Responding to the Needs of Minority Ethnic Carers

South Buckinghamshire Carers Centre

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September 2001

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Summary

The research has found that few services are making specific provision within mainstream services to respond to the specific needs of minority ethnic communities. To describe the services as being guilty of institutional racism is provocative but no amount of literature that talks about the need to ensure that services are provided in an ethnically sensitive way is having any significant impact.

Carers appeared confused about what services were available. Some expressed reluctance to access mainstream health and social care services and voluntary services. The services are seen as inappropriate and bureaucratic. The latter is not peculiar to minority ethnic communities, but the language, religious, gender and cultural barriers they meet make access especially difficult.

A fundamental issue that impacts on the use of services is the ability of staff to respond to diversity, without constantly measuring the minority community with the majority community.

There are resource implications for services. To date, the needs of minority ethnic communities have not been properly met within mainstream services. Those mainstream budgets have been historically allocated and appear frozen. Yet there is no extra money forthcoming.

This is a conundrum, which severely challenges the ability of services to act within the confines of the Amended Race Relations Act (2000) This is now enforceable legislation, which will be used by the Audit Commission and the Social Services Inspectorate when monitoring performance. At some stage, representation may well be made under the Act to the Commission for Racial Equality. Enforcement action could be taken if organisations are not meeting their responsibilities within the General Duty to promote racial equality.

The NHS Plan now recognises that we live in a diverse multi-cultural society (para 2.11). It also states that people from minority ethnic communities are less likely to receive the services they need (para13.8). The latter point has been borne out by the findings of this work.

Services will need to be flexible and prepared to adapt their way of working and current provision to meet the need of this minority ethnic group. The New Carers and Disabled Children's Act could provide the incentive to begin this process, as local authorities are required to reconsider the needs and services to carers in their own right.

'*If we can get it right for one individual, we can get it right for the majority'*

Tameside Social Services

1. Introduction

This report presents the findings of research undertaken to map the current provision of services for carers of people from the Pakistani population in south Buckinghamshire. In order to understand the needs of carers it was essential to review the provision of health and social care services and how they responded specifically to the needs of a minority ethnic population.

The report presents the following information:

- Issues relating to the provision of services to a minority ethnic population.
- The professionals' perspective of the carers needs.
- The carer's perspective of their needs.

The report then makes a series of recommendations for improving access to and appropriateness of services.

A key principle of the NHS Plan is that *'the NHS has to be redesigned around the needs of the patient'*. The work of the US/UK Collaboration for addressing inequalities in minority ethnic health has shown that a service that starts from a perspective of addressing the needs of its minority groups will move easily to addressing the needs of the majority. Working the other way round, from the majority to the minority, leads to marginalisation and ghettoisation.

A key objective within the research was to identify good service provision and explore what it is that makes that service acceptable. Examples of national good practice where a project has been responsive to the needs of an individual patient or carer have been included in the report. These examples highlight approaches that could be adapted to respond to local need. They also provide contact names and numbers to enable local service providers to network more easily with services who despite similar challenges are now responding to the needs of minority ethnic populations.

2. Background and Methodology

2.1 Aims and Objectives

The principal aim of the study was to investigate the current provision of services for the Pakistani community in south Buckinghamshire in relation to the needs of carers, and to identify any gaps in service provision and make recommendations for future service provision.

A carer was defined as any adult who is looking after or providing some regular service for a sick or handicapped person or an elderly person living either with them or in another household (General Household Survey).

The specific objectives were:

- To undertake a gap analysis between current provision and identified needs.
- To identify appropriate ways to secure carer involvement in the planning of services.
- To review and report on national examples of good practice in the provision of supportive services for carers.
- To make recommendations on ways to improve access to health and social care services for minority ethnic groups.

2.2 Methodology

The research on which this report is based was qualitative and included discussions in groups, individual interviews, both face to face and by phone. Interviews were conducted with representatives from South Buckinghamshire NHS Trust, Buckinghamshire Social Services, and a number of voluntary sector organisations.

During the course of this project minority ethnic staff working in both the statutory and voluntary sector were interviewed. They provided rich material which suggested an in depth knowledge of the concerns and difficulties faced by carers from this community. The information and perceptions from these interviews was checked with carers and other people from within this population. This process served to act as a check to ensure views were not being misrepresented.

Group discussions were conducted with carers. These were conducted in Punjabi using a link worker or interpreter. The methods used to collect the data were kept flexible to encourage participation. Participants in the group discussions were quite comfortable relating their personal experiences as carers.

2.3 Area profile

The 1991 census gives the total population of Buckinghamshire of all people from Asian origin as 18,563; that is 1.9% of the total population. In High Wycombe alone the total population came to 7380 (1991 Census Data for Buckinghamshire). However, a recent figure from the Wycombe Race Equality Council gave a rough population figure for the High Wycombe Pakistani community as 15,000, of which 10,000 are estimated to be from the Mirpuri community.

The 1991 Census data also identified Wycombe as the District with the largest minority ethnic population (8.3%), whereas the minority ethnic population in Chiltern is (2.3%). Four wards in Wycombe have minority ethnic populations over 15%. These are:

Booker and Castlefield (18.8%)
Bowerdean and Dawshill (23.2%)
Oakridge and Tinkerswood (33.3%)
Cressex and Frogmoor (19.5%)

At District level Chiltern and South Bucks rate amongst the 50 least deprived districts in England. Wycombe is ranked nearer the middle of the table on most measures in the Index of Multiple Deprivation 2000. Two of the most deprived wards in Buckinghamshire are:

Booker and Castlefield
Oakridge and Tinkerswood

Whilst Wycombe has a low unemployment population 1.1% as of March 2001 compared with 3.4% for Britain as a whole, the pattern of unemployment is not uniform.

One quarter of all claimants in Buckinghamshire live in just 6 wards. Five of these wards are in High Wycombe:

Booker and Castlefield
Bowerdean and Dawshill
Oakridge and Tinkerswood
Cressex and Frogmoor
Greenhill and Totteridge

(Buckinghamshire County Council, Draft Joint Review Statement 2001)

2.4 Cultural difference

There is a tendency amongst statutory and voluntary sector providers to see the Pakistani community as a homogenous group with similar needs. However, this is not the case. The Mirpuri community are less engaged with mainstream agencies, than other local Pakistani groups. They are less literate, have a strong religious faith and hold very conservative values in terms of child rearing practices and male/female relationships. In addition, much of their interaction with the services is through mediators or interpreters as there are language difficulties. All these factors can increase the potential for misunderstanding between the services and the community and can form the basis of prejudice and tensions.

There is a view, albeit a minority view from the community, who feel that the mainstream agencies give more weight to the conservative views within the community. If this is the case then the needs of dependants and carers, the latter mainly women, may not get articulated.

3. Main Findings

3.1 Key Factors Relating to Services

This section of the report outlines a number of common factors that emerged from the interviews with service providers. It is suggested that all these issues have negatively impacted on service provision for minority ethnic populations.

- Current funding constraints are being blamed for a lack of service development, although staff reported little investment over the years.

- Whilst there is an awareness that the needs of dependants and their carers from minority ethnic communities need to be addressed, the response is reactive rather than proactive. The pursuit of diversity and equal opportunities does not rest with other priorities on the agenda. There are no coherent organisational strategies for improving services to people from minority ethnic communities. Improvements in service provision appear dependant on concerned managers within a service taking the initiative.

- Despite numerous reports, from different agencies over time highlighting unmet needs and recommendations for action, some service planners still seem unaware of what is deemed as appropriate service provision or unconfident in their ability to develop services for minority ethnic people in the planning process.

- Information about ethnicity is not collected at present in many organisations. In some instances where data is collected it is not of a sufficient quality to inform service planning.

- There is a sense that the user / carer will have to adapt to fit the service, despite the rhetoric to develop patient oriented services or person centred planning, because of a lack of funding.

- Some providers feel that they are making efforts to adapt to meet different community needs, but that there is no reciprocal response from the communities. This can develop into *'they ought to be grateful, look what we are doing'* mind set which can permeate a service or organisation. Thus minority ethnic people are labelled as deviant, as their behaviour does not fit in with the accepted way of 'doing things'.

- Staff shortages, due to recruitment and retention problems, are critical in some organisations, and the demands on individuals remaining are considerable. This impacts on service planning for minority ethnic needs as this area is seen as problematic and difficult to tackle.

- Organisations feel frustrated by the limited success of their efforts to recruit Asian people into health and social care posts.

- Constant reorganisation within the statutory services undermines the development of services; initiatives are delayed as staff wait for reconfiguration exercise to be completed. For example changes within the Social Services Department and within the NHS.

- Experience, information and good practice in the provision of service to minority ethnic groups is not commonly shared between departments in an organisation or between organisations.

- Where changes are being made to services, their impact for minority ethnic carers needs to be considered. For example, it is increasingly common for carers of patients with diabetes to be asked to give them their insulin. Some minority ethnic carers are not comfortable with this, they are concerned that should the patient die, the carer (his wife) will carry a stigma in the community "she didn't want to look after him".

- There are positive and negative findings relating to interpreting services.

  The provision of a professional training for interpreters has improved the quality of the formal interpreter services. Carers using interpreters now feel much more confident about confidentiality.

  Staff reported feeling more confident and able to offer a better quality service when they worked with a professional interpreter, as the threat of a professional mistake caused by a language error was eliminated.

  However, professionals still act as gatekeepers to the interpreter services. The services, *where they exist,* are not directly accessible by an individual carer.

- The use of bilingual staff, pulled away from their work to translate for patients was reported. Assessments, which are done in this way, cannot be comprehensive nor can they provide the dependant and carer with the service they are entitled to.

- Link workers are frequently used for form filling by clients using services that do not provide their own interpreter.

- There is no current mechanism for minority ethnic user/carer comments to feed into service development. The Race Equality Council is sometimes used as the only route by some statutory sector agencies to consult on the community's needs. The Council will have an informed view on many of these issues however; they are not sole representative of the communities.

3.2 The Professional's Perspective of the Carer's Concerns and Needs.

Some professionals demonstrated considerable understanding of the issues facing people from the Pakistani population using services. But, in the main the following information came from workers who were working very closely with the communities.

- Communication still remains a key factor underlying disadvantage in access to services. Some command of English will not be sufficient when carers have to deal with medical and social care jargon. Many carers feel too embarrassed or lack the self-confidence to say they have a problem understanding the conversation.

- A mistrust of health and social care professionals is common. This appears to have developed through:

  -A lack of understanding of the myriad of roles and tittles that proliferate.
  -Breakdowns in confidentiality and misunderstandings caused by language barriers.
  -Expectations that are often unrealistic and attached to the wrong people or wrong service.

- It was reported that many Asian people like to tell people what they like to hear not what is really happening. If staff are not aware of this a consultation or professional visit could clearly be ineffective. This cultural perspective highlights a number of points:
  -the need for staff time to develop a relationship with and understanding of clients and carers
  -the need for the use of an interpreter when necessary
  -the importance of training for staff using interpreters and the importance of only using trained interpreters.

- A difficulty that many people from the Asian communities express is a sense of being or 'feeling like foreigners'. As a consequence they do not want to give away information that could be judged negatively.

- Many people do not feel welcome when using services. They describe it as experiencing a 'sense of isolation', this feeling will be exacerbated if the person does not speak English very well.

- Carers feel that hospital staff assume they will not understand what is happening to the patient and consequently do not relate to carers on an equal basis.

- The professional model adapted by health and social care services is a client centred model of care. This may create a cultural clash where families operate within a family model.

- Reported changes in family structures and lifestyles would indicate that it is no longer the case that there are always relatives to provide support and care. This challenges the still widely held stereotypical perception that 'Asian families look after their own'. Parents of children with disabilities are expressing concern about what will happen to their children after they die if relatives do not want them.

- The responsibility of caring for frail elderly or disabled adults lies almost always with the women in a family and often the daughter-in-law. The difficulties of this situation can be compounded by the insensitivity of male members of the family to the needs of the women carers.

- Many Asian people do not perceive themselves as "carers" in the Western meaning of the word. As far as they are concerned, they are just looking after a family member. They can therefore lose out on welfare benefits and support, if a welfare assessment is not provided by a well trained professional who is aware of this difference in cultural perspective.

- Workers report that there is little flexibility in the way current services are provided, so families who do not "like to make a fuss" may well decide to do with out.

- Some families on low incomes where there is only one earner and many dependants see benefits as an income and are not in a position to use this 'extra money' for 'comforts' i.e. paid practical help within the home.

- The concept of day care is not acceptable to some people from the Pakistani community. It is perceived as abdicating "responsibility " to someone else.

- The role of day care is a misnomer to some people in the Pakistani community, as it is perceived neither to educate nor rehabilitate.

- Some people feel there is a stigma associated with attending a day centre. Families feel this may label them negatively within their community.

- However, some carers who would otherwise use day care services were disinclined because the service would not be able to provide for the dietary, cultural and linguistic needs of a family member.

- Fear of racial discrimination from staff or other users of a day care facility was also expressed as a reason for not using a service.

- Respite care usually includes an overnight or weekend stay away from the family to give the carer a break. But for the communities in Wycombe and Chesham, their preference is for help within the home, within the structure of the family.

- Some carers of children with disability have expressed anxiety about the safety of their child in a day care situation. Anxiety about sexual abuse is not uncommon.

3.3 The Carers Perspective of their Situation

Carers from the Asian community like carers from the majority population experience many difficulties as carers, such as recognition, respite and the need for flexible services. But in addition, they also have to face difficulty accessing existing services, have little choice in the services that are available, they frequently have language difference and often have little information about what help is available. All the carers spoken to were women, and for most English was not their preferred language. Loneliness, isolation and stress were all reported by carers. It was quite significant that these women were able to express these views to a 'stranger' and demonstrates the strength of feeling and perhaps despair amongst carers.

- Some people are using services as they are currently provided, although they are not always satisfied with the provision.

- Carers reported that the difficulties of caring were exacerbated by the lack of interpreters available in the different services. Difficulties accessing interpreter services at Wycombe and Amersham Hospital and some GP practices were specified.

- Carers did not always understand which services they were using; this would suggest that the communication between them and the service provider was limited.

- Some carers would seek more help if the services could be provided in a more acceptable way to the family.
- Negative past experiences have left carers with a lack of confidence in the ability of the services to provide for them.

- The responsibility of care seemed mainly to lie with one individual in a family, mostly the woman.

- Carers expressed the need for someone to talk to outside the family, to off load their anxieties, stress and frustrations.

- Practical assistance within the home was identified as a key need; this would allow more time for the carer to concentrate on the frail person or on their own needs. 'You feel you have not got any life' one carer said.

- Some of the carers, particularly those who were less educated, felt very guilty about accepting external help with the caring role. However, if this

help were provided in a more appropriate way it would help to breakdown those barriers.

- In a few instances women carers were providing care for a chronically sick husband and chronically sick children with limited support.

- The appearances of day care centres was criticised, 'they needed to be more home like', one carer described a centre as looking a bit like a prison. This only increased carer's guilt if they used them.

- Most carers appeared to be caring for parents or parents in law in the same household.

- Frustration was expressed about the lack of understanding by the Council regarding the conversion of a dining room into a bedroom for a dependant. This created significant problems for a family where separate rooms are needed for entertaining men and women.

- One young woman with children reported that her mother had a month's stay in Amersham Hospital after a fall. She spent each day there, often till about 10.00pm at night, as there was no one who could communicate with the mother. Regular interpreter provision did not appear to be available

- Access to buildings can be difficult, Social Services in Easton Street is perceived as particularly intimidating for a person with little English.

- There are different views in the Asian community on the employment of Asian women to provide domestic or personal care in the home. Some people felt that neither would be acceptable. Others felt that domestic work was more acceptable. Concern was expressed that problems related to gender were inevitable and women who found themselves in employment of this kind would no longer be seen as respectable.

4. Recommendations

4.1 What will make a difference?

Many of these recommendations relate to issues common to all health, social services and voluntary agencies. Solutions for some issues will require partnership, for example on interpreting services.

Many issues relate to the improvement of practice and will need to be addressed under Quality of Service outcomes and Clinical Governance. All relate in some way to the NHS Plan and reflect the views of the SSI for the development of services for minority ethnic groups. Audit and inspection bodies including the Audit Commission will now be monitoring racial discrimination in public bodies when carrying out any of their functions.

4.2 Responding to Specific Needs

The health and social care system is now required 'to shape its services around the needs and preferences of individual patients, their families and their carers', (The NHS Plan). Local NHS action plans need to reflect action to improve access to services for minority ethnic groups.

If people see the services are there for them they will more likely use them and apply for jobs in them. In order to achieve this services need to acknowledge and be sensitive to different needs.

The specific requirements of minority ethnic groups need to be understood and addressed as part of routine service design. Providers need to recognise what makes a service successful. Carers are only using services, which they can easily access and that are flexible in their approach. Other services need to take on the challenge of change and be more flexible. The following issues would help to make the difference.

- Home respite would appear to be the most popular choice of support. All respite schemes need to be able to respond to the specific lifestyle needs of the minority ethnic carer.

- Home sitter services where the sitter spoke the same language as the dependant.

- The gender of the sitter or home carer must match that of the cared for person.

- Residential care, which meets the religious, cultural and dietary, needs and there must also be other people of the same ethnicity and language around.

- Residential care needs to be geographically close and support family involvement.

- All services should be able to offer access to interpreter provision. Clients should be able to directly access the interpreter services. Arrangements need to be in place for 'out of hours' cover. This is a key issue, as many of the problems that arise appear to be associated with poor communication.

- Services need to set targets to increase the numbers of people using services.

- Where possible employ workers from the same cultural background and who speak the patient's language.

- Relationship building between professionals and carers. This would help carers to feel more welcomed into a service and less like a 'problem'

- Carers would appreciate information about the illness, what to expect, what to do, and what to look for and information about the medication. This, it was felt, would help to reduce the sense of powerlessness experienced by some carers.

- Targeted appointment systems with an interpreter available

- Clearer communication to carers of what a service can/cannot provide

- Greater flexibility in the use of the Disabled Facilities Grant acknowledging the cultural needs of Asian families

4.3 Developing Community Capacity

Organisations that attract minority ethnic users in to their services stress the need for greater visibility of staff from minority ethnic groups as this increases the confidence of potential users.

Recruiting staff from the Pakistani community to work as care workers is not an easily achievable task. Nationally, this has been a challenge for many organisations. The successful organisations, mainly those in the Voluntary Sector, have been flexible in the work arrangements (dealing with gender related issues), recruit by word of mouth, and provide support and training for their workers who may previously not have been in paid employment.

With leadership from the public sector there is opportunity to initiate dialogue with members of the Pakistani community to explore partnership opportunities to tackle some of the current barriers in meeting needs eg employment.

There is a need to challenge the traditional orthodoxy evidenced amongst this population. Whilst there is some resistance to change, this is often only the view of male or older members in the community. But if the statutory sector can provide a more flexible service it will help to change this conservative orthodoxy and improve the quality of care. This is a challenging position agencies can find themselves in but the benefits would be significant.

The provision of information via an ongoing and visible outreach programme will help to promote the concept of a 'Carer' to the Mirpuri community. It will also highlight their rights to be supported and the existence of services. By not using services carers and the cared for may be denied rights and choices they are entitled to. This is a challenging task for agencies but a key issue if services are seeking to tackle health and social care needs.

There is a need to support the development of a voluntary sector within this population. Experience from other areas suggests that, with support, a voluntary organisation can become an ideal provider of services. Locally, the Domestic Work Initiative funded by the Carers Special Grant and operated by South Buckinghamshire Carers Centre has demonstrated this.

The concept of volunteering is not a common function in the community. A number of historical factors have been suggested to account for this. A lack of community security and a responsibility to establish financial roots to support families back home. Language difficulties and a lack of understanding of the indigenous community can also account for a reluctance to volunteer one's services. But as the Asian community is undergoing change a middle class community is emerging with potential to take on this role. This is work that could be undertaken in partnership with the REC's and with support from organisations like The Afiya Trust.

4.4 Ensuring Equal Opportunities

There is a need to ensure that all providers have an equal opportunities policy in place that covers service provision as well as employment, and are prepared to tackle discrimination in either employment or service delivery. The Race Relations (Amendment) Act 2000 gives statutory force to the imperative of tackling institutional racism. Within the amendment authorities are now required under a new General Statutory Duty to eliminate unlawful discrimination and promote equality of opportunity and good race relations in carrying out their functions. More specific duties, outlining additional requirements will be published shortly.

Addressing the needs of ethnic minorities and responding to current inequalities will require rigorous compliance with equal opportunities policies in contracts with providers.

Purchasers of services need to undertake direct work with independent and private sector providers to develop their capacity to provide ethno sensitive services. There is considerable experience amongst providers in other areas and opportunity to learn from their ongoing experience. (Further details on this can be found at the end of the report.)

Contracts with providers (statutory, independent and voluntary sector) should require them to demonstrate a commitment to provide for all people in the community equitably, and the mechanism by which this will be put into operation. Basic service standards should include standards for cultural competence. Under the new legislation the duty remains with the public body to ensure that the services are being provided in compliance with the Act.

Operational objectives to increase the usage of in-house and contracted out services by minority ethnic carers/users need to be set and monitored.

There is a need to introduce some level of personal accountability from Heads of Departments to ensure that diversity objectives are included in business plans with identified monitoring mechanisms.

The Race Relations Act makes it unlawful for public authorities generally to discriminate in the exercise of its function. In order to avoid doing this unintentionally organisations need to understand the culture of the diverse communities, which they serve. This needs to be targeted at executive board members and senior staff first. This should include training, which enables the services to deliver culturally competent services, and training in anti-racist practice. The NHS Human Resource Framework declared that race and equality training was compulsory for NHS Trust Boards by April 2001. It has not yet happened in Buckinghamshire.

Managers need to be equipped to manage inclusion. Management posts should include the need for competencies reflecting a greater emphasis on leadership and on managing people and services for diversity. Candidates for promotion or new posts need to demonstrate how they will achieve this in employment and service provision. Appraisals need to include evidence of how staff are meeting objectives on diversity.

Key staff working with minority ethnic families/carers need to have their development needs recognised and addressed, as staff from minority ethnic backgrounds can be marginalized into a role defined by their ethnicity.

Ongoing work to promote services to people from different minority ethnic backgrounds. Successful providers are those that maintain an ongoing programme to promote their service to the relevant minority ethnic populations.

4.5 Developing Professional Standards

All staff need to be able to demonstrate that they are applying the same professional standards in every situation. Currently, this is not the case, when professional services are being provided without an interpreter, where English is not the preferred language.

This is the sort of issue that will be seen as part of the obligation of an organisation by the CRE. A key strategic objective for the CRE is to work with the public sector to make full use of new powers under the Race Relations (Amendment) Act 2000 as a driver for change. It will shortly be issuing codes of practice for health and local authorities containing such practical guidance as the Commission thinks fit in relation to the performance by persons of duties imposed on them.

Properly trained interpreters should be available for all consultations/meetings with clients where English is not their preferred language. There is an urgent need to support plans to develop the interpreter service across southern Buckinghamshire. It is also important to ensure that current interpreters have access to ongoing professional development training. Staff using interpreters need to be trained to work with them.

The SSI Report *'They Look After Their Own Don't They'* identifies assessors as playing a critical role in ensuring equality of access to services. It urges them to be aware of their own knowledge and skills limitations and where appropriate involve someone else with more specific expertise.

Staff with a flexible attitude could significantly improve the quality of individual patient/client care. Those who are prepared to use their initiative, think about the way a service is currently provided and how it can be improved for individual carers can improve accessibility. Most importantly, they then give clients a sense that the service does welcome them.

Staff need some training to provide appropriate initial information to minority ethnic carers.

There is opportunity to use the expertise of staff working with minority ethnic communities to develop the skills and confidence of all staff. Teams can also share their experiences of good practice thus increasing knowledge of how quality of service can be improved.

Where NHS staff have introduced a more creative approach to appointments, they have identified a drop in DNA's (clients who do not turn up for appointments). Some members of staff use an interpreter to ring their clients on the day or the day before an appointment to remind them to come for appointments. This may initially appear to be a time consuming process but they have found that this has significantly reduced their DNA's. Others organise appointments by the language need of a client and arrange for an interpreter to

be available at that time. The concept of patient centred appointment systems is part of the NHS Plan to drive forward quality improvements in patient care.

Ethnic monitoring is an essential process to improve the quality and sensitivity of services to meet the different needs of a multi-ethnic population. All services, statutory, private and voluntary, need to collect service data by ethnicity. Both by overall caseload and by monthly contacts. Services need to be monitored for fairness in service uptake. Data needs to be routinely analysed and circulated so that it is available for use in service planning. This will be a requirement under the Amended Race Relations Act.

Ethnic monitoring needs to be undertaken in primary care and integrated with the development of electronic patient and health records as outlined in the NHS Plan.

As clients and their carers are frequently asked the same questions time and again, services should be encouraged to include information on interpreter need, preferred language and ethnic group within any referral they make to another department / agency

Staff training in ethnic monitoring will increase understanding and commitment to the process.

4.6 Developing Supportive Relationships

There is a need to ensure that people are consistently offered fair assessment procedures. Assessment procedures are still in use, which disadvantage people from minority ethnic backgrounds. They may be eurocentric and are sometimes undertaken without adequate or no language support for the client or carer.

Whilst there may be a clearly articulated expectation that users and carers are at the centre of the assessment process, it is difficult to see this happening for minority ethnic communities
Families need to be involved in the development of the care plan and this needs to be sufficiently flexible for support to be provided in more relevant and appropriate ways.

The family model of care, within which many families operate, may work against the carer and the cared, as it may limit the amount of support accepted by a family. This can place agencies in a very difficult position. Whilst a worker may not feel that the family values are in the best interest of the client, any challenge to this may result in a withdrawal from services. On the other hand the long term interest of the carer and cared may suffer as a consequence of this approach. Agencies need to ensure that appropriate support is available for staff involved in these situations.

There needs to be a constant flow of information out to the community about what services are available and what they can offer. Word of mouth seems to be the preferred option. Primary Care Teams could play a significant role in this area. For example, the Over 75 checks undertaken by district nurses and child development checks carried out by health visitors could be used to increase access to information for carers.

Where a self-referral system is in operation, service providers need to recognise that this process requires self-confidence in order to self-refer. Many people from minority ethnic communities may not have this level of self-confidence, assuming they know the service exists. There is therefore a responsibility on providers to ensure that these barriers are addressed. Within the Health Service this is primarily about improving access to GP's, as most referrals to the Trust come through them.

4.7 Securing Public Involvement / Consultation

Statutory and voluntary sector providers all need to look much more closely at mechanisms for involving users/carers in evaluating services and in the overall quality assurance process. Current mechanisms need also to show how they are getting information from a cross section of the minority communities.

Some professionals perceived that many of those who do decide to use services withdraw after a very short time. This perception needs to be tested out.

A communications strategy between the communities and the public and voluntary services needs to be developed.

User feedback assessments need to demonstrate how the views of minority ethnic groups have been sought.

Informal and more personal methods of consultation are recommended to identify what is good/bad service, and how services should be developed. For example; -

Professionals (particularly link workers and development workers) working closely with minority ethnic communities can play a key role in advising on service development. They have a very full understanding of their clients needs and can act as a proxy for more formal public involvement with communities.

More formal comunication with South Buckinghamshire Carers Centre and other projects successfully providing services to clients and carers will provide a useful source of reliable information.

The Carers Centre can also facilitate direct contact with carers, it is suggested that the process is managed as advised by the Carers Centre.

Individual services could increase contact with parents and carers to get their views and encourage their involvement. This will ensure that carers from minority ethnic groups are not seen as a homogenous group. This will require an appropriate use of interpreters.

Developing the capacity of existing advocacy services (and the proposed PALS Scheme) to advocate on behalf of the minority ethnic population more visibly will provide a mechanism for monitoring the impact of current or proposed policies.

It is anticipated that the monitoring of proposed and existing policies will be required under the specific duties of the Race Relations Act and consultation responses published. These consultations processes will need to be meaningful and effective.

5. Audit of local health and social care provision for carers from minority ethnic communities

This section outlines details of the general current provision of services as described by the interviewees and any specific service provision that is responsive to the needs of the community researched. It includes some examples of local good practice and some evidence of change towards more equitable service provision.

5.1 Statutory Sector Provision - South Buckinghamshire NHS Trust

Please note: At the time of interview Mental Health Services were still part of South Buckinghamshire NHS Trust.

5.1.1 Mental Health Services

Mental Health Services are provided for the needs of the general population. However, the Trust recognises that people from minority ethnic communities may have specific additional needs. For example, access to general services can be difficult because of language and/or cultural issues.

Additional services include:

- A small increase in the number of bilingual staff, there is now more than one consultant psychiatrist that can speak a number of languages and a Community Mental Health Nurse
- The Asian Link Counsellor Service. This has been extended by a further 0.5 (whole time equivalent) post to cover the whole of the Wycombe PCG. No similar service exists in Chesham although there is some preliminary discussion with Chiltern PCG to explore the potential for a similar post.
- A group of mental health professionals who meet to discuss issues relating to mental health and ethnicity. This group has been in existence for many years.

If day hospital facility is required the service believes that there is sufficient flexibility in the system to arrange services appropriately.

Addressing minority ethnic needs seems to be done in an indirect way. It was felt that the National Service Framework for Mental Health would have an overall positive effect on the way services were provided for minority ethnic groups. It was expected that the National Plan to address gender issue for all women would impact on the needs of women from minority ethnic communities. National drivers, such as the mixed sex accommodation agenda should also improve the situation for minority ethnic women.

It was suggested that highlighting the “ethnic perspective” is dependent to a large extent on an individual’s personal interest in the issue. It is felt, although no

evidence was provided, that this is happening more frequently as a rolling programme of ethnic monitoring training increases awareness.

The needs of minority ethnic populations are not part of the wider strategic planning of the Trust. A 'broad-brush' approach is taken when initially planning new provision or responding to national requirement. When plans are accepted then more detailed planning at an operational level is undertaken. It was suggested that there is scope at this level to think about cultural/ethnic issues, but this was not automatically part of strategic planning.

The level of ethnic data collection is approximately 60%. The evaluation from the Mental Health Act Commission reported that the monitoring of ethnicity was average to good. But, like other mental health services in non-metropolitan areas, the data is not being used to inform service planning. The information is there in a raw state but not routinely analysed and circulated.

Within mental health services it was acknowledged that support for carers is limited, whether they come from a majority or minority population.

The Sainsbury Centre undertook a review of mental health services in the last year. Sensitive issues of concern were expressed about the current provision of service for clients and their carers from the Asian communities. However, these specific needs fell outside the scope of the study and could not therefore be pursued. The interview schedules provided for the researcher did not include Asian service users or carers or a meeting with the Asian Mental Health Link Worker.

5.1.2 Mental Health Link Worker

This is a full time post serving five practices in High Wycombe. An additional 0.5 post is now in place to meet the increased demand for the service. The service is designed to be flexible, both for the professional making a referral and for the clients. Services offered to clients include: support, information, and education on anything that helps them. Clients are offered the choice of a home visit or an appointment at the office. The younger women tend to take the office appointment.

The Link worker may also attend psychiatric appointments with a patient. A key feature of this role is to provide follow-up for clients to monitor progress and check outcomes. The link worker works closely with the carers of clients. Support involves helping the carers to understand the illness, the medication, help understanding or coping with difficult behaviours and when meeting with clinicians.

The following issues were identified: -

- A lack of appropriate day centre provision, particularly for Asian men, means that carers are not getting any form of break from their caring role.

- Although a person may speak some English this does not mean they can use mainstream mental health services. Often issues are deep rooted and need someone who can understand the family/cultural background.
- However, there are generational differences, and on the whole younger people are quite comfortable using counselling and psychotherapy services.
  Asian people like to tell people what they like to hear not what is really happening. If staff are not aware of this a consultation or professional visit could clearly be ineffective.
- Many people from the Asian communities express a sense of being or 'feeling like foreigners'. As a consequence they do not want to give away information that could be judged negatively.
- Services, both NHS and Social Services, are often described as being very authoritarian and unfriendly. Many people do not feel welcome when using services. They describe it as experiencing a sense of isolation; this feeling will be exacerbated if the person does not speak English very well.
- The attitude of hospital staff to carers was also raised as problematic. Carers express feelings that health professionals assume they will not understand and consequently do not relate to carers on an equal basis. Carers would appreciate information about the illness, what to expect, what to do, and what to look for and information about the medication. This, it was felt, would help to reduce the sense of powerlessness experienced by some carers.
- A lack of access to transport that can impact on the carer.

5.1.3 Community Learning Disability

Community Learning Disability employs two link workers from the Pakistani community to provide support to clients and their carers. The workers are based with the Community teams in Chesham and High Wycombe.

Community Learning Disability also successfully bid for lottery funding to develop an initiative with young women of 16 plus from an Asian background. At the time carers felt that current provision for this population group was not meeting the needs of the young women and the service provided attracted few users.

The three year funded project employed a dedicated project worker to identify and work with relevant agencies to identify more appropriate service provision, which met cultural needs and carers expectations. The project was developed in response to the specific identified need for continuing education for this group. It responded to an expressed need for education, a safe and culturally acceptable environment, support with transport and family input. The numbers attending the project have increased as a consequence and carers are prepared to pay for taxi costs from the benefit allowance. This previously had not been the case, as parents/carers could not see the value of previous day care provision.

The workers identified a number of concerns relating to service provision for this minority ethnic population.

- The needs of the Mirpuri community are quite specific; many people have a fear of moving on or moving out of their niche.
- Language needs are variable. Although they have some command of English their comprehension can be poor particularly where jargon is used.
- The Mirpuri community can be perceived as a minority within a minority who are not very confident integrating. Chesham is a particular example of this.
- Many people are reluctant to complain in writing as they have a fear to 'put their name to things'
- It is not only a person's ethnicity and language, which restricts access to services; a person's socio-economic status will also have an impact. Those with lower economic status will more likely be manual workers or benefit dependent, poorly educated, under achievers at school. These people may also be tightly connected to a cultural perspective, which has not changed to the same extent as in other areas of the country.
- Some families have a number of children with severe learning disability. In these instances the burden of care is very significant for the carer who is the mother.

5.1.4 Intermediate Care Services

Since April 2001 a new service has been in place in response to the National Service Framework for Intermediate Care. The service offers a co-ordinated service between hospitals, community services and long-term residential homes. It incorporates EPICS, TOPS (Team for Older People) and CAN (Care at Night) and is staffed by a multi-agency and multi-disciplinary team. It is available to any one over 18 years.

The focus of the service is to maximise the independence of the patient to enable them to remain living at home. Intensive short-term intervention can be provided for up to six weeks. It is a Rapid Response Service and input can be available within two to four hours.

Intermediate Care is an open referral service. Clients can directly contact the service or can be referred by their GP or Social Services. Following an assessment a package of care will be provided that is tailored to meet the needs of that client.

Two Asian carers are currently employed in the Chiltern team.

The service is collecting service data by ethnicity. To date, the number of Asian patients who have used the service is very low. It was estimated to be less than four in number, and these clients were from the Indian community.

The service can access interpreters if they are required for the assessment of health/care needs. Family members may be used if it is felt to be appropriate. Interpreters would not be available during the provision of care except for review assessments.

No specific provision for minority ethnic populations has been made but the Intermediate Care Service feels that it's flexible and client led approach means that it will be able to cater for everyone's needs.

It is very early to make an assessment of how responsive the service will be to the needs of minority ethnic patients. A number of factors may create difficulty for some people in this population.

It is currently the view of the service that Asian communities 'like to look after their own' and the service has not, as yet, targeted the communities with information. The philosophy of the service to provide an enabling rather than a doing role may not be familiar to the carer and without language support could create misunderstandings.

Culture awareness training has not yet been provided for staff.

5.1.5 Discharge Transfer Planning

Discharge transfer planning deals with any complex discharges that will need help if moved out of the acute hospital. It aims to help people move back into the community by providing a package of care designed to meet their needs. The service is mainly required by the very elderly. Aspects of the care package could include:

- Referral to Hayward House for rehabilitation
- Liaison with the Home Care Team
- Liaison with the Intermediate Care Service, Care at Night and the Twilight Service
- Liaison with Meals on Wheels
- Support with transport

To date there has not been any experience of work with patients from an ethnic minority. There are no specific arrangements in place to provide services in response to the particular needs of minority ethnic patients. The hospital does not use a professional interpreting service; it has in place a list of staff that could be used to translate if required. In many instances this may mean pulling doctors or other staff in from other duties. However, the service feels it could respond if necessary.

Hayward House Elderly Day Centre as outlined above is part of the discharge-planning scheme. It provides rehabilitation services for elderly people. The day centre has cared for very few people from the Asian communities. The view held

here is that Asian people “like to look after their own” Those Asian patients who have used the service came for no more than a couple of sessions.

Staff acknowledge that patients have felt isolated. The service can provide access to interpreters and halal food but there is no proactive work to make the Centre more accessible or appropriate. In these circumstances people are unlikely to use the services.

5.1.6 EPICS

This service is now incorporated into the Intermediate Care Service. This description of service provision remains included in the report as it describes services as they were up to April 2001.

EPICS provided short-term intervention (a maximum period of two weeks) to prevent hospital admission or facilitate discharge. The service offered information, advice and signposting. Within the home they provided whatever was needed by a particular family from shopping to bathing to more intensive nursing. They also provided a Phone-link for people who were socially isolated when their carer was away. The Phone-link continues within the new service.

Although EPICS perceived itself as a flexible and responsive service during its life the project had a very limited experience of providing care for people from minority ethnic communities. The service could access an interpreter if required and given notice. But mainly where the client spoke no English the family communicated on their behalf.

5.1.7 Emergency Medical Assessment Unit

The purpose of this service is to provide a coordinated approach to identify where best to place patients of any age who will require longer-term care. This is a fairly new initiative in SBNHST but there appears to be no policy on how needs of people from minority ethnic communities will be met. In the interview the following quote “you just can’t get through to some of them” would appear to suggest that it’s not high on the agenda.

5.1.8 Community Occupational Therapy Service

Occupational Therapy Services act as agents for Social Services under the Chronically Sick and Disabled Persons Act. Its referrals mainly come from Social Services and some from Wycombe District Council, Environment Health Department. Patients can also directly access Occupational Therapy by phone.

Services are provided in relation to level of disability needs and the urgency of need. Occupational Therapy undertake assessments and provide a ‘Statement of

Need' where clients are seeking a Disabled Facilities Grant. Disability equipment can also be provided to help people stay in the environment of their choice.

It has been identified that people from minority ethnic populations tend not to use the service for minor needs, which could improve the quality of life for the cared for person and the carer, but only when "they are desperate". People who have accessed the service normally have a clear idea of what they want but not the limitations of the service. It is unclear whether delayed use of the service is due to:

- A lack of knowledge that it exists
- Presence of own local contacts or support
- Family network and support.

An interpreter service is available for all patients, and staff are required to proactively offer the use of interpreters. The service reported that relatives tend not to accept if they speak English.

The OT Service believes that a number of factors are helping to improve the way services are provided. For example: -

- There has been a change in staff attitudes as slightly more Asian patients make contact with the service. This has enabled the staff to understand the needs and to develop a more empathic approach.

- The provision of ethnic monitoring training has increased staff knowledge and understanding of service provision for minority ethnic populations.

- Successes and problems that the team experience when providing services to people from minority ethnic communities are discussed in team meetings. This sharing of information has increased the confidence of the team. Staff now feel more confident working with the families and building relationships.

- Some members of the team are attending a Punjabi language class to improve their client relationships.

- The service is being reviewed to identify how it can improve the efficiency of its appointment system to make it more accessible and effective for Asian patients.

However, there continues to be a need to promote the service and encourage more usage at an earlier stage, as the number of minority ethnic clients in contact is very low.

5.1.9 Community Adult Physiotherapy Services

The service is provided for people over the age of 18 for whom accessing physiotherapy services at the hospital is inappropriate. Access is by self referral or referral by GP, district nurse, hospital consultant, Hospital Discharge Service or the Hospital Physiotherapy Service. Mostly referrals are made by GP's.

Community Physiotherapy has taken positive action to make the service more accessible. This includes: -

- An interpreter service is now available, as the service does not assume that people have someone to interpret for them. It is reported that staff feel more confident providing a service when they are using an interpreter.
- The staff have received training in ethnic data collection, ethnicity and language used is recorded on patient discharge cards.
- Outpatient's appointments are now being allocated to a designated session with access to an interpreter in order to make people feel more comfortable.
- In the past where carer's needs are identified, particularly where the carer is a woman, the carer has been referred to the Carers Project.

However, the take up of physiotherapy services by people from minority ethnic backgrounds is low. This may be because insufficient referral is made by GP's or other health professionals. An additional contributory factor may be the misperception of what the service can provide. Physiotherapy aims to increase the mobility of it's clients. It's ethos is based on teaching people to help themselves. It aims to work in partnership with the client to identify needs and set goals for improvement based on what they need to do to fulfil an appropriate level of independence. This, it is felt, does not meet the expectations of the clients.

The service has produced audiotapes about physiotherapy for patients to help reduce this gap in knowledge or understanding. The tapes have been translated into Mirpuri Punjabi and are available from GP surgeries. The benefit of the project does depend on the commitment of practice staff to ensure they get to those who need them. However, no one is monitoring the number of tapes handed out to clients or the level of commitment to it from the practices.

Some problems in the use of interpreters have been identified. It has, for example, been difficult to take an interpreter to a house where the woman is a client and the son is acting as an interpreter.

5.1.10 Community Interpreter Service

The Community Interpreter Service is managed by the Community Nursing Service. Three part time interpreters and a bank team provide the service. Patients cannot access the service directly. Health visitors are the key users of the interpreter service. Whilst the service is available for district nurses also, their usage of it is infrequent.

- Health Visitors, Community OT's and Community Physiotherapists, and the Learning Disability Teams routinely use interpreters.
- Hearing Therapy, Speech and Language Therapy (Punjabi excluded), Community Dental Service, District Nursing, Specialist Nursing (eg Continence Nursing and Macmillan Nursing, Parkinson's Nursing) are not using interpreters.
- On the Acute Hospital site only the Diabetes Team and the Chest Clinic use interpreters regularly (and then only for Punjabi). The service does not have a formal interpreter service. There is a list of staff who speak other languages and who can be called on to interpret between patient and staff. This is perceived to be sufficient to deal with language needs.
- Amersham Hospital, which provides inpatient elderly care and the standard out patient clinics, does not have an on site interpreter services.
- Only some of the practices with a significant minority ethnic population provide access to regular professional interpreter provision.

There is a charge for the service to non-Community Nursing departments, and this may act as a deterrent. Although services such as Occupational Therapy and Physiotherapy feel they cannot provide a professional service without it. The Community Interpreter Service cannot be accessed directly by people who need to use an interpreter.

5.1.11 Community Nursing Service

The health visiting side of this service is perceived by patients/clients as a more accessible service, due to the usage of interpreters. It is suggested that the need for a more immediate response by district nurses may contribute to their limited use of interpreters, (as outlined above). No consideration has as yet been given as to how this situation can be improved.
The low number of clients assessed made it difficult for the practice to give a view on some issues, for example gender. To date most assessed patients have been female and no difficulties have arisen with the practioners. However, a male student nurse on placement could not attend for an assessment of a female patient.

The HV's however, felt that there was evidence of carers (mainly female) finding the carer role more demanding and more difficult than had previously been expressed in the past.

5.2 Primary Care Groups

There are a number of developments for minority ethnic groups within the PCG's, however it was stated that ethnicity is not perceived as a priority issue and the potential to improve service provision is to some extent ad hoc rather than part of a strategic objective.

Current PCG service contracts with the voluntary sector are not sufficiently sophisticated at present to provide data on service usage by ethnicity. There was no indication of when this data will be available.

Contracts do not specify how services should be provided to take account of minority ethnic needs.

5.2.1 Chiltern and South Bucks Primary Care Group

The following specific provision is made to respond to the needs of minority ethnic groups: -

- The PCG participated in a multi-agency event – the Chesham Information Fair. This event aimed to provide information about services available from statutory and voluntary sector
- The establishment of a multi-agency project group to address the needs of the minority ethnic population.
- Provision of interpreter time at the Gladstone Road surgery in Chesham two mornings a week.
- The PCG undertook some local needs assessment and identified that many people in the Pakistani community were not aware of their entitlements. As a result, in conjunction with Chesham CAB, a weekly welfare benefits service for low income families and women from the Pakistani population is now run at Gladstone Road Surgery.
- Provision of 'English for Health' language class at a weekly drop-in session run by the health visitors. This project is run in partnership with Amersham and Wycombe College, but funded by the PCG.
- Participation in a pilot project funded from Carers Special Grant money to identify the number of carers in their practices. including carers form minority ethnic groups.

The PCG had been part of a County initiative to establish a co-ordinated interpreter service. This initiative has met with organisational difficulties and the two PCG's and a representative from South Bucks Trust are now looking at a more specific health initiative based around pre-natal and antenatal care.

Chiltern and South Bucks Primary Care Group is not currently able to provide patient data by ethnicity. It is however, part of a project team, with Buckinghamshire Health Authority reviewing a mechanism for taking this forward.

5.2.2 Wycombe Primary Care Group

The following specific provision is made to respond to the needs of minority ethnic groups: -

- Participation in a multi-agency High Wycombe Information Fair providing access to information about services available from statutory and voluntary sector
- Funding of the Asian Link Mental Health Counsellor post (1.5 wte) purchased as part of mainstream services.
- A Punjabi speaking Community Dietetic post has been funded to develop dietary service for Asian patients with diabetes (0.8wte).
- Additional funding for interpreter provision is being made available to GP surgeries. However, the PCG cannot enforce usage of interpreters in practices.
- Money from the Primary Care Development Fund is funding a Pre-natal Mortality Pilot Project at the Riverside practice.
- Work with South Buckinghamshire Carers Centre to identify carers including those from minority ethnic groups.
- Assessment of the health needs of asylum seekers.

Wycombe Primary Care Group is not currently able to provide patient data by ethnicity, although a few individual practices within the PCG are collecting this data on all new patients. The PCG see this as a high priority area and are part of a project team, reviewing a mechanism for taking this forward.

5.3 Buckinghamshire Social Services

It was identified that as a general principle Social Services are aiming for a holistic approach to care and to develop a preventive approach to replace the current reactive approach. Although the drive is for needs led services the resources are not available to meet the needs. The continuing cuts in Social Services budgets have impacted considerably on service provision.

A number of areas were identified as problematic or uncertain, for example consultation processes for service planning, assessment of carers needs and the provision of day care. Currently there is no specific process for collating complaints from minority ethnic groups.

Social Services provide a professional interpreting and translation service offering nineteen languages and others by arrangement. The service is also

available for other agencies to purchase as required. The Interpreting Service coordinates the certificated training of the interpreters and subsidises training of professionals working with interpreters.

Ethnicity data is collected by all departments in Social Services. However, in some departments this data is not yet significantly robust to impact on service planning.

Adult Care Management has set targets to improve the base line data and has provided training for staff to assist them in this process. Mental Health service information is most robust followed by the Disability Services, It was felt that most ethnic data collection problems occur with the over 65's service. Staff appear to feel least confident asking clients for their ethnic data and it is felt that this group of clients are most resistant to providing the information.

The Children and Families Division have made significant strides in increasing the rate of data collection and are now using collected ethnic data to inform service provision.

The purpose of recording a clients ethnic group is to identify patterns of usage; over/under representation of services and to improve access to services. However in Social Services a tendency to use collected data to inform up (DOH) rather than down was identified. The need to meet the DOH demand for statistics to be provided in a certain format overrides internal use as a priority.

Responsibility for the development of residential and day care services lies with Service Development. It is set up to work with the independent sector, its role is to approve residential provision and ensure that they meet the needs of all client groups. It also develops and monitors service level agreements with the voluntary sector.

The following obstacles were identified in the provision of residential care:

- Some independent service providers do not feel sufficiently well informed to meet the needs of people from minority ethnic communities. There are difficulties recruiting staff from minority ethnic groups to work in residential care.
- There is a logistical difficulty of providing services where there is an insufficient 'critical mass' to make the service efficient. For example, the provision of interpreters and suitable food to improve the quality of the environment increases costs.
- Difficulties have been experienced in providing personal care services to clients in the past.
- Deciding who are the minorities - Asian, Bosnian, Polish - and whose needs do you meet?

Similar difficulties relate to the provision of day care. It is felt that it is difficult to configure day care services to meet needs as the demand is low and the provision needs to have a critical mass to make it efficient.

Social services reported an increasing trend away from the use of day centres. A person's care plan may now include daytime stimulation in a college or sports centre. This drive away from building based services towards a more individual person centred approach is more suitable for the less disabled person. It is acknowledged by Social Services that this can cause difficulties for the carer, as carers may be concerned about the safety of their family member.

This increased flexibility in care provision may benefit clients and carers from minority ethnic groups. On the other hand it may create difficulties and reduce access to services even further. Whilst some models of care are changing the impact of this for people from minority ethnic communities has not yet been explored with minority communities.

Social Services have not yet developed mechanisms for consulting with service users or potential service users from minority ethnic communities. Current methods of public involvement are limited to consultation with Wycombe Race Equality Council.

Social Services recognise that they are not yet providing appropriate services for minority ethnic clients and their carers. Conscious of the need to address this, a Black Workers Group has been re-established in Social Services. It is hoped that this Group may be able to contribute to the debate.

5.3.1 Home Care

A range of different client groups can access the Home Care Service - families with children, the elderly and people with long-term illness or disability. An assessment is undertaken with the client and from this a care plan is agreed. Clients must have a need for ongoing personal care in order to receive the other services provided eg shopping, ironing etc.

Clients are required to pay for home care services from attendance or disability allowances. The service is only provided without charge where a child's needs have been identified. In this instance the family has no option but to accept the service.

An interpreter is available for a home assessment if a need is identified.

The number of clients from minority ethnic communities using Home Care is very small, and has consistently been so. Those using the service do so following intervention from the South Buckinghamshire Carers Project. Like other client groups, clients will have set expectations about whom they wish to provide the service. Some clients have requested Asian home carers, and refused the service when it was not possible to meet the request. The gender of the home carer can be an issue, for example a male Asian client refused a male carer for personal care but accepted him for help with domestic needs. Some African and

Asian clients have refused care from a home carer from their own ethnic group. The service treats each case individually and tries to resolve things to the client's satisfaction where possible.

This service also reported changes in family attitudes on expectations of care from individual family members. This is not a seismic change in attitudes to family support but there is clearly some generational change happening, which needs to be recognised by service planners.

Examples of service users include - families with severely disabled children who are not receiving extended family support, a divorced woman with children and a new baby who has been disowned by her ex-husband's family, elderly clients.

From the interviews it would appear that the home care service is trying to take a sensitive approach to the cultural needs of this community. However, bureaucratic processes may make usage more difficult and may well be one causal factor in the limited use of the service.

The following problems were identified: -

- People find it very difficult to understand what services home care provides. This is often where problems in relationships with the family start. If one aspect of a service is refused a family cannot substitute something else if that was not identified in the initial assessment. For example a family cannot substitute ironing for cleaning without a further assessment.

- In the case of adult care a social care assessment can follow a hospital discharge. The initial assessment with a Care Manager can take place often at a time when many different services are involved with the family. People can get overwhelmed with the number of different professional involved and what each can offer. The number of 'intrusions' in to their home may intimidate some people. On average an assessment takes about a half hour.

- An environmental risk assessment is undertaken before home care can be provided. If an aspect of service is refused because of the risk assessment this is perceived by clients as 'the service being difficult'. The strict health and safety rules can limit work within the client's home. Whilst they may be necessary, they can initially create barriers between the client and the home carer. For example some Asian families use the floor for ironing, a home carer is not allowed to do this. If an ironing board is not available the home carer cannot provide this service, even if it was agreed within the initial assessment. The family who do not understand the reason for this may feel negatively toward the service.

- Communication problems due to language are seen as the most significant problem clients and carers face. Interpreter support is normally

only provided for the initial assessment and for the quality review after 6 weeks. On going interpreter support is not regularly available. This means any underlying misunderstandings in the relationship cannot be easily resolved.

- Social workers appear to move between cases a lot. Families find it difficult to build up a relationship with one person. This was also identified as problematic for the home carer. This was perceived as a particular problem within the Children and Families Team.

- The logistics of who undertakes the care management assessment (care manager with or with out imput from the Home Care Service) was raised as an area of concern.

- Clients previously with EPICS cannot be directly referred to Home Care for ongoing support. A further assessment is required to assess need. This may well present a further obstacle for a family to deal with.

- Home Care reported that their input is sometimes requested at a very late stage, i.e. when the client is terminal. It is unclear whether this is due to a family's lack of information about the service, the referral process or the assessment process. It has also been reported that elderly clients tend only to come to the service when they are very ill.

- Sometimes a family will agree to Home Care input, and then refuse the service when the carer arrives. It is not clear why this is happening. It could be family pressure to keep the care within the family; it could be cost, or anxiety about potential communication problems.

- Home care also identified that the length of time they provide care for is short, and the client terminates the service. Again there was no clear understanding of why this happens. Any of the above reasons may apply.

Currently there are no staff employed in Home Care from minority ethnic groups. The service has tried to encourage interest; by for example, holding an open recruitment day in Castlefield and making the application forms shorter and simpler. But this did not prove successful.

Social Services are developing a series of proposals that should impact positively on the needs of minority ethnic groups. These include: -

- A review of day care services that will make day care more responsive to local needs.
- A proposed specialist contract for minority ethnic groups is also under consideration.
- A rebuild by an external provider of some residential care provision.

5.4 Buckinghamshire Health Authority

The Health Authority, in its new role, identified one of its keys functions as to support the health economy to develop culturally competent services via strategic papers such as the Health Improvement Programme, Joint Investment Plans and the Services and Financial Framework. As part of that process the HA will monitor, at an executive level, progress and delivery on objectives and action plans.

Currently the HA is involved in supporting improvements in service delivery, interpreting services, ethnic monitoring and addressing inequalities via policy and strategy. It is leading on the introduction of ethnic and language support monitoring in primary care. But funding this initiative appears to be problematic.

Further work needs to be done in this area to identify resources to undertake the project and identify how collected data can best be extrapolated up to Health Authority level.

Prior to the NHS changes the HA, as commissioner of services, had responsibility for the health needs of the minority ethnic population. It was claimed at that time that contracts did not have the level of detail, which specified how services needed to provide for this population. This, it was claimed, impeded actions to develop more specific provision. Interestingly, the initiatives which the HA is currently supporting do not appear to have changed or moved forward.

Identifying resources is also delaying progress on the development of interpreter services, as service providers appear unable to meet the costs. The Partnership Forum has deferred a bid for countywide services a second time.

The HA is currently arranging diversity training for all Board members as part of the workforce development objectives in 'Vital Connections' (DOHA)

5.5 Voluntary Sector

5.5.1 Citizens Advice Bureau (CAB)

In addition to their general priorities High Wycombe CAB provides two advice services, one for Asian women only in Green Street and a women only service in Castlefield. In the latter, Asian women make up 98% of the client group. Both advice centres are open between 9.30am to 12.30pm two mornings a week in term time. The services are delivered in Punjabi and Urdu. The National Lottery funds both projects.

The Green Street Project was established in 1994, it has 450 clients on its books. In Castlefield the service has been available since 1996 and 295 people use it. Advice workers see an average of five to six clients per session, although this can rise to10/11 people at some sessions.

The problems that people come with are often complex and frequently require a considerable amount of time to process. Initially the Green Street Project was set up in a school to provide clients with a sense of security. It provided anonymity for the clients, who at that time did not feel confident or comfortable visiting more public offices. Over time women developed a high level of trust in the workers and felt reassured of confidentiality. Women contact the service with a range of concerns including benefits, housing, health and community care and difficulties in accessing mainstream services.

Women invariably end up at the CAB Outreach offices seeking assistance when their dealings with the statutory agencies have not been resolved or they cannot communicate with them due to a lack of interpreter provision. For example, making an appointment at the doctor's surgery. The Asian population living in Wycombe attend 5/6 practices in the town centre. Some of these practices, including some practices with a high Asian patient list, do not have available access to an interpreter or bilingual receptionist. It is reported that some practices continue to ask relatives (often a child) to interpret during a consultation. In some instances the CAB is called on for assistance when patients/clients feel the language barrier may be interfering with their clinical care. Similar problems have been identified when patients are using the hospital services, and workers have reported instances were the patient's concerns have been legitimate.

The CAB outreach service is called on to provide assistance to women who do not feel they have access to a comprehensive assessment of their social care or housing needs when an interpreter is unavailable during the assessment interview. This issue can have a major significance for Asian carers. It is also reported that the assessment process for grants, such as the Disabled Facilities Grant, are not culturally sensitive.

5.5.2 Chesham Citizen Advice Bureau

Although the CAB does not collect service data by ethnicity. It has recognised the need to make the service more accessible to women and is currently working with Chiltern and South Buckinghamshire Primary Care Group to provide welfare benefits advice services for women from the Pakistani population at the Gladstone Road practice.

A survey undertaken about four years ago by the CAB indicated that whilst minority ethnic populations made up about 5% of the population they made up 20% of the clients using CAB. Of these approximately 90% were men. Although it is felt that this male / female balance has changed slightly there needs to be further work to encourage more women to access the service. This will indirectly be of use to carers.

5.5.3 Age Concern

Age Concern provides an advocacy service for older people from different ethnic backgrounds in Aylesbury. When the organisation recognised that the number of elderly people was increasing, it employed a member of staff for 8 hours a week to set up an advocacy service for people from minority ethnic backgrounds. Further to this three volunteer advocates from different minority ethnic communities now work to provide support and information.

Advocacy is provided on a range of issues including housing, housing adaptations, health and social care needs. Currently those who are least advantaged and whose health is very poor are using the service. Women tend to make up the majority of its service users. The advocacy service acts on behalf of the client to pursue their particular needs. A relative acting as an interpreter may not have sufficient command of English to help in this way. Neither can an interpreter provide this service.

The advocacy service has, in the past, been provided separately to the welfare benefits advice. This caused confusion for people using the service now these services have merged as one service for minority ethnic groups to help reduce confusion and improve access. The volunteers are trained in both aspects of provision.

The agency had previously seen this service for the elderly minority ethnic population as separate to its general advocacy provision but have now realised that it must be part of mainstream provision. All these changes are part of the organisation's attempts to make itself more relevant to the whole community it serves.

Age Concern is not providing this service in Wycombe or Chesham but is making application for funding to develop a similar service in Wycombe.

The organisation highlighted the following general issues, which they felt, required consideration: -

- It is not the experience of Age Concern that people are taking advantage of the welfare or benefit system. Rather, they see people who have worked to provide for themselves as far as they can and are not getting the benefits they are entitled to. They have also found that the level of awareness of what entitlements are available is very poor.

- Language is a core problem, so much of the relationship building never happens because of a lack of interpretation and understanding. It was felt that there is a perception that the Asian communities can sound demanding when making a request and that services can see them as demanding people. However, it feels this is an issue of language and much gets lost in translation.

- Age Concern has identified a changing culture around the care of older people. Whilst younger people will undertake care of an older person as a duty, there is less willingness to provide this.

- The volunteers from minority ethnic groups working for Age Concern are not pigeonholed into providing service solely for people from a minority ethnic group However; they can experience racism from clients from the majority population.

- There is still a fear of an individual's private business getting shared within a community so it is helpful to have some volunteers from outside the area

- A sense of frustration was expressed that statutory services are not driving forward the changes necessary to improve access and service provision. Despite many needs assessments, service changes responsive to minority ethnic needs are not reflected in service planning.

- In their experience Age Concern have found that service providers do not feel comfortable about providing care knowing it is not always appropriate. This discomfort expresses itself as a defensive attitude by the provider which is neither helpful for the provider or the client.

5.5.4 The Alzheimer's Society

The Alzheimer's Society provides a number of general services to meet carer's needs. These include; provision of information, open carers support group meetings, telephone contact for carers, home visits, newsletter. The National Society has a 'Caring Fund' which branches of the Society can access to provide one-of payments to carers for things like a washing machine which will make the carers work load more manageable.

The local branch also provides funding for respite care. This can be provided in a number of ways: -

- A week's residential care for the client
- A holiday for the carer alone or for the carer and the client.
- Crossroads input in the home.

The branch has no policy or provision for working with the Asian community.

The number of people from a minority ethnic background that have used the local Alzheimer's Society is less than 3, and these referrals have come through the South Buckinghamshire Carers Centre.

One suggestion for the small numbers is that there are fewer people currently suffering from dementia. Dementia is on the whole an age related illness and the people living in the local communities might just now be coming to this age where the communities could be affected.

It was also suggested by a minority ethnic worker from another voluntary agency that Alzheimer's and dementia are not always seen as an illness, but that of the older person returning to their childhood days. As a consequence carers may not be aware of the support that can be provided by the organisation. Equally people may just not be aware of the organisation.

The Alzheimer's Society can get information from their National office in different languages. Via the Carers Centre they can provide an Asian worker to act as an interpreter and their service is promoted in the Asian newsletter produced by the Carers Centre.

5.5.5 Crossroads Care

Crossroads Care is a service providing support to the carer. Its service provision includes all aspects of personal care, home care, food preparation, a sitting service, or they will take the cared for person out if that is a preferred option.

There is a charge for the service, but in some instances they can reduce rates or provide a free service for a period of time, where a family is in real crisis or the demands on the carer are becoming intolerable. Crossroads Care is required by it's National Headquarters to collect service data by ethnicity and estimates that between 10-15% of its caseload over the last year are from an ethnic minority group.

The service tries to meet the needs/cultural differences of a family. Induction training for care attendants includes cultural awareness training. If an interpreter is required it can use Social Services Interpreting Service or it relies on the minority ethnic development workers at South Bucks Carers Centre. To date the service has been used more frequently where the cared for person is a man, and the family more educated.

In some instances the service has been successful in providing support to Asian families. However, it is often called in when a situation reaches a crisis point and perhaps only for a short period of time. Where this is the case they are often not able to build up a relationship and provide the sort of input that is available. If any difficulties do arise and a relationship has not been developed their services will be terminated.

The organisation identified the following issues: -

- Crossroads Care recognises that it has not received acceptance from the Asian communities although it is available to all members of the community.
- Sometimes Asian clients are reluctant to accept assistance from an Asian Care Attendant.
- The service has difficulty attracting care attendants from the Asian population, To date it has circulated information to GP practices and put up a display in the Library to raise the profile of the organisation, both from a service delivery and employment perspective.

5.5.6 South Buckinghamshire Carers Centre

It was recognised by the Carers Centre very early on that there was little provision for the Asian population in South Buckinghamshire. The Centre submitted a bid to the National Lotteries Board for funding for an Asian Development Worker for Carers post. Three year funding for the post was secured and this was renewed by the Lotteries Board for a further three years. Two part time posts were established.

In addition to providing direct support to carers in their homes, much of the work of the Development Workers involves providing advice and assistance on form filling and interpreting support. An insufficient provision of interpreters was also identified as a major problem for carers. Requests for interpreter support are made to the Development Worker mainly for help making appointments at surgeries and attending hospital and GP appointments.

Carers also request support when seeking information/support regarding the Disabled Facilities Grant from Wycombe District Council.

In addition to the direct work with carers, the development workers, with funding from the Carers Special Grant, developed the following initiatives: -

- A newsletter, in English and Urdu, to keep carers informed of local issues and to provide advice
- Domestic help service for carers
- Outings for carers

Other projects include a monthly support group for Carers. The meetings are conducted in Punjabi. Whilst the group attracts women from different income groups, their needs and concerns as carers overrides any social divisions within the group. This work is also supported by a link worker from the learning Disability Team.

In September 1999 the Asian Development Workers undertook a survey of needs amongst the carers with whom they were in contact. The following issues were given highest priority by carers from a list of 17 items.

Listening Ear (outside the family circle)	83
Advocating for Carers	74
Practical help in the home	66
Benefit check	56
Interpreter for appointments	54
Support with form filling	44
Home care (culturally sensitive)	41

The Centre provides support to many people on low incomes, who are not only responsible for their own dependants but also other family members. For many of these people benefits are seen as income and not as extra money to provide for additional needs of the cared for person. So 'charged for' practical help within the home is not a priority. This impacts on the carer who generally takes on the added responsibilities.

With regard to the provision of day centre care, it was reported that people in the communities are looking for day centres that are run on a rehab basis, the social side of day centre care or as a break for carers is seen as secondary.

During this last year the Asian Development Workers have initiated a link with both Amersham and Wycombe hospitals. Each week they visit a range of wards in the hospitals. Asian patients are then given information about the Carers Support Group and a contact number for the Asian Development Workers.

5.6 Summary of the Audit

Clearly some services are attempting to put in place provision, which improves access to services for minority ethnic populations. However, this is patchy and there is no real evidence of realistic funding provision. Many of the successful projects are funded from Lottery funding. Even the most basic of human rights – the right to communicate – is restricted and controlled due to a lack of availability of interpreters in many organisations.

Services that cannot see how difference/diversity affects how they are used will not feel a need to change. Some services maintain that they are open and responsive to all and flexible enough to be able to respond to different needs. On the surface this appears to be a reasonable philosophy, but in reality is most likely to serve the needs of those in the majority as services are developed in the way we feel most comfortable with. The evidence to assess this will only be available when services are monitored by ethnicity.

It is not enough to believe that all that is necessary is to treat everyone the same. A question service providers need to ask is…

'Are we treating people according to their needs or according to our needs'?

Similarly, with regard to the recruitment and retention of staff from minority ethnic groups there are questions that need to be asked.

Often we hear people within organisations say…

'I don't know what's the matter with Black people they just will not apply for jobs or use the services we offer'

But are we asking the right question. Perhaps it should be…

'What is wrong with the organisation or service we provide? Why do Black people not want to use it?'

Equality is not simply a matter of resources. It is a matter of leadership, attitude, tolerance and commitment. Like the best things in life these are free.

6. National Good Practice in Services for Minority Ethnic Groups

6.1 Cambridge and Peterborough Interpreting Service
Contact: Nicky Clegg, Co-ordinator 01223 508760

This is an open access service, which can be accessed directly by a client or a professional. Nearly all the key public sector organisations have signed up to the service. The Health Authority commissions on behalf of the PCT's top slicing an agreed budget. The service provides a professional interpreter to work alongside another professional to enable them to provide their service in a professional manner. This was a fundamental area identified in the MacPherson report.

So for example, a patient or the GP can ask for an interpreter to be available or a patient can get help making an appointment with the GP and then have an interpreter along for the consultation.

The Interpreter Service identified two key elements necessary for services seeking to improve the appropriateness of and access to their service as:

- Workers from the communities in visible positions in public sector organisations
- Full community access to a Professional Interpreter Service.

6.2 North Peterborough Primary Care Trust
Contact: Geeta Pankhania, Ethnicity and Equality Manager 01733 882288

Working on a number of issues within the Trust to improve access and appropriateness. These include:

- Anti-racist and cultural awareness training for professional staff,
- Health education initiatives to increase awareness of services,
- Support for GP practices to identify their carers,
- Preparation of practices to record ethnicity data on patients.

This latter initiative they see as a major issue currently to ensure that the PCT does not fall foul of the Amended Race Relations Act and CRE monitoring.

It is also in partnership with other organisation as part of the CRE Leadership Challenge. This project involved the development of a realistic City Action Plan to deliver more appropriate and accessible services.

6.3 National Alzheimer's Society
Contact: Bolaji Bank-Anthony Black, and Minority Ethnic Community Officer 020 7620 3020

This project is looking at the needs of Black and minority ethnic carers in relation to dementia. It is a good contact for information about Alzheimer's societies around the country which have been investigating need and determining how the society could provide acceptable services. There are many examples of good practice, which would have relevance and application for both, statutory and

voluntary sectors, a couple are outlined below. These projects have not only faced resistance to the use of services but also had to tackle the stigma associated with mental illness.

6.4 Alzheimer's Concern Ealing
Contact: Kulbir Gill, Deputy Director 020 8568 4448

The organisation provides support for carers of people with dementia. It has grown from having only two Asian families on their books to their current position where Asian users represent 38% of their carers.

In the early days the project undertook an ongoing and visible outreach programme in an attempt to reduce resistance to external help. They visited shopping centres, places of worship, GP practices, hospitals, clinics, health fairs to promote the centre and the practical support that it could offer carers. Much of their work aimed at educating people in the communities that they and their dependent would have a better quality of life if they used external support services. In order to build trust they emphasised their position as one of support and help, not to take over any family responsibilities.

Now the communities are happy to use services as long as they are culturally appropriate and sensitive. However, the organisational philosophy still maintains that the responsibility lies with the organisation to go out to carers/clients, as many will only come to the service if there is a crisis.

Initially they found that carers were reluctant to use day centre provision because they were not 'medical'. In other words in the eyes of the Asian carers they did not have a value. So they accessed a day centre hospital building that was not used at weekends and developed a weekend respite scheme. They allocated a specified number of places for Asian people. As trust developed and expectations were met, demand grew and users were encouraged to use other social service provision.

They highlight the need for all agencies to review their service on a regular basis, maintain open dialogue with carers and see how their needs can be met.

Examples of good practice include:

- Weekend Respite Service
- Bilingual advocacy and support workers scheme
- Befriending service provided by volunteers for carers at home who can't get out.
- Carer Attendants Scheme to give the carer a break.
- Carer Attendants are all trained in a person centred approach to respond to individual needs.
- Close work with GP practices through practice nurses to identify potential carers.

- Provision of a video in Punjabi with English sub-tittles. This was made by carers and explores the problems of looking after a family member with dementia.

6.5 Alzheimer's Disease Society Birmingham
Contact: Tahira Khan, Project Worker for the Asian communities 0121 445 6720

A sub project of the Alzheimer's Disease Society Birmingham is the Birmingham Dementia Initiative for minority communities. It employs three workers to address the needs of the South Asian communities, the African Caribbean Community and social exclusion / disadvantaged areas. Currently a significant amount of their funding is coming from the Lotteries Board.

Its population includes Pakistani, Indian and Bangladeshi people. A key objective for the project is to outreach and 'knock on doors to getting talking to people within the communities'. The purpose of this is to help families understand the illness, help them deal with the stigma and highlight what support and service is locally available.

Examples of good practice include:

- A philosophy, which distinguishes the difficulties that different groups of people experience and aims to respond accordingly.
- An acknowledgement that they are working with carers who are economically disadvantaged people and may need to be motivated to use services.
- Joint partnership work with South Birmingham NHS Trust to provide appropriate day care provision one day a week for six Asian people with dementia. This is based within a day centre for the elderly.
- An all-Asian staff at the day centre, which caters for both men and women using portable dividers to break up the floor space.
- An information/advice service where the worker visits the homes of people with someone suffering from dementia, who is not currently using any services.
- Public education with the communities to increase understanding of mental health issues. This takes place in ESOL classes, local schools and areas where women congregate.
- A taxi service to collect people to bring them to the day centre

6.6 Tameside Social Services
Contact: Lina Patel, Development Officer 0161 3701179

The department sees itself as constantly learning how to deliver Ethno sensitive services to a growing community in Tameside. Their philosophy is that if they can get it right for one individual they can get it right for the majority.

Examples of good practice include: -

- Caring for People Course – A 15 week Asian Carers Course which covers manual handling, conflict resolution, back problems, understanding illness etc. Cover is provided for cares to attend the course. For Asian carers transport is also included.
- Assessment Project – Launched a Bilingual Co-worker Scheme in 1997 to work in Community Care assessments. This is now offered to all divisions in Social Services. Bilingual Co-workers work alongside social workers and other assessors for services. The assessment includes the carers in the process.
- Asian Carers Network – Work with individual carers offering better involvement and support within assessment and caring situations.
- Service development agenda – Developing more accessible services for the Asian communities and encouraging carers to use mainstream services with extra support. Through the Maddad Gar project Social services is gathering data about the nature, level and reasons for unmet need
- Pathways Care Workers Scheme – To increase the number of Asian Care staff employed and to improve delivery of culturally appropriate services to the Asian communities.
- Use of Continuing Care budget to provide respite in the home during Ramadam.

6.7 Hertfordshire Social Services
Contact: Angela Sewell Policy Officer (Users and Carers) 01707 280761
A key issue for Hertfordshire Social Services was to identify organisations that could deliver appropriate services to people from minority ethnic populations (African Caribbean and Asian communities).

Care services, including day centre care residential and respite care, were identified as a key area for development following a needs assessment in North Herts. A community steering group applied for lottery funding to employ a development worker to develop a community care project. This provided a platform for developing new initiatives, of which the development of day and respite care was one.

Quantum Care who had taken over the provision of 28 residential care homes from Social Services working with Age Concern, community representatives and Hertfordshire Social Services can now provide day care, residential and respite care provision for the Asian community at the Minton Centre in St. Albans.

The centre provides 10 day care places and 2 respite beds. Services are provided by bilingual staff, culturally appropriate food is available, satellite TV providing Asian programmes and culturally relevant activities. The service is available for those aged over 65. The centre is very lively and users most enjoy the interaction with other people. Use of respite care can vary from a couple of

nights up to a few weeks. Demand is increasing all the time, as people realise that the care is provided appropriately.

Quantum has found it very difficult to recruit staff, as the work is not totally acceptable and sometimes seen as 'dirty work'. However, they work hard at recruitment, which is mainly word of mouth and through local initiatives within the community.

Other areas of good practice include:

- The use of a restaurant to provide Luncheon Club facilities including activities. An Italian restaurant that is not well positioned for lunchtime trade has a contract with Social Services to provide lunch and activities for the elderly Italian ethnic minority population.
- Social Services are sponsoring two support workers to work with communities and identify need.
- A local conference was organised to bring together potential providers and carers from minority ethnic groups.
  The objectives were:
  -To provide carers with opportunity to give their views on how services should be shaped to meet their needs
  -To help providers understand what they need to do to improve service provision,
  -To identify current good practice where it exists.
- Social services worked closely with the REC to help to get carers involved.

6.8 Kirklees Social Services
Contact: Sayed Loonat, Development Officer Joint Planning Development Unit 01484 226929

Sayed Lunat has a key responsibility around minority ethnic issues. A key task is to identify more innovative ways of engaging with different minority ethnic communities. He emphasised that all initiatives fulfil their strategic objective to improve access and service provision. They are prompted by research from Bradford University, which indicates that the number of older people in minority ethnic communities will increase seven fold and by the high incidence of CHD, diabetes, cancers and strokes amongst the population.

The minority ethnic population in Kirklees is mainly Mirpuri and people from Islamabad. They have over the years become more assertive and political and more prepared to take on responsibility for highlighting and tackling their own needs. This has included sitting on pertinent planning committees and other fora where they can raise issues of discrimination in service provision.

Examples of good practice include:

- Black and Minority Ethnic Strategy Steering group to monitor service provision in relation to the equal opportunities statements of services.

- Use of people within the community with the relevant skills to identify issues in preparation for the following planning cycle. These 'community researchers' are paid a standard lecturer rate.
- When it was identified that the Carers Strategy was not specific enough in how it intended to address the needs of minority ethnic carers an associated document the Black Carers Strategy was developed to address this deficit.
- Six sessions of training with Asian carers on mental health issues. This course will also serve to identify carers needs in a particular locality and identify issues which will inform the NSF Planning Group on Mental Health
- A Peer Health Education Programme. This project is being undertaken in partnership with Dewsbury NHS Trust. Its purpose is to undertake a health education programme on CHD with the Asian community. At the same time, it serves to act as a mechanism for engaging with the community and getting information back in about services to inform next years business plan,
- A user/carer/voluntary agencies event to bring users, carers and providers in contact with one another to encourage an exchange of views on how services could be developed.
- Crossroads Care developed a satellite service for the Asian community, staffed by Asian carers who are not required to look after a cared for person of the opposite sex.
- The appointment of a co-ordinator, using the Carers Special Grant, to look at improvements in respite and day care.
- Encouraging partnerships between local people and white voluntary organisations to develop their capacity to take on service provision for the Pakistani population. Specific Services run by Asian voluntary sector are now preferred providers of Social services.
- Manager of the local NHS Trust comes on a regular basis to hold a 'surgery' with the management committee of an organisation for the elderly Asian population.
- Race and cultural awareness training within the Trusts

6.9 Leicester City Social Services Department
Contact: Tinu Akinosoye, Carers Policy Officer 0116 225 4763

- Leicester Social Services used the launch of its Carers Strategy in 2000 to drive forward improvements in the range of services to carers including those from minority ethnic populations.
- The Carers Grant is being used to employ Asian workers to meet the needs of that community. They are currently seeking to recruit workers to work with African Caribbean, Chinese and Polish service users
- Ethnic Minority Pilot Scheme. The aim of this scheme is to identify carers from minority ethnic communities who would qualify for social services but who are wary about approaching the local authority. The scheme is operating through local minority ethnic organisations. The organisations will provide a time-limited culturally appropriate service with a view to encouraging them to access mainstream services.

6.10 Mushkil Aasaan (Crisis Eased) Project, Wandsworth
Contact: Bernadette Khan Consultant Social Worker 0208 672 6581

Care ***by*** the Community ***for*** the Community. This project is an innovative example of a domiciliary service supporting the black and minority ethnic communities in Wandsworth. Discontent with services failing to provide culturally appropriate care and disinterest from the Mosque, who felt it was not their role, led to the setting up of the service. The project was founded by a group of women who shared concerns about the plight of families in crisis, social isolation and a complexity of unmet needs with little or no support networks. With a lot of support from its local Race Equality Council it applied successfully for a grant and Joint Finance. It now works to address inequalities in essential services through community representation and development.

It has a paid staff and is further supported by a network of volunteers. Recruitment of staff relies heavily on word of mouth within the community. The project employs male and female care workers to look after the separate sexes and decides if it is appropriate for a care worker to visit a household. Initial training is done by work shadowing and ongoing training is also provided.

It supports service users through a range of mainstream activities, embracing cultural, religious and linguistic diversities and believes its 'holistic and flexible approach' is the key to its success. Mushkil Aasaan is an 'approved provider' for domiciliary care services in Wandsworth and a member of the British Association of Domiciliary Care.

Amongst a range of other services the following services are provided for carers and their dependants:

- Home Support – Culturally sensitive care for the elderly, children in need disabled and mentally vulnerable.
- Respite – For carers in alleviating stress to extended family members.
- Support and befriending networks – To help alleviate social isolation.

Service providers and professionals can 'spot-purchase' the following services:

- Primary care – A range of Personal Care and Home Care services
- Night sitting
- Support at Joint Assessments, case conferences etc.
- Interpreting /Translations

6.11 Wandsworth Social Services

This service provides a Respite 'Care at Home' Scheme to clients who have been assessed and are in receipt of home care. The scheme is run on a voucher basis. Clients receive a quarterly allocation of vouchers, each worth one unit of care. Clients can use their vouchers in a way that suits them best. Wandsworth Council pay the major cost of the scheme and clients are asked to make a contribution. Mushkil Aasaan is a preferred provider for this scheme.

6.12 Tooting Neighbourhood Centre

This is a long established centre and has since 1996 had approved provider status to provide home care and respite care.

Services it provides include:

- Home care and respite
- Users have direct contact with a local organisation to have their needs met.
- It contacts all its clients considered vulnerable by phone each evening to check they are ok.
- It provides support with form filling, making appointments etc

6.13 Bristol Asian Carers Project

Contact: Zara Haq Co-ordinator 0117 9556971

This organisation provides a range of services for carers from south Asian populations including Pakistani, Indian and Bangladeshi. The project had carers who needed respite but neither Crossroads Carers nor the Dementia Care Trust were able to provide services to this population. Using Specific Transition Grant money the organisation set up a sitting service for carers to meet their identified need for support within the home.

Services include:

- A sitting service, which runs Monday to Friday from 9.00am to 6.00pm. This provides respite for carers. A pool of volunteer sitters is available to support a family, provide emotional support, undertake small domestic tasks etc. The number of hours/days is dependent on the clients needs. The service can continue within the hospital setting, and it is felt that this helps to speed up the client's health. All the volunteers are from the Asian communities. The volunteers are trained in manual handling and other relevant areas. Ex-carers are now being recruited to work in both a voluntary and paid capacity
- An outreach service to liase with the statutory and voluntary sector to identify what services they have and link carers/clients with the services.
- A carers group, which has its own facilitator who supports the group and identifies new carers.

6.14 The Afiya Trust

Contact: Peter Scott-Blackman Director 020 75820400

This organisation is a national charity based in London and originated from a King's fund initiative in 1992. Since April 1999 it has become independent organisation. The word 'Afiya' means 'Good Health' in both the physical and social senses. Afiya is involved in a number of different initiatives including – carers support, community involvement and mental health. It is a useful contact for information about Black and minority ethnic organisations, including carer's networks.

Amongst its projects, the Afiya Trust trains people to develop the skills to campaign for their rights. This would include: how to fund raise, mount a campaign, form networks, work with the media, sit on committees. Its intent is to enable individuals to play an active role in local community health development

6.15 National Black Carers Workers Network (NBCWN)
Contact: Elaine Powell, Joint Chair 0121 5587003
A DoH funded initiative, which works closely with the Carers National Association, the Association of Directors of Social Services (ADSS) and the Department of Health. It offers agencies easy access to the collective information of its membership.

6.16 Department of Health Equalities Unit
Contact: Lydia Yee Head of Racial Equality 020 7210 5285
Monitoring performance of NHS Plan for Minority Ethnic populations
Lydia Yee has experience of working with local communities to help establish black community businesses to provide community care services. This involved capacity building within the communities and the provision of support to enable the new organisations to compete contractually with other organisations.

6.17 Swindon and Wiltshire Users Network
Contact: June Sadd, Ethnic Minorities Project Co-ordinator 01380 725213
This is a well-established users network with 400 identified service users and 500 allies. They identified that a key aspect of their success is due to a lot of regular outreach to luncheon clubs, day centres, churches and other religious establishments to highlight their existence and to encourage service user involvement in a Service Users Forum, either as individuals or representing their community.

They are working with their PCT's to show the PCT's how to listen to service users. In recognition of their expertise PCT's are now working in partnership with them on user involvement and have delegated the organisation of user involvement meetings to the Users Network.

Their main funding comes from Social Services. They operate via a main office and a series of satellites around the county.

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