risks associated with the proposals. For example, because the proposal will provide an incentive for GPs to treat more patients privately, they might ultimately prove to be another vehicle for creeping privatisation within the NHS.

Moreover, because the proposals establish criteria for the rationing of NHS services on non-medical grounds, they could also prove to be a Trojan horse. Today we exclude the illegal immigrant. Who knows what other members of the community the government will deem pariahs not worthy of medical treatment tomorrow?

Ultimately, there will be a need to confront the government and ‘middle England’ with the harsh reality that the UK cannot have its National Health Service without either more immigrants or higher taxes. The NHS cannot function without overseas-trained doctors and nurses, and recruitment difficulties mean the NHS is continuing to plunder nurses and doctors from third-world countries.

However, the NHS not only depends on highly qualified doctors and nurses, it also depends on the migrants who clean the toilets, wash the soiled linen, and remove the foul waste. It is often the undocumented migrants and failed asylum seekers who do these jobs, because this rights-less and expendable class of non-people can be exploited by the private sector to make a profit.

The Labour Government appears to have chosen to put public health and the most enduring achievement of the Labour Party at risk in order to appease middle England. How far middle-Englanders will appreciate the irony of receiving treatment in MRSA-infected hospitals when the immigrant worker paid a pittance to do the cleaning is off sick because they cannot get treatment from their GP, only time will tell.

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**Minority Ethnic Elders’ Health Care**

At the Minority Ethnic Elders’ Health & Social Care Conference, 4 October 2005, PRIAE launched its MEC international health status report on 10 European countries.

Minority Elderly Care (MEC) Research has worked with six European partners to survey (1) the elders of more 20 different ethnic groups, alongside (2) health and social care professionals and planners, and (3) voluntary organisations in the UK, Finland, France, Netherlands, Spain, Germany, Hungary, Bosnia-Herzegovina, Croatia and Switzerland, in three separate reports.

The Policy Research Institute on Ageing & Ethnicity (PRIAE) has already published a Summary Report and 10 Country Profiles, at a European Parliament event. For more information on these and the three surveys contact them at their Leeds office: 31-32 Park Road, Leeds LS1 5JD; tel: (+44) 113 285 5990; website: www.priae.org.

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**Making the London Housing Strategy work for London’s BME communities**

ETHNOS Research & Consultancy have recently used an Equality Impact Assessment of the London Housing Strategy to reflect the housing and homelessness-related needs of London’s diverse population. Dr Marie-Claude Gervais and Carl Mclean report here on the findings that relate specifically to the housing needs of BME populations.

The London Housing Board (LHB) published the Draft London Housing Strategy (LHS) in November 2004; the finalised strategy was published in July 2005.1 Equality specialists ETHNOS consultancy were subsequently commissioned by LHB to carry out an Equality Impact Assessment on the Draft Strategy, which was published in April 2005.

An Equality Impact Assessment (or EQIA) is a process for assessing the impact of strategies, projects or policies on the group or groups on which they are focused – in this case to ensure that the London Housing Strategy 2005–16 would reflect the housing and homelessness-related needs of London’s diverse population.2

Commissioned as part of a substantial fact-finding exercise, it included collating the results of Housing Needs Surveys produced by the London boroughs, as well as carrying out a literature review of housing and homelessness-related issues amongst ‘equality groups’. It combined a tailor-made EQIA questionnaire with a series of focus groups with experts on both housing and the specific communities targeted.

Drawing out the potential impact of the LHS strategies on the full range of equality groups meant appraising the needs of 9 – sometimes separate, sometimes overlapping – groups, namely:

- women
- black and minority ethnic (BME) people
- Gypsies and Travellers

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**Notes:**


3 This EQIA was described as best practice by a Steering Group of housing experts.
• asylum seekers and refugees
• children and young people
• older people
• disabled people
• lesbian, gay, bisexual and trans-gendered (LGBT) people
• people from different faith groups

At the time of consultation, the LHS was structured around 10 key objectives, and impact was assessed for each community against each objective. On this occasion, we are reporting on our consultations with BME community experts.

Ten strategic objectives of the Draft London Housing Strategy
1) increase supply of new housing
2) deliver more affordable housing
3) increase the supply of Supported Housing
4) ensure new housing is of high quality
5) reduce the number of empty homes
6) meet the Decent Homes standard across all tenures
7) improve the physical environment of local neighbourhoods
8) prevent homelessness and reduce repeat homelessness
9) meet diverse needs and
10) create mixed and sustainable communities

BME community concerns
With respect to ethnic minority communities, the EQIA found BME representatives to be very positive about having a London-wide housing strategy. They not only broadly supported all the objectives of the LHS, but were particularly positive about the objectives of ‘ensuring new housing is of high quality’, of ‘meeting the Decent Homes Standard across all tenures’ and of ‘improving the physical environment of local neighbourhoods’, all of which were seen as having a positive impact on the capital’s BME population.

However, the EQIA also identified that there were grave concerns about the LHS. Essentially, BME experts argued that the Strategy as a whole had taken very little account of the circumstances and needs of ethnic minority communities. They claimed that the Strategy lacked any appreciation that multiculturalism is a fundamental fact of life in London and that, within that multicultural context, people from ethnic minority backgrounds have acute and specific housing needs.

As one expert said:

‘Twenty-seven (27)% of the population of London is from the BME community, and the BME community is disproportionately represented in the people in housing need. So you could make an argument that the biggest group this Strategy is meant to represent and assist is the BME community. But that doesn’t come out and really hit you at all.’

Experts recommended that diversity should be embedded in all aspects of housing and homelessness provisions, rather than boxed off as a separate category, and isolated under a separate objective pertaining to ‘meeting diverse needs’.

As to the objective of ‘increasing the new supply’, BME representatives wanted much more precision about the exact nature and size of this new supply; the types of tenure to be offered; what kind of infrastructures would be installed around the new houses; the locations proposed for the new housing supply; and who would be eligible to live in these houses and what would be the criteria for tenancy.

There was little enthusiasm for the proposed locations of most of the new supply, i.e. in ‘high-growth’ areas that visibly lack the economic, social and cultural infrastructures (e.g. health services, transport links, schools, ethnic shops, community organisations, religious centres) needed by BME communities. The near-exclusive focus on ‘bricks and mortar’, coupled with a corresponding neglect of wider infrastructures, exhibited in the LHS meant that the BME representatives couldn’t envisage an enthusiastic uptake for this new housing among the BME communities. In this way the LHS could, albeit unintentionally, contribute to keeping BME people in the poorest, worst-quality housing, and accentuate, rather than reduce, current inequalities.

Improving communication with BME communities
BME representatives also argued that the LHS would fail BME communities if it did not make its information available through the right range of outlets. Many people from BME backgrounds do not access existing services because they are not fluent in English and are not even aware of existing provisions, let alone new ones. Unless efforts are specifically targeted towards those groups that are already seen as suffering disproportionately from a lack of help and support – older people, new migrants and women in particular – to ensure that they can now have equal access to housing and housing-related information, BME people could still be missing out on important opportunities.

Heated discussions also surrounded the mechanisms for accessing the new supply. In particular, experts thought that the prioritisation of ‘key workers’ in the allocation of ‘affordable housing’ could become another factor to impact detrimentally on BME communities. As yet, relatively few BME people work in some of the services deemed essential to the capital (e.g. the police, the fire service, the education system). The representatives wanted the allocation of the new housing to be ethically monitored so that differential access to housing could be rapidly detected and redressed.
Supported housing and BME communities

The BME representatives welcomed the objective related to increasing the supply of Supported Housing. They felt this would have a positive impact on ethnic minority communities, as the Supporting People programme is the main mechanism for targeting people in acute need. Yet, as the experts pointed out, the LHS did not mention the specific needs of BME people – those who have left institutions (local authority care, psychiatric hospitals or prisons), older people, people escaping domestic violence, and so on. They also argued that the administrative demands of the Supporting People funding regime are so stringent that smaller-scale projects providing accommodation and/or support for BME people are consistently unable to meet them and therefore remain unfunded. They anticipated this would lead to poorer provisions for BME communities in the medium and long term.

Housing strategies for people or for communities?

The objective of preventing homelessness and reducing repeat homelessness was perhaps the one that generated the greatest disquiet amongst experts. Given that BME people in London account for about 60% of all homeless households (Gervais & Rehman, 2005), BME representatives thought that the LHS fell well short of meeting the needs of BME people who are homeless or at risk of homelessness. They complained that the LHS did nothing to address their specific needs, either in terms of prevention or in terms of providing suitable emergency and temporary accommodation for those who are homeless. As one expert put it:

"BME communities are more represented among the homeless; three times more than White people. They are poorer; more excluded; less educated; less able to access good quality housing help and advice; more stuck in all sorts of adverse circumstances that mean they are more likely not to be able to avoid homelessness. There are fewer hostels they can go to and get appropriate support from. If they have a larger family, they can get stuck in temporary accommodation for three, four, five years before they have a decent place to go to. People are sent north across London and in fact way outside of London to be housed in dire temporary accommodation ... The Strategy, as it stands, is not even beginning to think about the prevention of homelessness in BME groups. There is nothing in there about linking up with the voluntary sector; no link with even the GLA’s own Housing Advice Strategy and no link with all local authorities’ BME housing and homelessness strategies."

Failure to discuss and set ambitious targets in relation to the specific accommodation and support needs of BME communities, experts anticipated, would result not only in greater homelessness but in all manner of personal and social problems, including lack of community cohesion and sustainability.

The objective of creating mixed and sustainable communities was received with some ambivalence. Some experts thought this was very positive; others were concerned that a focus on creating mixed and sustainable communities could divert attention away from meeting the most acute housing needs.

"This Strategy reflects a fundamental shift in thinking about the purpose of housing. We’re seeing a move away from the idea that investment in housing, particularly investment in social housing, is about meeting the actual housing need. Towards an idea that investment in housing is about meeting much wider social and economic goals. We have reached a point now where we can quite openly say: ‘We’re not interested in the most severe housing needs. What we’re interested in is creating communities that are going to work.’ That’s not the same thing at all. Those with acute housing needs are therefore going to continue for much longer than they might have done otherwise, because we’re not going to take their needs as a matter of priority. But we all know that those in the worst housing need are disproportionately from BME communities. (Emphasis added)"

BME representatives also identified an inherent contradiction between the avowed aim of creating mixed and sustainable communities through some sort of social engineering, and that of providing greater freedom of residential choice through the Choice-Based Letting policy.

Reduce overcrowding

Finally, BME experts recommended that a new, distinct objective be introduced to ‘reduce overcrowding’. Overcrowding is frequent among many ethnic minority groups and it contributes to physical and mental health problems, to low levels of educational achievement and to increased homelessness, amongst others. Experts therefore wanted overcrowding to be tackled directly and specifically in the LHS.

Impact

Some of the concerns BME experts have voiced, as well as many of their concrete suggestions for targets and means, have already fed into the final Strategy. It is too early to say with certainty whether the EQIA will have an impact on the implementation of the LHS. The EQIA has contributed to making the London Housing Board more transparent and accountable. Now that the EQIA is in the public domain, questions should be asked to find out how the concerns raised by the EQIA will be addressed by the LHS as well as by the Mayor; when the latter’s constitutional powers are enlarged to encompass housing. ☐

Dr Marie-Claude Gervais is Director of Research and Carl McLean is Associate Director at ETHNOS Research & Consultancy, a company that specialises in research with ethnic minority communities and other equality groups. For further information about the work of ETHNOS visit www.ethnos.co.uk