PRIAE LAUNCH EVENT 29TH March 2010 with ISCRI@UCLAN and NMDHU

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From HANSARD

Older People

Debate at House of Lords Thursday 25th March 2010

2.49 pm

Moved By ***Baroness Turner of Camden***

To call attention to the Government's measures in recent years to assist older people and to the challenges for the future; and to move for Papers.

3.02 pm

Lord Dholakia: My Lords, I thank the noble Baroness, Lady Turner, for bringing forward this debate. My subscription to *Saga Magazine* was paid some years ago and I feel well qualified to speak on this subject.

There are two factors which cannot be disputed. First, we know about the ageing of our population and we know that a large number of older people need assistance in one form or another We also know more about the black and minority ethnic communities-the BME communities, as I shall refer to them. Nine per cent of England's population are from BME groups and 3 per cent are aged 65 and over. There are differences within ethnic groups but one pattern is clear: there is rapid ageing among this population and so we will see more and more older people from minority ethnic groups in our daily lives. We also know that the UK's ethnic minority groups have a much younger age structure than the white population-a reflection of migration and fertility patterns.

Why is that so? I shall explain. Immigration from the Commonwealth countries started in the late 1940s and early 1950s. Let us not forget that at that time the Tory slogan under Harold Macmillan was, "You've never had it so good", and I am sure that most of us wanted to enjoy some of the benefits. We then saw the migration of people from the peripheral margins of the Empire to the metropolitan centre itself. The first migration figures were published in the White Paper *Immigration from the Commonwealth*, in September 1965. It demonstrated that a substantial number of migrants were economically active and that women were of child-bearing age. We took little note then that a large-scale economic migration in such a short period would result in a substantial increase in older people in 50 years' time. That time is now.

There is "no return back" for most of the BME elders After all, they are British, having contributed much in their younger lives to the economy, and now in old age many are involved in care or caring. We know that like majority elders, BME elders too have a range of experiences, resources and needs. We know that poverty has an ethnic face. Although we live in one of the rich OECD countries, we have to face the facts: 17 per cent of white households live in poverty compared with 43 per cent of Pakistani/Bangladeshi households; the figure is 29 per cent for Indian and Black Caribbean/Black British and 30 per cent for Chinese households. There is almost a doubling of poverty among BME elders, and with increasing poverty comes a greater need for care and support.

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Many health and social care organisations are funded by the taxpayer, together with long-established large voluntary age organisations that meet older people's needs. However, many of these organisations have not fully adjusted their services to reflect the multi-ethnic client base. So what do you do if you come from a BME background? If you are fortunate, you may find self-help organisations that BME communities-sometimes elders-have set up across the country to reflect an ethnic minority population base. It is not their desire to be ethnically separate; it is simply that, in the absence of culturally responsive mainstream services, they have had to organise care and support themselves.

Is it true that we know more about BME elders today because they have been a government priority? I am afraid that the picture is rather different, perhaps with the exception of the Department of Health, which has done much to support developments. Last week, on 18 March, I had the pleasure of chairing a conference to celebrate 12 years of a unique organisation called PRIAE-Policy Research Institute on Ageing and Ethnicity. I declare my interest as a trustee and vice-chairman of this body, although my only involvement is voluntary, not financial. It is an international independent organisation that has spearheaded research, information and developments in the ageing of minorities. It has, by itself, generated some £7 million grant income and created more than 50 specialist jobs in the 12 years.

PRIAE's track record is such that when I chaired a session at the European Parliament in Brussels some years ago, many attendees thought that the organisation was government-funded and wanted the same in various parts of Europe. This is because PRIAE is credited for research, learning and service developments in employment, care, housing and citizenship. Why, you may ask, is it the first of its kind? The answer lies in the fact that, until this organisation was established, there was a vacuum in policy, targeted research and engagement of BME elders in developments that concern them, including increasing their capacity to be policy-active. In 1998 when PRIAE began, there was no national study on dementia and BME elders. Now there is, and

next week educational resources in this area will be launched with the University of Central Lancashire and the National Mental Health Development Unit, as we know that one in five will have dementia at the age of 80-plus, and much of the care for such people falls on the family.

Similarly, we now have extensive data to design and develop responsive services that BME elders can use and be supported with. These data are on the health, social care, housing, minority organisation providers and family networks of some 26 ethnic groups. This is as a result of Europe's largest research study in the area called MEC-minority elderly care-conducted by PRIAE. I am very proud of this for two reasons: first, no longer can policymakers and providers of services say, "We do not know what to do because there is no research"; and, secondly, this was the first time that a small charitable organisation had been funded by the European Commission in this area in its 26 years of history, and it was a first for a BME organisation It is satisfying to know that all this is being led from our country, the United Kingdom, for the benefit of many across Europe.

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The question is, how much support are the Government providing to this sort of organisation? Due to this research, there is now a credible set of results, perfectly suited to the Government's personalisation agenda. Have the Government informed themselves of this work and used it to make sure that minority elders are integral to the personalisation agenda? If these research results are implemented, it could make a big difference to BME elders' well-being. MEC research shows that minority ethnic elders experience a range of health conditions, services and professional barriers, and remain largely invisible in care policy and practice agendas. Health and social care services are underused due to a range of factors including lack of knowledge, language difficulties, income and inappropriateness of services. When you examine the veneer of much of this policy, there are also considered to be some discriminatory assumptions and complexities within the health system which separate them out from others. However, when they are accessed and used, minority ethnic elders show clearly what their expectations are. Services must be quality-based, and not just culturally appropriate. This is an important finding, since for too long the issue of ageing and minorities has been limited to a focus on cultural and linguistic adjustments.

Health and social care professionals are key in assisting older people. In the research in the 10 countries, such professionals generally accept that minority ethnic elders have different needs, and that services should be culturally responsive. They regard minority ethnic elders' knowledge and cultural factors as affecting access to services, rather than as added issues relating to organisational customs and practices.

Minority and voluntary organisations are increasingly supplying various supporting services such as home care, day care, social support and housing in a few cases, as the research has shown. In this sense, they are acting as primary providers of specialist care, rather than complementing mainstream services. What prevents their growth is finance and infrastructure, and collaboration with the mainstream is often very problematic.

One can cite a number of examples in relation to the expectations of minorities. When you hear comments of this nature from the people for whom PRIAE provides services, particularly those who have lived into their 70s, 80s and 90s, and are not in the same comfortable situation as the vast number of old people in this country, you cannot but be stirred into wanting to create policies that will serve them well in their old age. We must do this urgently.

I welcome the personalisation agenda, and I ask the Government how they intend to personalise BME elder issues so that they are on the same ladder as everyone else. BME elders' housing needs are often lost in the discussion of "they look after their own", but choice must prevail. What has the national strategy on housing in an ageing society achieved regarding funding of specialist BME extra care housing?

In the mean time, with historical neglect and a growing BME elder population with multiple and complex needs, BME age organisations are struggling

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to maintain their operations. Some have disappeared due to the funding crisis. We are reminded that BME communities are part of British society. BME elders are British, yet we see the dangers of parallel but unequal services developing, with different organisational lifespans and funding. Let me illustrate this with a quote from the founder and director of PRIAE, Professor Naina Patel, from her report produced at the request of the Royal Commission on Long-Term Care of the Elderly. She said:

"In the late 1990s, the Government's own inspection survey ... point to the inadequacies of mainstream providers and the compensatory effect of minority ethnic organisations who continue to act as 'primary providers' in the post-community care era ... Given this continuity of mainstream neglect and/or indifference, we can state that this constitutes

de facto racism. In other words, the mainstream services by default are structuring the segmentation of care to minority ethnic elders into a long-term solution. Our concern here is not that the location of services is in BME elder care centres. Rather that such location tends to be inadequately supported, neither maintained nor expanded. This makes the development of comprehensive services and an ability to reach all sections of BME elders (disabled, frail for example) problematic".

This was stated about a decade ago. In spite of several welcome capacity-building measures that the Government have introduced, we are here today, a decade later, asking what support BME age organisations have experienced so that they do not remain impoverished. Our central recommendation, consistently made, is that these organisations should be better resourced and supported through mainstream funding, not as an alternative but as a vital mainstream part of services. This is beginning to happen through some government programmes, for which they should take credit, but they interpret "mainstream" a little differently.

Let me add a word of caution. In the interests of mainstreaming, white voluntary organisations are encouraged and financed to support BME organisations. We welcome learning and transfer opportunities, but we must ask, is this what is happening? Are benefits flowing in both directions? BME organisations are rightly concerned that this opportunity may gear white voluntary organisations to be more competent in multicultural care, but leave BME organisations as second best. Such possible unintended outcomes require that the Government implement their mainstream programme with care and concern. How do they intend to use the expertise generated by these organisations? We have seen little evidence to give us hope. I hope that the Minister will be able to deal with some of these issues when he responds.

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Extracts of Minister's reply referring to Lord Dholakia's speech

Motion Moved By Baroness Turner of Camden: To call attention to the Government's measures in recent years to assist older people and to the challenges for the future; and to move for Papers.

Extract of reply from Minister to Lord Dholakia's speech and comments to his speech from other peers.

3.50 pm Baroness Thomas of Winchester

My noble friend Lord Dholakia made a powerful contribution about the needs of what we now call the BME community. As he said, many of those who originally came to this country after the war now fall into the age range that we are talking about. I hope that the Government heed what he says about support for organisations and BME elders who are trying to address the needs of this older cohort.

Minister's Reply 4.16 pm

The Parliamentary Under-Secretary of State, Department for Communities and Local Government & Department for Work and Pensions (Lord McKenzie of Luton): My Lords, I congratulate my noble friend on securing this debate and on her steadfast support for securing justice for older people in particular. She ranged comprehensively over issues associated with work, pensions, retirement and care. The noble Baroness, Lady Thomas, said that she detected only a slight hint of electioneering-I think that that was before the previous contribution-and we have learnt one or two acronyms, such as OWCH and HAPPI, this afternoon, which I will come on to……The noble Lord, Lord Dholakia, made a very interesting and pertinent contribution. I should like to spend more time reading the record of his speech, but I recognise much of what he described from my own experience in Luton, which has a very diverse community. The ageing population is a challenge for all society, and individuals, families, businesses and government, as well as communities, will be required to address it. However, we recognise the challenges that BME communities face, and it is important that we bear these in mind in the delivery of our public services. During our consultation on our recent ageing society strategy, we held specific events to ensure that the voices of BME communities were heard, although we recognise that that has not always been the case.

4.40 pm Baroness Turner of Camden: My Lords, I thank everyone who has participated in this fantastic debate. I have been amazed at the degree of expertise and knowledge displayed by so many contributors-in particular, the noble Lord, Lord Dholakia, who made a remarkable reference to minorities and issues that I had not even thought about. I thank him for that. I will make one exception, however. One of my colleagues described the contribution of the noble Lord, Lord Freud, as somewhat doom-laden; I, too, think that it was doom-laden.

Motion withdrawn.