeds Met/Harrogate College	Pat Lehan, Skills for Life/ESOL Manager Kathrina Keith, Refugees and Asylum Support, k.keith@leedsmet.ac.uk

MIGRANT WORKERS

Organisation	Contact – Role in Organisation
RAF Menwith Hill	Angela Marquis, Community Relations Officer
Concordia	Farm placement scheme for young people (currently 415 in North Yorkshire). Programme open to EU and non-EU members (though the latter group are limited to six months). Concordia require employers to meet statutory levels of pay and housing standards.
Harvesting Opportunities Permit Scheme	National Agricultural Centre at Stoneleigh, run by Young Farmers from this base Currently 400 young people are deployed throughout Yorkshire mainly working on piecemeal, seasonal work programmes.

FAITH GROUPS

Organisation	Contact – Role in Organisation
Churches Togetherr	Humph Baker
St Peters Church Harrogate	Canon Tony Shepherd
The Hope Centre	Pastor Roosevelt
Churches Regional Commission for Yorkshire and Humber (CRC YH)	CRC YH was created in 1998 with the key aims of representing the churches to regional bodies, advocating the significance of faith in the life of the region and working as partners in regional regeneration. CRC YH sees itself as a valuable catalyst in developing multi-faith interaction and communication at regional level. Training sessions and seminars are frequently organised to promote understanding of all faiths and good practice or equality in the workplace. Forthcoming events are planned to focus on migrant workers and these will take place in Selby, Bradford and Hull. Liz Carnelley, Policy Officer info@crconline.org.uk , www.crc-online.org.uk

FAITH DIRECTORIES – THERE ARE COPIES OF THESE DIRECTORIES IN THE COMMUNITY HOUSE INFORMATION CENTRE IN HARROGATE

Religions in the UK: a Multi-Faith Directory, [Paul Weller](#) (Editor) www.multifaithnet.org. This is a comprehensive multi-faith directory which gives advice on how to make contact with the various religious organisations and an overview of inter-faith and multi-faith organisations and initiatives plus contact points for these. Also ideas on how to arrange multi-faith events, projects and consultations.

A Directory of Black Majority Churches for Yorkshire and the Humber. A movement launched in 1994 to enhance the fabric of African and Arican Caribbean communities and advance the principles of the Christian faith through understanding and co-operation with local communities. BMC aims to provide a point for formal links with mainstream churches, faith partners and other organisations.

Organisation	Contact – Role in Organisation
Patients Forum (Managed centrally by Carers Federation, Nottingham based)	Helen Mackman/Alma Williams
Harrogate Council for Voluntary Service	Hazel McGrath, Director
Ripon Council for Voluntary Service	Lynette Barnes, Chief Officer
Carers Resource	Anne Smyth, Director
Citizens Advice Bureau Harrogate	Carol Barber, Manager
Citizens Advice Bureau Ripon	Linda Marsden, Manager
Victim Support	Helen Flynn
Advocacy Scheme	Karen Barton
Essential Needs	Martin Brassington
Arch Mediation	Margaret Lawrenson
The Trades Club, Hebden Bridge Dave Boardman Tel 01422 845265 www.tradesclub.info	Small live music venue providing opportunities for performance of world music. Database of BME groups interested in visiting performers reflecting their own ethnic culture

Organisation	Contact – Role in Organisation
BME VSC Regional Panel	Cressida Woodall, VCS Infrastructure Co-ordinator, Community Policy and Programme team GOYH cwoodall.goya@go-regions.gsi.gov.uk , Tel 0113 283 6305 (x 5173) Gopal Lama is the Regional Forum's Development Officer for the BME Panel. Gopal can be contacted at Yorkshire and the Humber Regional Forum Suite D10, Joseph's Well, Hanover Walk, Leeds LS3 1AB Tel: 0113 394 2300 Fax: 0113 394 2301 E-mail: gopal.lama@regionalforum.org.uk
Hoshin's project	Joanne Moore (tel: 0161 256 0349 joanne@hoshin.co.uk).
York Racial Equality Network (YREN)/ York & North Yorks BME Support Network	Rita Sanderson, Manager/Chair

