

Black and minority ethnic groups (BME)

National and local themes:

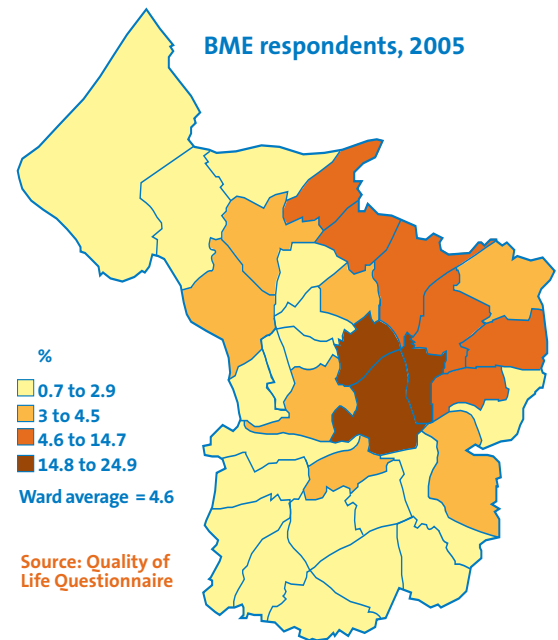
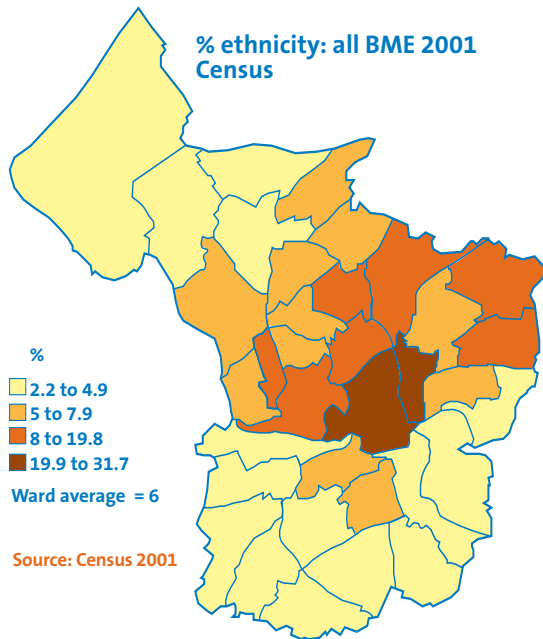
- Enjoying good health and a healthy life style
- Good quality environment
- Feeling safe in the neighbourhood
- Access to life long learning and employment

Indicators

Local indicators:

- % BME people with healthy lifestyles,
- % BME people are happy,
- % BME people who feel safe in their neighbourhood,
- % BME people who trust their neighbours
- % BME people who feel ethnic differences are respected
- % BME people involved with the local community,
- % BME people with good access to jobs

In the Census 1991 Bristol's Black and minority ethnic population was 5% of the total population. This has now grown to 8% (for adults) in the most recent Census 2001, with 14% of all children (less than 18 years) as Black or mixed race. Ashley, Lawrence Hill and Easton are the wards with the highest BME population (see map below).



In the **Quality of Life Survey, 2005** of Bristol residents 5.2% of respondents said they were of BME (350 respondents) and 4.6% respondents stated their ward (following map). Results from these residents are compared with of those from the rest of the city in this chapter. The distribution of BME respondents is similar to the Census distribution.

Profile of 290 BME respondents	% BME respondents (number)	Survey average (% all respondents)
Women	61% (177)	58%
Men	39% (114)	42%
Disabled people	10% (29)	13%
49 years or less	67% (192)	49%
50 years or more	32% (93)	51%
Live in neighbourhood renewal area (NRA)	24% (69)	31%
Employed (Full time or part time)	48% (138)	48%
Unemployed	3.9% (11)	1.9%
In full time education	7% (20)	2.8%

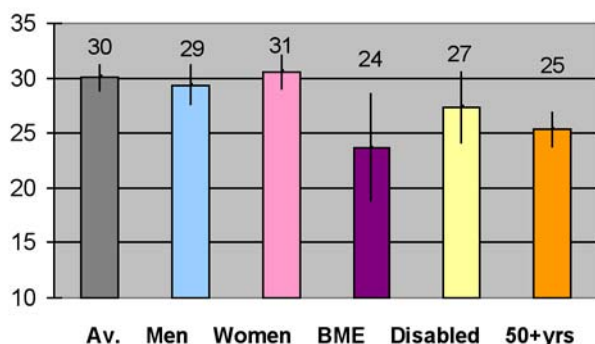
This profile is based on 290 responses, as 60 respondents did not state gender, age, disability or postcode. The profile indicates the BME survey respondents were from a younger group of people with more students and more unemployed. A smaller proportion lived in the deprived parts of Bristol compared to the city average. This difference must be borne in mind when interpreting results and can help explain unexpected differences or similarities reported here.

Health & wellbeing

Some health indicators for the BME group were similar to the general population, such as the proportion of people who are overweight or obese, which was 49% for both groups. Also 84% of BME groups said their health had been “good” or “fairly good” in the past year compared to the non-BME population at 88% (this difference is not statistically significant).

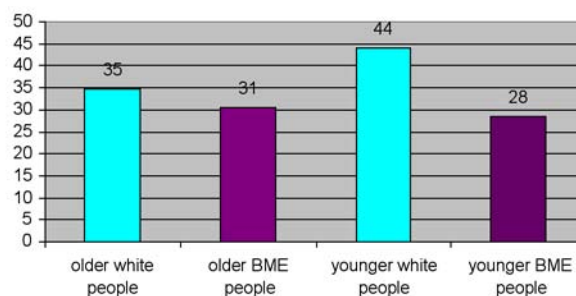
Levels of smoking, or living in a household with a smoker are indicators that were lower (significantly better) for BME respondents. The graph below shows 24% of BME residents had a smoker in the household compared to a city average of 30%. Further analysis showed BME residents were half as likely to live in a smoking household. The vertical lines on the bar chart below indicate confidence limits and when these limits overlap the difference between indicators is not statistically significant.

Residents with a smoker in the household



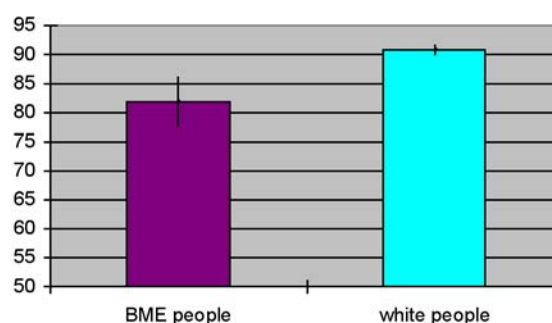
The indicator “taking moderate exercise” reflects being active for 30 minutes at least for 5 days a week. BME survey respondents took less exercise compared to white respondents and this difference was most noticeable with young BME people (49 years and less). Of this group only 22% of BME young men took moderate exercise.

% residents taking moderate exercise



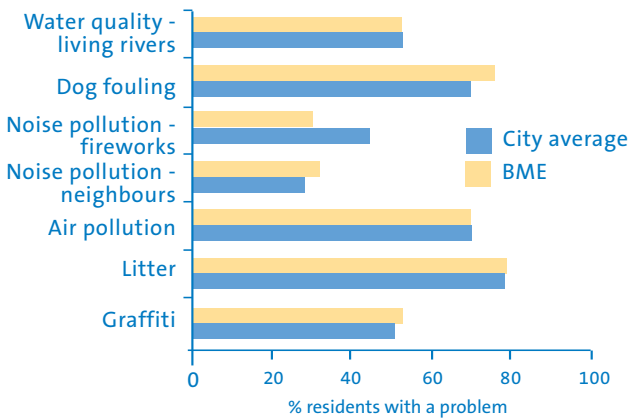
In the Quality of Life survey people were asked “How happy are you?” BME respondents said they were less happy than the average population in Bristol. 82% saying they were “very happy” or “quite happy” compared to 91% of white people (see following graph). This difference is statistically significant.

% of residents who say they are happy or quite happy



Black and minority ethnic groups record a lower level of satisfaction with the neighbourhood (75%) when compared to the rest on the city (77%) but this difference is not statistically significant. The Liveability score (satisfaction with the quality of the environment) was similar for both white and BME residents. When liveability was broken down by its various components, some differences emerged. Dog fouling was significantly worse with more BME people experiencing a problem, whilst firework noise was significantly better (graph below.)

Liveability - cleanliness of the neighbourhood



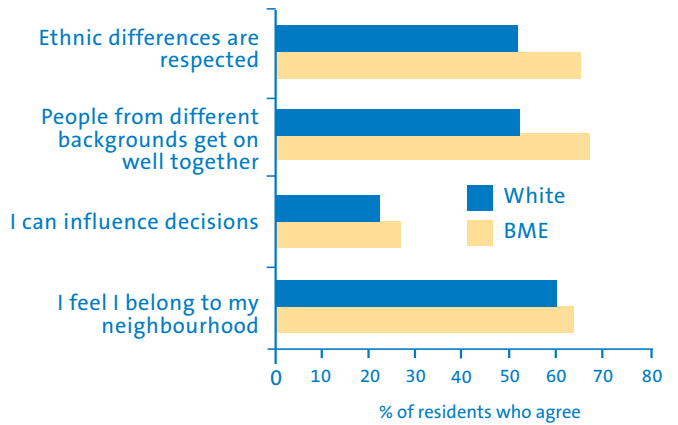
Only a quarter of BME residents felt their neighbourhood was getting worse compared to a third of white respondents to the survey.

Getting on well together

A number of community cohesion indicators are better for BME groups. 67% of BME respondents said they thought people from different backgrounds got on well together in their neighbourhood, compared to only 52% of white people. More BME people also felt ethnic differences were respected in their neighbourhood. Both these indicators showed differences that were statistically significant, see following graph.

Amongst the white community more older people (over 50 years) felt ethnic differences were respected (55%) compared to those aged 49 years and younger.

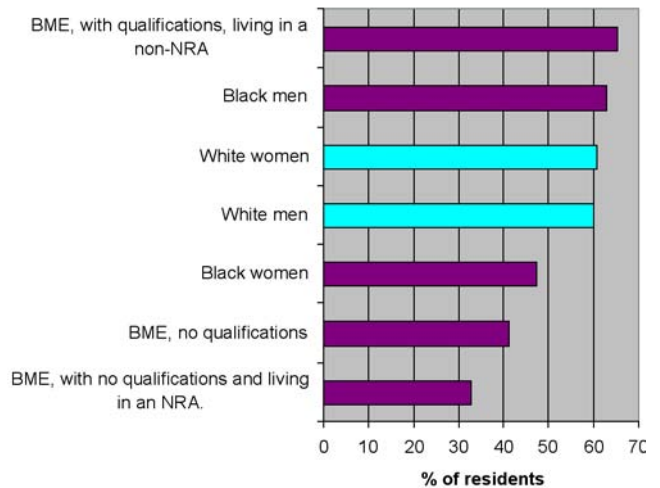
Getting on well together



Feeling safe and trust

Fewer BME people said they trusted their neighbours. When this indicator was analysed in more detail it was found BME women were the least “trusting”, particularly those with no qualifications and living in a Neighbourhood Renewal area (NRA). The highest “trusting” group, however were Black men with qualifications and living in non-NRAs – see graph below.

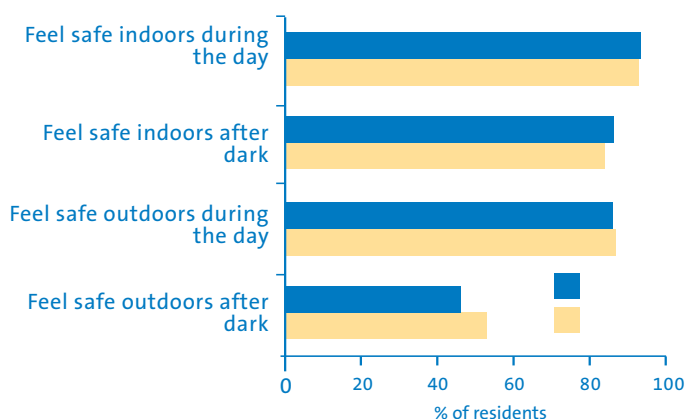
Rank of those who trust their neighbours



Feeling safe in the neighbourhood after dark was higher for BME groups, compared to white residents (54% and 47% respectively). But feeling safe indoors and during the day was similar for both populations. (see following graph).

Fewer BME people (29%) felt “crime has got worse” in the last 3 years compared to white respondents (35%).

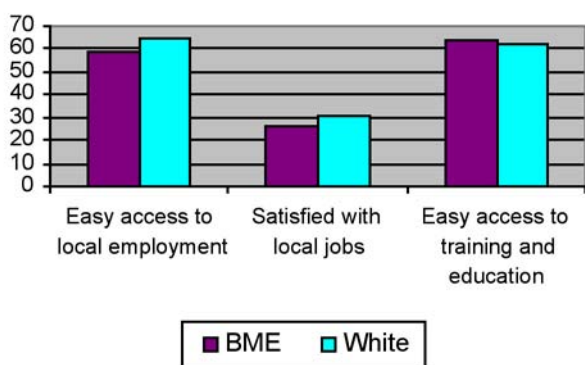
Feeling safe in the neighbourhood



Access to lifelong learning and employment

The Quality of Life survey indicators on access to and satisfaction with local jobs and access to training /education are shown below.

Employment and training



Although there are slight differences compared with the white population, none of these were statistically significant.

Action to improve quality of life

- The Local Strategic Partnership includes equalities representatives and the BME voluntary sector. All partners are signed up to the Joint Declaration on Racial Equality and the Community Strategy is underpinned by commitments to equalities and social cohesion. Partners are expected to monitor performance indicators by equalities groups where possible.
- S.A.R.I. (Support Against Racist Incidents) is a voluntary, free, black-led agency run by people who have suffered racial harassment. S.A.R.I. supports victims of racial harassment and ensures racial incidents are followed up by statutory & voluntary agencies. S.A.R.I. raises awareness of the nature & extent of racial incidents through education, provides guidance on tackling racial incidents and contributes to anti-racist policies. Contact 0117 942 0060 or www.sariweb.org.uk for further information.
- The council is working in a multi-agency way with Bristol Partnership Against Racial Harassment, together with Avon and Somerset Constabulary, S.A.R.I. and other service providers. This approach, through case conferencing and central monitoring should help prevent and resolve racial and religious harassment in the city.
- Bristol Refugee Inter-Agency Forum is working to ensure the support and integration of asylum seekers and refugees in Bristol.