Better Housing Briefing 7

Rural minority ethnic experiences: housing and health

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A Race Equality Foundation Briefing Paper

March 2008

Race Equality Foundation

Key messages

1. A recurrent theme is the emphasis on a numbers-led rather than a needs- or rights-led approach to service delivery. This results in many policy and service providers ignoring the needs of rural minority ethnic people

2. In the rural context, potential barriers to access and use of services consistently emerge. These are: poor access to advice and information; language and communication difficulties; and lack of culturally sensitive services and investment in capacity building

3. The main constraints that emerge in relation to housing are lack of knowledge and access to appropriate information and advice. In addition, there is a lack of understanding and skills among some housing providers with regard to the requirements of minority ethnic households

4. The lack of an evidence base makes it difficult to say with any certainty whether the health of rural minority ethnic households is any different from that of their urban counterparts as well as from rural residents in general. However, as with housing, similar concerns emerge from the scarce evidence that exists

5. Mechanisms for exchanging knowledge and practice are important. There is an urgent need to explore the most appropriate ways of achieving these

6. There is a need for consistent monitoring and evaluation of race equality policies and practices. In this context, gathering independent evidence which assesses the impact of policies and practice on rural minority ethnic households is vital. Many national government documents concerned with rural policy remain colour-blind .

Introduction

Ethnicity , and especially race , has until recently rarely been associated with the countryside. Yet evidence suggests that there is a presence of minority ethnic households across most areas of the UK, and that they may be increasing much faster than the rural population as a whole (Baldwin, 1996; de Lima, 2004; Scottish Executive, 2004; Craig, 2006). A number of authors have argued that the conflation of ethnicity with visible minorities has led to the *'invisibility of whiteness as an ethnic signifier'* (Agyeman and Spooner, 1997, p. 199). In rural areas this has meant that the concept of ethnicity has not been problematised, and that not only the presence but also the diversity of minority ethnic groups frequently goes unrecognised (e.g. Agyeman and Spooner, 1997; Neal and Agyeman, 2006). This can make life challenging for those minority ethnic households living in rural areas. It can also discourage those wishing to access the countryside as a source of recreation (e.g. Wong, 2000).

This lack of recognition is also reflected in research. Since the 1990s, rural research has highlighted the ways in which a mythology of a common rural culture has often served to marginalise groups and individuals from a sense of belonging to rural places. This can be on grounds of their income, gender, age, beliefs, ethnicity, sexuality and culture. However, until very recently relatively little research has sought to include the voices and experiences of minority ethnic groups within these discourses (Chakraborti and Garland, 2004; de Lima, 2004, 2006). The main source of information on the lives of rural minority ethnic households has come from a number of regional reports commissioned by public agencies since the mid 1990s (e.g. Dhalech, 1999; de Lima, 2001). In addition, two recent publications have drawn together some of the research carried out across the UK (Chakraborti and Garland, 2004; Neal and Agyeman, 2006). The focus of many of the reports has been on making visible the presence of rural minority ethnic households, and highlighting their experiences and needs in relation to services. In trying to get recognition for issues of ethnicity and race , the tendency, with a few exceptions (e.g. Robinson and Gardner, 2004; Robinson *et al*., 2005), has been to treat minority ethnic groups as homogeneous.

Although the rural minority ethnic population is very diverse (in terms of ethnicity as well as factors such as socio-economic background), for the purposes of this briefing the term minority ethnic refers to those groups usually described as visible minorities. This includes people of African, Asian, Caribbean and South American descent, and people of mixed cultural or ethnic heritage. While it is recognised that Gypsy Travellers and migrant workers are highly discriminated against, lack of space precludes considering them in this paper.

Services in the rural context: numbers rather than 'needs' or 'rights'

1

Minority ethnic groups in rural areas face similar challenges to those experienced by all rural residents; for example, in relation to transport, and distance from services. However, they are often in a paradoxical situation which makes their experiences distinct. On the one hand, their low numbers, diversity and dispersed spatial distribution can make them highly visible within rural communities. On the other hand, these demographic features can also result in making them *in*visible to service providers (de Lima, 2001; Netto *et al*., 2001). Furthermore, the low numbers of people in any one ethnic group, and the scattered nature of the population, diminishes the possibility of mutual support. This is compounded by the lack of public spaces (such as public transport stations and community centres) within easy reach where people may come into contact with others incidentally. Consequently, their sense of social and cultural isolation is increased, making it difficult for their voices to be heard. This is not helped by the fact that rural service planners and providers lack a strategic overview of minority ethnic needs, and place a strong emphasis on the economy of scale principle. In this context, service provision is based on numbers, rather than needs or rights , and on a one-size-fits-all approach, thus disadvantaging small and diverse groups (de Lima *et al*., 2005).

Resources 1

Carnegie UK Trust
http://rural.carnegieuktrust.org.uk/rarp
Rural Action Research Programme Building Inclusive Communities .

Centre for Regional Economic and Social Research (Sheffield Hallam University)
www.shu.ac.uk/research/cresr/publication_downloads.html

Multi-Ethnic Devon: A Rural Handbook
www.devonrec.org.uk/assets/multi_ethnic_devon-a_rural_handbook.pdf

North Wales Race Equality Network
www.nwren.org.uk/english/info-population-flint.htm

Rural Diversity
www.ruraldiversity.org/index.htm

Rural Racism Project (South West) and The Monitoring Group
www.monitoring-group.co.uk/TMG%20services/rural_racism_project.htm

2 Access to and use of services in rural areas

In response largely to the Race Relations (Amendment) Act 2000 and migration from Eastern Europe, rural areas have seen some changes (Craig, 2006; de Lima *et al*., 2005, 2007). However, the main concerns for rural minority ethnic households still include:

- the invisibility of minority ethnic groups in the rural policy context (de Lima, 2001; Chakraborti and Garland, 2004; de Lima *et al*., 2005);
- the higher pro rata chances of being a victim of a racist assault in rural areas, or in areas with a small number of minority ethnic groups, than in urban areas with larger concentrations (Rayner, 2001, 2005; Craig, 2006);
- high levels of social exclusion: rural minority ethnic households experience poor access to services, employment, and information and advice. They are rarely consulted on policy and service delivery and have little or no involvement in local governance structures. There are few, if any, organisations specifically focusing on minority ethnic issues in rural areas. In general, there is a dearth of information on services such as housing and health (Craig and Manthorpe, 2000; Chakraborti and Garland, 2004; de Lima, 2004, 2006).

It is important to recognise the diversity of minority ethnic households — their multiple positions in terms of age, gender, disability and sexuality — as well as the diversity of rural areas in which they are located. It is also important to acknowledge that not all have negative experiences of living in rural areas (Robinson and Gardner, 2004).

Overall, four recurrent themes emerge from research on the barriers to accessing services. The first relates to poor access to information and advice. This is generally due to lack of knowledge about relevant sources of advice and information, and how to access these. This in turn is compounded by at least four factors: language and communication barriers (see below); lack of evidence of monitoring and evaluation of minority experiences; lack of knowledge and skills among provider agencies of how best to address the needs of diverse and dispersed minority households, as well as few staff from minority ethnic backgrounds; and lack of mechanisms and strategies among agencies for making contact with minority households and groups.

The second relates to language and communication barriers. The inability to speak English or communicate effectively affects people s ability to access services, such as health, housing and employment, and to engage with wider communities. However, it has to be recognised that the demography of rural minority ethnic households and their dispersion also combine to make delivering language classes and interpretation facilities challenging.

Thirdly, lack of cultural sensitivity in delivery of services is fairly widespread. In general, rural service providers have little experience of addressing the requirements of ethnically diverse populations. As mentioned above, they tend to treat the minority ethnic population as a homogeneous group (Scottish Executive, 2001; Robinson *et al*., 2005). For example, Robinson *et al*. (2005, p. 35) describe the way in which service providers referred to the minority ethnic population in north Lincolnshire when they were in fact referring to the Bangladeshi community. On the whole, rural service providers demonstrate fairly limited understanding or awareness of the cultural diversity of their rural minority ethnic population. They also rarely have systems in place to monitor and evaluate how their policies, practices and institutional structures may impact on them.

Fourthly, rural minority ethnic households often lack the capacity to influence policy and service planning decisions and delivery. This is due partly to the heterogeneous and scattered nature of the households. Often, rural minority ethnic households are so isolated that they are not aware of other minority ethnic households in their area and internalise the dominant ideology that there are not many households like them , and that they should therefore not expect their needs to be met. The internalisation of this perception could also be part of their survival strategy — fitting into the system rather than challenging it — although this results in minority ethnic households putting up with a great deal of stress. Lack of minority ethnic capacity can also be attributed to two other factors. The first is a general apathy to engage with minority ethnic households, which has prevailed among a number of third sector organisations. The second is a lack of sustainable funding to the third sector from government in order to help build capacity.

Housing experiences: constraints

3

Studies on minority ethnic housing in rural areas are few and far between and tend to reflect the local housing situation. Despite the diversity of housing and rural contexts, some similarities in experiences emerge consistently in relation to housing services. Owner occupation is identified as the most common form of tenure among most minority ethnic households, and most express a preference to live in close proximity to others from a similar ethnic background (Scott, 2002; Netto *et al*., 2005; Robinson *et al*., 2005).

The shortage of affordable homes has been widely acknowledged as a major problem affecting many rural dwellers across Britain (e.g. DEFRA, 2004). However, a number of factors affect the housing choices and experiences of rural minority ethnic households in particular. The two most commonly cited concerns, identified by research, are high levels of overcrowding and lack of appropriate accommodation (in relation to size, design and layout). Overcrowding is, to some extent, considered to be associated with the larger-than-average household size among some minority ethnic groups. With regard to appropriateness of accommodation, Robinson *et al*. (2005), in their study in north Lincolnshire, found that cultural requirements should be taken into account. These include facilities for men and women to socialise separately, and a preference for showers rather than baths, and for larger kitchens in order to accommodate bulk buying. They also found that account should be taken of needs related to health and disability, which may impact on people s housing requirements.

Additional factors affecting housing choices and experiences include low income related to high levels of self-employment, and restricted employment opportunities (Netto *et al*., 2001; Robinson *et al*., 2005); limited understanding of housing choices and routes into housing, partly due to language barriers and lack of access to relevant information; and a lack of awareness and understanding of the requirements of minority ethnic communities among some housing providers. More recently, evidence has been emerging of substantial housing exploitation of migrant workers in rural areas, and the government has failed to provide adequate resources to local authorities struggling to respond to their needs (Craig, 2006; de Lima *et al*., 2007).

Health care experiences: constraints

4

A literature review of social inclusion in rural areas (covering the UK), undertaken on behalf of the Welsh Assembly Government, identified a lack of literature on health needs in relation to rural minority ethnic households (Buchan and Davies, 2005). A stock-take of minority ethnic health progress in National Health Service (NHS) organisations undertaken in Scotland revealed that understanding of barriers to services tended to be limited to providing interpreting and translation. There was little understanding of broader aspects of health access and health care, in particular concerning the delivery of culturally sensitive services. In relation to rural areas, two persistent themes emerged: the low level of importance given to the needs of minority ethnic households due to their small numbers; and concerns about delivering services and providing interpretation and translation facilities, again given the small numbers and diversity of communities, as well as limited resources (Scottish Executive, 2001). It is likely that there have been changes in Scotland since the report was published in 2001 though. For example, NHS organisations have now put in place policies and strategies for addressing language and communication needs (e.g. NHS Grampian, 2005, 2006). However, no research appears to have been carried out to assess the extent and impact of these changes on the rural minority ethnic population.

The limited research on rural minority ethnic perspectives therefore suggests that the two main barriers affecting access to and use of health care services are language barriers and lack of culturally sensitive services. Much of the evidence has tended to focus on the lack of interpretation and translation facilities and a reliance on family (including children) and friends, which can be ethically inappropriate. Despite the availability of telephone

interpretation services such as Language Line, their use appears to vary across rural areas. Service users, whose levels of English are poor, have expressed anxieties about the potential for misdiagnosis, and difficulties such as making appointments and vaccinating children. Evidence suggests that where interpretation and language services are provided, use and levels of satisfaction with health services can be relatively good (Mwasandube and Cullen, 1998; de Lima, 2001).

In general, there are major gaps in information. For example, little if anything is known about the health impact of social and cultural isolation, especially in the absence of infrastructures for tackling discrimination and racial harassment and for providing support to victims of these in many rural areas.

5 Responding to rural minority ethnic households: knowledge and practice exchanges

Much of the research on rural minority ethnic housing and health has tended to be in response to legislation, with a focus on identifying needs at a local level. However, there is a small but growing number of initiatives which seek to address the gaps not only in research, but also in policy and practice. The study undertaken by Robinson *et al*. (2005) in north Lincolnshire has, among other factors, highlighted the importance of understanding the diversity of the rural minority ethnic population in relation to locational choices as well as access to and use of housing services. Studies have been carried out on minority ethnic housing needs at local authority level in Scotland which have included rural areas (Scott, 2002; Netto *et al*., 2005), although the impact of these studies on rural minority ethnic households is not known. The National Resource Centre for Ethnic Minority Health (NRCEMH), established by the NHS in Scotland, has included both rural and urban health issues in its policy and practice guidance and research. However, with regard to the latter the data is not always disaggregated by urban/rural (e.g. Baradaran *et al*., 2006).

There are examples of health board policies in rural areas which provide guidance on interpretation and translation focusing on a mix of telephone (such as Language Line, mentioned earlier) and face-to-face services. However, the extent to which GP practices and health practitioners use these services is difficult to assess (e.g. NHS Grampian, 2005, 2006). Bekaert (2000) documented an example of a multicultural consultation group established by Horton General Hospital in Banbury, Oxfordshire, to ensure that ethnic minority groups were *'receiving equality of treatment and service'* (Bekaert, 2000, p. 43). The group was co-ordinated by the paediatric service delivery manager, and comprised health and social services staff and representatives from all wards and client groups. They undertook a five-year plan to standardise health care provision for minority ethnic communities in Oxfordshire by focusing on raising awareness, among professionals, of the needs of minority groups and *'to enhance the cultural sensitivity of the organisation'* (Bekaert, 2000, p. 43). Given the dearth of research and evaluation of practice, it is difficult to assess the extent to which the example of Horton General Hospital is widespread.

Evidence suggests that rural minority ethnic households use a variety of methods to overcome social isolation and maintain links with their cultures, as well as adapting to life in rural communities (de Lima 2001, 2002; Robinson and Gardner, 2004). Anecdotal evidence suggests that rural minority ethnic households across the UK are establishing self-help faith and cultural groups in the communities in which they live, but these developments and the focus of their activities have yet to be mapped and documented in any systematic way (see Craig, 2006). One of the challenges is to ensure that the growing research and action taken at a local level is effectively disseminated and shared across rural areas. There is also a need to influence the so-called mainstream rural policy, an arena from which minority ethnic voices are still excluded. At present there is a lack of mechanisms for encouraging knowledge and practice exchange across rural areas. The existence of such mechanisms would help to address the isolation that some workers experience. It would also assist lagging areas and services to learn from those which have experience of addressing race equality, by sharing strategies that work and helping to build the skills of service providers. One such mechanism in relation to health might be the rural group of the Royal College of General Practitioners. There is a need to explore other such mechanisms in housing and in health.

Monitoring and evaluation framework

6

There are two main challenges with regard to race equality in rural areas. One is the lack of strategic leadership and commitment at regional as well as national levels. Within this context, the government agencies responsible for rural development and other sectors (e.g. health and social work), as well as voluntary sector agencies working in rural areas, have a critical role to play in ensuring that race equality is taken seriously. However, it remains the case that government policy in rural areas (e.g. the recent DEFRA, 2004, consultation on working with the third sector) is colour-blind . Secondly, there is a dearth of independent research which has assessed the extent to which the growing needs -based research and policies are having an impact on rural minority ethnic households.

There are undoubtedly financial constraints on service providers, which have resulted in privileging a model of delivery which favours economies of scale . However, this has often also been used as an excuse for inaction. Developing a good understanding of the whole community has to be the cornerstone of effective service delivery. Within this context, there are at least two key areas to be addressed to ensure that race equality is taken seriously in rural settings. Firstly, there is a need for strategies to understand the diversity of needs and experiences of minority ethnic households in relation to specific services such as health and housing. This should include local profiling of minority ethnic households, taking into account the changing context and their diversity. For example, the arrival of new ethnic groups may mean the need to add to the categories in the Census if different groups are to be adequately profiled and provided for. In addition, the changing demographic context — that is, the increasing numbers of older people as some minority ethnic householders become long-term residents — may have consequences for health and housing services. However, it is also important to ensure that the recent panic over the arrival in rural areas of large numbers of Accession 8 (A8) nationals does not obscure the continuing needs of longer-settled rural minority ethnic residents. Secondly, it is important to demonstrate the ways in which the data generated, from monitoring and evaluation of all policies and procedures, is used to improve the situation of minority ethnic households.

Conclusion

In the UK, declining birth rates and a potential decrease in working-age population are likely to have consequences for the sustainability of rural communities. In addition, the growing interest in exploring the relationship between rurality and ethnicity, has led to the presence of minority ethic households in rural communities becoming visible , while exposing their *in*visibility in policy and research. The argument about the relevance of ethnicity to rural contexts has gained recognition, and more recent research has sought to tease out the diversity among rural minority ethnic households across different geographies and national contexts. This emphasises the importance of the different experiences of such households in accessing and using services in rural communities.

Rural minority ethnic households experience similar challenges in accessing services as all rural residents. But the small size of the population, and the diversity and dispersion of households, undoubtedly compound the challenges they experience in their access to and use of a wide range of services, not just health and housing. These demographic features have also been used as an excuse by agencies not to take issues of race equality seriously. This has led to an under-investment in initiatives and infrastructures to tackle discrimination and racial equality in rural areas. However, service providers have had to respond to legislation, as well as to, more recently, the in-migration of A8 nationals to rural areas following the expansion of the European Union in May 2004. There are growing examples of service providers taking proactive action (e.g. on language and interpretation), as well as of minority ethnic groups establishing self-help organisations. However, there is an absence of effective monitoring and evaluation of policies, and lack of independent research. It is therefore difficult to get an overview of the current situation in housing and health in rural areas. As a result, we cannot assess the extent to which policies and practice are having a positive impact on the lives of rural minority ethnic households.

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We welcome feedback on this paper and on all aspects of our work. Please email *briefings@racefound.org.uk*

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Copy-edited by Fiona Harris 01908 560023
Graphic design by Artichoke 020 7060 3746
Printed by Crowes 01603 403349
ISBN 978 1 873912 27 7

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