

Housing Learning & Improvement Network

Care Services Improvement Partnership 

Health and Social Care
Change Agent Team

BME Older People's Joint Service Initiative – Analysis and Evaluation of Current Strategies

Prepared by the Policy Evaluation Group, Sheffield, for the Housing Learning & Improvement Network

Local Authority:

Sheffield City Council

Note:

This is a summary of the full Report on Health, Housing and Social Services Policies in Sheffield towards BME older people, partly funded by the Housing LIN

Aim

The objective of this exercise, carried out in 2005 by the Policy Evaluation Group, was to discover what policies were in place for older people from the BME communities in health, housing and social services in Sheffield. What follows is a summary of a much bigger report provided in October 2005. Specifically, it addressed the following issues:

- What Services/strategies exist?
- Effectiveness of current services
- Linkages
- Where are the gaps and weaknesses in service provision?
- What gains, in terms of service provision, can be achieved in the short term?
- Are there any areas for further research or investigation?

Methodology

The work is based on an examination of documents that relate to policies for Black and Minority older people in Sheffield, and is essentially a review of published documents. Some of those documents were national, such as those from government departments or national agencies. Some were regional, looking at the specific conditions in a particular policy area, such as Extra Care Housing in the region. Many were local, issued by the organisations working to design and deliver policy in Sheffield.

The documents were supplemented by interviews with managers in the respective fields. Over 60 documents were examined, and the details of these and the managers interviewed are provided in the full report.

This summary document starts by looking at the **key findings** of the report, and then moves on to look at specific sections.

Key Findings:

Corporate commitment

Corporate commitment by the organisation delivering and sometimes designing policy is essential if organisations are to serve BME older people effectively and if services on the ground are to reach them.

The public sector organisations in Sheffield delivering policy in health, housing and social services demonstrate a very strong corporate commitment to race equality policy in their public documents and statements and are to be commended for this.

One of the gaps identified in the study, however, is between this strong corporate commitment and the relatively few policies in place specifically targeted at BME older people. Some of the main policies are summarised below.

Policy in Operation

The NHS primary care trusts in Sheffield provide financial support to organisations caring for BME older people. Monitoring of the ethnicity of service users across the city exists but its effectiveness is uneven, although there is a corporate commitment to continue improving in this area. Monitoring in secondary care hospitals is said to be much better.

In housing, there are a few, but not many, houses that have been specifically adapted to meet the needs of some BME older people. There are very few other policies in operation that are specifically directed at the BME older people community.

Social Services has its city-wide specialist BME Home Care team comprised exclusively of BME staff, with both assessors and providers. Social Services is strongly committed to monitoring of ethnicity data and achieves strong success in many parts of their monitoring activities.

In staffing, a corporate commitment being operationalised by Social Services is the recruitment of ethnic minority staff. This is targeted, clearly, as is the service above, at the BME population generally, but will benefit BME older people who form a large proportion of BME service users. An issue identified here, and which again may have an indirect bearing on policy towards older BME people, is that while people from the BME community may be being attracted to employment within the city council generally, there are few who are being promoted to positions of relative seniority.

Effectiveness

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, especially Sheltered Housing and, in Social Services, Home Services in the numbers that would be expected from their population size.

Dissemination

If services are to be used, the target population that they are aimed at needs to know that they exist, and how to access them. Again, there is evidence that there is a lack of awareness amongst BME older people.

Meeting Needs in an Appropriate Way

Another way to encourage usage is by making sure that the services on offer are delivered appropriately, meeting the needs of the BME older people in a way which is sensitive to their cultural and religious backgrounds.

Monitoring and Evaluation

Before needs can be met, there is a requirement to know what those needs are. The best way to discover needs is through evaluation studies, which might take different forms and, in these circumstances, might involve focus groups among users.

Monitoring is important on a regular and continuing basis to find out which groups of people are using which services, which services are not being used, and what the level of satisfaction is with the services that are being used.

Staff Training

In certain policy areas, there is a need to ensure that staff are fully trained to implement monitoring of ethnicity data in order to make sure that it is effective.

Policy Recommendations

The *Older People's Partnership Board* (OPPB) should decide on a process to ensure that the recommendations resulting from this study and documented in this report are considered, agreed, implemented and reviewed. This means that someone, or some group of people, should be named to take the appropriate action. It may well be that a specific committee is established with city-wide responsibility for implementing the findings of this report and other policies and strategies that emanate from within the decision-making committee structure described in more detail in the full report. The named person or group should report to the OPPB.

Service deliverers need to continue their monitoring of ethnic data on service users and continue to improve it where possible, and conduct periodic consultation exercises with BME older people, in order to assess whether the right services are being delivered in a way which meets needs and is culturally appropriate.

In health, frontline staff need training on implementing monitoring and associated race equality policies: how to ask questions; offer explanations for what is happening; understand the purpose of the exercise. The monitoring needs to be recorded on a single electronic format.

It is crucial to improving policy effectiveness to discover why there is such an under usage of services in some policy areas. Research to ascertain why there is an under usage should take place.

Dissemination of information needs to take place pro-actively to make sure that BME older people are aware of services that exist. This means taking that information directly to the communities in which they live, in the right community languages and making sure that it is put in places where it will be seen. Where possible the use of innovative and effective means of communicating, such as Social Service's DVD in different languages which is in the process of coming on stream, should be explored as a way of overcoming communication barriers.

Services that Exist

It is recognised that there is a need for corporate commitment and overarching strategies before policies can be enacted on the ground that correspond effectively and comprehensively to the needs of BME older people. Clearly, there is strong corporate commitment in all three policy areas of health, housing and social services, and that is to be commended.

In health, the corporate commitment to meeting the needs of BME older people is strongly evident at both national and local levels. In terms of actual policy, however, there is no special provision that can be identified for BME older people, although financial support is provided to organisations outside of the NHS to assist BME older people.

Progress has been made in developing a BME Housing Strategy through the documents examined in the full report, and even if there is little in those documents on BME older people, there are three specific commitments for which plans are in hand, which are:

- older owner-occupiers will be able to live comfortably in their homes free of the worry of house repair payments.
- ensuring mainstream Extra Care provision reflects the diverse cultural needs of the city.
- to carry out further work to support and encourage culturally specific schemes.

All of the above commitments will have a bearing on the BME older people community. In terms of concrete policies on the ground, there is a small stock of existing properties that have had some adaptations in order to meet the needs of BME older people.

Social Services has a city-wide specialist BME Home Care team comprised exclusively of BME staff. Another commitment being operationalised by Social Services targeted at the BME population generally is the recruitment of ethnic minority staff.

What has to be in place *alongside* the corporate commitment is a mechanism for implementation that is effective. Where that is not in place, there is a gap in policy effectiveness because policies remain at the level of statements rather than being enacted.

Effectiveness of current services

To be effective, services have to be used. And there is evidence in the literature that some of them are not being used by certain groups of people. The *Supported Housing Commissioning Strategy 2005-2010* suggests that BME populations in the city are not represented among service users in the numbers that would be expected (Sheffield City Council, 2005). There is also evidence of under-use in other service areas from the documents.

Dissemination

If services are to be used, the target population that they are aimed at needs to know that they exist, and how to access them. Again, there is evidence from the literature and from the interviews that there is a lack of awareness amongst BME older people.

There are plans, however, to address this situation in a way that should help matters. The plans for the DVD and Link Team (discussed in more depth later) are two innovative examples from Social Services of policies in the pipeline.

Meeting Needs in an Appropriate Way

Another way to encourage usage is by making sure that the services on offer are delivered appropriately, meeting the needs of the BME older people in a way which is sensitive to their cultural and religious backgrounds. Meeting needs in an appropriate way is a key determinant of effectiveness.

Monitoring and Evaluation

Before needs can be met, there is a requirement to know what those needs are. The best way to discover needs is through evaluation studies, which might take different forms and, in these circumstances, might involve focus groups among users.

Monitoring, as noted earlier, is to be commended as a strategy and helps to discover which groups of people are using which services, which services are not being used, and what the level of satisfaction is with the services that are being used.

On monitoring, there is a mixed picture in Sheffield. In some parts of service areas, a concerted effort is taking place to monitor effectively, for example, some parts of Social Services. Elsewhere, the picture is less comprehensive. Implementing monitoring and evaluation can be more difficult when independent providers are being used.

What matters as much as the actual monitoring and evaluation is what is done with the results of such exercises. Information from monitoring and evaluation needs to feed into policy design and mechanisms for policy implementation so that *policy effectiveness* can be improved.

Staffing

In terms of recruiting staff that reflect the diversity of the population again, some progress has been made and there are plans for more.

Linkages

Working in conjunction with other groups and organisations is to be commended, has seemingly led to practical benefits, and should continue and expand wherever there are further potential beneficiaries.

Examples of good practice form other parts of the country

Linkages

Another positive example of linkages, though not in Sheffield, demonstrates how agencies working together may achieve positive results in the report *Extra Care Housing in Yorkshire and the Humber* (Housing LIN, CSIP, 2005). Sadeh Lok Housing Association is cited there for its education initiative (the 'access matrix'), and its capacity building programmes in Hull, which involve working with the Supporting People team, and it might well be that these could be investigated in order to assess the merits of their method of working together, and whether any ideas on 'good practice' can be transferred from here.

There is a great deal of corporate commitment to linkages, and there are organisational structures in place at the committee level designed to bring about linkages.

One fear amongst managers is that the organisational, political and target-driven pressures on directors may lead to policy agendas changing frequently so that commitments are sometimes not implemented. Additionally, there may be a gap between the corporate commitment to linkages in the documents and the operationalisation of linkages on the ground.

Policy Recommendation

A *Policy Recommendation* here is that a procedure should be established to ensure *implementation* of corporate commitments to race equality and associated policies, and to linkages, emanating from within the decision-making committee structure. It would also oversee and ensure the implementation of any corporate commitments in the extensive collection of documents examined for this report, where they are tangible and appropriate. It may be that a special city-wide committee is established for this purpose and, if so, the steering group formed to oversee the research project that led to this document might be an appropriate body for this.

Gaps and weaknesses in service provision

There is a gap between Corporate Commitment and Operationalisation of policy. All the public sector organisations involved in policy delivery in health, housing and social services are *committed* to equitability, but in some cases there are few policies specifically directed at BME older people.

There are gaps in reaching the target group. Many older people from the BME communities are not fully aware of what services are on offer in relation to health, housing or social services, and there is also evidence of a lack of knowledge of how to access services.

There is a gap in knowledge of the needs of BME older people. Some reports argue with evidence that the needs of older people from the BME communities are not fully known and that there needs to be further research to discover what those needs are, especially into areas such as sheltered housing, for example.

Because there is a paucity of policies specifically directed towards older people from the BME communities, it appears from the reports that there is a gap in meeting the needs of BME older people in some policy areas.

Short term gains

There are some policy measures which could be introduced relatively quickly into the public sector organisations responsible for designing and delivering policy in the fields of health, housing and social services which could bring gains in the short term. In general terms, operationalisation of existing corporate commitments might bring some short term gains.

Corporate Commitment

The *Race Equality Guide 2004* is a useful document which provides information on the drawing up of meaningful and effective Race Equality Schemes (documents which have to be produced following the Race Relations (Amendment) Act 2000) (The Strategic Health Authority, 2004).

Good Practice from elsewhere

Race Equality Guide 2004 provides many examples of good practice, which relate to areas such as 'agreed lines of accountability and leadership' and 'external support to identify and prioritise SHA functions for impact on race equality'. It cites an example of a SHA that 'set up a Race Equality Network to encourage people to share ideas on promoting race equality'. In relation to short term gains, this document would provide a fund of ideas on activities that might be able to be accessed quickly.

Health

Another document that outlines good practice is *Celebrating our Cultures: Guidelines for Mental Health Promotion with Black and Minority Communities* (National Institute for Mental Health in England, 2004). It provides a range of information on how best to promote mental health with black and minority ethnic communities in England. It provides case studies from across England of good practice with different ethnic groups, exploring the reality and the stereotypes of mental illness associated with different groups.

Good Practice in Mental Health

Celebrating our Cultures: Guidelines for Mental Health Promotion with Black and Minority Communities is a useful manual for all those engaged in the field, including voluntary sector workers; public health and health promotion specialists; primary care workers; mental health workers; local authority workers; community and self help groups; prison staff and faith communities. It is not specifically related to the problems of BME older people, but obviously, they are one section of the BME population that may be affected by this condition. It can be consulted in relation to separate areas, and would be a useful addition to the resources available to anyone involved in the field. Obviously, such a document can be accessed in the short term. It has sections on the following: mental health issues for different black and minority ethnic communities; strategies for mental health promotion with black and ethnic minority communities; principles of effective practice.

Housing

Housing Strategy for Older People notes that Sheffield city council has a policy in place to deal with conditions in private sector housing (Sheffield City Council, 2003). From the perspective of BME older people, the important aspect to the policy is that it explicitly states that it '*recognises the needs of specific client groups*'. The document states that 'limited grant assistance will be offered to most vulnerable, which includes owner-occupiers, to carry out essential work.' Where it is known that there are BME older people who are in a vulnerable condition through illness, infirmity and age, and where they need modifications to their properties to make life easier, they could be encouraged and assisted in a pro-active way to apply for some of this limited grant assistance to have modifications. Similarly, where BME older people are vulnerable and living in private rented accommodation, their landlords could be encouraged and assisted to apply for grants for modifications to properties. Where this adds value to the property, there should be willingness to comply.

All policy areas

All policy areas would benefit from the development of an 'operationalisation document' such as the Race Equality Toolkit used by Social Services (Sheffield Social Services, 2004).

The Race Equality Toolkit is a practical document being used by Older People's Services within the city council's Social Services. It is aimed at helping managers to review policies to assess whether they have a negative impact on BME people and to correct it. This is a document specifically directed at affecting policy relating to BME older people. It represents an operationalisation document for the corporate commitments that have been made, and is to be commended for that.

The Race Equality Toolkit provides a means to identify priorities in developing and implementing race equality policies effectively, allocating responsibility for their implementation and progression, and checking on the progress regularly.

Good Practice

Race Equality Guide 2004 examines good practice in terms of setting policy goals and in terms of methods of implementing policies aimed at race equality. Again, in looking for gains available in the short term, public sector agencies involved in this exercise could peruse the documents that are listed as outlining good practice, to see if there are lessons that can be learned. It notes, for example, how Leicestershire, Northamptonshire and Rutland SHA has developed, with its NHS partner organisations, 'a framework for service and workforce equality'. *Race Equality Guide 2004* 'focuses on race, disability and age discrimination in employment and service provision'. It was published in January 2003 and sets out standards, tools available to guide action, and suggests evidence to indicate when a standard has been achieved. There are other published documents listed in the full report which outline variations in the approach to understanding good practice.

Link Team

A 'Black and Minority Link Team' is being established by Social Services in Sheffield. This will act as a mechanism for improving two-way communication between BME older people and Social Services. Establishing this team, it is argued, would have a number of benefits, including helping people to understand assessments that are being made, improving communication, and assisting in terms of cultural awareness. Implementation of this is in progress and expected to be completed by end 2005 or early 2006. This is clearly a positive development.

Communication

Social Services report that it has information sheets in languages for all communities about services available. There is a need to make sure that this service is comprehensive across all three services areas. Where the statutory sector is working with smaller groups where translation does not normally occur, there could be a linkage formed with relevant community groups who might be able to assist.

Hidden Problems

Given that within certain communities issues and problems are sometimes, or often, hidden – such as mental health problems amongst the Vietnamese, one of the top three disabilities affecting the community – the only way to be effective in policy might be to be *pro-active* in discovering what the problems are and whom they affect. Such a pro-active approach might involve regular liaison meetings with community associations representing different groups of people. In the case of the Vietnamese in Sheffield, for examples, the Sheffield Vietnamese Community Association would be the appropriate group to liaise with, but there will be other groups representing people of different ethnicities. These kinds of liaison meetings could be one of the tasks that could be carried out by the proposed ‘Black and Minority Link Team’.

Areas for further research or investigation

Why under usage?

It is crucial to improving policy effectiveness to discover why there is an under usage of services that are available. Both Social Services and Neighbourhoods report a significant under usage of certain services - for instance, Home Services and Sheltered Housing - compared to what would be expected from population statistics. In both of these areas, the potential users are often older people.

The results from such an investigation would feed directly into policy design. Is under usage because people do not know about what services are on offer? If so, how can this information be made known to them? Or is it because what is being offered is not suitable? If so, how can the service be improved? *The results of a research study into the subject would feed directly into improving policy.*

Level of Demand

There is clearly a need to try to make some predictions on the level of future demand for different types of housing, including Extra Care homes and sheltered housing. Although a wide-ranging supply and demand analysis for older people generally has been carried out relatively recently, it is worth reiterating that one of its recommendations was to call for further consultation *to establish precisely the nature of accommodation and other services and facilities that specific cultural groups require.*

Yet another report, this time the regional analysis mentioned earlier *Extra Care Housing in Yorkshire and the Humber* (Stage 1 Supply and Demand Analysis) further establishes this point, arguing that there is ‘very little information on housing with care needs of the BME community’ in the Yorkshire and the Humber region. It notes, also, that BME older people are *under-represented* in existing sheltered housing and Extra Care Housing (ECH). This is in line with the situation in Sheffield. *Extra Care Housing in Yorkshire and the Humber* states that a few individual schemes exist, in Bradford and Leeds, for example. But, it continues, ‘in the main...there is a lack of choice to meet specific cultural and faith needs of BME elders’ (Housing LIN, CSIP, 2005).

On the basis of the above, there would be a strong case for carrying out some research into the following areas so that it can inform policy design and implementation:

- what are the housing with care needs of BME older people in Sheffield?
- to what extent is there a need for sheltered housing and for ECH?
- to what extent is the need satisfied by existing provision?
- are there any lessons that can be drawn from experiences in Bradford and Leeds?

The same report notes that real needs within the BME older people community may be 'hidden' because of cultural factors. This means that there is a obligation to be pro-active in the research methodology, actively working with community groups and others experienced in working with minority ethnic groups to reveal the true extent of demand in different directions.

Supported Housing Commissioning Strategy 2005-2010 indicates that research is needed to identify ways in which to improve BME community access to services and develop an action plan to bring it about (Sheffield City Council, 2005). It states that this will be done and it certainly needs to be. The work carried out recently in Sheffield by the Policy Evaluation Group is perhaps just the start of that process.

References

Housing LIN, CSIP (2005) *Extra Care Housing in Yorkshire and the Humber*. Stage 1 Supply and Demand Analysis. Prepared for Department of Health Housing Learning and Improvement Network (LIN) with Yorkshire and Humberside and North Yorkshire Regional LIN Forums by URS Corporation.

National Institute for Mental Health in England (2004) *Celebrating our Cultures: Guidelines for Mental Health Promotion with Black and Minority Communities* (Department of Health, London).

Sheffield City Council (2003) *Housing Strategy for Older People*. Review 2003. (Sheffield City Council, Sheffield).

Sheffield Social Services (2004) *Race Equality Toolkit*.

Sheffield City Council (2005) *Supported Housing Commissioning Strategy 2005-2010*. Supporting People. March. (Sheffield City Council, Sheffield).

The Strategic Health Authority. (2004) *Race Equality Guide 2004*. A performance framework. Commission for Racial Equality. June. (North Central London Strategic Health Authority on behalf of English Strategic Health Authorities, London).

Other Housing LIN publications available in this format:

- Case Study no.1: **Extra Care Strategic Developments in North Yorkshire**
- Case Study no.2: **Extra Care Strategic Developments in East Sussex**
- Case Study no.3: **'Least-use' Assistive Technology in Dementia Extra Care**
- Case Study no.4: **Tenancy Issues - Surviving Partners in Extra Care Housing**
- Case Study no.5: **Village People: A Mixed Tenure Retirement Community**
- Case Study no.6: **How to get an Extra Care Programme in Practice**
- Case Study no.7: **Sonali Gardens - An Extra Care Scheme for Bangladeshi and Asian Elders**
- Case Study no.8: **The Kent Health & Affordable Warmth Strategy**
- Case Study no.9: **Supporting People with Dementia in Sheltered Housing**
- Case Study no.10: **Direct Payments for Personal Assistance in Hampshire**
- Case Study no.11: **Housing for Older People from the Chinese Community in Middlesbrough**
- Case Study no.12: **Shared ownership for People with Disabilities**
- Case Study no.13: **Home Care Service for People with Dementia in Poole**
- Case Study no.14: **Intermediate Care Services within Extra Care Sheltered Housing in Maidenhead**
- Case Study no.15: **Sheltered Housing Contributes to Regeneration in Gainsborough**
- Case Study no.16: **Charging for Extra Care Sheltered Housing Services in Salford**
- Case Study no.17: **A Virtual Care Village Model**
- Case Study no.18: **Community Involvement in Planning Extra Care: the Larchwood User's Group**
- Case Study no.19 **Durham Integrated Team - a practical guide**

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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