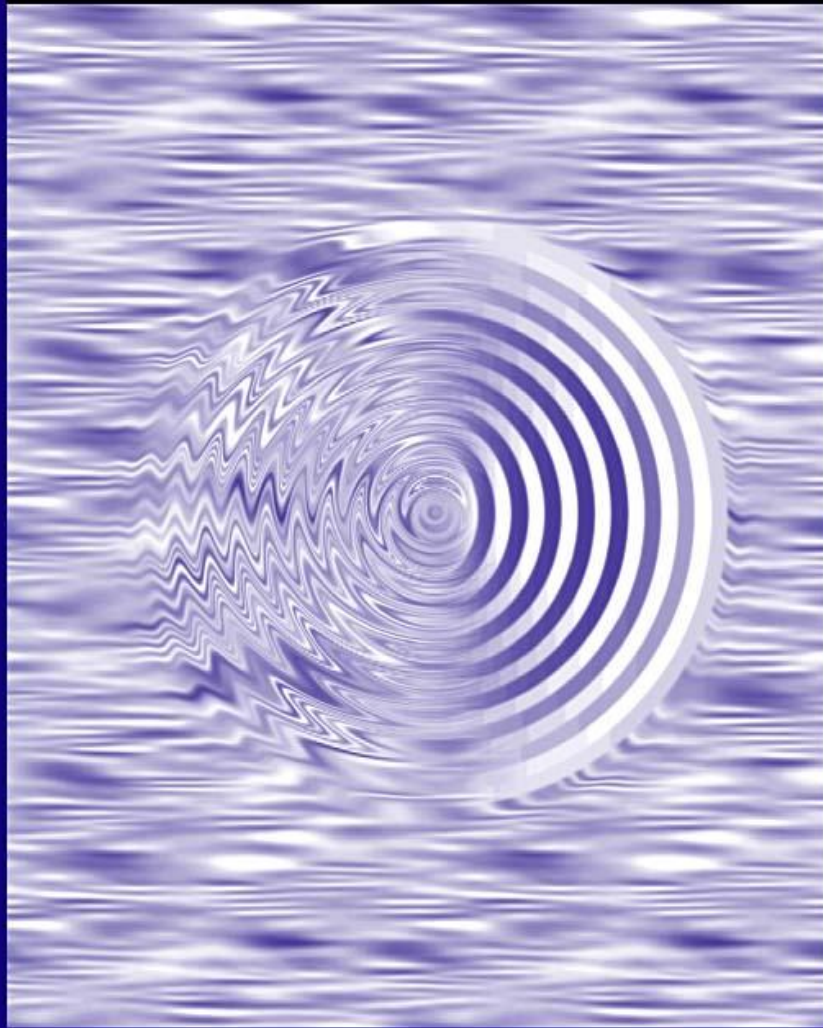


HOPE & CARE

BLACK AND MINORITY
ETHNIC ELDERLY IN WALES



A REPORT FROM PRIAE

to the Wales Office for Research and Development, Health and Social Care

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ABSTRACT

Wales is a multiracial society. Black and minority ethnic (BME) elders are clear in the issues they face and how the Welsh Assembly and the local authorities including the NHS can respond to their urgent needs. This report is an important tool in seizing the opportunity to contribute to better ageing among BME elders of today and tomorrow.

This report highlights the current issues facing BME elders living and ageing in Wales. The mapping exercise focuses on issues as a method and it is not meant to be a research undertaking on a given population sample. The issues cover the general context of living in Wales for minority ethnic elders and their experience of the care system. For the first time attitudes on dependency and the finance of long term care are highlighted. Among the recommendations which encompass the policy agenda, strategic developments and research, elders' own views on their preferred mode of care is considered: as a first step, a multicultural day centre which brings *all* minorities together in Wales. Such a centre would aim to meet *specific* needs but 'under one roof'. This complements the 'vision' of elders from England and Scotland attending the Royal Commission Seminars in 1998. PRIAE has termed this '*the Pomegranate Model*' to symbolise the principle of 'unity in diversity'. It is a bold proposal from the BME elders in the context of near absent culturally appropriate developments: bold because it considers *all* BME groups rather than seeks to satisfy ethnic-specific interests. Policymakers and planners often say that they cannot devise tailor-made services to meet individual diverse needs of different ethnic groups. BME elders' bold and practical recommendation offers an avenue to accelerate the urgent need to act to develop services - beginning with a multicultural day centre.

The report emphasises that the new millennium should mark the beginning of *practical* developments in a range of areas (home care, day care, housing and health). These services should be encouraged and initiated by the policymakers and planners in both the Welsh Assembly, and funded in particular by the local authorities/NHS, working together with the CRE Wales, local Race Equality Councils (REC's), BME elders, carers and minority ethnic and other voluntary organisations in Wales. PRIAE as a UK wide institute will continue to provide the lead to ensure that the recommendations determined by the BME elders and carers are translated into a well planned programme for services - for BME elders of today and tomorrow.

ACKNOWLEDGEMENTS

We would like to thank everyone who supported this initiative.

Everyone who took part in the seminar on the 8th April 1999: the black and minority ethnic elders, carers and managers of black and white voluntary organisations coming from throughout Wales. Their warmth and support with critical questioning was most useful.

This work was commissioned by Gerry Evans, Director and Marcus Hill, Programme Manager at Welsh Office for Research and Development (WORD). They have both engaged with us on the seriousness that this subject matter deserves. Rosemary Evans, Social Services Inspector gave her time, encouragement and materials. Sir Herman Ouseley, Chair of the CRE¹ and PRIAE and Cllr Cherry Short gave generously of their time as speakers at the seminar.

As to the organisations, our partner for the Seminar was CRE Wales. The event would not have been possible without the support for the joint venture from Aileen Haskill², Manager at the CRE. The hard work enthusiastically conducted in arranging the seminar by Judith Jones and Neil Davies (both at CRE Wales) was most appreciated. Our thanks to the facilitators, Jazz Iheanacho, Director of Race Equality First, and from PRIAE, Beulah Mills, Sally Davies, Sunjeeda Hanif and Naheed Mirza. Sally Davies also assisted in compiling the seminar findings. We appreciated the comments from colleagues at WORD and our reviewers. As one of them said, *'the effect of the report is not the report per se, but how it is used as a tool to make a difference'*. There is much to be celebrated in a team effort, working to make a difference to the quality of life of black and minority ethnic elders in Wales.

We are most appreciative of the efforts of Dr Ally, director of CRE Wales that within a short time of his appointment, the decision to print this report was swiftly taken.

Naina Patel

Director of PRIAE

¹ At the time of publication of this report, Sir Herman left the CRE as the Chairman in January 2000.

² Aileen Haskill retired soon after the event and the new director is Dr. Ally.

EXECUTIVE SUMMARY

1. Background and Context

The focus on black and minority ethnic (BME) elders in Wales originated from PRIAE's report to the Royal Commission on Long Term Care for the Elderly (HMSO 1999). It emphasised the need for a mapping exercise in Wales that would establish what the care issues and needs were for minority ethnic elders as we approach the millennium. WORD responded positively and recognised the importance of moving forward on policy and developments. The recommendations in this report are a good starting point from which to set a wider agenda on issues facing minorities in Wales. In beginning with BME elders there should be spill-over effects into other areas of race equality covering the overall system of care since issues concerning service users, families, organisations and professionals are covered.

Wales is a multiracial society. The new management of Wales through the Welsh Assembly, the White Paper on Modernising Social Services in Wales, and Strategic Framework on Health, provide the key policy frameworks for change. Initiatives such as the National Service Framework for Older People, Fair Access and Performance Assessment Framework as part of modernisation of care and welfare relate to *all* members from the majority and minority groups in our society. Ethnicity is thus an inclusive feature - and Wales's multicultural society was signified as such in the opening of the Welsh Assembly. At a national level, the Secretary of State for Health, Frank Dobson MP in announcing to Parliament, the Report of the Royal Commission on Long Term Care for the Elderly cited one of PRIAE's recommendation:

'It should be a priority for Government to improve cultural awareness in services offered to black and minority ethnic elders' (8.10, With Respect to Age, 1999 HMSO).

The above policy recommendation and response provides the necessary impetus for change to be implemented, and the recommendations outlined below to be put into place for targeted developments.

2. Recommendations

The following recommendations are based on our analysis (section 4), and specific recommendation's from BME elders, carers and managers (section 5). These recommendations can be grouped under three main headings: Policy Agenda, Strategic Investment and Development and Information and Research.

It is important to note that all of these recommendations are relevant to all of the responsible bodies, that is the Welsh Assembly, local authorities and the NHS, albeit to different extents. Each body and their constituent components have specific powers to establish agendas, set priorities, allocate resources and support initiatives in the climate setting and planning of services to the BME elders. This is significant given the near absence of care services to BME elders in Wales.

Recommendation 1: Policy Agenda

There is an *urgent* need to accept PRIAE's report stated in the Royal Commission's recommendations with an emphasis on 'priority' - *'It should be a priority for Government to improve cultural awareness in services offered to black and minority ethnic elders' (8.10, With Respect to Age, 1999 HMSO)*. This report on Wales should be presented at a specific seminar for policymakers and planners across social care, housing and health sectors. This should take place as soon as possible to enable planning and direction setting of care services to BME elders in Wales.

Recommendation 2: Strategic Investment and Development Plan

There is an *urgent* need to design an All-Wales Development Strategy on Minority Elder Care, focussing on the need to attain real and tangible results and optimising the plus factors. This report would provide the basis for such a strategy. As a practical step to begin with, this would include the establishment of multi-cultural day centres in Cardiff, Newport, Swansea and Caerphilly. It would be for all minority ethnic elders, designed to meet specific needs of different BME groups but 'under one roof', encapsulating the principle of *'unity in diversity'*. Such examples exist in various parts of England and lessons could be learnt on 'what works' for adaptation in Wales. This vision should be welcomed by relevant authorities and shows a pragmatic approach among BME elders rather than them seeking to assert individual minority ethnic interests for the elders' group within their diverse communities.

Recommendation 3: Information and Research

There is an *urgent* need to conduct focussed empirical research in areas identified by the delegates. This includes data on health profiles, experiences of quality of care in residential homes and nursing care, and the response of mainstream authorities to diversity. As regards the latter, there is an urgent need to

- understand and address how stakeholders are setting priorities including commissioning and funding developments in BME elder care,
- assess the capacity and capability of mainstream authorities including professionals to address the 'different' and, currently, unmet needs of black and minority ethnic elders.

'What' research is conducted is as important as 'how'. The delegates emphasised their unwillingness to partake in more research without seeing evidence of developments (current and potential). This is because they believe that research is used as a mask for non-action in the planning and development of services.

1. Bases for the Recommendations

The above recommendations originated from:

black and minority ethnic elders, carers and managers who attended a PRIAE-CRE Wales Seminar on 8th April in Cardiff. The event was structured around four themes. They are

- appropriateness of care,
- accessibility and adequacy,
- dependency and
- finance.

We have retained for reference individual group's recommendations in Chart 1.

- PRIAE's assessment and analysis of the current knowledge base, issues, personnel and practice developments. These are explained fully in Section 4.

The recommendations should be read with an appreciation for the context from which they emanate:

- A general lack of race equality initiatives by mainstream services in health, social care and housing. Education and Leisure services also have a part to play.

- The general absence of minority ethnic elder organisations.
- The rise in the number of black and minority ethnic elders, particularly considering the known ill-health, low income and variability of social networks, including family, and high levels of isolation amongst this group.
- Subsequent to the above, it appears that to make any impact on the care of black and minority ethnic elders, major developments are required. This is characteristic of any investment. There is therefore a need to understand what the real baseline situation is rather than the stereotyped view *'that minorities are getting too much of public resources'* or *'in Wales, minorities have settled for a long time so they do not need specific services'* or *'that minorities needs are special and we cannot cater for these'*. These views are incorrect as the evidence from BME elders and carers' suggest from the seminar. For example, BME elders' needs are not 'special', they are just ordinary requirements to enable daily living which are made 'different' through language, culture, faith and the experience of disadvantage and discrimination.

The context outlined above, reflects the 'bleakness' poignantly summarised by an elder at the seminar,

*'we need helpfulness and hopefulness,
we are not asking for much'.*

1. The plus factors

To implement the recommendations described above in Wales, there is a need to appreciate and capitalise upon a number of 'plus-factors' :

- The elders and carers are clear in what is required (see section 5).
- PRIAE is suggesting a way forward in research, innovations and personnel development: the latter can tackle the unemployment issue that is also experienced by minorities in Wales. The relevant authorities who have power and influence to change this balance should see this as an opportunity to reduce R&D costs, by using what is known and adapting what can be modelled to the Welsh context, thereby meeting their own policy imperatives and elders' needs.

- Wales has on its side the co-operation of minority ethnic elders, various voluntary groups including the CRE and Race Equality Councils: they are willing and able to participate in change as long as it 'is action with results, and not just consultation'. In a performance related world (e.g. meeting targets), such a process is desirable as well as critical in raising confidence and satisfying ordinary care needs of *all* elders' in Wales.

1. Conclusion

Black and Minority ethnic elders are citizens of Wales having fully contributed their part as majority elders. The important feature is their experience of being a minority, irrespective of how long they have lived in Wales. In being minorities they have experienced differential services, few of which are developed and most of which are non-existent. This report offers an important opportunity to the new Welsh Assembly: in its policy role to encourage rapid investment in developments funded by local authorities and the NHS organisations to eliminate differential care. The Welsh Assembly, and the mainstream authorities have several 'plus factors' to build from in lifting the low base of appropriate care services: this report offers an important tool to begin this task.

The minority ethnic elders, carers and managers working with PRIAE, the CRE Wales, Race Equality Councils, Multicultural Crossroads, Age Concern, Alzheimer's Disease Society and many others including professionals in health and social care, housing and law gave a clear direction for progress at the seminar. This level of support and motivation needs to be harnessed and nurtured in the interests of the BME elders of today and tomorrow - as part of *all* people from *all* communities in Wales.

SECTION 1 INTRODUCTION

This report arises as a result of the visible gaps identified at several levels during the preparation of PRIAE's report to the Royal Commission on Long Term Care for the Elderly (published 1st March 1999). PRIAE made efforts to include the perspectives of BME elders in Wales during its work in the autumn of 1998. However, it was evident that without appropriate work, effective engagement of the relevant personnel in Wales would be difficult.

It was therefore decided that an All-Wales profile would help generate an understanding of the latest issues on health, housing and social care faced by BME elders. The research method would have a development focus. This would be in the form of creating an opportunity for BME elders and their carers to attend an event. Here they could contribute to structured questions and meet peers from various minority ethnic groups.

1. METHOD

To establish an All-Wales Profile we would

- Identify who the BME elders are
- Undertake a literature review of Wales-specific work relating to BME elders on health, social care, housing, income and employment
- Examine black and minority ethnic organisations who provide care services
- Identify key personnel working in the area and meet with some to ensure the success of the next stage (see below)
- Hold a structured seminar programme to ascertain responses to questions on experience, appropriateness, accessibility and availability of services. BME elders, carers and managers of BME and Voluntary organisations across Wales would be invited.

1. STRUCTURE OF THE REPORT

Section 2 provides an overview of demographic, socio-economic and health related information. This is followed by **Section 3** in which we consider the current situation in housing, social care and health, as well as the position of minority ethnic organisations. **Section 4** outlines our recommendations to the Welsh Office, to the Social Care and Housing authorities and NHS organisations based upon the current examination.

Since the seminar method is regarded as an important source for obtaining specific issue-related information, and allows for the recommendations of elders, carers and managers to be voiced, this information is presented with greater detail in a tabulated form in **Section 5**.

We were pleased that the Secretary of State for Wales Mr Alun Michael MP and the CRE Chairman (and PRIAE's Chair) Sir Herman Ouseley had both agreed to speak at the first All-Wales seminar for BME elders. In the event the Secretary of State for Wales was unable to attend or send a representative due to the requirements of the imminent elections to the Welsh Assembly. Seminar delegates expressed disappointment that the Secretary of State could not attend and expressed concern as they felt an important opportunity had been missed. Consequently, they emphasised the importance of engaging relevant personnel including the Secretary of State, to ensure that the recommendations of this report are implemented once it is submitted to WORD.

SECTION 2 GENERAL CONTEXT

1. Background

We made several assumptions when we agreed to undertake this work. One of these was the availability of information on the general characteristics of minority ethnic people including by age. However, at the time of completing this work, we received the findings from the 1991 Census which the Commission for Racial Equality (CRE), Wales had commissioned from Charlotte Williams at the University of Bangor. We highlight this here, not just to indicate the absence of such information until now, but to suggest that we are indeed starting from a low development base in this area.

When we speak of a black presence in the UK, we often refer to the long established communities in Cardiff and Liverpool, notwithstanding the communities in London. In Wales Triangular Trade helped to finance South Wales' Iron and Coal Industry and North Wales' Slate industry. These industries relied upon the blacks as 'free labour' whom came to Wales as a result of the slave trade, as seamen and domestic servants. By 1910, Cardiff had the second highest population that was 'foreign born' after London. However, the comment 'they should be got rid of' was frequently heard (Fryer pg. 350). Peter Fryer in his book, *Staying Power* (1984), cites examples of 19th century living and intermarriage in Wales (pg. 235), as well as riots which began in the early part of 20th century in June 1919, in South Wales that experienced,.....'one of the most vicious outbreaks of racial violence that has yet occurred in Britain.....one victim had a crowd of about 1,000 after him (pg. 303,306)....murder charges against six white men were dropped for lack of evidence' (pg. 307). Thankfully, as we approach the end of this millennium such levels of violence are not evident. However, a survey of racially motivated violence in Britain in 1995, showed that South Wales came third in terms of numbers of such incidents (CRE Factsheet 1999). Mohan Singh Kullar aged 60 was beaten to death in his own shop in Neath, December 1994. The murder was recorded as 'racially motivated' and three white men were charged, one receiving a life sentence.

2. Employment, Housing and Health

There is also a historical trend for problems in unemployment and housing for blacks in Wales. Fryer writes in detail about the major difficulties black seamen had in attaining work before the Second World War through peers and unions: in 'industry the colour bar was total' (pg 356). In the 1990s, the unemployment rate for black groups is 23.4% compared to 10.1% for Wales. 1.6% of minority ethnic groups come from Social Class 1 and 2, 1.1% from Social Class 3 and 1% from Social Classes 4 and 5 (CRE factsheet). With regard to housing, in 1937 there was evidence of poor conditions in homes and discrimination in rent prices (Fryer, pg. 358). In the 1990s, 60% of minority ethnic people were owner-occupiers compared to 71% in Wales as a whole (CRE Factsheet 1999).

However, evidence from England suggests that figures for house ownership hide the conditions experienced by people in such homes (Modood et al 1997). There is, however, some diversity amongst different minorities: Robinson (1996) analysing the 1991 census says, 'the Indian population of rural Wales...tend to be purchasers of well-specified properties' (pg. 119).

Regarding Health, for the 1990's we have three recent sources of information to consider. First the Welsh Health Survey (sample 50,057 with a response rate of 56%) carried out in mid-1995 gives no information on the health of minorities. Second, an Atlas of health inequalities between Welsh Local Authorities (1998) gives no information on minorities either (see Section 4 for further information). Third, a specific study on the issue of race and health in secondary care practice by the NHS Wales Equality Unit and the CRE Wales (1998) found:

- That there is variability in the collection of ethnic data: some NHS organisations are not recording by ethnicity while others are using different classification systems. This makes any attempt to understand the prevalence and treatment of ill health difficult (see Section 4).
- There is little evidence of culturally appropriate health care.
- There is no commitment to meeting diverse health needs, as is apparent from the lack of action on commissioning, planning, delivery and research of health services.
- There is evidence of discrimination in employment patterns.

These findings are particularly stark when you consider that it is known that there is approximately double the number of long term illnesses among minority ethnic groups compared to Whites in Wales: 17.3% for minorities compared to 8.4% for white groups (Wales, 1991 census; Section 4 examines this further).

1. Demography

The historically determined background above provided us with some information on the nature of black and minority ethnic experiences in Wales. In this section we look at who the 'minorities'³ in Wales are. This information is taken from the CRE Factsheet 1999.

Table 1 gives the general ethnic minority population in Wales. It shows that they make up 1.5% of the population and comprise a range of ethnicities. This figure is in concordance with the finding that England contains 86% of the total British population together with '99% of the Black-Caribbean, 98% of the Indian, 97% of Black-Other, 97% of the Bangladeshi, 94% of the Pakistani and 90% of the Chinese' population (Peach and Rossiter, 1996 pg. 115). The minorities in Wales come from all ten classified ethnic categories with the most prominent being the 'Other' group. The prominent numbers in the 'Other' category reflect historical patterns of settlement and intermarriage (above).

Table 2 gives the distribution of minorities across the 22 Unitary authorities in Wales. It reveals one central fact: *Wales is a multiracial society*. This is because there is a minority presence throughout, albeit unevenly spread. Cardiff, Newport, Swansea, Ceredigion, Vale of Glamorgan and Gwynedd account for ≥ 1 per cent of the minority population. Regarding gender, women and men comprise 51% and 49% of the minority population, respectively.

Table 3 gives a breakdown of white minorities living in Wales, England and Scotland. Compton (1996) comments, "the heterogeneity of Wales is an internal UK characteristic....attributable to the high proportion of English in the principality rather than to a substantial 'foreign-born' population" (pg. 253). Amongst other groups, minorities from the Irish Republic dominate as a result of the historical socio-economic connections with Britain. There are also sizeable Italian and Polish groups in Wales, most of whom settled in Wales immediately after World War Two.

SECTION 3 AGE AND ETHNICITY IN WALES

Note: as stated in the introduction, some of the data is adapted to make it relevant to this report. Until this report, we did not have age-ethnicity-related information for Wales. This is the first time such information has become available!

Table 4 shows the age and gender of ethnic groups in Wales. The BME elderly are a heterogeneous group. Indians show a higher number of older people in the 45-64 years age range for both men and women. By contrast, it is amongst Black Caribbean/Others that there are the highest numbers of elderly in the 65+ category (men and women). The Bangladeshi population has the lowest number of elderly in the 65+ years age range for both women and men, whereas the Black African/Others are one of the most youthful groups. In the 85+ category, the distribution is highest in the Other category for both women and men. The reason for this diversity emanates from historical settlement, migration and refugee arrival issues.

In terms of figures for all minorities, 5,627 (13.5%) of minorities were in the 45-64 years age range compared with 633,588 (22.6%) of those from white groups. This contrasts clearly with the 65+ age groups: 1,325 (3.2%) in this age category are from minorities compared to 489,287 (17.5%) from white groups. Thus, the current population of minorities in the 65+ years age range, comprise a relatively small group. This accords with the rest of the country: minority ethnic groups in the 65+ category constitute 1.3% of the population in contrast to 4% of minorities in the 45-64 year age range.

This means that as with the rest of Britain, in Wales there will be an increase in the percentage of minority ethnic people reaching retirement age in the near future (Patel 1999). The issue on numbers is clearly important for planning and resource allocation. However the numbers issue should be considered within the context of needs and base level developments: for our target group, both merit attention.

³ We are using 'minorities' in this report to refer to both black and white minority ethnic groups. So the 1991 census used 10 classification - which we would refer to in this broad term as 'minorities'.

1. Health, Housing and Social Care

1.1 Health

The three recent surveys on health, mentioned in Section 2 do not provide any age-related information. As regards the **NHS Wales Equality Unit and CRE Report** (1998), our discussion with the relevant personnel confirmed the main findings of the report: in the absence of systematic ethnic monitoring, there was no available data which could lend itself to age-related analysis.

The Atlas of Health Inequalities (1998) is an interesting report but there is no mention of ethnicity in its brief or any attempt to make any deductions. It simply does not recognise ethnic diversity in Wales. However, one of its conclusions was 'considerable inequalities in health have been demonstrated between unitary authority areas....health inequalities in Wales are likely to result from a combination of relative socio-economic deprivation, occupational health hazards, high unemployment, poor housing, polluted environment, a high prevalence of unhealthy lifestyles, and poor access to healthy choices in foods' (pg. 67). Given the earlier discussion on the background of minorities in Wales (Section 2), this information and related information from the GOAL Project and from England (Lindsay et al.1997; Patel et al 1998), makes this conclusion relevant to minorities also. Thus, the social inequalities referred to in the report are found among minority groups also, and their consequent ill health. The report's silence on BME as a group means that the issue of addressing culturally specific services and barriers which BME people and elders face remain unexplored and therefore un-developed. As with BME experience elsewhere in Britain, it is clear that to address social exclusion among BME people, there is a need to address ethnic-specific work. Strategy built on 'colour - blind' reports may not lead to trickle -down solutions to BME people when applied generally. WORD therefore is to be commended for recognising the problem by initiating this work on BME elders.

The Wales Health Survey (1995) is a very useful document. It provides age-related analysis, for example, on depression and hypertension - both are known to show higher prevalence amongst elders in some ethnic groups. In Appendix 4 of the Wales Health Survey, the sample size is indicated at 28,000 persons. However, in the 114 pages of this

survey we could not find a single statement on minorities let alone any analysis on age and ethnicity.

Summary on Health

The research undertaken by the GOAL Project team (1994) is the *only* source of health information we have on BME elders. Its findings relate to several studies undertaken in England (Patel 1999) and Scotland (Bowes 1997). In order to update and maximise use of collected information, which is available, we make a specific recommendation regarding the Wales Health Survey (see Section 4).

1.2 Housing

Cardiff County Council in 1998 commissioned a study to establish whether minorities were accessing housing services in Cardiff (sample 300 organisations with response rate of 33%). It found that 9% of the organisations had minority ethnic clients and that none exceeded 'more than two clients'. Regarding BME elders, the overall view was that this group did not access services but that they would be welcome.

Of the ten sheltered schemes, which provide 367 units of accommodation for the elderly, four had minority ethnic clients. Nelson House, Butetown is a prime location for our target group. This is because Nelson House is the only sheltered housing available in an area with a high percentage of minority groups. Its unsuitability (a 15 storey Tower block and culturally inappropriate concept of 'old people's home') adds to the general view by black elders that such homes are 'not for us'. And yet the study confirms what is known regarding housing and BME elders. Stability, security and affordability are important issues for majority and minority elders who gave evidence to the Royal Commission on Long Term Care. For BME elders in Cardiff, issues of location, access to sheltered housing and small schemes with appropriate support services are identified as necessary steps in undertaking housing developments for this under-represented group. This finding is not unique to Wales. In parts of England it has been the basis for specific developments, often led by black housing associations (e.g. ASRA Housing in Leicester, Unity in Leeds, Ujama in London).

We welcome the Council's response to the study by deciding to build a specific housing initiative for Somali elders. Their housing need is urgent since the current lodging houses are unsuitable and in poor condition. The study identifies the retention of a nearby 'café'

which is a social meeting place for Somalians, young and old. When this development takes place it will be the first black-elder specific housing initiative in Cardiff and in Wales.

Our discussion with personnel raised a specific concern/question given the unmet need amongst other minority group: once this 'takes off' what about group X? This is an issue not restricted to Cardiff. In other cities in Wales BME elders have similar concerns: there is a real housing need and yet information and other barriers on both sides are making it difficult to address the need. We can summarise from the Cardiff housing survey that according to the housing providers, they are unaware of minority elders' needs and, conversely, BME elders are unaware of what housing provision is available in Wales. In such a situation where demand and supply are clearly in disequilibrium, the housing market needs to be stimulated.

1.3 Social Care

The GOAL Project report (1994) supported by the Welsh Office, is the only full study to date of minority elders' (both black and white) health and social care needs. It also focuses on carers. The study established a range of needs, similar to studies undertaken in the 1980's and 1990's in England and Scotland (Patel 1990, 1996). In all these studies, low take-up of existing services for elders is a familiar finding. Nevertheless, these studies also show that BME elders have expressed their need and willingness to use day care, meals on wheels, sheltered housing, benefit services and rehabilitation services, with the qualification that services need to be appropriate, accessible and adequate. We call these BME- friendly services if they provide effective care.

Also, it is now accepted that there are several specific barriers which exist for minority ethnic elders in obtaining effective care (see section 5, PRIAE's report to the Royal Commission, DH Report, They look after their own, don't they?). They can be summarised as:

- **Information and Knowledge barriers** - elders do not know what is available to them and the providers believe that *'since black elders do not appear in our services, they do not need them'*.

- **Communication barriers** - not all groups experience this but for minorities whose first language is not English, an inability to communicate confounds the knowledge and accessibility barriers.
- **Access barriers** - the GOAL projects cites this as one of the key problems, which we in 1998 regarded as a continuing problem for BME elders in England and Scotland (evidence to the Royal Commission, Patel 1999).
- **Appropriateness and Numbers barrier** - providers have often said that to change their existing services is to act discriminately and hence they adopt a colour-blind approach. It is said that *'our services are open to all'*. The issue of 'insufficient numbers' came up on several occasions in our communication with various personnel. This is factually correct (see tables) but what should providers do when needs are established, irrespective of the numbers? The answer must surely lie in the assessments when made, and care should be forthcoming.
- **Cultural barriers** - providers have long used the reasoning that low uptake in services must mean that *'minority families look after their own'*. Indeed this reasoning is so strong that the DH report into the inspection of social services to minority elders (England only) used the title ironically: *'They Look after their own, don't they?'* (1998). By contrast, BME elders have also used cultural explanations not to register their need for services as well as to rationalise particular illnesses (e.g. Alzheimer's Disease, see CNEOPSA study by Patel N, Mirza N et al 1998).

To summarise, the above barriers essentially lead to the following scenario:

no referrals means no assessment means no eligibility for services.

Fair access⁴ is the crucial step for altering this equation. The trend that mainstream care providers are not responding to BME elders' needs is firmly accepted as the current position in Wales. Indeed some organisations and individuals we contacted were clear in their question: the GOAL Project has a good set of recommendations - where is the implementation, they asked?

⁴ PRIAE is currently exploring 'biases' in local authorities' eligibility criteria for BME groups as part of the Department of Health work on Fair Access to Services in England.

The response given by South Glamorgan Social Services who undertook the GOAL Project research said that the establishment of Multicultural Crossroads is one outcome. The department purchases home care services (equivalent of 130 hours) from this voluntary organisation. There are BME elderly in residential care but the department could not provide further information. This again highlights an issue we raised under health: inadequate or non-existent monitoring of service use by ethnic minorities.

The department is concerned that although referrals are made by assessments and a care package devised, due to charging, minority elders are not taking up the care offered. The current proposal of free personal care by the Royal Commission would make a difference here. Finally, the officer responsible for equality vocalised similar responses to that of other mainstream providers: 'we need direction on how to respond to this area and take account of diverse cultural and communication needs'. We have therefore suggested a 'way ahead' on how to progress so that effective care becomes increasingly available for BME elders in Wales.

We can conclude that there has been 'stagnation' in the knowledge and development base in the care of BME elders by mainstream providers in Wales. This scenario has been recognised in England for over 15 years.

However, the major difference between Wales and England is the relative absence of BME elder organisations in the former. Our findings, which were accepted by the Royal Commission, showed that such organisations were acting as *primary providers* (e.g. providing day care) in the absence of an effective response from the authorities. Essentially, they were a substitute for the mainstream. We could assert the same for Multicultural Crossroads: it is the only service geared to meet the needs of minority elders in Cardiff, and in Wales.

It shares similar characteristics to its counterparts in England and Scotland: poor funding and infrastructure. But unlike other Crossroads schemes, '*Multicultural Crossroads is the only scheme in Wales which is not core funded by any funding bodies*' (Annual Report, 1997-98), and yet it is unique in Wales in providing culturally matched services. The absence of specific BME elder organisations is not to say that minority elders do not have recourse or access to other organisations. We met and heard several accounts on the positive role played by the CRE, Race Equality Councils, Age Concern, other voluntary

organisations in Newport and Swansea and minority religious/cultural associations, including places of worship. Clearly there are pioneers and indeed black politicians among the BME communities.

The relative absence of organisations catering for BME elders may stem from a general under-development in other areas of 'race' relations in Wales. Considered in this context, there are opportunities to decide on the nature of models of care to be developed for our target group. However, the context also emphasises the urgency that policymakers, mainstream providers and minority communities should give to this area.

SECTION 4 RECOMMENDATIONS

Our task was to establish an understanding of the issues relating to BME elder care without embarking upon a research project. This we have done partly through engaging with organisations and individuals in Wales, and holding a seminar with relevant personnel in Wales on 8th April 1999. We see our findings as providing the 'raw' material and the basis for the recommendations as voiced by elders and carers. Therefore, in Section 5 we have presented the details in full. However we wish to suggest some key pointers for planning future developments based on our analysis in the preceding sections.

These recommendations are addressed to all of the responsible bodies, that is the Welsh Assembly, local authorities and the NHS, albeit to different extents. Each body and their constituent components have specific powers to establish agendas, set priorities, allocate resources and support initiatives in the climate setting and planning of services to the BME elders. This is significant given the near absence of care services to BME elders in Wales. Related to this are the care professionals: social workers, health professionals including the GPs can do much to respond to the information, access and care needs of BME elders. The barriers explained in this report suggest that there is a ready programme of work for these and related professionals in care services. They can use their considerable knowledge, experience and power to contribute to the improvement in care and quality of life of BME elders.

Since the report indicates the need to design a BME elder strategy and to build care developments, such professional issues relating to information, assessments and practice must be built into the strategy rather than addressed in an ad hoc way.

The recommendations should be read in conjunction with:

- (i) The three theme related recommendations in the **Executive Summary on page :**
 - Policy Agenda,
 - Investment and Development in Minority Ethnic Elder Care
 - Information and Research.
- (ii) Elders, carers and managers' specific recommendations in Section 5

Recommendation 1

The context of BME elder care suggests absent structures, low level developments and slow recognition of the area of elder care. This growing concern leads us to emphasise the recommendation made by PRIAE in the Royal Commission Report. It stated: *The new Parliamentary bodies in Wales, Scotland and N.Ireland have an excellent opportunity to build in at the outset the arrangements which will support effective care and independent ageing for minority elders and Carers in collaboration with BEM elder bodies in each area.* PRIAE and its partners can suggest how this might be achieved in practice.

Recommendation 2

As requested by mainstream providers, and considering the absence of minority issues in key documents we have examined, it is recommended that a **development plan** be commissioned which sets the direction for BME elder care in Wales in the millennium. This report would provide the basis for such a plan. A development plan needs to encompass *all* aspects of care rather than attending to discrete elements of access, assessment or commissioning in social, health and housing services. Such an approach also strikes at the Government's commitment for 'joined-up thinking'. Not only would this be cost-effective (the barriers we explained are evident in housing, health and social care), but it may also help to achieve the goal of person-centred care as part of a more general holistic approach to elderly care.

PRIAE is already providing such a service to several organisations in the UK - and in Europe. This work, together with seminar preparations has confirmed the warm reception that PRIAE has received from several individuals and organisations. This could be extended to include working, within a directed framework, in partnership with Wales CRE and its partners with mainstream interests.

The development plan could also explore the key recommendation BME elders made: the urgent need to set up a multicultural day centre *'for all BME groups'* in Cardiff, Swansea, Newport and Caerphilly. They clearly recognise that their different dietary, linguistic, cultural, faith needs may present different design and patterns of services. They also recognise that this recommendation is one that they are strongly advocating and therefore have an interest in 'making it work'. They believe that with good design and planning, such accommodation can be made, as it is in several day centres in parts of England. PRIAE supports this on the basis that day centres are important 'meeting places' for a range of purposes and that they are often a gateway to developing a range of social and health care services.

The BME elders' vision of a multicultural day centre beginning with their establishment in four cities in Wales (Cardiff, Newport, Swansea, and Caerphilly) should be commended since they are not using the opportunity to assert individual ethnic self-interests. Rather their concern is to plan and design the day care services in such a way that group needs can be met in a *'Welsh context but where ethnic specific needs are expressed'*, (e.g. Caribbean, Indian, Pakistani, Chinese, Somalian foods; different faith-related facilities prayer areas to staff and volunteers who can communicate in appropriate languages). In our rapid service culture of *'listening to users'*, policymakers and planners need to work with PRIAE and its partners in Wales to translate BME elders' vision into reality.

Some professionals have already questioned this vision seeing it as problematic in how a day centre catering to all BME elders can work. PRIAE believes that currently a mix of such examples exist for broad ethnic minority groups (e.g Asian, Caribbean) in the country which do work. Much can be learnt, adapted as well as new Welsh -BME elder solutions developed. BME elders were emphatic that they would want such day centres to establish activities which *'stimulated the mind'* rather than simply bring them together to remain *'passive or be contained'*.

Moreover BME elders wish their vision to work and hence their motivation needs to be nurtured, and not dismissed. To not support this and at the same time not undertake any alternative developments would provide worrying evidence to BME elders in Wales that *'authorities only want to discuss, not provide appropriate services'*.

This recommendation ties in with the Royal Commission recommendation (no.8) which the Secretary of State for Health announced on 1st March. It states:

' It should be a priority for Government to improve cultural awareness in services offered to black and ethnic minority elders. ' (Chapter 8)

Recommendation 3

Ethnic Monitoring, classification and method should be immediately applied in health, housing and social services. If this is not undertaken, not only does Wales miss out on important aspects of information but on each occasion it will need to generate new data.

Recommendation 4

Currently we do not know the extent to which **well-established minority elders** are expressing a 'different' need compared to **new minority elders**, based upon their ethnicity. Furthermore, we do not know the make-up of elders in residential and nursing care. We therefore recommend that a research project be undertaken which examines both these issues. If for example the answer to the former is that there are different needs, then it is necessary to ask providers about their preparedness and competence in delivering a BME friendly service.

Recommendation 5

The Wales Health Survey 1995 should make available the data relating to ethnicity. From this, age and ethnicity related analysis should be undertaken. The benefit of this approach is that data that already exists and has been collated can be analysed without resorting to another survey. Also given our wider focus, other minority group issues (gender, young people etc) could be examined.

Recommendation 6

The supply and position of minority elderly voluntary organisations needs to be urgently addressed beginning with Multicultural Crossroads in Cardiff. It is already established, but to meet demand it needs support. Presently, it is the only culturally sensitive elder care provider. Without support it would fail, and Wales will not have a single organisation regarded as an 'appropriate provider', even though the numbers of minority elders is increasing (re: 45-64 years age group). There still remains an issue for elders in North Wales where no race equality councils currently exist.

Recommendation 7

Research to date suggests the need for employing staff from the same ethnic background and who share cultural and linguistic capital with elders (Patel et al 1998). This is evidenced in practice: for example generating 'atmosphere' in black elder care centres was positively commented upon by the Commissioners at the Royal Commission (Patel 1999).

We are currently awaiting data from CCETSW on black recruits to DipSW training as well as NVQ in Social Care (City & Guilds, the validating body said that it could not provide us with this information). We recommend that as part of a general response to gear up BME elder friendly services in Wales, education and training of personnel in health, housing and social care must not only be anti-discriminatory but should generate sufficient social and economic capital. Such a method may also reduce the high unemployment among certain minority communities in Wales.

We are hopeful that the energies, enthusiasm and direction given by the delegates particularly BME elders, who provided the basis for these recommendations should expect to see evidence of developments emerging in care and welfare to improve ageing in the new millennium. We have stimulated an agenda, specified directions and offered how they can be translated. Policymakers, planners and professionals at all levels in Wales have an opportunity to really 'help and give hope...' to BME elders, as part of their responsibilities in managing elder care services to *all* in Wales.

Section 5 BLACK AND MINORITY ETHNIC ELDER, CARERS AND MANAGERS' PERSPECTIVES ON CARE - Findings from the Seminar on 8th April.

1. Methodology

Background. As part of mapping the issues from the experience of elders, carers and managers of voluntary elder and race equality organisations, a seminar was built-in as part of the report strategy. Following discussion with officers at WORD, since this was a first All -Wales seminar, the decision was taken to keep the target group and agenda focussed. Hence policymakers and planners were excluded from this event with the intention that a follow-up seminar after this report would be organised. Since CRE Wales has a critical presence in race and community relations we decided to organise the event as co-partners. The invitation to speak at the seminar to the Secretary of State for Wales Alun Micheal, Sir Herman Ouseley as Chairman of the Commission for Racial Equality (CRE) , and the opening of the event by Cllr Cherry Short were all given as part of communicating issues at a policy level.

Subjects and Criteria. As there is a limited organisational base for our target area, letters with programme information were sent to a large number of general and specific organisations throughout Wales. It specified: *'if you are, or someone you know is:*

- *55+ years of age and from a minority ethnic background (including carers of minority elders), and you are*
- *interested in the development and provision of care services for the elderly in Wales,*

then please come to the seminar. Your experiences and suggestions are vital in:

- *describing what the situation is like for minority ethnic older people and your suggestions/examples for better care in Wales are valued.*

The outcome of the seminar will be a report that will be submitted to the Wales Office of Research & Development. This seminar is being held on their behalf.

The messages were also conveyed directly by telephoning a contact and the consequent snowball effect. Posters were displayed at designated places. CRE Wales also put announcements on the radio and placed advertisements in selected local papers.

Structure of the Seminar

Given the outreach nature and wide publicity of our promotion, delegates were effectively registered at the event and asked to specify which group they represented: elders, carers or managers. Each group constituted approximately 20 delegates (varying between a.m. and p.m.). Each group had a facilitator and addressed the following four themes

- Appropriateness of current models of care
- Accessing Services
- Ageing well: what alternative models of care should we consider
- Planning and Paying for Care

2. Principle Findings

The detailed findings are presented in Chart 1, which has been subdivided to clearly show the views of Elders, Carers and Managers. They contain specific recommendations for each group as they defined them.

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PRIAE Policy Research Institute on Ageing and Ethnicity

PRIAE is an independent charity and a first institute in the UK established in 1998 with a strong Management Board, chaired by Sir Herman Ouseley and Vice Chair Lord Dholakia. PRIAE specialises in policy, research, development and practice concerning the care, welfare and quality of life of black and minority ethnic older people. The institute provides an umbrella organisational structure for a range of bodies in ageing both in the UK and in Europe.

PRIAE's vision is to produce clear, focused studies with targeted developments.

These will stimulate and increase the rate of progress in the area of ageing and ethnicity, thereby contributing to an improved quality of life for all black and minority ethnic older people.

PRIAE's approach is to work across minority ethnic communities and sectors. The Institute is national and international in coverage. To achieve this it works with mainstream providers, as well as with minority ethnic organisations and interests.

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