Strategic Approaches for Older People from Black and Minority Ethnic Groups

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Race equality is an issue that affects all public services as local populations become increasingly diverse. People of black and minority ethnic (BME) origin continue to experience multiple inequalities and discrimination. Tackling these inequalities locally benefits the whole community: services become better able to respond to individual needs and aspirations, community cohesion is improved and wealth creation stimulated... All public sector organisations now have a positive duty under the Race Relations (Amendment) Act 2000 to promote race equality, while the Human Rights Act (1998) enshrines everyone’s right to be treated with fairness and equality.

Audit Commission (2006a)
Foreword by Dr Mervyn Eastman, UK Director, Better Government for Older People [BGOP]

In preparing this Foreword I came across an interesting footnote from a contribution to the 1993 book ‘Ageing in Later Life’ . In his chapter ‘Ageing and ethnicity’ Ken Blakemore highlighted that of “110 leading articles in most, but not all issues of Ageing and Society (1982 – 92), only nine dealt with comparative questions of ethnicity and culture” .

It is hoped that in the interim fifteen years the ratio reflects more of the diversity of Older People. But ‘Ageing and Society’ (a leading academic journal) should not be seen as any different from other gerontology journals because all of us engaged in the ‘age industry’ must address the powerful ‘Final Messages’ noted by the authors of this Guide:

- Older people are still in the shadows of debate about race, ethnicity and... community cohesion.
- The tendency to associate older people with problems and needs, not as resources and contributors to society.

Jill Manthorpe, Jess Harris and Sheila Lakey have, in producing this Guide, provided tools to help others confront these dual inhibitors. The Guide promotes not just understanding of social exclusion, race and ethnicity as they impact on growing older but promotes the need to address the broader challenges of tackling multiple inequalities and discrimination.

We do not hear a great deal about Stephen Lawrence in older people’s services or gerontology, so let me name him at the outset. Why? The Stephen Lawrence Inquiry revealed the failure of a number of public agencies to acknowledge the insidious effect of institutional racism. The public outcry to the Inquiry findings represented a beacon of hope, rays that translated into the Race Relations (Amendment Act 2002) which laid a duty on all public sector bodies to treat all people fairly and equally (See Appendix B).

It is thus in the context of this particular legislative framework and the need to apply the concept of ‘citizenship’ when thinking about strategic approaches to BME older people that BGOP was keen to take forward our earlier work (2004) and to commission Professor Jill Manthorpe to undertake this task. We thank everyone who has supported the development of this work since its inception. I believe that we have a Guide that communicates illustrative practice. Whilst many public
authorities consulted recognized that they were not meeting the needs of their BME Older People, others were engaged in developing responses based upon equality, inclusion, engagement and the citizenship of ALL. The Guide highlights the experiences and opinions of Older People themselves.

It has been BGOP’s intention to ensure that this Guide is part of a dynamic process that incorporates practical activity running in tandem with the Guide’s formulation and publication. It is important to stress that very often the engagement of Older People on issues of community cohesion and other important areas of equality and inclusion is tempered by negative stereotypes of Older People within a deficiency and dependency paradigm. This ignores the reality of Older People being expert citizens and ‘change agents’ within their own communities and consequently does a disservice to them and to society as a whole. BGOP has found that Older People do not want to sit around and talk about what it is like to be over 50 years old, as has been the expectation in some areas of engagement. They have more to offer and want to be treated in a ‘rights respecting’ manner and to be included and involved in non tokenistic ways. This argument echoes the Final Report of the Commission on Integration and Cohesion: Our Shared Future (2007) which makes explicit the necessity for "working towards a society in which the diversity of people’s backgrounds and circumstances is appreciated and valued; a society in which similar opportunities are available to all and a society in which strong positive relationships exist and continue to be developed".

Older People, like all of us in our pluralistic society, are unique. Some may be disabled; some may be Lesbian, Gay, Bisexual or Transgendered; they may be carers of children and others; Older People have different socio-economic backgrounds; they may adhere to particular religions or beliefs or indeed none; and some may be from Black or other Ethnic Communities. Older People are not a homogeneous group but are individuals with multiple identities and experiences. Combined with the inequalities and discriminations that Older People are subject to generally, those from Black or other Ethnic Communities can also experience multiple forms of discrimination in regard to their race, colour, national origin, or other factors. It is therefore essential that policy makers, planners, service commissioners and those in operational delivery areas recognise this and take action to ensure adherence to legal requirements for equality in their work with Older People. This Guide addresses BME Older People’s and BGOP’s concerns that such considerations and issues are not always covered adequately within Public Authorities’ Race Equality, Disability Equality, Gender Equality or indeed Single Equalities Schemes across the country. Multiple equalities relating to Older People are therefore often ignored and in urgent need of redressing. Examples of positive activity, which have been overseen by BGOP’s Equality, Diversity and Anti-discrimination Steering Group, as part of embedding findings from this publication and in moving forwards, include illustrative practice from the Partnerships for Older People’s Project (POPPs) and the Link Age Plus pilots. Through using the Guide’s findings, BME and majority Older People’s groups are able to engage in
a more informed way with aspects of consultation, decision making and direct service delivery in their local and regional areas in order to effect real change.

A further example is that of BGOP and local groups working with the national charity Early Years Equality (EYE) on intergenerational issues of equality, diversity, anti-discrimination and rights. Like Older People, young children and their services are often marginalised within equality frameworks, sadly and mistakenly considered as not part of the social good. Yet Early Years Services have an extended reach and influence into communities that can add benefit to equality and cohesion agendas, as can engagement with Older People. BGOP has greatly welcomed being a partner of EYE in local intergenerational work and in the formulation of EYE’s Guidance to local authorities and their partners on developing and implementing local Early Years Single Equalities Strategies, which has resonance for the creation of comparable Guidance relating to Older People. EYE has also been supporting BGOP groups to reflect upon and take action on this vital agenda.

The authors of this Guide have in the past never shied away from highlighting issues that could be perceived as contentious. Here I am particularly referring to the work Professor Jill Manthorpe has done over many years, and before it became ‘mainstreamed’ into policy – namely elder abuse. Likewise, it is important to acknowledge that Older People’s BME groups are not avoiding contentious issues. For example, BGOP Somali Groups are addressing the subject of Female Genital Mutilation from the perspective of child and adult protection. Some community members were initially fearful that by focusing upon such matters this might result in racism towards and misconceptions about BME groups. Such mutilations do occur within a variety of communities as indeed do other bodily interventions, which in Western culture and elsewhere may be deemed acceptable. Intercultural dialogue between different Older People’s cultural groups has successfully widened to include other information events, seminars and reports. This is benefiting younger generations from all communities who may have been avoiding these issues for fear of a backlash. Older People, and in particular Older Somali women, are leading the way in this area of activity. Other examples of the work that the Equality, Diversity and Anti-discrimination Steering Group has been facilitating include activity on Forced Marriages and ‘Stop and Search’.

Additionally, following on from this Guide, intercultural Older People’s groups have been considering from their years of experience what constitutes being British and the current sensitivities that go alongside this. They are not fearful of addressing areas of identity and community conflict and tensions. Many of the Older People participating have lived through the days when signs stating "No Irish or Coloureds Need Apply" were prevalent. Whilst these signs are not now displayed it is the case that in some quarters these sentiments remain. Older People from BME communities and communities supporting BME people were at the vanguard of advocating for a racist free and equal society for all. Some were proactive in establishing Community Relations Boards (later Race Equality
Councils) across Britain and in moving forward the inclusion agenda. BGOP recognises that these skills, commitment and knowledge should not be lost but maximised. Through BGOP’s Equality, Diversity and Anti-discrimination Steering Group this work is now taking shape and seeing results.

In addition, Older Gypsies and Travellers as part of BGOP activity have been advocating for their own and other community’s inclusion and rights in the Yorkshire and Humberside areas. They have come together with the support of the Barnsley Black and Ethnic Minority Initiative and ‘Include Me TOO’ to produce a film highlighting their community’s experiences in order to increase awareness and to facilitate the voices of younger community members.

Another example is BGOP’s and local Older People’s group work with ‘Include Me TOO(National) Ltd’, (a national organisation endorsed by the Prime Minister, all three leading political parties, Government Departments and many Children’s national organisations). Their activity focuses upon disabled children and their families with specific regard to intersectional discriminations and inequalities. We are working on a range of awareness-raising materials giving due regard to Grandparents and their specific involvement in and contribution to family life, which counters the stereotype of Older People as ‘babysitters’.

The above are examples of activities that Older People are involved in through follow on programmes from this Guide. The Guide has given impetus to increased discussion and development by setting out positive examples of work undertaken by public authorities and others, and through highlighting areas for improvement to mitigate against the exclusion of BME Older People from equality agendas.

We hope that through this Guide and BGOP’s activities that local councils, other public authorities and organisations will ensure that racial and multistrand equality activity, planning and monitoring will fully include BME Older People not only as users of services, but also as active, expert contributors.
References:


Note: I am indebted to the contribution made by the BGOP BME Steering Group in helping to take forward the message and content of the Guide and in addition their direct contributions to the foreword.

This Guide uses the term Black and Minority Ethnic (BME)* to refer to everyone from minority ethnic communities, including non-white British groups, asylum seekers and refugees, Irish, and Gypsies and Travellers.

*Better Government for Older People uses the definition Black and other Ethnic Minorities(BME)
Introduction

Demographic changes over the next two decades suggest that by 2026, the older black and ethnic minority (BME) population in the UK will have risen tenfold from 175,000 to over 1.8 million (Age Concern 2005).

Historically, many organisations have lacked detailed knowledge and understanding about their local population, their different linguistic, cultural, and religious needs, and therefore their impact on people’s access to local opportunities and support.

By addressing the needs of older people from BME communities, public sector organisations meet part of the requirements of the Race Relations (Amendment) Act 2000, which places a duty on public authorities to promote equality of opportunity for people of different racial backgrounds (Appendix 1 sets out the details).

Public sector organisations need to develop strategic approaches to meeting the needs of BME older people in order to embrace policy and legislative demands, and to ensure that they address the needs of, and support and celebrate the contributions of, all their older citizens.

From 1 October 2007 a single Equality and Human Rights Commission (EHRC) took over the role and functions of the Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission. The new body will have new responsibilities for sexual orientation, age, religion and belief, and human rights, with new enforcement powers to guarantee equality.

This is a cause for celebration for older people and particularly those who are at risk of multiple discriminations. Over thirty years ago the term triple jeopardy was used in the UK context to reflect the possible exclusion of black and minority ethnic older people on the grounds that many faced racial, sexual and geographical discrimination (because so many lived in run down urban areas) (Norman 1985). The hope is that the CEHR will be better able to address these multiple and interrelated risks.

Where then does that lead strategies that focus on a particular element of diversity and is there cause for concern that age will be overlooked or that ethnicity will be less central to the work of a combined equalities Commission? This document cannot answer such questions but it is designed to enable public organisations and their partners to assess the impact of work in this area and to sustain developments. It will be important to hold the new Commission to account and this document is also designed to be used by members of the Commission in bringing them up to speed with developments in strategic thinking and long standing issues facing black and minority ethnic older people.
Policy makers, practitioners and older people have increasingly argued that if the aspirations of older people are to be met, there needs to be a shift from just addressing their problems to thinking about promoting independence, well-being and citizenship. Older people are clear that independence means having choices and exercising control, but they also know that they rely on other people and other people rely on them. Making a contribution to the community is something older people value highly (Audit Commission and BGOP 2004).

This is demonstrated throughout *Opportunity Age* (Department for Work and Pensions (DWP) 2005), which set out the government's strategy and supporting evidence for developing the nation's approach to managing the well known demographic changes over the next few decades. Opportunity Age suggests the following priorities for action:

- To achieve higher employment rates and greater flexibility for people aged over 50 years, managing any health conditions and combining work with family (and other) commitments.
- To enable all older people to play a full and active role in society, with an adequate income and decent housing.
- To allow us all to keep independence and control over our lives, as we grow older, even if we are constrained by the health problems that can occur in old age.

The changes related to an ageing population also need to take into account other important demographic changes – such as changes in patterns of living alone or with others, migration and population movements, and prevalence of disability.

The white paper for primary and community care: *Our Health, Our Care, Our Say: A New Direction for Community Services* (Department of Health 2006) reinforces the emphasis on independence, choice and well-being and aims to achieve four goals:

- better prevention services with earlier intervention;
- more choice and a louder voice for patients;
- more action to tackle inequalities and improve access to community services; and
- more support for people with long-term needs.

The Social Exclusion Unit (2006) report, *A Sure Start to Later Life: Ending Inequalities for Older People*, builds on both Opportunity Age and the white paper by recognizing that the aspirations of independence, dignity, choice, quality of life, and the inclusive communities that underpin these, cannot be realized for
those older people who experience social exclusion. It identifies a need to ensure basic standards of health and income and also to address the housing needs of older people. The report highlights three reasons for social exclusion in later life:

- People who are excluded in mid-life are unlikely to be able to break the cycle of exclusion in later life; indeed it can often become more acute.
- The impact of key life events, such as bereavement, can lead people to become excluded in later life.
- The impact of age discrimination on both the aspirations of individuals and the environment within which they operate can lead to exclusion.

The report further states that often this exclusion is compounded by the failure of services to react to the complexity of exclusion in later life.

Research confirms that older ethnic minority people still face much greater poverty in retirement, particularly those from Pakistani and Bangladeshi communities (Policy Research Institute for Aging and Ethnicity (PRIAE) 2005). Further, people from black and minority ethnic groups (across all ages) are more likely to be in poor general health, particularly South Asian communities (Department of Health 2001). Ethnic minority families are also more likely to be in poor housing and to have poor living conditions (ODPM 2001). Social inclusion policies tackle these inequalities to prevent them being reproduced in the next generations of older people.

BME older people have not always been prioritised because of a view that within these communities people 'look after their own'. This has compounded the fact that services and opportunities continue to fail to reach the most isolated people in our communities - whether socially, culturally, linguistically, religiously or geographically. It is acknowledged that for some minority groups of older people, the impact of negative attitudes can be particularly acute. They can face double discrimination - on the basis of age, combined with discrimination on the grounds of race, religion, gender, disability or sexuality.

The Government’s independent review looking at the long term and underlying causes of disadvantage and discrimination in society, Fairness and Freedom: The Final Report of the Equalities Review (Cabinet Office 2007) reports, that despite significant progress over the past 60 years, some forms of inequality remain at intolerable levels, and it calls for a new approach to tackling discrimination and disadvantage. It notes that older people from ethnic minorities are a growing group, and face particular inequalities, but some prefer not to take up available services, relying on community or voluntary provision instead. This has been attributed to a tradition of reliance on family and informal support, now only available to a minority of people. Older people themselves quote the lack of services that meet their special needs as shaping the decision whether or not to use mainstream services.
The Social Exclusion Unit (SEU) (2006) has argued that the needs of excluded groups should be built into the operations of mainstream services and that negative cultural attitudes need to be challenged at every level. In particular, cultural wishes and needs should be included as part of all services that address the needs of older people. Nationally and locally we need to plan better for diverse populations, providing more community driven and personalised services and also recognising the contribution that people can make.
About this guide

In 2004 Better Government for Older People reported on a survey of UK local authority strategies for black and minority ethnic (BME) older people (Manthorpe 2004). This survey found that only one third of local authorities had approaches underway to address the needs and interests of their BME older citizens, and that, whilst an additional third were considering first steps and would welcome assistance, the rest had made no plans to address these issues.

A clear message that emerged from this work was that many local authorities recognised that they are not meeting the needs of their BME older communities, and requested guidance about developing strategic approaches to BME older citizens.

BGOP made a commitment to help develop work in this area and this guide is part of the response. It has been produced with the support and involvement of a wide range of people (see page 3) and funded by Help the Aged and the Change Agent organisation, part of the Care Service Improvement Partnership (CSIP). A number of local authorities provided information and ideas; these have been added to by other organisations. This Guide shares a collection of ideas and approaches that have been judged to be important, and contributing to successful work in some areas. This information was the type that local authorities told BGOP they wanted. In this Guide we have broadened the focus to consider other parts of the public sector and their interaction with voluntary and community groups.

This Guide is adapted from the framework offered by the Audit Commission and BGOP (2004) for developing comprehensive strategic approaches to all older people. The framework, and therefore this Guide, consists of seven equally important and inter-related dimensions:

- a strategic approach;
- commitment and Leadership;
- partnership/whole system working;
- a picture of the local population of older people;
- involving older people;
- communication and information; and
- evaluation and impact.

Guiding principles should be developed, based on full involvement of BME elders from the start.’ (Consultation participant)
Better Government for Older People’s perspective

'The concept of 'citizenship' is very powerful when thinking about strategic approaches to BME older people' (Consultation participant)

As with all BGOP publications and activities, this guide is based on the values of citizenship. It views strategies for black and minority ethnic older people as not simply a way of helping to meet their needs and address their disadvantages, but also a way of supporting black and minority ethnic older people to further contribute to communities and for communities to value their current contributions.

It cannot be emphasised too strongly – because older people repeatedly articulate it - how important it is for the 'whole system' to work together to achieve shared goals that have been identified by black and minority ethnic older people themselves. In this context, 'whole system' refers to all the organisations, agencies, users and other individuals and groups who have an interest in and influence (real or potential) over the well-being of black and minority ethnic older people.

Identified goals of older people from all communities are likely to echo the seven 'dimensions of independence' that older people identified in the study of quality of life undertaken by the Audit Commission and Better Government for Older People (Audit Commission and BGOP 2004):

- housing and the home;
- the neighbourhood (e.g. neighbourhood renewal, crime and safety);
- social activities (e.g. networks, keeping busy, volunteering, learning);
- getting out and about (e.g. transport);
- income (e.g. work, training, benefits);
- information; and
- health and healthy living (e.g. leisure, exercise, access to services).

These goals are not complex or different from the priorities of other groups and ages, but if they are to be achieved, it is essential that policy makers, political leaders and all those who influence the shape of communities and the commissioning\(^1\) of services for citizens have a thorough understanding of the ethnic make-up of their local older population and their needs and aspirations.

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\(^1\) See Appendix C for a definition of commissioning.
1. A strategic approach

Key messages
There are wider demands on public services to construct a strategy for older people and to consider, as part of this, their strategic approaches to BME older people. One size does not fit all and so in some areas separate documents may be produced, with separate implementation routes and consultation processes, whilst in other areas BME interests are considered as part of the main strategy. One approach may give the subject greater priority, the other may emphasise the commonality of interests of older citizens. Developing a shared, strategic vision starts with knowing what is happening locally, and any strategy must be translated into an action plan in order to realise the vision. Examples of self-audit tools that may assist these steps are given.

Why develop a strategic approach?

Local public sector organisations are increasingly working together to develop strategic approaches to older people (Healthcare Commission 2006). The driver has been to respond to the shift in policy towards greater promoting independence, choice and well-being, together with tackling social exclusion, and promoting democratic renewal (Barnes et al 2003). The understanding is that no one service, organisation or group of citizens can achieve this on their own.

‘Building a shared vision for older people’ is how the Healthcare Commission report on the progress of the National Service Framework for Older People describes strategies for older people. It continues:

‘Sustainable change cannot take place unless all partner organisations have a shared view of the direction in which they want to move, and how they plan to get there... A lack of shared direction results in a poor use of resources and a commissioning process that does not encourage change. It also results in the provision of an inconsistent and uncoordinated range of services’. (Healthcare Commission 2006).

Any successful strategic approach, therefore, reaches far beyond care services to address the dimensions of independence – including the home, neighbourhood, getting out and about, income, information and healthy living. It needs to move beyond a focus on single service outputs to a shared focus on outcomes that improve people’s quality of life. However, translating that shared vision into a clear prioritised action plan, scrutinised by all stakeholders, is essential to ensure that the vision is realised.
Apart or within?

‘A strategy should value and recognise the cultural heritage and needs within and between the BME groups in the area.’ (Consultation participant)

Linking together the whole range of existing local strategies: community strategies, neighbourhood renewal strategies, crime and community safety strategies, race equality strategies and so on, makes it hard to judge if yet another separate document is needed or whether BME older people’s needs should be considered within each of these strategies.

Some local authorities have expressed to us their concern that a separate BME older people’s strategy continues to place them as marginal to other strategies. However, other local authorities have concluded that without a separate focus on their BME older communities, sufficient priority and resources could not be guaranteed to redress the existing marginalisation of their BME older citizens.

Developing a shared and equitable vision

Any successful approach needs to be clear about the improvement in the lives of older BME people, and the community as a whole, that it is seeking to achieve. If work to address race equality is to have a real impact, then public services and the local communities they serve must have a shared understanding of both where they are now and where they want to be.

Many organisations find it difficult to define a vision for their locality and lack the ambition to deliver significant improvements for black and minority ethnic communities (Audit Commission 2004a). The Audit Commission, in ‘The Journey to Race Equality – Delivering Improved Services to Local Communities’ (Audit Commission 2004a), identifies institutional attitudes and behaviours that historically accompany thinking about race equality, for example, believing it is not an issue that affects the local community, or that it is one already being addressed by treating everyone the same. It is therefore important that these institutional behaviours are understood and tackled [See the example from Devon on page 47].

‘A strategic approach must have, at the core, complete acceptance of the ethic of equality and fairness.’ (Consultation participant)
Older people and the organisations that we consulted for this Guide echoed the policy drivers such as *Opportunity Age* (DWP 2005), *Sure Start in Later Life* (SEU 2006) and the white paper, *Our Health, Our Care, Our Say* (DH 2006), in emphasising that older people’s strategies need to have a strong focus on **tackling ageism and rejecting stereotypes** of older people as ‘only’ service users. Shifting attitudes is recognised to be an area that needs collective and sustained commitment, and therefore embedded in a strategic whole system approach. This approach needs to be explicitly linked to and reflected in the local Community Strategy and Local Strategic Partnership [LSP] working.

Policy and strategies often address either ageing or racism, or poverty, not the combined issues facing black and minority ethnic older people, but there are exceptions.

**Example:**

**A City for All Ages (ACFAA)** is Edinburgh’s Plan for Older People and is about improving opportunities and services for older people, removing discrimination and overcoming barriers. It is a joint strategy between the City of Edinburgh Council and its partners in NHS Lothian and the voluntary and commercial sectors. The involvement of older people in developing the strategy has been essential to its success. ACFAA has passed the halfway point in its ten-year vision (2000-2010) and, following an evaluation of the action plan, revised actions have been developed in consultation with older people - including those from the black and minority ethnic communities.

**Today and Tomorrow** is the ACFAA action plan for black and minority ethnic elders and their carers. It began with a seminar in November 1999 which led to the formation of a *Task Group* and the development of the action plan which it oversees. The action plan covers issues such as provision of information, interpretation and translation services, community care, transport and housing issues. Two further seminars have been held since 1999, including one in 2005 (the first to use simultaneous translation) that identified a number of challenges that have influenced the overall direction of ACFAA. An infomercial (DVD or VHS video) has been produced, using the voices of older people outlining the *Today and Tomorrow Action Plan* and their experiences of local services, which can be used as a training tool by service managers and others.

See:

www.edinburgh.gov.uk/internet/Council/Council_publications/Council_policies_and_plans/ACFAA/CEC_background_to_edinburgh_s_plan_for_older_people_1_9
Example:

Developing a strategy to improve the quality of life of Manchester’s Black and Minority Ethnic Elders (MEE)

Manchester City Council’s “Agenda 2010” aims to improve the situation of BME people in Manchester. Priorities have been established in consultation with BME communities and representative organisations, and include improvements in health, crime, education, employment, and tackling racial discrimination.

One aspect of the Agenda is an improvement in planning for BME older people, which includes support for local agencies to produce a coherent strategy for the city on ethnicity and ageing.

To develop such a strategy there is a need for a good evidence base. Manchester Joint Health Unit (MJHU), funded by the Manchester Primary Care Trusts and City Council, has commissioned PRIAE to identify BME older people’s needs and service use patterns on a broad range of issues including health and social care, housing, employment, and quality of life; and to examine the supply of mainstream and minority provision and the providers’ expectations and perceptions of BME older people’s needs.

This information will provide examples of existing good practice and of areas where more work needs to be done, and will contribute to the development of the strategy and to future planning and service provision.

The project is in three stages: review and analysis of national and international research; in-depth interviews with BME older people, mainstream professionals and planners, and BME organisations working with BME older people; and engagement with all stakeholders to produce a strategy for action.

See: www.priae.org/projects/agenda2010.htm

1. A strategic approach
A range of possible tools for the job

Developing Services for Minority Ethnic Older People: The Audit Tool, Department of Health, 2002

This audit tool was developed as practice guidance for councils with social services responsibilities aiming to improve services for minority ethnic older people. This was in support of "From Lip Service to Real Service" (Department of Health 2001).

The diagnostic questionnaire is structured around four major sections that cover four fundamental areas associated with improving services for minority ethnic older people:

• understanding ethnic older people's issues;
• minority older people and access;
• services;
• providing a suitable workforce.

On completion of the questionnaire, results are analysed and interpreted, leading to an action plan to address the issues of greatest concern and/or where the greatest progress can be made.

Councils and stakeholders need to agree when and how they will re-use the audit tool to review progress in implementing the action plan, to ensure that developments are sustained, and to identify new and developing issues.

Available at:


The Equality Standard was launched in 2001 and is an established tool for local authorities in England, adopted by 90% of local authorities. It was developed to enable local authorities to mainstream age, disability, gender, race, religion or belief and sexual orientation into council policy and practice at all levels. There is an online toolkit (following a review of the 2001 Equality Standard, the revised version is now available) to help councils with the implementation and self-assessment process.

The Standard’s five sections comprise:

• commitment to a corporate equality policy;
• assessment and consultation;
• setting equality objectives and targets;
• information systems and monitoring against targets; and
• achieving and reviewing outcomes.

It is a voluntary best value performance indicator, and those local authorities reporting high levels against the Standard can request a validation in order to receive an **Equality Mark Award**.
See: [www.idea.gov.uk/idk/core/page.do?pageId=5145192](http://www.idea.gov.uk/idk/core/page.do?pageId=5145192)

**Equality Standard for Local Government in Wales, 2002**
This provides a similar framework to the standard for England: to promote fair and equal treatment in local government services and employment. The standard is a tool for authorities to explore and deal with organisational activities that can cause inequality and lead to discrimination. It offers a common approach for dealing with equality for race, language, gender and disability but can be applied to other issues such as age (See also Section 2 on devolved nations)
See: [www.wlga.gov.uk/content.php?nID=152;IID=1](http://www.wlga.gov.uk/content.php?nID=152;IID=1)

**A Catalyst for Change II by the Health and Social Care Change Agent Team, Care Service Improvement Partnership, 2007**
This self-audit tool for commissioners across the public sector aims to improve their strategic commissioning of health and social care services for adults. Although there is no specific focus on BME older people, one of the main drivers is to support the development of more person-centred services for all local citizens. If BME older people are to access a full range of appropriate public services, it is essential that the appropriate commissioning arrangements are in place. The tool aims to promote more effective partnering between health and social care organisations, including tackling the difficulty of reaching agreement on desired future outcomes and measures of success, and defining the actions to move towards this vision. There is a separate document to support the action planning phase, with details and examples of good practice.
See: [www.cat.csip.org.uk/index.cfm](http://www.cat.csip.org.uk/index.cfm)
2. Commitment and leadership

Key messages

Clarity of leadership within public sector services is essential in order to include BME older people within approaches for older people as a whole, and within individual services and broader local strategies. Central government advocates local commitment, and its own leadership is also important.

Overcoming barriers at a local level

Local authority councilors [members], non-executive directors (within NHS Trusts), chief executives and directors of all local public services have an important leadership role to ensure that the needs of local BME older people are addressed and that their contribution is valued and supported.

Since 2005, the effectiveness of local authorities and their partners in delivering quality services and approaches for older people has been assessed in England by the Comprehensive Performance Assessment (CPA), which will be superseded in 2009 by the Comprehensive Area Assessment (CAA). For the first time organisations have needed to demonstrate a strategic approach to all their local citizens that is:

- embedded in the normal planning and management structures of local agencies, rather than ghettoized in ‘older people’s departments’ or in social services;
- looked at holistically across services provided by the local authority and partners; and
- pursued with the engagement of older people themselves, within the framework of wider local consultative arrangements.

‘Developing the cultural awareness and competence of staff is important’
(consultation participant)

During the consultation for this Guide the following recommendations for local government emerged that stakeholders believe will assist approaches for older citizens to be inclusive of people from BME communities:

- **Clear messages** should be communicated by senior officers, job descriptions, and reviews of policies and procedures that public services promote both age and race equality.
- **Local Race Equality Councils** need to take a stronger lead on addressing
• Older people’s issues – and some need assistance with doing this or giving this more priority.

• Older people from all communities should be encouraged to take on some of the roles of community leadership and be valued for this.

In developing strategic approaches to black and minority ethnic older citizens, local leaders need to overcome the potential barriers of both age and race discrimination.

The Audit Commission report, The Journey to race equality – delivering improved services to local communities (2004), found that many of the barriers to achieving race equality are assumptions that perpetuate the perception of race equality as difficult to address. These assumptions included:

• Race equality is a low priority and so there is a lack of resources.
• ‘Mainstreaming’ confusion - should services be separate or for all?
• Difficulty connecting with black and minority ethnic communities.
• Too many or too few targets for organisations.

If these assumptions remain unchallenged, they can justify inaction. The report emphasises the importance of leadership at all levels of the organisation in overcoming these barriers; by prioritising race equality, setting the culture, raising expectations, and increasing accountability. It notes that the written and spoken commitment of leaders is not enough, but must be demonstrated by action. Making race equality an organisation-wide priority, allocating resources, recognising and supporting champions at all levels, talking about race equality in different settings and actively challenging and tackling barriers, all demonstrate real commitment.

The report offers a range of illustrative case studies, including drawing on black and minority ethnic staff as a valuable source of information and knowledge. The accompanying self assessment tool is designed to help agencies understand where they are on the journey to race equality and to support the improvement of race equality outcomes. It can be used at any level of an organisation or across a partnership.

The report and audit tool are available at: www.auditcommission.gov.uk/reports/NATIONALREPORT.asp?CategoryId=&ProdID=EA59CF1B-0157-4cdb-BCA5-D9579C4DBFE5
Central government responsibilities

There is a strong emphasis on leadership from central government, throughout the white paper Our Health, Our Care, Our Say (DH 2006) and Opportunity Age (DWP 2005) to enable the shift towards independence, choice and well-being for all older people. Opportunity Age states:

“To deliver an integrated strategy we need the right systems and organisations in place at all levels of government. And we need powerful partners to promote the necessary changes in culture. Our model must combine central leadership with devolved initiative. Central government owns some of the levers of change; others are the responsibility of local authorities and the health service. Many are within the scope of powers devolved to Scotland, Wales and Northern Ireland. Leadership and support from government require a response from older people, employers and voluntary bodies to change attitudes to ageing.” (p. 66)

In terms of translating policy into work plans, government proposals for driving the strategy forward include:

- stronger, more accountable machinery, with an effective role for partners at national level;
- clearer leadership at local level in managing the totality of the social change that an ageing society will bring;
- simple, effective and consistent ways of assessing progress towards the outcomes we want, including changes in public attitudes; and
- better ways to help us look and plan ahead by reflecting changes in our assessment of the impact of demography, and scientific advances that promise new solutions.

Strategic approaches by the devolved nations

The devolved administrations in Scotland, Wales and Northern Ireland have different powers and have developed different ways of responding to local needs and priorities.

The Northern Irish strategy for older people: Ageing in an Inclusive Society (2005) draws on similar principles to the UK framework, although it does not directly explore the implications of different minority ethnic perspectives.

Scotland has developed an Older People’s Consultative Forum that brings together key older people’s organisations and ministers, including the Black and Minority Ethnic Elders Group. The forum will assist in developing and monitoring an ongoing strategy for older people in Scotland. The Consultative Forum’s website offers access to research studies in Scotland, including on older people’s involvement in planning, delivery, monitoring and evaluation of Scottish public services.

See:
www.scotland.gov.uk/Topics/People/OlderPeople/Gettinginvolved/Consultativeforum

The Welsh Assembly Government’s Strategy for Older People in Wales (2003) provides an integrated framework to address the implications of an ageing population and improve services for older citizens in Wales. It recognises the need for a multi-faceted strategy to address older people’s issues, including the establishment of a Commissioner for Older People and the need to tailor services for Welsh-speaking older people.

See: www.new.wales.gov.uk/topics/olderpeople/publications/strategy?lang=en
3. Partnership and whole systems working

Key messages

Local public sector organisations have to work in partnership with each other, as well as with wider groups, organisations and individual stakeholders, and we recommend that statutory partner organisations’ commitment to an approach should be reflected in their performance monitoring.

Working together

'Whole systems working' is a term that is often used in the current health and social care arena, and beyond. As outlined in the introduction, the 'whole systems' we are referring to encompasses all of the organisations, associations, stakeholders, users and other key individuals and groups who have an interest in and influence (real or potential) over the overall performance of services to black and minority ethnic older people and their well-being more generally.

Whole systems working is important because it enables the efficient development of high quality, accessible and comprehensive services to be developed to meet people’s needs and aspirations. If a whole systems approach is adopted at the outset, when building an understanding of the local area and planning to address any gaps, then it is likely to prevent duplication, and improve quality of life for local people. Whole systems working can yield rich results, as the sum of the parts is more than the whole.

Statutory organisations may work in isolation to map the local area, identify the gaps, plan what is to be done and then contact other local organisations and ask them to attend consultation events. This is not whole systems working.

Example:

Black and Minority Ethnic Older People's Joint Initiative – Analysis and Evaluation of Current Strategies, 2005

In Sheffield, the Policy Evaluation Group jointly examined the services and strategies in health, housing and social services for their BME older residents. The approach and conclusions are widely applicable.
Questions included:

- What services and strategies exist?
- What is the effectiveness of current services?
- Where are the gaps and weaknesses in service provision?
- What are possible short term gains?
- What needs further research or investigation?

Conclusions and recommendations included:

- Where policies targeted at BME older people are in place, it is crucial to know whether or not they are effective. To be effective, services have to be used. BME older people are not using some services in the numbers expected from their population size. Ongoing ethnic data monitoring is essential to establish which groups of people are using which services, and the level of satisfaction with services that are being used.

- For needs to be met, you need to know what those needs are, via evaluation studies that might take different forms and involve focus groups among users. Services need to engage with BME older people to assess whether the right services are being delivered in ways which meet needs and are culturally appropriate.

- If services are to be used, the populations that they are aimed at need to know that they exist, and how to access them. There is evidence of a lack of awareness amongst BME older people. Dissemination needs to take that information directly to the communities in which they live, using innovative and effective communication in the right languages and formats.

See: www.changeagentteam.org.uk/library/docs/Housing/BME/Bmejointservice_sheffield.pdf

Organisations consulted for this guide shared their experiences of striving to develop an approach to their older BME citizens that spans a whole system of groups and services:

- Many whole systems approaches begin with an event, or a series of engagements, that include local people, local organisations (including for example local transport providers, police, education, leisure, housing), and the voluntary and community sectors. The purpose is to consider the local area and to identify problems, areas of duplication, ideas of what is needed and what can be done. This may rightly raise expectations, so there needs to be clarity about what are the areas of potential change. All events and meetings need to be followed up with feedback to ensure that momentum and trust are developed.
• This approach might appear to be lengthier than traditional planning methods by independent organisations but experiences show that if more time is allowed at the beginning of the process then less time should be needed for consultation and subsequent amendment of plans, as people will have been involved and already agree the proposals.

• It is particularly important that statutory organisations work in partnership with the voluntary and community sectors, if the needs of diverse local people are to be met. Successful joint working requires discussion and agreement about what the partnership means to each party and what they hope to get out of it. Partnership working is not the statutory sector asking a voluntary organisation to provide an occasional interpreter. The Department for Work and Pensions (DWP 2003) found that key strategies to identify and meet the needs of BME older people for benefits advice and take up were those between the local DWP, the local authority and voluntary and community sectors. It drew attention to the great deal of trust often placed in BME groups and organisations by individual older people from minority ethnic communities, but also noted that local authority outreach workers were often similarly held in high esteem.

Building up BME older people’s groups

“Even when a successful BME Elders’ Forum has been established there is often little genuine representation of the BME older people voluntary and community (VCS) sector and BME community groups at local level on boards that address strategic issues like strategic partnerships, planning or management boards... So although successful forums will often bring together diverse smaller and medium BME groups, the ability of those forums to engage strategically with local older people’s agendas is often hamstrung by a lack of capacity and resources. This represents a significant gap.”

(Regional BME project worker)

A key task for local leaders is to sustain or build capacity within black and minority ethnic older communities to ensure that smaller organisations, and the communities that they represent, have the resources to enable them to participate in local partnerships.
Black voluntary and community sector funding, civic engagement and capacity-building by the Joseph Rowntree Foundation, 2004

This study by Karen Chouhan and Clarence Lusane examined the mis-match in the perceptions of BME organisations and of potential funding organisations. They found that the BME voluntary and community sector plays an important role in capacity building, civic engagement and social inclusion of BME communities, however this was not recognised by many funders, which focus primarily on service delivery. This has important implications for building social and civic capital. More positively they did find many funders were now engaging in outreach and consultation with BME communities and as a result were changing practices, and they offer recommendations to address the concerns identified in the study.

See: www.jrf.org.uk/knowledge/findings/socialpolicy/224.asp

Example:

SEEM (Services for Elders from Ethnic Minorities) project, led by Leeds City Council, 2002 - 2005

The SEEM project, funded by the European Union, has addressed social exclusion amongst minority ethnic older people through the exchange of good practice across Europe. The first phase, SEEM I, produced a good practice report which draws together experiences in the field of social services for BME older people, identifies models of good practice, analyses the conclusions of local projects and offers recommendations for action.

The second phase, SEEM II, has produced a booklet entitled Services for Elders from Ethnic Minorities: A Guide to Good Practice in the EU. This also provides examples of good practice in the field of health and social care for minority ethnic older people, and contains a checklist to help local authorities and service providers to plan and deliver a more complete and meaningful set of services to these communities.

SEEM identified a need for local authorities to develop a better relationship with minority ethnic communities and their representative organisations at local level. They suggest that more effort needs to be made to establish better networking between the different agencies working with minority ethnic older people at local and national level to empower these organisations and their members to actively take part in consultation processes. In many of the SEEM partner cities, a forum run by the voluntary sector has been developed to encourage minority ethnic older people and their representative organisations to get involved in service delivery.

See www.leeds.gov.uk/seem or contact Mareike Schmidt, Project Co-ordinator, Leeds City Council, at mareike.schmidt@leeds.gov.uk or Tel: 0113 24 74740.
Example:

**Tendring and Colchester Minority Ethnic Partnership [TaCMEP]**

Using partnership funding Colchester Borough Council, Colchester and Tendring Primary Care Trusts, and Tendring District Council jointly commissioned a 'needs assessment' and consultation exercise with the local minority ethnic populations of their area from the *Tendring and Colchester Minority Ethnic Partnership*, an umbrella organisation for different black and minority groups (Colchester PCT 2005). The research covers experiences of health, local government, education and law and order and makes recommendations as to how these services might be improved. This partnership approach avoided several different assessments and consultations by different statutory organisations, and the shared ownership of the findings increases the likelihood of coordinated responses to address the issues identified.

Colchester PCT has also worked with TaCMEP to organise a two-day **health awareness event** where local black and minority ethnic residents were able to access information, advice and screening on a range of health issues including diabetes, heart disease, smoking, healthy eating and child health.


There are examples that demonstrate that black and minority ethnic groups have benefited from investment in building their capacity. Twinning with established voluntary sector organisations has been one way in which both voluntary organisations and local community groups can build up experience of working together and develop trust. The experience can build the strategic experience of smaller BME groups and shape the activities and the ideas of mainstream voluntary sector groups. As a result mainstream voluntary organisations, who may have already established working relationships with local government organisations, may also build up their capacity - to better represent the needs and aspirations of local minority ethnic communities.

The report on the Home Office **Black and Minority Ethnic Twinning Initiative** (Gaskin 2003) provides examples of this type of pump priming from national sources. It evaluates and highlights good practice from a three-year programme of funding for six twinning projects which, whilst focusing on volunteering, shared the objects of improving the access of BME organisations to mainstream and strategic funding, and improving relationships between BME and mainstream voluntary organisations.

Available at: [www.homeoffice.gov.uk/rds/pdfs2/hors256.pdf](http://www.homeoffice.gov.uk/rds/pdfs2/hors256.pdf)

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3. Partnership and whole systems working

This evaluation of a pilot programme to deliver capacity building to BME organisations offers lessons including:

- The strategic approach of working with BME infrastructure organisations and networks as ‘host’ organisations for programme workers had the potential to add value and greater sustainability.
- About a third of organisations withdrew from the programme, often due to the pressure of timescale and because the very conditions which capacity building was designed to address – such as lack of secure funding, inadequate premises or staff resources – made it difficult for some organisations to participate fully.
- Government-defined outputs did not always capture or value elements of capacity building such as organisational shifts, building alliances and addressing power balances that were important to organisations.
- A ‘business model’ of capacity building was well adapted to the needs of more established organisations but greater flexibility in timescale and methods would increase effectiveness with less-developed groups.

See: www.jrf.org.uk/knowledge/findings/socialpolicy/1928.asp

In some instances, people told us that barriers existed between some BME groups and local mainstream voluntary organisations and described how people have worked to remove these.

Example: East Midlands’ Black and Minority Ethnic Elders Project

This project was developed as a partnership between Age Concern East Midlands and VOICE East Midlands, to make the most of each group’s expertise and experiences. The project set out to help the development of local forums to which any group in the East Midlands that delivers a service to older people from a minority ethnic background could contribute, and to feed back those views to decision-makers and policy-makers, to ensure that the voices of groups that serve minority ethnic older people were heard.

The partnership identified regional policy making as an area where it should be having influence and has contributed to the regional forum on ageing and other regional activities.

See: www.voice-em.org.uk/bme_elders_project/index.asp
4. A picture of the local population

Key messages
This section recommends that strategic approaches need to be underpinned by knowledge, but suggests that much of this is increasingly available, and could be better shared across organisations. Work is needed to consider trends and implications of population change, rather than accumulating unexamined data. Local Area Profiles (LAPs) offer unprecedented amounts of information, with the advantage of accessibility.

The need for evidence

"Two recent initiatives- the cross-government strategy, 'Opportunity Age: Meeting the Challenges of Age in the 21st Century' (DWP 2005), and the Department of Health (2006) Green Paper, 'Independence, Well-being and Cohesion for the Future of Social Care for Adults in England' - place importance on the collection of data and the facility to be able to look at the different needs of older citizens, their aspirations, concerns and experiences of quality issues. This data is crucial to help inform local strategies and the provision of appropriate services and opportunities."
(Audit Commission 2006b)

If black and minority ethnic older people are to access a comprehensive range of local resources and services to make the most of later life, then planners, policy makers and service providers need to understand and forecast the demographic factors within their local populations, which have implications for statutory, voluntary and community sectors as well as housing developers, transport operators, retailers and financial services.

By 2016 it is predicted that the numbers of black and minority older people in the UK will have risen from 175,000 to 1,800,000 (Social Exclusion Unit 2005). The implications for local areas include:

- Older BME populations may move out of inner cities and out of London in particular.
- Changes in BME groups’ composition, for example new community languages, require a greater range of interpreters.
- In some urban areas BME communities are already not ‘minorities’ and this will be increasingly reflected in older populations.
Age Concern’s webpage offering facts and figures about the BME older population in Great Britain:
www.ageconcern.org.uk/AgeConcern/E5C000DF732041EB92B9391F72CEB646.asp

The final report of the Equalities Review (Cabinet Office 2007) highlights how lack of information combined with inefficient use of existing knowledge inhibits improved performance.

Practitioners told the Review that, because the importance of collecting and reporting equality data is not understood by staff at all levels of an organisation, this task is not always taken seriously, even in the public sector.

The importance of such data for policy and service delivery needs to be better recognised and communicated throughout each organisation, and the report makes recommendations on data collection and monitoring for the public sector.
Available at: www.theequalitiesreview.org.uk/publications.aspx

Some public sector organisations have made significant investments in both assessing population changes and thinking about their implications. However, although public bodies are required to assess the impacts on race equality of their policies and publish their assessments, a recent Commission for Racial Equality survey found that whilst 42 per cent of the local authority respondents carried out race equality impact assessments of some policy proposals, only 27 per cent had published the results. Also that 81 per cent of the local authorities were monitoring the effects of their race equality policies but only 21 per cent had published the results (Commission for Racial Equality 2006).

The King’s Fund research into Primary Care Trusts [PCTs] and Race Equality Schemes, published June 2007, examines PCTs’ race equality schemes to find out what they are doing to address inequalities, what good practice exists and what barriers to change remain.
Available from: www.kingsfund.org.uk

4. A picture of the local population
Example:

**Innisfree Housing Association** wanted to explore the implications of the changing demographic profile of older Irish people in London. They commissioned a report (Randall and Browns 2005) to analyse the main sources of data on general housing needs among Irish people, and looked at a range of strategies on housing, homelessness, social care and BME strategies from 8 local authorities in North and West London. This analysis has helped them refocus their approach on culturally sensitive support that may be needed in the future, particularly older residents of hostels, older private sector tenants and people with long term disabilities who are now in middle age.

See: www.innisfree.org.uk/publications.htm

**Using what is out there**

**Ageing and Ethnicity – A demographic profile of black and minority ethnic older people in England, 2006**

This report, commissioned by the *BME Elders Forum of Age Concern England* provides an overview of key demographic trends in terms of both ageing and ethnicity nationally, using 2001 Census data and other sources of published literature.

See: www.ageconcern.org.uk/AgeConcern/Documents/AgeingEthnicity(1).pdf

Information is becoming more widely available on the composition of the local population, including population details about older BME people, such as: ethnicity, household types, housing status, income level and health. The key resources are those reporting on the census (www.statistics.gov.uk/census2001) and, within this, those on neighbourhoods or localities. Some agencies have been able to draw this material together, as the illustrations below show.

Example:

**Yorkshire Forward** funded a population analysis of demographic trends (Warnes et al 2002) and produced a booklet to give local and regional policy planners and individuals and organisations that influence planning processes the opportunity to reflect on the changing demography of the region. They consider a range of population moves in later life, including increases in some groups of people in some areas and decreases in the numbers of others. For example in Bradford the numbers of very old people, aged 75 years and over, from Pakistani communities will increase by 182 percent but the numbers of ‘younger’ older people from Afro-Caribbean groups will fall.
Amongst the conclusions, they noted:

- The accelerating growth of the numbers of older people in several of the region's black and minority ethnic (BME) communities represents new challenges and opportunities, particularly in the region's cities.
- Developing the facilities and services for the support of frail older people and their family carers in the BME communities requires new and strong partnerships between community organisations and statutory and voluntary sector providers.

See: www.shef.ac.uk/sisa/eldersYH/booklethome.shtml

Example:
The report of the Director of Public Health in Barking and Dagenham (2001) draws on census findings to present a detailed look at population by age and ethnicity, with figures broken down to ward level. This report identifies that the greatest rise in numbers has been of people from black Africa. It also details small but important populations who may have particular needs for support and challenges local services to think how these might be met, for example, noting that two unaccompanied refugee women aged over 65 years settled in the Borough. What support are they being offered? How well can other areas identify individuals who may need support?

Although the voluntary and community sector (VCS) may not always hold comprehensive data about local older BME populations (for example, a Scottish survey (Pankaj 2002) found that few voluntary sector groups were aware of local minority populations’ needs and numbers), there may be complementary data within the local VCS that is insufficiently recognised.

Example:
'Over the past three years, we have witnessed the death of 20 of our clients; the vast majority of these have died before their expected time, and cause of death has often been linked to lifestyle factors. This reflects the statistical evidence showing the Irish as an ethnic group are more vulnerable to physical and mental ill health.' (Leeds Irish Health & Homes 2005)
Local Area Profiles

Local Area Profiles [LAPs] have been developed by the Audit Commission to provide information and tools to help build a rich picture of the quality of life and public services in a local area, which can be used by local strategic partners, government, regulators and local citizens.

LAPs emphasise the importance of working with partner organisations, recognising that individual organisations across the public sector will have already gathered significant information about the needs and views of residents and service users. Collating this helps to:

- take a more strategic approach to eliciting and understanding residents' views;
- avoid duplication in surveys, therefore ensuring better use of resources and reducing 'consultation fatigue'; and
- convert information into 'intelligence', enabling the identification of key issues for users and residents.

The LAP website brings together information on local context, residents' views and the performance of public services around ten quality of life themes. It offers tools to help local partnerships develop reports on different components of the model and guidance is provided for gathering older citizen perspectives and BME citizen perspectives.

See: www.audit-commission.gov.uk/areaprofiles

Local Area Profiles

One local authority, Thurrock, developed an older citizen profile in the first pilot phase and a focus on BME older citizens in the second pilot phase. They offer a presentation that outlines their approach at: www.areaprofiles.audit-commission.gov.uk/staticfile/thurrockpilotonBMEolidersitizens.ppt
5. Involving older people from black and ethnic minority groups

Key messages
The engagement of older BME citizens needs to be embedded within the corporate approach of organisations, rather than based on one-off projects, and should include a spectrum of activities beyond consultation meetings. People need support to get engaged and stay involved in participation and consultation. This requires resources and collaboration with other organisations. Public organisations should work with a range of groups and individuals, from a variety of locations. We recommend that public services and others produce examples of what has changed as a result of participation and consultation. There should always be feedback to people who have taken the time to be engaged.

'Beyond the tick box': Older Citizen Engagement in UK Local Government, BGOP and Policy Studies Institute, 2007 [available from BGOP]

This report of research carried out by BGOP and the Policy Studies Institute (PSI) includes a survey of UK local authorities about their engagement with older citizens and case studies of eight local authorities.

The research was looking for evidence of older citizen engagement, including engagement with local BME communities, that is mainstreamed within corporate culture, through a range of activities and opportunities to shape local policies and services.

The research found that the most popular forms of engagement, such as 'information newsletters/publications' and 'user feedback surveys', used by 90 per cent of the local authorities (LAs), were not judged to be the most effective. Instead, 'older people's forums' and 'consulting expert older citizens', were judged to be the most effective means of engagement.

Research respondents identified the advantages of involving older citizens in local government processes:

- Engaging older citizens brought 'providers and older people around the same table'. Tapping into older people's knowledge and experience enhances awareness of service needs, challenges the assumptions of professionals and helps build understanding of the complexities of ageing. A more person centered approach leads to more relevant services. Other perceived benefits to the LA include the promotion of inclusiveness and social cohesion and, ultimately, better informed decision making within the LA.
• Benefits to older citizens include the promotion of ‘ownership’ of services and empowerment in the local community; enhanced awareness of LA procedures and the political process; improving user satisfaction and citizen wellbeing. Active engagement is also promoted for social and psychological reasons, viewed as something that contributes to older citizens’ confidence and self worth as valued members of the community.

However the research found that the main organisational driver for older citizen engagement in local government still comes from social services and health perspectives and remains weighted towards contact with users of services (and their carers) about those services, rather than a broader range of people engaged on a broader range of issues.

Not just one approach

This is a key message from all those consulted for this report. There is a need for organisations to commit to developing and sustaining a range of ways to encourage older BME people’s participation in policy and planning, service development and community participation.

'We need to find new creative ways of engaging BME older people – face-to-face meetings being the most effective. We need to go to people, not expect them to come to us.’ (Consultation participant)

While involving communities and service users has become a normal expectation of practice, many people who are now required to work in this way have not had a chance to gain all the skills and abilities they need. ‘Outreach’ is important, that is a range of ways of working that have traditionally been part of community development. Community development workers in a locality may be able to offer links to networks and neighborhood groups, and also help develop colleagues’ engagement and involvement skills, suggesting innovative techniques, and challenging unsuccessful practice.

There are excellent publications that have addressed this gap in skills and familiarity with approaches (see below).

This publication, prepared by the Scottish Community Development Centre (SCDC) for Learning Connections, Communities Scotland, offers a framework to support learning for community engagement and suggests the elements of a strategic approach to improving skills and practice in community engagement.

Competence in equalities practice is seen as an essential requirement for

5. Involving older people from black and ethnic minority groups
the implementation of this framework: not only equal treatment of all groups but also action to overcome the barriers to participation that can stand in some people's way.

The framework is particularly relevant for groups that may experience discrimination and exclusion because of their ethnicity, language, culture, disability, racism, gender, sexuality, religion, age or class.

See: www.scdc.org.uk/uploads/better_community_engagement.pdf?sess_s_cdc=eb0a0764419aa44035028051c097c43d

Supporting people and groups in participation

'One size doesn't fit all – there needs to be recognition of the complexity and diversity across BME groups.' (Consultation participant)

A 2001 survey of BME voluntary sector groups identified 5,500 voluntary groups (excluding faith groups) in England and Wales. The overwhelming majority, 90%, operated on a formal basis and 60 percent had been in existence for over ten years (McLeod, Owen and Kharmis 2001). The groups reported a lack of joined up responses in their relationships with local authorities. Many said that knowing what the public sector was asking of them would help build up their capacity to support their members.

Partnership working needs to take account of the wide range of groups, and their very different needs and resources. Many of these groups, as research has shown (Patel 1999), are 'compensatory providers', that is, they have evolved to engage in service provision to make up for deficiencies in mainstream services. As a result, and because some are small, with few if any paid staff, they may have limited time and resources available to engage in consultation or involvement activities.

'It is essential to build trust with local BME communities if engagement is to be successful.' (Consultation participant)

If individuals within statutory organisations invest in developing relationships with local communities, this lays the foundations for building trust, which, in turn, may break down any barriers between BME communities and statutory services.

Clear messages from our consultation that support the strategic engagement of the older BME communities are:

- Go out to groups, rather than expecting them to come to you for all meetings.
- Don't assume that everyone has access to electronic communication; some with limited resources may have access to email, but not printers, so provide printed documents where appropriate.
• Don’t leave communication with BME older communities and their representatives to one diversity or engagement officer. An organisation-wide commitment will require a range of coordinated input, even if it is led by one individual.
• As well as targeting specific older people’s groups, are there other voluntary, community and faith groups that work intergenerationally, and would enable access to a wider range of people?
• Engage directly with older people, and not just younger family members who may ‘speak’ for them. Older people may have moved to the UK many years ago and may have different experiences and views to members of their communities born in the UK.

'We need to be aware of the different issues for and tensions between second and third generation black and minority ethnic groups and older people.'
(Consultation participant)

There is a wealth of information on why people choose to participate in public services or community activities. Birchall and Simmons (2004), for example, report that it is not external factors that encourage people to volunteer, but collective incentives that are the most important: people need to have a role and to feel that they are making a difference. Building up the range of roles and opportunities is therefore essential, including those that enable people who not interested in formal meetings, or are unable to attend, to access alternative but similarly influential methods of engagement.

**Doing it for themselves: participation and black and minority ethnic service users (2006) Race Equality Unit [REU] and Social Care Institute for Excellence [SCIE]**

This report by Nasa Begum identifies reasons for the reduction in the participation of BME service users over the last 20 years, at a time when general service user participation has increased markedly. It concludes that given the right opportunities and resources there is genuine commitment and interest from BME service uses to become more actively involved and offers recommendations to promote participation.


Building ‘capacity’ among older people is seen as an important way of enabling or encouraging them to play active roles in community and public life, such as induction or training sessions that explain the systems and their jargon.
Example:

‘BeMe’ in the London Borough of Hammersmith and Fulham

Established in 2002, this project was a direct response to low BME representation in mainstream older citizen engagement activity. It was set up to encourage and support older people from African Caribbean and Asian communities to participate in local planning and decision making and to ensure their voices are heard.

The aim was to build capacity through training on skills that would facilitate engagement, including: public speaking, confidence building, instruction on the conduct of meetings and on government processes. Training took place in local community centres and was facilitated by centre staff.

BeMe has contributed to the numbers of people from these communities who now engage directly with the local authority and to the mainstreaming of BME older people’s participation within public service decision making. BeMe has been incorporated as a subgroup of the local authority facilitated older people’s forum. The initiative has stimulated continued consultation and discussion of issues.

Within all communities there are of course those who already have the skills, experience and confidence to engage both as individuals and representatives of others. A varied group of black and minority ethnic older people, all activists, who we consulted for this Guide, told us that they drew upon their past experiences, often in employment, caring or trade union roles, and so felt they were bringing a range of expertise to their engagement with local government. Some referred to their experiences in faith based organisations, neighbourhood involvement and personal commitment to explain what they brought to current participation. Others had not had time for community involvement when working or raising families but in retirement they felt able to get involved. Not all spoke English as a first language, but all were articulate and confident English speakers and were accustomed to translating for, speaking on behalf of, or advocating for peers. They called for organisations to build on and encourage their input, but not take it for granted by repeated calling on the same narrow pool of individuals.

Cross-fertilisation of different contacts can open up the breadth of older BME involvement. For example, a study of tenants’ groups (Millward 2005) found some people were ‘expert activists’ because of their experience, skills and knowledge. Tenants’ groups may be a route to accessing people in social housing and sheltered or extra care housing, who may have been called upon to discuss and shape housing developments, but not transport, culture, adult education, benefits advice, health promotion and other important areas for people’s involvement. Engaging with people outside a particular service user group is likely to draw in those who have less pre-conceived ideas of how services ‘should be’ modelled.
Why people may not want to be involved

Not everyone shares a common interest in community activity and some may not feel strongly on all matters or feel that they have better things to do with their time. For others, there may be apprehension about involvement, as illustrated in the following quote by a member of the Gypsy and Travelling community consulted for this Guide:

‘Welfare facilities for older members of the Gypsy and Traveller communities in Britain are non existent. Their care is mainly due to the strong sense of community and the self-policing of the groups. Most of the older people are unable to read or write and hold a fear and mistrust of all authority’.

One key challenge for participation initiatives is that people need evidence that what they say will be considered. People rarely expect public services to respond to their every demand, but they want to know that they have been listened to, and that their views have potential influence, and at least sometimes are realised. Repeatedly people receive no feedback, let alone indications of their influence, or the impact of their time and effort contributed (Butt and O’Neil 2005).

'It is essential in the interests of building trust between communities and organisations that there is transparency in communication and information. There needs to be a commitment to feeding back information and plans to people, and also to encouraging feedback from people on proposals and so on. There will always be some who disagree with proposals whatever they are. These views should not, however, be dismissed, but rather, should be listened carefully and responded to. The response might well be that their view isn’t shared and more importantly, the reasons for this. People need to feel they have been listened to. They are not always too concerned that their view has not been accepted, but are always frustrated if they feel their view hasn’t been heard.’

(Consultant on BME issues in the NHS and Voluntary sector).

We recommend that public services bring together examples from their localities of what has changed as a result of participation and consultation. There is clear evidence from social care experiences that where service users feel confident that participation will result in definite change, then there is no shortage of willingness to become involved (Beresford et al 2005).
Reward and recognition: the principles and practice of service user payment and reimbursement in health and social care, 2006

This guide aims to support local organisations with the principles and practice of reimbursing and paying people for their involvement, offering consistency of approach to ensure that people are treated fairly and appropriately according to their circumstances, and are able to make an informed choice about their involvement. Whilst it was written with a focus on health and social care service users, its principles can be applied more widely.

Available at:

Engagement with and within a wide range of ethnic groups

The growing diversity among older people from black or minority ethnic communities is leading some people to identify groups that seem particularly hard to engage or are excluded minorities. Some are relatively recent arrivals to the UK, such as older refugees (Age Concern England 2006) but others share a longer history of social exclusion.

Growing Older in a Black and Ethnic Minority Group, edited by Alan Walker and Simon Northmore, 2005

This reports the findings of four research studies into the quality of life of BME older people, which were part of the Growing Older Programme (1999 – 2004) of 24 studies of quality of life in old age. The research findings highlight the complexity of the relationships between aging, ethnicity and quality of life and the impact of gender and socio-economic factors, amongst others.

Available from Age Concern for £5.00
[www.ageconcern.org.uk/AgeConcern/bme_policy_reports.asp or the individual study findings can be downloaded from the Growing Older Programme website: www.growingolder.group.shef.ac.uk

The Federation of Irish Societies (2005), for example, argues that very few Primary Care Trusts have well developed links with Irish organisations and that voluntary organisations for the Irish tend to be undeveloped and poorly resourced.

5. Involving older people from black and ethnic minority groups
Example:

**Leeds Gypsy and Travellers Exchange - Purri Folkie (old people)**

As a result of increased consultation with minority ethnic elders in Leeds the average life expectancy for local gypsies and travellers was found to be 50 years, compared with the locality’s average of 78 years. Policy makers identified a need to include elders from the Gypsies and Travellers community and their organisations in the development of local service delivery. The organisation ‘Purri Folkie’ has responded to this, and aims to:

- establish better contact and maintain a network of older people from the gypsies and travellers community to find out about their particular needs;
- raise awareness about health issues and welfare benefits available to the community;
- improve mental and physical well-being through organised outdoor activities and by holding regular meetings with contributions from health and social care professionals; and
- reduce isolation and promote participation.

These are long term aims, combining specialised service delivery with broader consultation and involvement with mainstream support.

Difference and diversity within communities are also a challenge to those seeking to enhance levels of participation. How to engage specifically with older women from some communities is a challenge where there is concern that some older women may not be encouraged or willing to participate in public events.

*‘When considering BME older people we must also be mindful of the importance of gender’* (Consultation participant)

Some examples of successful approaches include:

- building up trust through existing networks, such as faith communities, or language classes;
- meeting older women in their own homes or where they regularly gather to ask what support they would need or prefer in order to get involved; and
- being aware of cultural patriarchy issues, e.g. taking different approaches to engage women, such as talking about their family concerns first.

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5. Involving older people from black and ethnic minority groups
Example:

**AI-Hasaniya Moroccan Women’s Centre in Kensington and Chelsea** in London runs an elderly outreach service, which provides information, advice and advocacy services to older Arabic speaking women. As a result of the support offered, many older women participate in other activities at the centre. Not speaking or reading English is a barrier for many Arabic women, preventing them from accessing a range of support and services. AI-Hasaniya was also involved in a three-year national action research project (Help the Aged 2002b) in developing user involvement in the governance and management of voluntary organisations. In consultation with women, a user-involvement project was established (Al-Amel – meaning hope in Arabic).

See: www.al-hasaniya.org.uk

Those contributing to this Guide identified the possible complexities and challenges in the shift from relying on single representative BME older ‘voices’ to managing different messages from complex communities, illustrated in the example below:

“From the outside it seemed to be a homogenous community.” One worker described the sensitivities of seeking views from representatives of a community centre run by a Cypriot association that aspired to work for both Greek and Turkish Cypriot communities. The centre did this by providing different prayer facilities, Halal food and rotating the position of centre ‘chair’ between members of the two communities. Nonetheless, one group remains reluctant to use the centre, due to historical, religious and cultural differences between the two communities. How then, the worker asked, should she portray the views of the Cypriot community?

Variations or differences within communities may be more obvious to community workers or front line practitioners than to those who work at planning or operational levels. For example, a study of a southern town in England found that people from Afro-Caribbean backgrounds were less likely to be members of ethnic or culturally based organisations than those from South Asian backgrounds (Campbell and McLean 2002). The authors suggest that this is relevant in three ways:

- Community networks may not represent all people’s needs and interests.
- Different BME populations have different access to community support or social capital and create and sustain this in different ways.
- It is a circular argument to suggest that people who are socially excluded should participate in community networks – they may be socially excluded precisely because they don’t participate.

Public sector organisations have to work with local people who understand the
complexities of an area and need to think about innovative approaches reaching out to individuals beyond those participating in existing groups, for example, using GP surgeries, local shopping centres, and mail-outs to restaurants serving minority ethnic food.

**Rural Matters**

'There are different issues between urban and rural areas' (Consultation participant)

The rural population of England is, on average, older than the national population, and whilst over a quarter of all older people live in rural areas, this is growing (Gurling 2003). There is an assumption that older people in rural areas are white, which results in a strong invisibility factor affecting BME communities such as Travellers, as well as BME older people who do not belong to statistically significant community groups. As mentioned previously, moves to retire to rural areas make it probable that rural populations will become more diverse and there is already evidence of BME migration to suburban areas.

**Race is Relevant: implementing race equality schemes in a rural/semi-rural context, 2003.**

As many of the barriers to achieving equality in rural and semi-rural districts are different from those in adjacent urban areas, this guide offers practical advice to tackle key questions such as 'How do you effectively consult in an environment where there is no easily accessible ethnic minority community?' and 'What does it mean to monitor the workforce when you have (or appear to have) only one black and ethnic minority employee?'

To obtain a copy of this CD email: dialog@idea.gov.uk

A citizenship approach underlines the importance of thinking about the rights and needs of all BME older people, as individuals, not only as members of larger communities or groups. There are few references to BME older people in rural research and policy initiatives and few examples of what they think or want.

**Example: 'Removing the Barriers', Devon County Council**

The Muslim community within Devon comprises 0.21% of the population, and most of these live in Exeter. The community itself is very diverse, with over 15 languages spoken and 30 countries represented. The Social Services Equalities Project and the Islamic Centre undertook an initial study, *Removing the Barriers*, as those working in statutory agencies knew little about the Muslim community and its needs, nor were members of the community aware of how the statutory sector might help them. This scoping provided the evidence to challenge uncertainties about numbers and needs.
Members of the Muslim community had identified the need for a drop-in social contact facility for older people. Evidence was required to support an application for funding and this became the platform for a more systematic study: ‘A Question of Fairness: An Inquiry into the health and social care needs of Muslim Elders in Exeter’. From the start it was assumed that the community would play a key role in any study to identify its needs. A small project group consisting of a member from the Islamic Centre and officer from Age Concern, an independent social worker, and the project’s manager came together to start the work.

**Perceived keys to success**

- Small diverse project group (from statutory services, voluntary sector and the community) with the ability to work together without organisational interference.
- The community identified the need.
- Time and patience were in good supply.
- A shared understanding of exclusion and what this does to people.
- The inaccessibility of services was recognised.

**Perceived hurdles**

- Although work was easier initially because there were few individuals involved, this later created capacity problems and overload for individuals.
- Community groups want change and judge things according to how lives are improved. Organisations judge success on whether they have achieved an output. The two are not necessarily the same.
- The international and local political contexts had a big impact, such as terrorism and the development of anti-immigration political parties in Devon. The views of some people in Devon that BME older people should not have a service had to be challenged.

Contact: brenda.laker@devon.gov.uk
Intergenerational activities

'We need to recognise intergenerational opportunities, to support younger BME people and to share and teach our culture, like dance.' (Consultation participant)

A message that emerged from the consultation for this Guide is that many BME older people wish to contribute to building their communities through involvement in intergenerational activities rather than in formal meetings with local government officers.

Commission on Integration and Cohesion - Our shared future, 2007

The Commission on Integration and Cohesion has been considering how local areas can make the most of the benefits of increasing diversity and respond to the tensions it can sometimes cause. Its final report contains practical approaches that build communities' own capacity to prevent problems and notes that:

"In the past, the integration and cohesion agenda has often overlooked the issue of how the elderly and the disabled can participate fully in society..." We welcome the small number of schemes that have aimed to set this up – and in particular the suggestion that, for new arrivals, befriending by older people might be a way of helping them integrate into the community." Page 83


The partner publication, Integration and Cohesion Case studies, offers two intergenerational case studies in the section on Older People.


Community cohesion intergenerational projects (Home Office/ODPM 2005) include:

- A play 'George' commissioned to look at the subject of identity across generations and races, as part of the Southwark Pathfinder scheme.
- Young and older members of the Jewish community worked on building a fish tank in a day centre, in the Gateshead Shadow Pathfinder scheme.

Other sources of intergenerational resources include:

- The Centre for Intergenerational Practice www.bjf.org.uk/default.aspx?page=804
- Centre for Equality and Diversity: www.cfed.org.uk
- Intergen: www.intergen.org.uk
6. Communication and information

Key messages

Communication resources need to be developed so that people are aware of local channels of communication within public sector and voluntary and community sector groups and public settings. Communication with older people from BME communities should consider the languages they use, the possibility of hearing loss, the possibility of not being literate, and the possibility of visual impairment. 'Plain English' is important. Local access to interpreters and translators can be shared between organisations, and their capacity monitored and enhanced if necessary.

If people are to contribute further to their neighbourhoods and communities they require information and opportunities that empower them to support themselves, their peers and family and to continue to participate in the cultural and economic fabric of society.

'Our health and social institutions are large and complex organizations and it is often difficult enough for people who have lived in the UK all their lives to understand these systems. It must be even more difficult for people who have settled here from different countries, who may speak a different language, to understand how to access these services'. (PRIAE 2005 p 17).

A good strategic approach to services for black and minority ethnic older people will include arrangements for communicating effectively with all local communities. This may be through community leaders, on the Internet, at public meetings, using local media such as radio stations and newspapers, and via the distribution of leaflets and posters in public and commercial venues.

Some cities, such as Edinburgh (see box in Section 1) have produced DVDs, which outline their service development strategies. Communication is important in order to ensure people have ongoing awareness of and access to the opportunities and services to enable them to live independent lives, not just to take part in consultation processes. BME groups report that problems with communication continue to be experienced by individual BME older people (PRIAE 2005) who are not strongly linked to established groups or organisations.
Example:
The BME population of **Flintshire** is estimated to be about 0.8 percent of the population, although it is growing. To identify and engage with BME groups and individuals, the County Council has used: flyers to restaurants and takeaways, telephoning these businesses directly, visiting them, writing to parents of school pupils, contacting the further education college, issuing press releases and making contact with other local businesses. (Flintshire County Council 2005)

In some instances, people told us that barriers existed between some BME groups and local mainstream voluntary organisations. Methods of communication should be explored and agreed, reviewed periodically with the various local communities, and not assumed. Public sector organisations need to build in resources and mechanisms for responding to the different language and communication needs of BME older people.

Example:
**Age Concern Haringey’s Turkish Speaking Elders Project** provides information and advice on a range of issues including welfare benefits, housing and health. It has found that language is a major barrier for many Turkish speaking older people in accessing services. Relying on written communication is not effective as there are high levels of illiteracy within the community. Personal communication and recommendation helps in getting a project, service or issue known, and enabling individuals to access opportunities.

Contact Tel: 020 8880 3745 [Turkish speaking] / 020 8801 2444

The Department of Work and Pensions (2003) has identified the need for a specific strategy to understand each community in an area and suggests this can be achieved through work with BME older people’s organisations, knowledge of where BME older people meet and the specific issues facing them. One point stressed by many consulted was not to rely on written material alone: ‘**We need a range of approaches to language** – you can’t just translate written material and think you have done it’, said one experienced community leader. Many older people also have hearing loss and/or a visual impairment, which need to be taken into account.

‘**Language is a BIG issue** – there are in excess of 100 languages spoken in some localities.’ (Consultation participant)
In many areas there is a wealth of languages and dialects spoken by older people. In some areas, this diversity means that organisations may be over-dependent on younger members of these communities for a sense of what older members may want to say, hence the importance of being aware of the risks of intergenerational misunderstanding (mentioned above in Section 5). Local strategies for ensuring a sufficient range of interpreters and translators should be developed with education services and other partners.


This exploration of the experiences of people who need interpreters in order to use health, welfare, legal and other services looks at the qualities that people feel are important in a good interpreter, and their experiences of using interpreters and provides recommendations for improving good practice in interpreting provision.

A key conclusion is that formal interpreting provision needs to incorporate the features of personal trust that people value – an ongoing relationship, emotional commitment and pro-activity on their behalf – into professional good practice.

See: www.jrf.org.uk/bookshop/details.asp?pubID=627

Many find jargon unintelligible and off-putting, therefore lessons from Plain English Campaigns can be helpful and welcome. The IDeA Knowledge website has a series of resources to promote the use of plain English: "when used properly, plain English should not over-simplify writing, nor should it dilute meaning. Instead it helps communicate so that your audience understands, using appropriate and precise language."

See: www.plainenglish.co.uk or www.idea.gov.uk/idk/core/page.do?pageid=1536729

Examples:

Tackling coronary heart disease in Bristol

The risks of coronary heart disease are higher among south Asian communities but knowledge of the risks and how to reduce them has been limited among those communities, and general practitioners do not always get to talk to people about possible lifestyle changes. To tackle this, the Primary Care Trusts in Bristol have held awareness days with South Asian groups, have translated advice leaflets and have recruited an advisor from the community...
who works with individuals and with community groups (Home Office 2006).

**Asian Elders Initiative (AEI) in Bolton**

This initiative, receiving funding from Bolton Council, is managed by and offers support to the Asian over-50 population. The AEI opened a resource centre in 2004 which offers a one-stop-shop for information and advice and a range of entertainment and activities to promote healthy living. One aspect of the initiative involves older volunteers from a mix of ethnic and religious backgrounds who themselves serve as senior health mentors. See: email@aeibolton.co.uk, tel 01204 651123.

**Visual and audio touch screen information on health**

A project has been developing the provision of health information via touch screen computers, which offer a joint audio and visual form. Panels of local BME older people in Nottingham, Sheffield and Leicester have given advice and feedback on what to include and how to present the information to maximize accessibility. They also suggested the best places to locate the computers (Jackson and Peters 2003).

**Communication within and between local statutory organisations**

Staff within statutory agencies need to be well informed about the whole system’s strategic approach to their BME older people, and the expectations of their role in contributing to change. So how can we promote good communication within and between public sector organisations?

People we talked to in the development of this guide had the following suggestions of how to get things moving:

- **Proactive approaches** such as regular information sharing, feedback to meetings, a newsletter, or contributions to existing newsletters, including on changes in the languages and dialects used in the area.
- Identifying organisations or departments that will act as a **bridge to relationships with BME communities**, and will feedback to the whole system.
- Being aware of local interpreting and translation services – who does what, who pays for what, who has access to telephone language lines? Developing a **common information system** about local services, instead of keeping them organisation or sector specific.
7 Evaluation and impact

Key messages

Measuring and evaluating the impact of approaches to local BME older people are consistently identified as the weakest areas in approaches to planning and delivery. Many strategic documents and evaluation frameworks remain on the shelf. Targets need to be established at the outset, with an agreed framework for gathering evidence and ongoing review, ideally incorporated into existing performance monitoring frameworks.

Measuring the impact

'It is incumbent upon every institution to examine their policies and the outcomes of their policies to guard against disadvantaging any section of our community' Report of the Stephen Lawrence Inquiry 1999 para 46.27

From the outset of the planning phase, the issue of how to measure the intended impact of a strategic approach has to be considered. This will need to include details of how to obtain older BME people's views of both the outputs, and the longer term outcomes, and the frequency at which this information will be fed into the review of the strategic approach.

Measures will need to be identified for each action point in the strategy and ways found to collect the information that will give evidence about changes, for example: in the profile of services, the impact on people's lives, and the wider impact on the rest of the service system, such as staff attitudes and broader public opinion.


How do we know what difference participation is making and what changes have resulted in practice? This online resource is based on research to develop measures to evaluate the impact of participation. The Guide focuses on 'service user and carer participation', but can be applied to wider local citizen participation. It offers key questions to be addressed, starting with: 'Why bother to evaluate?' and provides a checklist of pointers and a list of useful resources.

See: www.scie.org.uk/publications/resourceguides/rg07/index.asp
Overall progress could be assessed using a framework such as the *seven dimensions of independence* [outlined on page 15 in ‘BGOP’s Perspective’ above], or the *Opportunity Age* (2006) dimensions of *Quality of Life*, and ideally it should be incorporated into existing performance management regimes, so that it becomes a core corporate responsibility, rather than an additional or peripheral area that can be easily marginalised.

‘There are pockets of good practice around the country but this is patchy.’
(Consultation participant)

To date, there appears to be little information on the success or otherwise of strategies that have focussed on older people from black and minority ethnic communities. Edinburgh’s example is one that is available (see Section 1 above).

The evaluation process needs to include performance indicators, which will probably be both quantitative (statistics) and qualitative (descriptive). Older BME people should play a central role in providing, and possibly gathering evidence for these, which may shape the way that the evaluation is planned, undertaken, and used.

**INVOLVE - Promoting public involvement in NHS, public health and social care research**

INVOLVE publish a range of documents for members of the public considering getting involved in research for the first time, and for researchers and research commissioners considering involving members of the public.

See: www.invoork.uk/Key_Publications.asp

The Department of Health’s Audit Tool (2002) for minority ethnic older people’s services (outlined in Section 1) remains a useful approach for reviewing and evaluating progress against initial strategic aims

**Example:**

‘*Older Voices*’ programme and ‘*In Our Own Words*’, London Borough of Camden

This programme was developed in 2004 to maximise the number of older people engaged at a local level, to raise the profile of engagement, and to ensure that older people’s views and expectation are valued and have influence on policy and service delivery. The initiative was funded by the *Neighbourhood Renewal Fund* during its first two years and focused primarily on the engagement in regeneration and neighbourhood renewal in neighbourhood renewal areas.
At the time, there were five older people’s groups contributing to local developments, however funding, ownership and recognition for the groups were ongoing challenges. The programme worked with these existing groups to secure a higher profile, influence and sustainability in their neighbourhoods. Older Voices also developed a demonstration projects programme, supporting the planning, delivery and evaluation of new initiatives. This aimed to encourage new and creative ways of engaging older citizens to be used as examples of good practice by others.

**Qualitative and quantitative evaluation**

An extensive evaluation study was built into the Older Voices project to assess its impact, particularly around older people’s involvement. It began with a baseline study at the start of the project and included ongoing monitoring of the development officers’ activities and a second phase of the baseline study 18 months later. Questionnaires and interviews with older people and key contacts were conducted and analysed using **perception** and **performance measures**.

Some of the **perception** measures used were:
- the importance of individual contributions made as perceived by respondents;
- the value attributed by others to an individual’s contribution, as perceived by respondents; and
- the number of people considering that change has occurred directly through older people’s involvement.

Some of the **performance measures** used were:
- the total number of individuals considered to be involved at a “very important level”;
- the number of Neighbourhood Renewal area based groups concentrating on older people’s issues; and
- the number of Neighbourhood Renewal areas with a specific older people’s forum, which considers neighbourhood issues.

The evaluation study showed that, despite evidence indicating that older people in disadvantaged neighbourhoods are not generally highly involved in neighbourhood renewal, and their priorities tend to be neglected, age was not always a dominant variable, and older people with relevant expertise, political experience, or careers as activists may be strongly engaged, even in disadvantaged neighbourhoods.

The report suggested that the programme’s priority to address ‘access’ needed to focus more on factors such as income, ethnicity, health and sexuality, and other forms of diversity and difference. Following this recommendation, Older Voices commissioned *In Our Own Words*, an initiative.
to look at ways of developing new models of effective engagement with older people from BME communities and older people with communication and mobility problems.

*In our own words* worked in one Neighbourhood Renewal Area to gather the views of older people by establishing links with local community and voluntary groups. The work also surveyed the opinions of community and development workers, who were delivering activities for the groups mentioned above. It approached older people involved in local organisations with the aim of understanding how they felt about voicing their opinions and taking part in community initiatives. People were approached at places that were familiar to them and where they felt comfortable, such as social clubs and community centres.

The result was a guide called *'Older people's recommendations on how to make participation easier'* , which contains the opinions of older people from BME communities and of people with mobility difficulties, which has been distributed among community, voluntary and statutory sector organisations.

*Older Voices* now includes an Intergenerational Development worker supporting projects involving older and younger people in partnerships; an Active Engagement Development Worker focusing on borough-wide engagement opportunities; and a Development Officer for neighbourhoods. *Older Voices* is working with statutory, voluntary and community sector organisations to embed good practice, share learning and ensure sustainability for older people’s groups.

Contact: Camden Council, Promoting Independence Group, Tel: 020 7974 4523, Email: promoting.independence@camden.gov.uk

www.camden.gov.uk/ccm/cmc-service/stream/asset/?asset_id=621244

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7. Evaluation and impact
Final messages

In compiling this guide we have been struck by two things:

The first is the way in which older people are still in the shadows of debates about race, ethnicity and, more latterly, debates about community cohesion. While there is much progress it is patchy and often not monitored and not evaluated. Whatever form strategic approaches to the needs and aspirations of black and minority ethnic older people take, one key aspect needs to be their evaluation and monitoring. This will enable outcomes to be much more clearly defined from the start and agreed with local communities from all black and minority ethnic groups.

The second is the tendency to associate older people with problems and needs, not as resources and contributors to society. This promotes thinking around services and care, rather than more broadly around rights and social inclusion. We did not find many links between strategies or plans that looked at public services and community participation, and those that importantly look at mental health or poverty reduction.
Resources

Organisations

Age Concern England (ACE)
ACE works to promote the wellbeing of people over 50 in the UK, providing day care and information services and campaigning on issues such as age discrimination and pensions. The ACE website offers a large range of publications and resources on BME older people that can be downloaded for free, as well as those that can be purchased, and links to details of regional BME initiatives.
www.ageconcern.org.uk/AgeConcern/5ED0A74D907A42C780B173A5615AEEEF.asp

BME Elders Forum
Established in 2002 with support from Age Concern England, the Forum is made up of organisations across the country. Membership is open to BME voluntary and community organisations (local, regional or national) with a stated interest in and experience of working with black and minority ethnic older people. Interested professionals are also invited to become members of the Forum.
See:
www.ageconcern.org.uk/AgeConcern/1410961D88074CBFA3FE66771EB5CAF6.asp

Care Service Improvement Partnership [CSIP]
CSIP supports positive changes in services and in the wellbeing of vulnerable people with health and social care needs. It is part of the care services directorate at the Department of Health and is based in eight regional development centres across the country, hosted in local NHS organisations. CSIP works with the statutory, voluntary and private sectors to improve services, and includes the Change Agent Team that works with social care, health and housing to promote independence and improve quality of life.
www.csip.org.uk

Centre for Policy on Ageing (CPA)
CPA is an independent centre of research and reference, which informs and influences service providers in order to promote informed debate about issues affecting older age groups and to stimulate awareness of the needs of older people and encourage the spread of good practice, through its Policy and Research Department, Library and INformation Service, and CPA Publishing.
www.cpa.org.uk
Council for Ethnic Minority Voluntary Sector Organisations (CEMVO)
CEMVO is a national charity which aims to support the development of Britain’s minority ethnic communities, organisations and individuals. They have a nationwide network of voluntary groups and evidence-based programmes and activities to empower members of minority ethnic communities to become active citizens.

www.emf-cemvo.co.uk

Chinese National Healthy Living Centre (CNHLC)
The CNHLC was set up in London 1987 to promote healthy living and to provide access to health services for the Chinese community across the UK, and now has offices in Birmingham and Manchester. The Centre aims to reduce the health inequality between the Chinese community, which makes the lowest use of health services of all minority ethnic groups, and the general population. They offer a range of services, activities and projects.

www.cnhlc.org.uk/

Equality and Human Rights Commission (EHRC)
On 1st October 2007 the CEHR took over the role and functions of the Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission with new responsibilities for sexual orientation, age, religion and belief, and human rights. The Commission can use enforcement powers to guarantee equality and has a mandate to promote understanding of the Human Rights Act. It is a non-departmental public body—accountable for its public funds but independent of government.

www.equalityhumanrights.com

Help the Aged
Help the Aged is an international charity tackling the poverty, isolation and neglect experienced by disadvantaged older people. Activities include researching the needs of older people; campaigning for changes in policy; providing community services; publishing information for older people, including on finance, how to stay healthy, and on choosing a care home.

www.helptheaged.org.uk

PRIAE: Policy Research Institute on Ageing and Ethnicity
PRIAE is a charitable institute working in the area of ageing and ethnicity in the UK and across Europe, with BME older people, age organisations, policy makers, research bodies, healthcare providers and the voluntary sector. Activities include policy, research, information and practice on employment and income; health, social care and housing; pensions; and quality of life.

www.priae.org
**Race Equality Foundation (formerly the Race Equality Unit),**

The Race Equality Foundation promotes race equality in social support (what families and friends do for each other) and social care (what 'workers' do for people who need support) by: exploring what is known about discrimination and disadvantage; developing interventions that overcome barriers and promote equality; and disseminating good practice through training, conferences and written materials.

www.raceequalityfoundation.org.uk

**Tenant Participation Advisory Service (TPAS)**

TPAS is a membership organisation of over 300 social landlords and 1000 tenant groups that exists to promote tenant empowerment. It provides training, conferences and consultancy and information, including a guide to 'Involving and Representing the Community'

www.tpas.org.uk/sub_page.asp?artid=261&id=1&cat=3&nameCat=
Useful Publications and Websites

Age Concern London BME information and Advice work
Age Concern London received funding from the Bridge House Estates Trust Fund for a three-year information and advice project across all thirty-three London boroughs for black and minority ethnic older people and their informal older carers. The website highlights emerging findings as the project progresses.

www.aclondon.org.uk/index.cfm?id=2064

Are we there yet? Identifying the characteristics of social care organisations that successfully promote diversity, SCIE Race equality discussion paper, 2006
This paper by Jabeer Butt considers the characteristics of social care organisations that successfully promote diversity, and explores research on the barriers to promoting diversity and how they can be overcome. The messages are applicable to all organisations working with BME older people,

www.scie.org.uk/publications/raceequalitydiscussionpapers/redp03.asp

AT HOME: audit tool for housing and related services for older minority ethnic people, by HOPDEV (Housing and Older People Development Group), 2006
AT HOME provides individuals and organisations with a tool to assess current services for black and minority ethnic older people, and to identify and address gaps. It is aimed at any individual, group or organisation with an interest in the housing and housing-related needs of BME older people – including BME older people themselves. An information leaflet about the Tool is available in different languages.


Beyond Sheltered Accommodation, a Review of Extra Care Housing and Care Home Provision for BME Elders, 2006
This report by Adrian Jones, commissioned by Age Concern England, the BME Elders Forum and The Chinese Housing Consultative Group, reviews publications on care homes and extra care services with specific provision for BME older people; maps existing “culturally appropriate” services and advice on such services targeted at BME elders; and reviews the policy agenda.

www.cat.csip.org.uk/_library/docs/Housing/BME/Beyond_sheltered_accommodation.pdf
Crossing the Border: Report promoting the inclusion of older people with mental health support needs from the Greek and Turkish speaking communities of Enfield, 2004

This report, by Fulya Yahioglu, presents the findings and recommendations from a project on the promotion of social inclusion of older people, addressing the mental health support needs of Greek and Turkish speaking communities, an ethnic group predominately seen as white but with specific cultural and linguistic needs. The work was carried out in one London borough during 2002 - 2003 by a partnership of voluntary and statutory agencies, funded by King’s Fund.


Embracing Diversity: A look at housing with care, 2006

The Housing Learning & Improvement Network [LIN] offers an insight into a selection of current housing with care options that have been developed in England to meet the hidden needs of diverse older populations: includes work in Middlesborough with Chinese Elders and in Swindon with the older Polish community. From housinglin@cat.csip.org.uk with a CD Rom containing training resources, case studies, video clips, etc.


This report carries out on behalf of the Department for Work and Pensions, drawing on the 1991 and 2001 Censuses to map the labour market circumstances of the ethnic minority population in the UK. It includes the distribution of BME communities across the country [Section 3.2] and the age structures of different ethnic populations [Section 3.3].


Ethnicity, Older People and Palliative Care, 2006

Report by the Policy Research Institute on Ageing and Ethnicity (PRIAE) and the National Council for Palliative Care draws attention to the palliative care needs and experiences of minority ethnic older people. The report discusses disparities in health and clinical outcomes, highlights evidence suggesting poorer access to palliative care and provides good practice aimed at reducing inequalities in palliative care.

Available to buy: www.ncpc.org.uk/publications/ or call 020 7697 1520
Health Survey for England: Health of Ethnic Minorities Report, 2004

The Health Survey for England is an annual survey of the population’s health. The focus of the 2004 report is on the health of minority ethnic groups, with an emphasis on cardiovascular disease (CVD). The report also covers the behavioural risk factors associated, such as drinking, smoking and eating habits and diabetes, blood pressure, and cholesterol.

www.ic.nhs.uk/pubs/healthsurvey2004ethnicfull/summary/file

Improving black and minority ethnic representation, IDeA Case study by Councillor Steve Reed, London Borough of Lambeth

This case study describes attempts to improve the representation of black, Asian and ethnic minorities in the council in order to make it more representative of the ethnic profile of the community.

www.idea-knowledge.gov.uk/idk/core/page.do?pageId=1250965

The King’s Fund BME access work programme, launched 2006

A programme of work to pull together the evidence base about inequities in access to health care experienced by BME groups and to analyse the practical efforts by the National Health Service [NHS] to improve access to health care for BME groups.

www.kingsfund.org.uk/current_projects/bme_access_to_care/index.html

Living well in later life, Healthcare Commission, the Commission for Social Care Inspection and the Audit Commission, 2006

This review of services for older people looked at a range of services including care services and services that contribute towards the wellbeing and quality of life of older people, and examined progress against the Government’s National Service Framework (NSF) for Older People.

www.healthcarecommission.org.uk/InformationForServiceProviders/ReviewsAndInspections/NSF/NSFArticle/fs/en?CONTENT_ID=4001755&chk=NEg%2Bxm

London Age and Diversity Directory, 2006

This directory lists 600–700 voluntary groups working with BME older people in London. The data covers London-wide groups, groups by borough, and other organisations and services for BME groups, and includes services for older people, transport services, and health, disability and advice services.

Available to purchase from www.helptheaged.org.uk
Crossing the Border: Report promoting the inclusion of older people with mental health support needs from the Greek and Turkish speaking communities of Enfield, 2004

This report, by Fulya Yahioglu, presents the findings and recommendations from a project on the promotion of social inclusion of older people, addressing the mental health support needs of Greek and Turkish speaking communities, an ethnic group predominately seen as white but with specific cultural and linguistic needs. The work was carried out in one London borough during 2002 - 2003 by a partnership of voluntary and statutory agencies, funded by King's Fund. www.beh.nhs.uk/enfieldpct/pdf/crossing_the_border_2004.pdf

Embracing Diversity: A look at housing with care, 2006

The Housing Learning & Improvement Network [LIN] offers an insight into a selection of current housing with care options that have been developed in England to meet the hidden needs of diverse older populations: includes work in Middlesborough with Chinese Elders and in Swindon with the older Polish community. From housinglin@cat.csip.org.uk with a CD Rom containing training resources, case studies, video clips, etc.


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Ethnicity, Older People and Palliative Care, 2006

Report by the Policy Research Institute on Ageing and Ethnicity (PRIAE) and the National Council for Palliative Care draws attention to the palliative care needs and experiences of minority ethnic older people. The report discusses disparities in health and clinical outcomes, highlights evidence suggesting poorer access to palliative care and provides good practice aimed at reducing inequalities in palliative care.

Available to buy: www.ncpc.org.uk/publications/ or call 020 7697 1520
MEEFP was a three year Help the Aged programme to raise awareness about the risk of falls among older people from BME communities. Language, lack of knowledge of what is available and practices that are not suited to communities can make accessing mainstream falls prevention services problematic. The programme worked with projects across England to develop better links between BME communities and falls services and a network of interested stakeholders, and produced resources in a variety of community languages, available online: www.helptheaged.org.uk/meefp

Older People - Independence and Well-being: The Challenge for Public Services, 2004
This report summarises a series of five reports by the Audit Commission and Better Government for Older People that explore the nature of change required from public services in relation to the independence and wellbeing of older people. This covers both the majority who have no need of care services (but who have a wide range of other concerns), and the minority of frail older people who may need support and care.
www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryId=&ProdID=1462310B-E6F1-448e-9E59-4A9FF9480F45

The Older Refugees Programme, launched 2006
This partnership between Age Concern England, the Refugee Council, Age Concern London and the Association of Greater London Women (AGLOW) has implementation focusing on three regions - West Midlands, Yorkshire and Humberside and London. Activity includes: review of existing literature and research on older refugees; a survey of organisations; interviews with a small sample of older refugees; regional listening events with older refugees and a national conference.
Contact: liz.walker@ace.org.uk

ORRION - Online Race Resource for Improving Outcomes in Neighbourhood renewal.
This website provides practical assistance, information and guidance to help practitioners, partnerships and policy makers deliver improved outcomes for black and minority ethnic (BME) communities in deprived areas.
www.renewal.net/toolkits/OrrionToolkit
**Restore Project** and **Charisma Project**

These projects provide BME older people with mental health problems and dementia targeted support in the community, with activities that include a day centre, memory project and respite and support services for carers. The Charisma project has been awarded a national award in clinical excellence. *This is my Story – living with dementia* a DVD about Restore and Charisma presents the experiences of users and carers involved in the services.

Contact: lorayne.duggan@croydon.gov.uk

**Social Care Institute for Excellence (SCIE) Practice guide: The participation of adult service users, including older people, in developing social care, 2007**

This guide focuses on how practitioners and managers can initiate and sustain the participation of adult service users, including older people, in ways that empower service users and reflect a shared commitment to developing services in a more democratic way. The Guide proposes that organisations adopt a whole systems approach to developing participation.


**Towards Race Equality in Health – A guide to commissioning services, 2006**

A practical guide to race equality in Primary Care Trust [PCT] commissioning, written by practitioners from Race for Health Primary Care Trusts, covering guidance on implementation and policy information. Provides examples of good practice on how to close the health inequalities gap for BME groups.


**Working with BME older people in areas with small populations – an Age Concern Resource Guide, 2006**

This guide was developed to address areas with very small BME older populations in the South West Region of England, but offers transferable ideas and practice examples for other contexts, including a range of innovative strategies to reach people.

Available to purchase from: www.ageconcern.org.uk / 020 87657200
Working with Minority Ethnic Older People in London: a case study practice guide, 2002

Eighteen agencies that offer services to older people, ranging from advice to day care, and from advocacy to interpreting, feature in this guide. The case studies illustrate the value of the services to individual members, one of whom is quoted as saying: 'I have rediscovered a sense of community that I last felt when growing up in the Caribbean.'

Available to purchase from www.helptheaged.org.uk
References


Colchester Primary Care Trust (2005) *Race Equality Scheme*, Colchester, Colchester Primary Care Trust.


Department of Health (2006) *Our Health, Our Care, Our Say: A New Direction for Community Services*, (Cm 6737), London, HMSO.


Director of Public Health, Barking and Dagenham Primary Care Trust and Local Authority (2001) *Annual Report*, London, Barking and Dagenham Primary Care Trust.

Flintshire County Council (2005) Race Equality Scheme, Mold, Flintshire County Council.


Millward, L. (2005) ‘Just because we are amateurs doesn’t mean we aren’t professional’: the importance of expert activists in tenant participation *Public Administration* 83(3) 735-751.


Appendix A

Race Relations (Amendment) Act 2000

All public authorities listed under the Race Relations (Amendment) Act have a General Duty to promote race equality. This General Duty consists of three parts:

- eliminating unlawful racial discrimination,
- promoting equal opportunities, and
- promoting good race relations between people from different racial groups.

The race equality duty was introduced to make sure that public services are free of 'institutional racism', and that the consideration of racial equality is central to the way public authorities carry out all their functions.

To help authorities meet this duty, the government has also given most of them specific duties, including a duty to produce and publish a Race Equality Scheme. This is a public document and public authorities will be answerable to the public for delivering the programme set out in the scheme.

The scheme is a set of complementary procedures. These include:

- identifying the functions and policies (including proposed policies) you regard as being relevant to meeting the race equality duty; and
- making arrangements:
  - to assess proposed policies for any effects they might have on the promotion of race equality;
  - to consult people who are likely to be affected by those policies;
  - to monitor policies for any adverse effects they might have on people from different racial groups;
  - to ensure public access to information and services; and
  - to train staff in meeting these duties.

The arrangements that make up a race equality scheme are not ends in themselves, but a means of meeting the three parts of the race equality duty.
Appendix B

A race impact assessment

The use of a race impact assessment is a legal requirement of all organisations (Race Relations Act (Amendment) 2000). The purpose of a race equality impact assessment is to systematically and thoroughly assess and consult on the effects that a policy or legislative proposal is likely to have on people from different racial groups. Policies may be defined as the sets of principles or criteria an organisation develops to help carry out its functions or role, and to meet its duties.

A race equality impact assessment should be completed for all policy and legislative proposals, and also proposed changes to existing policies and legislation. A race equality impact assessment should be carried out in two stages:

The **first** stage involves screening a proposed policy to see if it is relevant to the race equality duty. If the screening shows that a policy or legislative proposal is relevant to the duty, it will then need to be assessed fully, to see if it could have any adverse effects on people from different racial groups, and to make changes to the proposal, or consider supplementary measures, to mitigate any negative effects (stage 2).

**Stage 2 - Full assessment**

Full assessment of a proposed policy should be carried out in the following eight stages:

1. **Identify all aims of the policy**

2. **Consider the evidence**

To inform judgments about the relevance of policies to the race equality duty, it is important to collate as much up-to-date and reliable information as possible about the different groups the proposed policy is likely to affect. Examples include: information such as local demographic data, research, recent surveys, internal & external inspection reports, and local ethnicity data.

3. **Assess likely impact**

The starting point will be any disparities or potential disparities identified during the screening process. A judgment will need to be made as to whether these amount to adverse impact. This involves systematically evaluating the proposed policy against all the information and evidence assembled and making a reasonable judgment as to whether the policy is likely to have significant negative consequences for a particular racial group (or groups).
If the analysis of the information shows that the disparities between racial groups are statistically significant and not the result of chance, consideration should be given to whether they could be explained by factors other than race. If not, or if race plays an important part in the explanation, the proposed policy should be reviewed and consideration given to other options, including measures to mitigate the adverse impact.

Some proposed policies may have both positive and negative implications for some racial groups and these will need to be balanced before a decision is made about the likely net overall effects of the policy.

4. Consider alternatives

If the assessment shows that the proposed policy is likely to have an adverse impact on a particular racial group (or groups), that is, that it will have significant negative consequences for them, there are four options:

(i) To make changes to the proposed policy that satisfy any concerns raised during any consultation that might have carried out during the assessment process

(ii) To consider ways of putting the proposed policy into practice that remove or reduce its potential for affecting some racial groups adversely, and that take account of the results of any investigations the authority might have carried out into institutional barriers to equality of opportunity and equal treatment

(iii) To find alternative means of achieving the aims of the policy

(iv) To justify the policy, as originally proposed, even though it could affect some racial groups adversely, because of the policy's importance on grounds that have nothing to do with race. If this option is chosen, the organisation should satisfy itself that it has a strong case and that its reasons cannot be construed as racial grounds (which would make the policy unlawful). The organisation should also be able to show that it was unable to find other ways of achieving the policy aims that would not discriminate unlawfully against some racial groups. Legal advice should be obtained before taking a decision to pursue what might be an unlawful policy.

5. Consult formally

Consultation should be an on-going process throughout the impact assessment, to inform the decisions made along the way.

6. Decide whether to adopt the policy

At this stage it should be possible to decide whether to adopt the policy. The decision will be based on four important factors:
• the aims of the policy;
• the evidence you have collected;
• the results of your consultations, formal and informal; and
• the relative merits of alternative approaches.

7. Make monitoring arrangements

The duty includes a requirement to make arrangements to monitor policies for any adverse impact, and to publish monitoring reports, and the relevant systems need to be adequate for the purpose.

8. Publish assessment results

Under the specific duty to produce and publish a race equality scheme, arrangements must be made for publishing the results of the assessments and consultations that have been carried out of any policy that is relevant to the race equality duty.

The published report should be readily available to anyone who requests a copy, and arrangements should be made for providing translations in languages other than English, including Braille, and specially formatted versions and audio tapes, on request. A full report of the assessment and consultation should also be available, on request.

In general, the structure suggested below should be followed.

• A description and explanation of the proposed policy, putting it in its wider policy and legislative context.
• A brief explanation of how the policy was assessed for its likely effects on different racial groups, with clear references to the information and research used as a benchmark.
• A brief description of the consultation methods used, and a summary of the overall findings.
• The conclusions reached through the assessment and consultation as to the likely effects of the proposed policy on meeting each part of the race equality duty.
• Any modifications of the policy introduced as a result of the assessment and consultation, or alternative or additional measures.
• An explanation of whether and how the adopted policy differs from the original proposal.
• A statement of the plans for monitoring the policy when it is put into effect.
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• the evidence you have collected;
• the results of your consultations, formal and informal; and
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• The conclusions reached through the assessment and consultation as to the likely effects of the proposed policy on meeting each part of the race equality duty.
• Any modifications of the policy introduced as a result of the assessment and consultation, or alternative or additional measures.
• An explanation of whether and how the adopted policy differs from the original proposal.
• A statement of the plans for monitoring the policy when it is put into effect.
Appendix C

A definition of commissioning

Commissioning is used in its broadest sense and covers the following cyclical sequence of events:

- Understanding, mapping and forecasting the supply and demand factors within the market to meet the current and evolving needs of the users/recipients of care services.
- Ensuring that there is alignment between all system partners on what needs to be achieved to ensure this demand is met, including working within legal and political frameworks.
- Involving all system partners (including users) in the development of plans and strategies to achieve these goals.
- Ensuring that the resources across the system are applied for the best effect to maximise attainment of the strategic commissioning goals (including providing a clear strong context for individual partner organisations to align their activities and organisations behind the strategic commissioning plan).
- Reviewing and evaluating the services provided with a view to any necessary re-provisioning of those services to meet ever-changing population needs.

Health and Social Care Change Agent Team (2004)