

January 2010

Later Matters

Tackling Race Inequalities for BME Older People

Report into the initial mapping
of service provision for older BME
people in Yorkshire and Humber
and the identification of examples
of good practice.



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We will soon be called Age UK

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Later Matters Project – Tackling Race Inequalities for BME Older People

Age Concern and Help the Aged have secured funding from the Communities and Local Government Tackling Race Inequalities Fund to deliver projects in Yorkshire and Humber and the West Midlands tackling inequalities for BME older people. The Later Matters project focuses on participation of BME elders in public life in the West Midlands and on equality in access and outcomes for BME elders in relation to health and social care services in Yorkshire and Humberside.

In Yorkshire and Humber, Age Concern Support Services are managing the project and will be working with public and third sector organisations throughout the region to promote equality of opportunity in health and social care for BME older people.

Later Matters aims to:

- raise awareness of service provision within the region and increase opportunities for partnership working
- give BME elders, carers and organisations a voice in the design and quality of services available to them; and
- provide organisations with a tool to measure how accessible their services are to BME older people and plan for future improvements

Age Concern Sheffield have conducted this initial research and mapping of service provision for BME elders in Yorkshire and Humber including good practice examples which provides an excellent foundation for the project to build on.

A database of services for BME elders and a discussion forum relating to health and social care services will be available on the Age Concern Yorkshire and Humber website in March 2010 at the link below:

www.ageconcernyorkshireandhumber.org.uk/bme



Building on the growing body of research, Age Concern Support Services (ACSS) commissioned Age Concern Sheffield (ACS) to identify existing provision for BME older people in the Yorkshire and Humber region, present this information within a database and document examples of best practice in service provision in a report.

This work was requested in the wider context of the Later Matters project which focuses on reducing inequalities in relation to health and social care services in the Yorkshire and Humber region. The project aim is to identify and address inequalities of access and the reduce gaps in outcomes for older people from black and ethnic minority (BME) groups.

Conducted over 16 days between late November and December 2009 research identified and resulted in a database of service provision which forms a solid foundation from which further mapping can be conducted. Details on over 100 organisations and groups were captured though it is recognised this is only the tip of the iceberg.

The good practice examples illustrate the tremendous work already being done and offer an excellent source of knowledge and inspiration.

The work also highlighted many of the methodological issues in attempting to map provision and demonstrated that a variety of access issues remain for older BME people.

1.2 Background

Ethnicity has been acknowledged as a neglected aspect of ageing for a long time though the 2001 Census recorded 6.5% of the population in the Yorkshire and Humber region as being from ethnic minority communities.

In the last few years however, a number of research projects have been commissioned that seek to offer an analysis of the issues that affect the quality of life of people from these

BME communities in their older age, including an exploration of their views of ageing and the services available to them.

The research has found racism, migration, social support and services, health, poverty and employment are often cited as key issues.

Overall, BME groups are less likely to use health and social care services and are less aware of what support is available (Ahmad, 2000). Equally, the importance of community facilities for increasing social inclusion and for accessing health and social care services has also been recognised (Butt and Moriarty, 2004). Community centres are invariably under-resourced and stretched however there are many examples where luncheon clubs and community centres are central to the lives of the BME users.

Local facilities are also often the venue for health related activities such as chair aerobics. Physical health and previous employment history is often connected as many BME communities worked in the heavy industries such as steel and coal and as a result suffer from respiratory or other physical ailments that can directly be attributed to their working life. Mental health remains a taboo subject and service providers acknowledge that certain groups may be more vulnerable to mental health problems while less willing to access mainstream services due to cultural and language factors.

The importance of service providers offering appropriate services that respect and respond to needs is vital as it has been noted that it may not be culturally accepted to seek support outside the family or community.

The role of family networks to BME communities is acknowledged however many traditional arrangements are changing which may result in a less stable environment for older BME people.

Addressing the needs of the individual rather than offering generalised services is a key aspect for successfully engaging older BME people. This approach aligns with the personalisation agenda which seeks to transform the delivery of health and social services.

Overall the evidence suggests older BME people often receive poorer treatment and face more barriers to access, alongside over coming stereotype assumptions and the challenge of tailoring mainstream services (Moriarty 2008).

In light of this research evidence one of the conclusions offered in Yorkshire Life: Perspectives of Older People from BME Communities' was that a comprehensive audit of service provision would be helpful, especially one that would also create a greater knowledge of the population makeup within the communities they serve.

1.3 Aim of the Project

The aim of the data gathering work was to identify provision and best practice for BME older people in Yorkshire and Humber with a focus on health and social care.

1.4 Approach

The approach taken to deliver this project was to ensure that the specific needs of diverse communities were taken into account throughout the course of the project, e.g. language, cultural, environmental factors, etc. Consultation was of paramount importance, helping to build trust and credibility. A flexible and creative stance was often required to deliver the outcomes.

1.5 Timescale

The work was conducted over 16 days in November and December 2009 with a delivery deadline of the end of December 2009.

1.6 Outputs

In consultation with Age Concern Support Services (Yorkshire & Humber) a number of outputs were agreed for the work.

1. Develop a database of at least 50 organisations who work with BME older people, in particular those that offer information and advice on health and social care services and help older BME people access social and health services.
2. Gain agreement from the organisations identified in the database to be included on a regional website (to be achieved through telephone conversations with organisations, signed consent forms allowing the information to be published).
3. Gather and collate information regarding those services into an agreed template.
4. Find and document examples of good practice within groups and services working with older BME people, providing information and advice around health and social care.



1.7 Methodology

To generate these outputs the following methodology was designed and implemented.

- SMART objectives were agreed (with implementation plan and milestones) with ACSS (Y & H) lead; including areas to be covered.
- The format and database fields format with ACSS (Y & H) lead.
- Identified initial organisations and contacts, collated findings from:
 - existing team knowledge
 - internet research
 - analysed existing research and findings drawn from Y& H region
 - www.oldersheffield.org.uk
- Letters circulated to all identified groups and organisations (11.12.09) explaining project and seeking approval signed approval for database inclusion.
- Carried out group interviews/facilitated discussion as necessary, using existing forums.
- Carried out interviews (telephone, face to face and group) with selected organisations where good practice has been evidenced.
- Populated bespoke database.
- Collated and analysed all data and information.
- Submitted report, including good practice examples and findings.

1.7.1 Output indicators

- Database designed and developed.
- Details of over 100 organisations recorded on the database.

- 10 examples of good practice identified and included in report. (See appendix 1)
- Letters to gain agreement for information to be included on database sent to all 100 organisations

1.7.2 Information and research sources

Information and research sources utilised in identifying provision within the region included the internet, existing networks contacts and third party referrals. The list below details key agencies and networks contacted.

- Local Health and Social Care Networks
- Local Authority and Neighbourhood Teams
- Health/PCT Community Teams
- Local/Regional BME Networks and Forums
- Faith Groups
- Third Sector
- National Charities for Older People i.e. Age Concern and Help the Aged
- Age Concern Sheffield signpost agency website - www.oldersheffield.org.uk
- Local Assemblies

1.7.3 Demographic Trends

Britain's ethnic minority population was recorded as 4.6 million (7.9% of the population) in the 2001 census. The largest minority group within the UK in 2001 were Indians, followed by Pakistanis, those of mixed ethnic backgrounds, Black Caribbean's, Black Africans and Bangladeshis. In Yorkshire and the Humber 6.5% of the population were recorded in the 2001 census as being from ethnic minority communities with the largest groups being Pakistani (2.9%) followed by Indian (1%). The main areas of concentration for ethnic minority communities in Yorkshire and the Humber are, Keighley, Bradford, Leeds, Halifax, Dewsbury, Huddersfield, Wakefield, Hull, Doncaster, Rotherham and Sheffield.

1.8 Findings and barriers

In achieving the agreed outputs (section 1.6) the work identified a number of findings and a number of barriers some of which impacted on the quality and quantity of the data. These will need to be taken into consideration with any extension of this work and have been categorised as:

- Capturing the scope of service
- Data quality
- Sustainability and delivery of services
- Access issues
- Local networks and partnership working

1.8.1 Capturing the scope of service

The database identifies projects, organisations and relevant information, however its design is not as yet sensitive enough to reflect the depth of some services. For example; advice and advocacy – the database in its current form can not identify the scope of the support mechanisms such as legal, housing, criminal, asylum seekers/refugee services, and alcohol/drug misuse etc.

This barrier became apparent through the one to one interviews and discussions with organisations.

Regional age and ethnicity population projections by Yorkshire Futures suggest that the overall population in the Yorkshire and Humber region is projected to grow by 9% between 2005 and 2030. This is equivalent to an annual growth rate of only 0.0034 or 0.34% or 3.4 per 1000 population.

However, the age structure is projected to change much more radically over that 25-year period as the “baby boomers” move into retirement age. The population aged 65+ is set to increase as a percentage of the regions’ population from 16% to 23% between 2005 and 2030. The change is the 42-49 % increase between ages 60 and 79, but is much more beyond 80. The population aged 85+ will increase by more than 100% (i.e. effectively double) in the next 25 years.

Additionally, the ethnic profile of this ageing population will change significantly over the coming decades. This reflects the ageing of populations that migrated to the UK over the past four decades. Projections also show that the different ethnic groups grow at very different rates during the 25-year period.

Within the ethnic minority population in the region, growth is set to increase by 59% between 2005 and 2030, whilst projections see the increase in the older white population as 41%. The main drivers of these differences in growth rates are the different age structures of the groups. The ethnic minority groups have until now had much younger age structures and so fewer deaths in relation to births.

As a result of these differences in demographic growth, the ethnic composition of the population shifts during the 2005-2030, inclusive of older age groups.



1.8.2 Data quality

Every endeavour was made to offer complete records for each entry on the database however this was not possible in all cases. All contain basic contacts however of the 100 plus organisations on the database only 67 can demonstrate complete records (target in brief was 50). Reasons for data being incomplete include:

- Workers either paid or unpaid said they were not in a position to give out any organisational information and that permission had to be sought from Trustees or Management Committee members.
- Management groups may not be meeting again until the New Year.
- Contact person too busy to undertake telephone interviews. Email contact has been made where possible and awaiting responses.
- Person working within the organisation at point of contact had little or no knowledge of project management or funding issues.
- Timescale of the project has restricted process.
- Projects closed for holiday period.
- Unable to contact relevant worker who could give out information about the project.
- Some projects run by volunteers who are unaware of the funding streams, management issues etc.
- There were communication issues with a couple of projects and we were unable to get our message across at the point of interview.
- Projects too busy to give time to talk.

Please note that some of the organisations identified by Age Concern Sheffield do not feature on the database for the below reasons:

- The service has been discontinued.
- Consent to use the organisations details has not been obtained.
- Contact details for the organisation could not be confirmed.

1.8.2 Sustainability and delivery

Sustainability is a major concern for the smaller groups and projects.

- Research identified that many of the BME projects secured funding through small grants, trusts and fundraising via community members.
- A low percentage of organisations have mainstream funding (Service Level Agreements, contracts, commissioning).
- Many services are free to the communities.
- Cuts in statutory sector funding have meant that some services have either had to be greatly reduced or stopped.
- Low level preventative services are being provided by a variety of communities.
- Some much needed services are run by a volunteer workforce, no funding or governance.
- Funding is a complicated process for smaller groups – who can help?
- The tendering process has put barriers between partners – this has had an impact on partnership working. Some projects are guarding their service and future developments.

1.8.4 Access issues

The research identified that there are a range of issues for older BME people in accessing provision.

- Older people remain unaware of the range of services available - not knowing who to approach, where, when or how.
- Services are not accessible either due to staff, location, language or cultural or religious requirements. Staff should be trained to be culturally sensitive and venues able to provide facilities i.e. prayer rooms, catering requirements.
- Promotional or information materials are not provided in suitable formats or only in a format or location not considered readily accessible.
- No knowledge of certain medical conditions or diagnosis.
- Insufficient knowledge of availability of and rights to health and social care services.
- Poor experiences of previous engagement with services reduces the likelihood of future engagement.
- Racism – overt and often inadvertent at individual and institutional levels, including professional assumptions that their family will provide care.
- Pride – some communities see their caring role as a duty and do not want the stigma of not being able to provide for a family member. Many BME family members do not see themselves as carers.
- Gender related cultural issues were identified as being a major barrier in the uptake and delivery of services and activities. This was mainly due to the difficulty of getting access to women from some communities who rarely mix outside their homes.
- Fear of the system.

1.8.5 Local Networks and Partnerships

Most organisations have developed partnerships and good networks and agreed that they were a useful vehicle for sharing information, sharing good practice, influencing and arenas for influencing.

Due to the ever changing world of funding some projects expressed concerns over partnership groups due to the nature of applying for funding. Some would rather work in isolation with the view to securing contracts and funds.

Groups are more territorial about their work and future developments.



1.9 Conclusion

The work demonstrates that there is a significant level of service provision to older BME people across the region however there are a number of operational and cultural barriers that need to be considered.

The database provides an excellent foundation for mapping these resources and acting as a central information resource portal. Its ability to capture the depth of service is not ideal, however when aligned with the good practice examples they complement very well. The good practice examples demonstrate the quality and commitment that exists.

For smaller organisations or voluntary groups funding remains a key concern with many relying on contributions or community donations to support their work. Larger organisations have contracts or Service Level Agreements (SLA) with Health and Local Authorities however the contract terms and procurement systems require resources that are not always available.

A majority of smaller organisations are reliant on volunteers and advocates to support their work. While dedicated volunteers are a vital asset they need to be adequately trained and resourced.

While a range of access issues remain some are not exclusive to older BME people. Finding innovative solutions to promotion and engagement alongside delivering a positive experience will begin to address those reported.



1.10 Recommendations

The following recommendations are proposed for consideration:

1. Holding a series of workshops for third sector organisations covering:
 - Funding (who, what, where, how)
 - Governance and procurement
 - Developing effective networks and partnerships
 - Monitoring and evaluation tools
2. The mapping is continued and the database refined.
3. Highlight good practice in services for BME older people to public sector and voluntary, community organisations across the region.



1.11 Bibliography

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Butt J and Moriarty J. (2004) *Quality of life and social support among older people from different ethnic groups*. In: Walker A, Northmore S, eds. *Growing Older in a Black and Ethnic Minority Group*. London, Age Concern: 16-24

Commission for Social Care Inspection (August 2008) *Putting People First: Equality and Diversity Matters 2 – Providing Appropriate Services for Black and Minority Ethnic People*

Moriarty, J. (2008) *The health and social care experience of black and ethnic minority older people: A Race Inequality Foundation briefing paper*, Better Health Briefing 9

Opal Consultancy & Edge Analytics (2008) *Research report into Yorkshire Life: Perspectives of older people from BME Communities on behalf of Future Years*

Yorkshire Futures (September 2006) *Yorkshire and the Humber Population Projections: age and ethnicity*



Appendix 1

10 good practice examples

These good practice examples have been chosen to highlight the diverse existing provision for BME older people in the Yorkshire and Humber region. There are of course many other organisations demonstrating excellent practice which will be identified and recognised through further mapping and consultation exercises during the lifetime of the Later Matters project.

Organisation 1:

Advocacy Support – Leeds

Service:

- Open referral.
- Works with all BME communities in Leeds.
- Provides culturally sensitive advocacy services in mother tongue languages.
- Provides access to health and social care (health and wellbeing).
- Provides support, advice and information around benefits, housing services, debt and financial management.
- Services available in the following languages: Amharic, Arabic, Cantonese, Czech, French, Italian, Kurdish, Mandarin, Mirpuri, Polish, Punjabi, Romanian, Slovak, Swahili, Tigrinya & Urdu.

Staff:

2 full time, 1 part time, and 2 part time vacancies
Volunteers: 15 to 20 volunteer bilingual advocates and placements at any one time

Funding:

- NHS Leeds
- Leeds Adult Social Care
- Other trusts

Barriers:

- Lack of funding.
- Demand for service outstrips capacity.
- Range of languages, opening times and number of outreach surgeries could be increased and fully used.
- Heavy reliance on volunteer advocates means a high need for training, supervision etc with a continuous turnover. However, the use of volunteer advocates is also one of the key strengths.
- Accessing small, new communities requires the time and resources to build partnerships with existing community groups.
- Lack of promotional materials.
- A8 migrants have few entitlements, A2 even less.
- Poor recognition of the role of advocacy from some service providers.
- Support on immigration matters is restricted by the Office of the Immigration Services Commissioner.
- We do not work with legal matters; we will signpost to suitable agencies.
- Lack of interview rooms means that often advocates are available with clients to see but no space.
- Lack of funding for the advocacy qualification.
- Lack of response from other agencies has an impact on own provision.

Gaps in Provision include:

- BME prison leavers
- BME carers
- BME mental health and dementia

Impacts:

Often first stop for many clients facing difficulty. The service aims to improve health and wellbeing through:

- Clients having greater access to health and social care services with a fuller understanding of their choices and the ability to negotiate care.
- Increased income through maximising benefits and entitlements.
- Decrease debts or arrange into more affordable payments.
- Improved living conditions through housing repairs and adaptations, grants etc.
- Decrease stress and depression.
- Greater integration into their local community and the facilities provided.

Partnerships and networks:

- Advonet
- Leeds BME Network
- Leeds BME Strategic Partnership
- Leeds Financial Inclusion Steering Group
- Volition – The voice of Leeds mental health voluntary sector
- Leeds Older People's Forum

Advocacy Support has been identified as a good practice example due to the strength of service and commitment provided by volunteers and advocates from diverse communities. This culturally sensitive service promotes health and well being by enabling service users to make informed decisions.



Organisation 2:

Apna Sahara Ltd – Scunthorpe

Service:

Aims to improve access for people from black and minority ethnic (BME) community to public services:

- Community Development Workers are employed from the local BME communities to act as advocates & befrienders.
- The team works in accessing all public services, and as such are not a specialist mental health service, but can provide services to those in receipt of mental health services.
- Provides information, advice and advocacy on local services and health issues.
- The team of Community Development Workers speak Urdu, Punjabi, Gujarati and Hindi.
- Supports and assists public services in their understanding of the culture and religions of people from BME Communities.
- An information pack on the above is also available covering aspects of the religion and culture of the people from the Indian Sub Continent.

Assist
Promoting Health
Navigate
Advice & Information

Signposting
Advocacy
Help
Aid
Religious and Cultural Awareness
Advice and Advocacy

Staff:

- 1 Manager
- 1 Administrative Support Worker
- 2 Community Development Workers

Funding:

- Local Authority Adult Social Services
- North Lincolnshire Health
- Local grant and trusts

Barriers:

- Resources
- Finance
- Staffing

Notes/comments:

- Further education and enhanced knowledge on religion and culture of BME groups to service providers and planners.
- Two way street – 'We don't have the time to provide they don't have the time to receive.'
- Services should be quality over quantity which is not always the case for funders.
- Organisations and funders are not geared up to provide resources and facilities that are accessible to all religious needs and requirements such as prayer rooms.
- Employers, planners etc. need to be made aware of all cultural and religious requirements.
- Need to be kept up to date with all relevant acts and legislation to enable us to filter through to our partners and community in a relevant accessible format.

Impacts:

- Provides low level preventative support services which break down barriers to isolation and promotes social inclusion.
- Helps public services to promote their services and their understanding of the religions and cultures of the local BME communities. This is achieved through training, partnership and consultation.
- Local BME communities supported to access appropriate health care provision and addresses inequalities.

Partnerships and networks:

- Tackling Obesity
- Fresh Start
- Mental Health
- Stop Smoking Alliance
- Patient Involvement Group

Apna Sahara Ltd provides inclusive support, advice and advocacy to local communities in native languages. They play a positive role in educating organisations about the religions and cultures of local communities and engaging BME people with public services.



Organisation 3:

Doncaster PCT – Doncaster Ethnic Minority Elders Dementia and Stroke Awareness Project

Service:

The aim of the service is to promote dementia and stroke awareness with the following communities:

- Afro Caribbean
- Chinese
- Indian
- Pakistani
- Polish
- Travellers and Gypsies
- Women's Groups

Staff:

- One full time Community Development Worker

Funding:

- YHIP
- PCT

Barriers:

- Little or no knowledge of the condition
- Lack of awareness
- Causes of the illnesses
- Diagnosis
- Language barriers
- Religious
- Perceptions
- Sense of not belonging to X & Y organisation (It's not for them)
- Do not know the system
- Not knowing who to approach
- Families do not see themselves as carers as they say it is their duty

Impacts:

Communities are supported to access the following:

- Health advice from professionals
- Outreach surgeries provided in the communities to enable people to access relevant professional information
- Carers supported
- Health inequalities addressed and reported back through strategic arenas

Partnerships and networks:

The service is promoted through all the networks and partnerships in Doncaster including:

- Older People's Partnership Board
- BME Forum
- Older People's Parliament
- LINK
- Newsletters and web site etc

The Doncaster PCT Dementia and Stroke Awareness Project has reached out to a diverse range of communities, providing culturally appropriate advice and tackling the stigma associated with depression and dementia. This preventative work aims to reduce inequalities for BME older people in relation to mental health.

Organisation 4:

Keighley & Ilkley Voluntary and Community Action (formally Keighley Voluntary Services)

Service:

KIVCA is a voluntary sector, infrastructure organisation based within the Bradford District. KIVCA provides the full range of functions to support and develop local third sector groups and communities, primarily covering the Keighley constituency. Main functions include:

- Support and develop local voluntary and community organisations to achieve their aspirations and gain the best from opportunities available to them.
- Provide information and facilitate opportunities for learning, training and skills sharing
- Build and maintain effective links and partnerships between third sector organisations, and between the third sector and local or district wide public bodies.
- Advocate or represent the third sector in strategic partnerships and policy work at local, district and national levels; encourage and support others to get involved.

One project within KIVCA is the Keighley Racial Justice Programme (funded through the Joseph Rowntree Foundation). There is one part time development officer working on this programme over the next 3 years. The programme aims to promote racial integration within a new community hub – Central Hall (Keighley). It is unique and aims to encourage inclusion and integration between the communities of Keighley.

As part of the West Yorkshire Racial Justice Programme the project will empower local people to challenge injustice and be involved in key decision making in their community. It will shape services and influence developments.

Other services provided by KIVCA include:

- Bsupported – bespoke training and one to one support around the Bradford area
- Bfunded - funding advice to voluntary and community organisations
- Marketing and communication support for voluntary groups
- Provides quality assurance – Practical Quality Assurance System for Small Organisations
- Promotes racial justice (through the project mentioned above)
- Older people's advocacy service
- Delivers the Health Partnership Project – linking and improving relations between statutory sector to the voluntary and community sector
- Rural development work
- Hosts Bradford LinK – connecting local people with health services

Staff:

One part time development officer works on the Keighley Racial Justice Programme

Funding:

Joseph Rowntree Charitable Trust funds the Keighley Racial Justice Programme

Barriers:

- People not wanting to put themselves forward, fear of exposure.
- Apathy and lack of trust.
- Trying to get communities to work with and not against each other.
- Politics, local and community.

Impacts:

Delivers training and one to one support to organisations around the Bradford area.

- The training is tailored to each individual organisation.
- Funding advice to voluntary organisations is provided (B-Funded)
- Marketing and communication support to voluntary organisations is provided.
- Provides quality assurance - Practical Quality Assurance System for Small Organisations.
- Promotes racial equality and integration among communities.
- Provides an older people advocacy service.
- Provides an older people preventative service. This is in the form of education about risk and health awareness.
- Works to improve relationships between voluntary organisations and the NHS.
- Manages community health projects and helps the NHS work more effectively and efficiently in the community.
- Promotes links between rural and urban services.
- Hosts the Bradford Link - connecting local people with health services.
- Promote connection between all organisations.

Partnerships and networks:

- Police
- Local Authority
- Health
- Local communities and leaders

Keighley Voluntary Services play an invaluable role in promoting good relations between communities in the local area. They offer community health projects and provide a link between statutory agencies and local people, improving and enhancing health and well being.



Organisation 5:

Agewell and Lunch Clubs in Sheffield

Service:

- Agewell Groups are available to people over 50 who wish to gain knowledge, confidence and self esteem to stay healthy and active in body and mind.
- 12 week health related programmes take place in clubs (rotating programmes).
- Groups meet and participate in gentle exercise, visiting speakers, trips and social educational and recreational activities.
- Over 103 groups city wide.
- Home from Hospital Service based in three local hospitals with the aim of providing support to those leaving hospital addressing preventative and isolation issues.
- Garden Security Scheme – aimed at deterring burglars.
- 135 Luncheon Clubs – 12 BME Groups

Staff:

1 Chief Executive Officer
5 full / part time workers

Funding:

PCT
Local Authority
Small grant making bodies and trusts

Barriers:

- While most areas of the city have lunch clubs and Agewell Groups, a small number do not have any groups and some areas not enough. The Local Authority has recently put money aside to develop new clubs where needed. Agewell is looking to a joint strategy to address under provision.
- Lack of suitable premises that provide kitchen and food preparation areas.

- People over 60 do not see themselves as elderly and therefore do not want luncheon clubs but do want 'something'.
- Discovering what that 'something' looks like a challenge for the future.
- The main barrier is isolation and loneliness. Feeling that service only scratches the surface of a deep and fundamental barrier that prevents uptake of the service.
- Some service users will not pay any contribution for food.
- Religious and cultural practices require separate clubs and activities for men and women which demands additional resources.
- It has been identified that some older BME people lack the language skills to access appropriate services.

Impacts:

- Improved health and wellbeing.
- Reduced isolation and loneliness.
- Older people have a unified voice when approaching funders and service providers.
- Enhanced personal confidence
- Older people have the opportunity to socialise and obtain support from their peers.
- We contribute towards addressing health inequalities through work in areas of need with the BME elders.
- Contribute towards a reduction in hospital admissions.
- Contribute towards a reduction in crime through the Garden Security Project.

Partnerships and networks:

- Links are still kept with all the relevant strategic forums and networks and we engage in discussion on service development and planning when requested.
- Liaise closely with Local Authority Contract Team/commissioners and funders about services plans etc.
- Competitors reduce good working relationships – the tendering process can restrict debate and organisations can become quite territorial about their plans and developments.

Agewell Luncheon Clubs provide an excellent opportunity for older people across Sheffield to take part in activities and socialise, reducing loneliness and isolation. This service enhances older people's confidence and has a positive impact on their general health and well being.



Organisation 6:

Doncaster Chinese Elders Interactive Centre (DCEIC) – Luncheon Club at Highfields Community Centre, Doncaster

Service:

- To offer social, recreational and educational activities for Chinese elders in a culturally sensitive environment.
- Subsidised lunches
- Health information and advice through guest speakers.
- Support to carers

Staff:

1 part time worker
4 volunteers

Funding:

Local Authority (Service Level Agreement)
Small grants

Barriers:

- Language
- Lack of funding
- Funders awareness of Chinese elders needs.
- Traditional day care services do not meet the need of elders, inappropriate food, recreational activities, times etc.
- Transport
- Lack of awareness of cultural needs, protocol and politics. This can hinder progression & cause friction.
- Lack of awareness of all the funding streams.
- One part time worker does not have the time to chase funding, recruit and support volunteers and attend meetings.

Comment:

This example was offered to illustrate their challenges:

Several years ago the community contacted the Local Authority with the view to securing funding to set up its own luncheon club. The committee were not equipped for the world of contracts; being employers, budget holders etc. The Local Authority offered the use of a building but the kitchen was not equipped to cater for their lunches, cookers have to be industrial to ensure they can hold the catering woks, large rice pans etc. Training for the management team was offered but the language restrictions were a major issue for trainers and the cultural shift had an impact on the committee and some frictions occurred.

Impacts:

- Providing a safe and friendly environment for older Chinese people, their families, carers and friends to meet thus breaking down barriers to isolation.
- Promote independence by offering advice and information and health and social care services.
- Facilitate environment for older people to meet their peers and participate in traditional Chinese activities and games.

Partnerships and networks:

- The community used to have strong links with all networks in the area but they are now restricted to what can be attended.
- Statutory bodies use the group when undertaking consultation work.
- Have good links in the area but no time to network.

Chinese Elders Luncheon Club provides a safe, culturally appropriate environment for Chinese elders to meet, socialise and learn about health and social care services. The one part time worker is fully committed to reducing isolation and improving the well being of Chinese older people in the locality.

Organisation 7:

Yemeni Association Rotherham

Service:

The Yemeni Community Centre offers:

- Information and advice on health, social care
- Advocacy
- Interpretation and translation
- Language school
- Women's groups
- Older People's Luncheon Club
- Community engagement and cohesion project
- Outreach work and home visits where necessary

It also offers support, information and advice to over 20 different nationalities i.e. Kurdish, Yemeni, Bidoon, Arabic, Egypt, Tunisia, Sudan, Morocco, Syria, North Africa.

Staff:

2 full time workers
5 part time workers
10 volunteers
Management group

Funding:

- Lloyds TSB Foundation
- Small grants from PCT
- Grants from Local Authority

Barriers:

- Language
- Lack of capacity amongst the community.
- Seen as small fish in a large sea.
- Local Authority cuts to the voluntary sector have had a major impact on groups. Core funding attracted and facilitated other funding.
- Economic downturn

Impacts:

- Seen as only life line for some people.
- Only social outlet for the majority of older people from this community.
- Project enables older people to maintain their cultural and religious beliefs in a safe and supportive place.
- Project is a link between the statutory, voluntary and community sectors.
- Social injustice, health inequalities, social isolation issues are all addressed and people are supported accordingly.

Partnerships and networks:

- Local forums and networks
- Police
- Local Authority
- PCT

The Yemeni Association in Rotherham provides an important link between organisations and local communities whilst enabling older people to maintain their cultural and religious beliefs. Their service is the only social outlet for many older people in the community and provides invaluable support and advocacy.



Organisation 8:

South Asian Consortium Kirklees (SACK)

Service:

SACK is a consortium of nine South Asian community owned centres in Kirklees. It aims to provide solutions from a community perspective by working in partnership and by engaging with the public sector; focusing on community safety, education, health and social exclusion.

The aim of this community organisation is to have a proactive consortium to advocate and achieve social inclusion for the communities.

- One voice
- One community
- One agenda
- One voice to be listened to.

Staff:

data unavailable

Funding:

data unavailable

Barriers:

- Funding
- Exclusion
- Access to services

Impacts:

- Help reduce exclusion for South Asian communities.
- Active commitment to seeking out solutions and ways in which they complement each other to enhance the quality of life for the communities they represent.
- Help local voices to be heard within the strategic arenas.
- A recognised, consulted and representative authority on issues relating to communities at local and national level.

Partnerships and networks:

- Influence all relevant local strategic networks and partnerships.

The South Asian Consortium Kirklees aims to reduce inequality for South Asian Communities, making the voices of local people heard at a strategic level. By working with local communities on specific issues such as community safety, education, health and social exclusion, they can influence and inform public organisations and services.



Organisation 9:

Muslim Elderly and Disabled Organisation - Batley

Service:

To offer advice, advocacy and social activities for Muslim elders, their families, carers and friends.

Staff:

No paid staff, run by volunteers.

Funding:

Local Authority

Barriers:

- No paid staff, run totally by volunteers.
- Service restricted by volunteer availability.
- No guarantee of funding, under constant review.
- Need more staff to expand service.

Impacts:

- Helps socially isolated and housebound elders to socialise and integrate.
- Offer opportunities for both men and women to access services.
- Offer low level preventative support services.

Partnerships and networks:

- Local support services
- Local Authority Community Liaison Teams
- Local carers groups

Muslim Elderly and Disabled Organisation Batley offers support to Muslim elders and carers relying entirely on the work of volunteers. They offer gender and culturally appropriate services which promote accessibility, providing housebound elders with the opportunity to socialise and integrate in the community.



Organisation 10: Leeds Black Elders Association

Service:

Leeds Black Elders Association offers:

Advice and information

- Information and advice on health and social care
- Advocacy
- Daily drop in service
- Energy, fuel and insulation advice
- Signposting to services

Around the Home

- Decorating service
- DIY
- Gardening service
- Home security assessment
- Home safety assessment

Support

- Advocacy and letter writing
- Bereavement counselling
- Visiting and befriending service
- Carers support
- Emergency prescription collecting
- Energy shopping
- Hospital, GP and optician visits
- Outreach support
- Telephone links

Transport

- Community transport

Healthy Living

- Stroke club
- Dementia club
- Meals on wheels

The Leeds Black Elders Association aims to provide services which are innovative and appropriate to the needs of elders, in particular, but not exclusively, the needs of black elders. In the light of the inevitable increase in elderly people over the next 10-20 years we aim to provide relevant services, facilities and activities to meet current and projected social, cultural, health and economic needs.

To deliver the above services and to meet the needs of the community we try to recruit staff and volunteers who can identify with the community and the local environment.

Good Practice Policies

Financial procedures

Induction programme for new staff

Equal opportunities

Code of conduct

Health and safety

Recruitment and selection and procedures policy

Sickness or absence

Safe guarding

All staff and volunteers are CRB checked.

A service user (vulnerable adult) is defined as someone over 16 who is or may be in need of community care services by reason of mental health or other disability, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or exploitation.

Service users involvement

Fifty percent of the management committee are service users and have active involvement in decision making on service provision. Service users are given questionnaires and feed back forms, we also encourage group involvement in discussions when ever possible through events, there are also opportunities to use the day centres and the luncheon clubs as a platform to engage and get feedback.

Staff:

3 full time workers

8 part time workers

12 volunteers

14 committee members

Barriers:

- Language
- Lack of funding.
- Lack of human resources
- No sustainability to project
- Service users not engaging
- Can not meet the all of the needs

Impacts:

- Breaks down social isolation
- Elders in the community feel safe
- Elders cultural and religious beliefs are met.
- Project is a link between the statutory, voluntary and community sectors.

Leeds Black Elders Association is dedicated to reaching all older people in the community. They are currently looking at how they provide information to service users who do not speak English as a first language. Leeds Black Elders Association provide invaluable support to older people in Leeds and link statutory and voluntary and community organisations with each other and with service users. They offer a range of trusted support services which enable older people to remain independent for longer.



Later Matters

Tackling Race Inequalities for BME Older People

Report into the initial mapping
of service provision for older BME
people in Yorkshire and Humber
and the identification of examples
of good practice.



We will soon be called Age UK