

# **Black and Minority Ethnic Older People's Joint Service Initiative – Analysis and Evaluation of Current Strategies**

**FINAL REPORT**



**Policy Evaluation Group**  
**Tel. 0114 232 1607**  
**Fax. 0870 136 8432**  
**Email.info@policyevaluation.co.uk**

**October 2005**



## **Contents**

### **KEY FINDINGS**

<b>Section 1</b>	
<b>Introduction</b>	<b>1</b>
<b>Section 2:</b>	
<b>What Services/strategies exist?</b>	<b>2</b>
<b>Section 3:</b>	
<b>Effectiveness of current services</b>	<b>14</b>
<b>Section 4:</b>	
<b>Linkages</b>	<b>29</b>
<b>Section 5:</b>	
<b>Where are the gaps and weaknesses in service provision?</b>	<b>36</b>
<b>Section 6:</b>	
<b>What gains, in terms of service provision, can be achieved in the short term?</b>	<b>40</b>
<b>Section 7:</b>	
<b>Are there any areas for further research or investigation?</b>	<b>45</b>
<b>Appendix 1: Managers interviewed for this research</b>	<b>47</b>
<b>Appendix 2: Action Plan</b>	<b>48</b>
<b>Bibliography</b>	<b>50</b>

## **KEY FINDINGS**

This work summarises health, housing and social services policies in place for BME older people in Sheffield by examining documents and supplementing this by conducting interviews with managers in those areas.

### *Corporate commitment*

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

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

One of the gaps identified in the study, however, is between this strong corporate commitment and policies in place specifically targeted at BME older people.

### *Policy in Operation*

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

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

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

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

### *Effectiveness*

Where policies targeted at BME older people are in place, it is crucial to know whether or not they are effective.

To be effective, services have to be used. BME Older People are not using some services, especially Sheltered Housing and, in Social Services, Home Services in the numbers that would be expected from their population size.

#### *Dissemination*

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

#### *Meeting Needs in an Appropriate Way*

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

#### *Monitoring and Evaluation*

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

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

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

#### *Policy Recommendations*

The *Older People's Partnership Board* (OPPB) should decide on a process to ensure that the recommendations in this report are considered, agreed, implemented and reviewed. This means that someone, or some group of people, should be named to take the appropriate action. It may well be that a specific committee is established with city-wide responsibility for implementing the findings of this report and other policies and strategies that emanate from within the committee structure outlined above and also, where they are tangible and appropriate, any corporate commitments in the extensive collection of documents that have been examined here. The named person or group should report to the OPPB. It may well be that the steering group formed to oversee the research project that led to this document could form the named responsible committee.

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

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

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

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

**Section 1: Introduction**

- 1.1 This work is an examination of documents that relate to policies for Black and Minority older people in Sheffield in the fields of health, housing, and social services.
- 1.2 There is an extensive body of literature in these areas and the documents that have been looked at are listed in the bibliography.
- 1.3 The work was commissioned by Black Community Forum (BCF), who are co-ordinating a Black Minority Ethnic (BME) older people's joint service initiative; Social Services Directorate (Sheffield City Council – SCC); Neighbourhoods (Housing) Directorate (SCC); Supporting People (SCC) and the four primary care trusts: North Sheffield PCT; Sheffield South West PCT; Sheffield West PCT; and South East Sheffield PCT.
- 1.4 The objective of the work is to assess which policies are in operation, what effect they are having, to look for gaps in provision, and to make suggestions for ways forward. The material has been categorised in the way determined by the commissioners of the work. It is sub-divided into:
  - What Services/strategies exist?
  - Effectiveness of current services
  - Linkages
  - Where are the gaps and weaknesses in service provision?
  - What gains, in terms of service provision, can be achieved in the short term?
  - Are there any areas for further research or investigation?
- 1.5 The documents were supplemented by interviews with managers in the respective fields. The details of the managers interviewed are provided in Appendix 1.
- 1.6 The process of completing the work did face some difficulties. Firstly, although the work commenced in March 2005, some of the very important documents were not made available until August. Secondly, because of the extensive range of documents involved, the time spent on the work far exceeded the time, and therefore the budget, that had been allocated to the project.

**Section 2: What Services/Strategies exist?**

- 2.1 This section of the report examines existing strategies and services across the policy fields of health, housing and social services targeted at BME older people. The section is divided into three: corporate commitment; strategies and services that have been operationalised; and what organisations are planning to do.
- 2.2 'Corporate commitments' here represent what organisations say they are doing and their overall approach to race equality policy and to accommodating the needs of BME older people. In all cases, public sector organisations have comprehensive statements outlining their commitment to race equality and how they will implement their policies. Following the Race Relations (Amendment) Act 2000, public sector organisations had an obligation to produce a 'Race Equality Scheme' as a statement of intent on race equality policies. By and large, 'corporate commitments' relate to the BME community *generally*, rather than BME older people *specifically*. Corporate commitments also include what organisations say that they are *planning* to do. 'Operationalisation' here refers to what can be discovered about what organisations are *actually* doing in terms of operationalised policy. Examples are provided in all cases, though not every single policy statement or commitment is replicated here as that would obfuscate rather than clarify.

***Corporate Commitments***

- 2.3 Corporate commitment is essential if organisations are to serve BME older people effectively and if services on the ground are to reach them.

***Health***

- 2.4 The NHS, at national level, appointed its first ever equality and human rights director in 2004. Surinda Sharma was appointed to the position, and said that one of his priorities was to promote the NHS Chief Executive's action plan on leadership and race equality (Department of Health, 2004a). One of the first actions of the equality and human rights director has been to tighten-up monitoring by the Strategic Health Authorities to try to ensure that schemes are operationalised, mainstreamed, monitored and that milestones are reached. It is believed within the NHS that the schemes are a powerful tool to move forward the race equality agenda.
- 2.5 The NHS Chief Executive, Sir Nigel Crisp, launched the 10-point action plan referred to above in 2004. It represents a corporate commitment at the highest level to bring about a meaningful and effective race equality policy across the NHS. There are two core elements to the plan. Firstly, measures relating to health services and outcomes and, secondly, measures aimed at developing people. Sir Nigel announced in February 2004 that he would be leading this work personally, given its importance (North Central London Strategic Health Authority on behalf of English Strategic Health Authorities, 2004).
- 2.6 There are some other important documents at the national level. *Improvement, Expansion and Reform: The Next Three Years*, for example, is a 'sets out the



priorities for the next three years for the NHS and social services and describes what local organisations and communities need to do to plan for and implement these improvements.'

- 2.7 The Healthcare Commission was established under the Health and Social Care (Community Health and Standards) Act 2003. It launched its first report in 2004 (Healthcare Commission, 2004). The report explains the remit of the new Commission, which is to 'promote improvements in public health and in the quality and value for money of healthcare'. There is no specific mention of BME older people in the report, but the document does state that the Commission is committed to promoting equal citizenship and human rights in health care. It continues by stating that the 'experience of black and minority ethnic people in mental health care provides a stark illustration' of why they have emphasised this commitment. There is a connection here to the welfare of BME older people, in the sense that some of the BME people who experience mental health problems are older people.
- 2.8 In the introduction, the document is also said to be about 'improvement, expansion and reform.' It sets out priorities for improvement, and one of these is to improve 'services and outcomes' for older people generally. One of the overall objectives of the document is to 'improve health and social care outcomes for everyone'. There is no specific mention of BME older people in the document.
- 2.9 Another corporate commitment that will have a direct impact on Sheffield is the BME Focused Implementation Sites for mental health announced by the government in April 2005. The sites will support the implementation of *Delivering Race Equality in Mental Health Care*, which is an action plan for reform published in January 2005. Although not targeted specifically at BME older people, some of them may benefit from this.
- 2.10 In Sheffield, Sheffield South West Primary Care Trust (PCT) takes the lead for the BME health agenda for all four PCTs in the city, in line with the policy that one of the four PCTs takes the lead on specific areas. Sheffield South West PCT provides the other PCTs with advice and support for their race equality schemes. The other three PCTs are: North Sheffield PCT; South East Sheffield PCT; Sheffield West PCT.
- 2.11 Sheffield South West itself has a comprehensive *Race Equality Scheme* (South West Sheffield PCT, 2005a) together with a range of supporting documents:
- *Race Equality - Assessment Of Functions For Relevance To The General Duty Under Race Relations Amendment Act 2000. Race Equality Impact Assessment Tool*. March 2005
  - *Audit Tool For Policies And Procedures*
  - *Action Plan for 2005-2008*

- *Delivering Race Equality in Mental Health Care and Government's Response to the Independent Inquiry into the Death of David Bennett – Department of Health. January 2005*
- *Report Summarising the Trusts Position in relation to its employment duties under the Race Relations Amendment Act for the period May 2004-May2005*
- *Sheffield South West PCT – Functions – assessed.*

2.12 North Sheffield PCT unveiled what it called 'a new and improved approach to Race Equality' in its *Race Equality Scheme* published in 2002. The Race Equality Scheme states that North Sheffield PCT was proud of its policies prior to this anyway, and was already guided by values outlined in another document called *Better Health for all in North Sheffield – Delivery Plans 2002/03*. In this earlier publication, North Sheffield PCT had promised to:

- *act fairly and reasonably without fear or favour and without prejudice of any kind*

and

- *ensure the rights of all people regardless of the status, ethnicity, religion, disability, gender, sexuality age or background.*

2.13 North Sheffield PCT's *Race Equality 2<sup>nd</sup> Scheme* is a further update of the *Race Equality Scheme* published in 2002. In the document, North Sheffield PCT reiterates its commitment to equal treatment for staff and service users. It also notes some of its achievements:

*...a robust human resources plan and partnership working with regeneration initiatives targeting the specific health needs of our diverse population. We have maintained our commitment and resources to advocacy services and community development. And our work to improve Coronary Heart disease detection and management for black and minority ethnic patients has been cited as an example of good practice in the Neighbourhood Renewal Unit Race Equality Action Plan 2005 (North Sheffield PCT, 2005).*

2.14 North Sheffield PCT recognises that it needs to achieve more in its efforts to promote race equality, and states this in the document. The *Race Equality Statement* has an appendix that is the Action Plan for 2005–2008. This provides the detail on areas that the PCT will be working in to ensure effective implementation of its race equality policies. It outlines the actions necessary, allocates responsibility within the organisation and states the priority attached to each individual area. Where a high priority has been attached, a service impact assessment will be completed within 12 months.

- 2.15 The areas that have been allocated a 'high' priority relate to the assessment of functions and policies to ensure compliance with the Race Relations (Amendment) Act 2000, monitoring of policies to look for any adverse impact on the promotion of race equality, arrangements for dissemination of reports and findings, monitoring of ethnic diversity and training arrangements in place, ensuring that language needs and religious festivals are taken into account in relation to capacity and winter planning and in relation to communications, patient and public involvement.
- 2.16 South East Sheffield PCT published a *Race Equality Scheme* in April 2005, incorporating the formal 3 year review of its first scheme published in 2002 (South East Sheffield PCT, 2005). This is a comprehensive document that, alongside the Action Plan that has been developed, sets out how the trust will implement policies to ensure race equality.
- 2.17 Sheffield West PCT has a similarly comprehensive documentation to the other PCTs. Its *Race Equality Scheme 2005-2008* is, like the others, a 3 year review of the 2002 Race Equality Scheme (Sheffield West PCT, 2005). In addition, there is a similar range of supporting documentation to Sheffield South West PCT.
- 2.18 At the national level, other programmes are in operation aimed at BME people *generally*, rather than BME older people *specifically*. These are the National Institute for Mental Health's drive to improve data in Mental Health Care Trusts, and also the Single Assessment Process, which PCTs have rolled out in conjunction with Social Services regarding the elderly and which will improve data collection because monitoring is a standard part of the process. The National Programme for Information Technology over the next three years should make it easier to collect electronic data from a wide range of primary care services.

#### *Housing*

- 2.19 A *Housing Strategy for Sheffield's Black and Ethnic Minority Communities 2002-5* covers policy for the period 2002-2005. The next version is to be produced in 2006. It is stated that this strategy brings together in a single document the plans for meeting the needs and aspirations of BME people.
- 2.20 The strategy covers 12 key areas relating to housing. Black Card undertook a consultation exercise about the issues in the strategy prior to it being drawn up. Face-to-face interviews with 22 BME community groups were carried out. Other people were also consulted at two community seminars, including elected members of the council, BME housing staff, managers in the housing service, and housing associations. There is mention of two groups/organisations that were also consulted: BME Housing Partnership and the BME Housing Consultative Group. Two documents deal in depth with the consultation exercise: *A Black and Minority Ethnic Housing Strategy for Sheffield – A Community Consultation* (Black Card, 2002) and *BME Housing Strategy – Consultation and Feedback (second round)* (Black Card, 2003).

- 2.21 In addition to the consultation referred to above, the BME Housing Strategy Monitoring Group was established in April 2004 to monitor, influence and review the development and implementation of the BME Housing Strategy.
- 2.22 Sheffield City Council's Neighbourhoods, and Sheffield Homes, service the meetings and support the group to develop the capacity to achieve its aims and objectives. Membership of the Monitoring Group is open to community and voluntary groups and all residents - this includes owner occupiers as well as tenants in Council, RSL and private rented housing. At the time of writing this report, the group has a strong membership of 11- 26 individuals attending the monthly meetings.
- 2.23 The group is developing a 12 month work plan looking at older person's housing; access to services; rehousing; private sector housing; and support services for BME tenants in general (rather than BME older people specifically).
- 2.24 *A Housing Strategy for Sheffield's Black and Ethnic Minority Communities 2002-2005 (2002-3)* has a series of 12 objectives and within each is listed what the council want to achieve, how they are going to do it, and by when. Within these 12 objectives there are very specific initiatives planned to improve housing conditions for BME people. Examples include:
- supporting bids from RSLs which provide housing types/sizes suitable to the needs of BME communities, ensuring that RSLs and developers use culturally appropriate design standards
  - ensuring that BME people can make informed decisions about their future housing options by, for example, making sure that the choice based lettings service use appropriate language provision, through outreach work with community organisations, and through website access
  - working towards making sure that TARA committees reflect the diverse communities that they represent by delivering diversity training and support to TARA members
  - improving the quality and range of publications available in other formats/languages by working with tenant advisers and others to achieve a broad range of accessible and appropriate literature.
- 2.25 *A Housing Strategy for Sheffield's Black and Ethnic Minority Communities 2002-2005* has little mention of BME older people specifically, however. Presumably BME older people are supposed to benefit from these initiatives as a matter of course, but it is not certain that they always do and they may have specific needs due to their age that need to be addressed. Most of the policies listed above are still in process, rather than having been implemented (see 'Operationalisation' later).
- 2.26 Nevertheless, in *A Housing Strategy for Sheffield's Black and Ethnic Minority Communities 2002-2005* there are three specific commitments to BME older people. These are:

- older owner-occupiers will be able to live comfortably in their homes free of the worry of house repair payments. The housing service will achieve this by 'advice, information, home handy persons scheme, grant, equity release', from October 2002
- ensuring mainstream Extra Care provision reflects the diverse cultural needs of the city. This is to be achieved through the commissioning process for the Extra Care schemes. The Older Persons Housing Team is to take the lead on this
- to carry out further work to support and encourage culturally specific schemes. The document states that this will be in place from March 2003 by 'prioritising assessment of needs of older people in communities where there are no schemes under development (e.g. Pakistani, African Caribbean)'. Again, this is to be done by the Older Persons Housing Team.

#### Free Community Training

- 2.27 There is mention in *A Housing Strategy for Sheffield's Black and Ethnic Minority Communities Summary and Action Plan 2002-2003* of free community training being provided to all tenants and residents, with an emphasis on hard to reach groups such as Asian women, the disabled and **BME older people**, through the Firvale Vision work. Further, under objective 7, which is designed to ensure that communities have a say in the future of council housing, the document states that membership of neighbourhood commissions should be reflective of the community they serve and progress made to date on this includes 'consulting older people in sheltered schemes.'
- 2.28 Also in *A Housing Strategy for Sheffield's Black and Ethnic Minority Communities 2002-2003 Summary and Action Plan*, there is mention of a target to raise cultural awareness for sheltered housing staff, which will inevitably impact upon BME older people (see **effectiveness** section for further details).
- 2.29 *A Housing Strategy for Sheffield's Black and Ethnic Minority Communities Summary and Action Plan 2002-2003* was devised in order to outline the progress made to date on each of the 12 objectives, and to establish specific plans within each objective. The effectiveness of the above three specific commitments are outlined in this action plan – see section on the section on **effectiveness** for further details.
- 2.30 Objective 12 of *A Housing Strategy for Sheffield's Black and Ethnic Minority Communities 2002-2005* is to 'ensure that BME people with specific housing related support needs can have their needs met in an appropriate way'. BME older people may fall into this category and one would anticipate the policies/strategies outlined here been designed to address *their* needs, amongst other sections of the BME population. The initiatives outlined in the strategy are to be developed through the Supporting People team, and though there is no mention of BME older people specifically in this section of the strategy, there is no mention of any other group with specific needs either, such as people with disabilities or mental health problems.

- 2.31 Sheffield City Council's *Housing Strategy for Older People Review 2003* examines the extent to which, and in what ways, a series of policy objectives have been achieved (Sheffield City Council, 2003a).
- 2.32 It sets out *what* Sheffield City Council wants to achieve, *how* they are going to achieve it, and the *current* position. Essentially, this document provides a series of statements of corporate commitment, though there is little evidence of the extent to which these commitments have been achieved in practice and, where they have, whether or not BME older people have benefited from them.
- 2.33 For instance, the document states that an 'Elders Congress', a formal representative body for the 50+ age group, has been established, but it does not provide any evidence of benefits and impact resulting from this initiative. One manager involved in specialist housing provision argued there was little benefit or positive impact from this initiative. Representation was provided, but the contribution to the discussions was limited. Importantly for this report, *Housing Strategy for Older People Review 2003* relates to older people generally, rather than BME older people specifically, although it does state that a housing strategy for the city for BME groups was one of the developments since the launch of the overall strategy. Details of *A Housing Strategy for Sheffield's Black and Ethnic Minority Communities 2002-2005* are provided above.
- 2.34 A further example of corporate commitment is in the *Supported Housing Commissioning Strategy 2005-2010*, which states that one of the key priorities for Supporting People in Sheffield is:

- *to ensure that vulnerable people from bme groups have fair access to supported housing services.*

One of their specific priorities is to:

- *continue to remodel older peoples services to offer a range of housing solutions including extra care housing.*

- 2.35 In the section on 'achieving our aims', the document states that there is a commitment to:

*consider the issues of BME needs within all commissioning decisions. The commissioning framework and commissioning plans will include specific proposals to ensure that the needs of Sheffield's BME communities are met, either within mainstream services or through the development of culturally specific services working in partnership with specialist or community based organisations.*

- 2.36 *Supported Housing Commissioning Strategy 2005-2010*, as part of its 'strategic developments', suggests that with major floating support schemes due to be reviewed, a key opportunity is presented to examine the provision of specialist services for BME needs.

- 2.37 There are two strands to planned housing policy that may have a bearing on some BME older people.
- 2.38 There are plans to adapt some units in the existing housing stock to meet the needs of BME older people more closely. This is still at the specification phase.
- 2.39 There are also plans to increase the amount of Extra Care housing in the city and, though they are not targeted specifically at BME older people, this policy may benefit some. Funding has still to be secured for this.
- 2.40 There had until recently been a plan to construct an Extra Care housing 'village' for one BME group, Irish older people, at Uppertorpe, but this did not come to fruition. There were a number of factors which led to this. One was a mismatch between what the Irish community had asked for and what could be provided within the funding scheme. The problem here was in trying to demonstrate that this scheme for Irish older people was in some way different from housing constructed for other people, otherwise certain funding streams are not available. Sheffield City Council would like the population of the forthcoming Extra Care housing to reflect the diversity of the population.

*Social Services*

- 2.41 Sheffield City Council's Social Services operates under the framework of Fair Access to Care Services, a central government requirement, and this underpins its approach to carrying out its work. The essence of the framework is equality of access. In theory, this should mean that no one has difficulty gaining access to whatever services are needed, regardless of age and race, the two defining characteristics of BME older people.
- 2.42 Nevertheless, two factors need to be in place before services are *actually* accessed. Firstly, potential users have to know that the service exists and how to access it. Secondly, potential users have to feel comfortable with what is on offer, and the conditions/environment within which it is being provided. The BME older people population is not accessing Social Services provision in numbers commensurate with its proportion of the overall population, and this seems likely to be due to one or both of these two factors (see section on **effectiveness** also).
- 2.43 The Social Services *Older People's Service Plan 2004-7* lists strategies designed for older people and outlines the extent to which they have been achieved. With few exceptions, it does not mention BME older people specifically.
- 2.44 The *Older People Services BME Strategy 2004-5* suggests that there is:

*a strong corporate commitment to equality, reflected by a requirement of all service areas to review their current functions and policies.*

2.45 For Older People's Services, this exercise was undertaken in May 2004, and led to the development of action plans. *Older People Services BME Strategy 2004-5* goes on to list 10 objectives that outline the level of corporate commitment to this strategy, for example:

*to develop a workforce with a sound awareness and understanding of religious, cultural and race equality issues, who are able to either assess or provide care to all sections of our community.*

2.46 In the *Older Peoples Service Plan 2004-7*, Social Services list a Corporate Commitment that it plans to implement. This is to develop commissioning strategy for services to older people from BME communities: a joint approach here has been agreed with Black Community Forum.

2.47 Three strategies are identified here which may be relevant for BME communities:

- integration of BME home support services into mainstream services – a project group was set up in 2003/4 and a benchmarking exercise undertaken. Progress was interrupted, however, whilst a new project manager was put in post. The project work has since been resumed and is nearing conclusion
- full implementation of Race Equality Toolkit. By 2005, this had been implemented but from a Social Services perspective only, where it was used to carry out an impact assessment and, following that, action plans were drawn up. The need now is to link this to policy within the Neighbourhoods division of the city council in order to make further progress.

2.48 The *Plan* lists key priorities for improvement in 2003-4 and, within that, there is one priority specifically for BME older people: 'implementing the Best Value Review of BME services'.

### ***Operationalisation***

#### ***Health***

2.49 Managers in the health service report that financial support is made available to the Black African Elders Care Group at SADACCA. They also report that the Omaan Project exists, which is part of transcultural work with south Asian women.

2.50 In general, however, services that are provided to BME older people are not delivered separately, or delivered in a different way, to those which are provided for older people overall.

#### ***Housing***

2.51 There are very few policies in operation that are specifically directed at the BME older people community. The only concrete policy in existence is that there are a few, but not many, houses that have been specifically adapted to



meet the needs of some BME older people. Almost all other policies that are to be directed at BME older people are at the planning stage (see above).

- 2.52 *Housing Strategy for Older People* states that there is in existence a culture-specific floating support service for Chinese elders under the Supporting People programme, which is working with Tung Sing Housing Association, and *Supported Housing Commissioning Strategy 2005-2010* also points to this successful, albeit small scale, example of providing a range of housing support options. The arrangement is for Tung Sing to provide cultural support in addition to the warden support that is also available. Yorkshire Metropolitan Housing Association (YMHA) and Johnnie Johnson Housing Trust are in partnership with Tung Sing in the provision of these services, as these two housing associations are providing the accommodation itself. Despite the small scale of this operation (YMHA have three units and Johnnie Johnson one), it may be that this co-operation model could be used to develop services for other communities.
- 2.53 The *Supported Housing Commissioning Strategy 2005-2010* also states that Sheffield has two specialist BME mental health service providers meeting the needs of Somali and African Caribbean clients, although there is no mention of BME older people specifically in relation to this.

#### *Social Services*

- 2.54 The Race Equality Toolkit is a practical document being used by Older People Services within Social Services. It is aimed at helping managers to review policies to assess whether they have a negative impact on BME people and to correct it. This is a document specifically directed at affecting policy relating to BME older people. It represents an operationalisation document for the corporate commitments that have been made.
- 2.55 It categorises issues in a highly useful way, presenting questions that managers need to address which will help them to assess the impact of current policies and plot a way forward which benefits BME older people. For instance, under a general heading - *Are all groups affected equally by this function/policy?* - it lists specific questions for managers to address, such as *Who is using the function/policy?* And *Are their differences between individual ethnic groups?*
- 2.56 This is a practical, working document, which could be used to advantage across all policy areas in modified form. It presents a practical Race Equality Action Plan, which details *what* needs to be done, *how* it is going to be done, and *who* is responsible for making sure that it is.
- 2.57 Two examples of *what* needs to be done, presented in order to give a flavour of the document, are:
- establish a strategy for ensuring the workforce properly reflects the population it serves

- improve staff and managers' understanding of cultural and race equality issues
- 2.58 Supporting case work with the BME community generally, Social Services has its city-wide specialist BME Home Care team comprised exclusively of BME staff, with both assessors and providers. Changes are taking place here. The creation of the BME Link Team (see below), and the absorption of staff into the provider service Care4U, will provide, if all is successful, an innovative approach to replace that of the BME Home Care team.
- 2.59 Another commitment being operationalised by Social Services targeted at the BME population generally, but which will again clearly benefit BME older people who form a large proportion of BME service users, is the recruitment of ethnic minority staff.
- 2.60 It is recognised by Social Services, however, that there can sometimes be a shortage of suitably qualified candidates applying for social work positions, which require people to be either qualified social workers or hold NVQ 4 in Management. Nevertheless, Social Services remain committed to the policy and continues to strive to recruit staff that represent the diversity of the population, in order to improve service delivery to the clients that it has who are BME older people.
- 2.61 Another 'operationalised' policy where a significant proportion of the beneficiaries are BME Older People is Lunch Clubs. These continue to receive support.
- 2.62 The *Older People's Service Plan* notes that there is ongoing financial support to some voluntary organisations designed to prevent older people becoming reliant upon social care services and prevent their admission to care homes or hospital. Some of this funding has gone to groups that work with BME communities. These are SADACCA, which received £124,384 in 2003/4 and £139,622 in 2004/5. Smaller sums went to Chinese Day Centre, Darnall Dementia Project, and Tinsley Help at Home, and a significant proportion of Sheffield's BME population live in the two latter areas. There are no further details of these projects, their users or their impact.
- 2.63 *BME Link Team for Older People's Services – An Option for Discussion* makes a recommendation that a BME Planning Group be established. The purposes of this group would be to:

*plan and take action in the short, medium and long term. It would involve a champion from Senior Management and would oversee the delivery of services at an individual and strategic level. It would set timescales for, and phases of, activity to be carried out within focus groups. It would take recommendations from the Link Team and may involve service user and provider representatives.*

- 2.64 Progress is being made on this front as of summer 2005. A Link Team is being put together, based on a model in Oldham.

***Conclusion***

- 2.65 It is recognised that there is a need for corporate commitment and overarching strategies before policies can be enacted on the ground that correspond effectively and comprehensively to the needs of BME older people. Clearly, there is strong corporate commitment in all three policy areas of health, housing and social services, and that is to be commended.
- 2.66 In health, the corporate commitment to meeting the needs of BME older people is strongly evident at both national and local levels. In terms of actual policy, however, there is no special provision that can be identified for BME older people, although financial support is provided to organisations outside of the NHS to assist BME older people.
- 2.67 Progress has been made in developing a BME Housing Strategy through the documents referred to above, and even if there is little in it on BME older people, there are three specific commitments for which plans are in hand. In terms of concrete policies on the ground, there is a small stock of existing properties that have had some adaptations in order to meet the needs of BME older people.
- 2.68 Social Services has a city-wide specialist BME Home Care team comprised exclusively of BME staff. Another commitment being operationalised by Social Services targeted at the BME population generally is the recruitment of ethnic minority staff.
- 2.69 What has to be in place alongside the corporate commitment is a mechanism for implementation that is effective. Where that is not in place, there is a gap in policy effectiveness because policies remain at the level of statements rather than being enacted.

**Section 3: Effectiveness of current services**

3.1 Where policies targeted at BME older people are in place, it is crucial to know whether or not they are effective. Questions that might be asked in this regard relate to:

- whether or not the policy is reaching the target client group
- whether the policy is achieving what it set out to achieve
- whether or not it is delivered in an appropriate way.

3.2 Judgements on the effectiveness of policy are often largely informed by monitoring and evaluation and by consulting users of the service, either through satisfaction surveys or other methods of consultation, such as focus groups with users.

*Determinants of effectiveness*

3.3 Alongside the above three key points, a variety of other factors will contribute to determining the effectiveness of services, including staffing, and to what extent there has been consultation with users. Each of the identified determinants is examined here.

*Reaching the target client group*

3.4 Evidence suggests that only a small proportion of the client group of BME older people is being reached. This renders services less effective. It represents a major 'gap' in service provision.

3.5 In housing, for example, interview material confirms that for some services, such as sheltered housing, uptake from the BME older people community is low. The *Supported Housing Commissioning Strategy 2005-2010* suggests that there is evidence that 'BME populations in the city are not represented among service users in the numbers that would be expected'. The report states that there has been some demonstrated success in achieving positive outcomes with a diversity of BME service users, although no examples are provided. It points out further that, despite this limited success, there are also some services that have lower than expected BME users/clients. The document states that there is insufficient understanding at present of the reasons for this and the ways that it can be overcome.

3.6 Social Services also recognises that its services are not reaching the whole of the target population. Snapshots of allocated cases taken in August 2004 and August 2005 show that about 4 per cent of clients are from the BME population generally (as opposed to being from the community of BME older people). The BME population in Sheffield at the time of the 2001 Census was almost 9 per cent (Sheffield City Council, 2003b). It has grown since then.

3.7 *Older Persons Housing Research Project* (DTZ Piedad Consulting, 2005), which examines the current market for older person's housing and future

demand generally in the city, notes that historically BME households have a lower take up of housing and services.

*Monitoring and Evaluation*

- 3.8 What emerges from the documents examined for this report is that there appears to be *insufficient* monitoring and evaluation and other forms of consultation, generally speaking. Sometimes the mechanisms of consultation used have been less than effective. Or, if monitoring, evaluation and other forms of consultation *have* been carried out, there appears to have been insufficient dissemination of the results.
- 3.9 As to the *local* picture, North Sheffield PCT stated in a report published as recently as 2002, that monitoring of ethnicity within the overall health service had been less than fully effective:

*The recording of ethnicity data in the health service as a whole has been patchy and inconsistent. To date, there has been little recording of ethnicity in general practice in Sheffield. Only two practices in North PCT have collected information on the ethnic background of their patients for any length of time; Page Hall Medical Centre in Firth Park and Pitsmoor Surgery in Burngreave. They estimate that 67% and 25% of their patients are from ethnic minority groups. Patients at Page Hall Medical Centre speak 37 different languages and the practice copes with a 31% annual patient turnover.*

- 3.10 Managers in the health service interviewed for this project report that the effectiveness of monitoring of ethnicity data is patchy across the city. Monitoring procedures are not yet engrained within GPs surgeries, for example.
- 3.11 It is reported that the benefits of monitoring are not always fully understood by NHS staff. Frontline staff are best placed to gather much of the ethnicity data but they need training on how to ask questions, offer explanations for what is happening, and understand the purpose of the exercise. The monitoring also needs to be recorded on an agreed single electronic format.
- 3.12 The details of exactly how this should be operationalised, however, in relation to who should collect the data and how the cost should be borne, still need to be worked out within the NHS.
- 3.13 Social Services, however, *do* systematically monitor the ethnicity of all their service users. Older people recorded ethnicity in 96 per cent of allocated cases and Home Support - delivered primarily to older people - recorded ethnicity in 99 per cent of all allocated cases. This information is collated and presented to Social Services Equalities Task group for discussion and so that any action believed to be necessary can be taken. Customer satisfaction is an area that Social Services recognises it needs to improve on, but given the small numbers of service users in some areas - a total of 88 non-white service users

in Home Care - the difficulty has been to extract meaningful statistics from the wider surveys for very small returns from BME service users. Social Services is now able to utilise GIS technology to map the location of service users (Source: Email from P. Reid, 13 June 2005).

*Housing*

- 3.14 Following on from *A Housing Strategy for Sheffield's Black and Ethnic Minority Communities 2002-2005*, a Summary and Action Plan 2002-2003 was devised in order to chart progress on each of 12 objectives and on specific plans within each objective, as noted earlier. In terms of housing, the strategies that have been devised for BME communities, including those small number designed specifically for BME older people, have been monitored and the progress has been reported on in the action plan.
- 3.15 The effectiveness of the schemes/policies that target older BME people are outlined in this action plan and listed in a table reproduced in the final version of the report *BME Housing Strategy (2002-3)*. By examining the contents of this table it can be seen that little progress has been made with respect to the projects specifically designed for BME older people, this report being the one exception.
- 3.16 Sheffield Homes, the managing agents for council housing in Sheffield, are engaging in monitoring the ethnicity of their service users, and this is reported to be improving as time goes on. Data is received on about 80 per cent of service users currently and the target is to reach 100 per cent by the end of 2005.
- 3.17 There has been an attempt by Neighbourhoods within Sheffield City Council to find out more evaluative information about the Tung Sing and Yorkshire Metropolitan H.A at St Barnabas the sheltered scheme in Sharrow (this is the same service referred to in Section 2). Information provided to Housing in April 2004 by Yorkshire Metropolitan H.A is that they had been considering undertaking some further research around the housing needs of the Chinese community in Sheffield. Their experience over the 18 months they had worked in partnership with Tung Sing indicated that it had been very difficult to access fully the Chinese elders living in Sheffield in relation to the letting of the St Barnabas House sheltered scheme. At the time, they felt that more work was needed to get into the community and educate people about the housing choices they have and determine what their needs will be in the future. This had been an area that was going to be addressed through the Older Persons Strategy Group and was set as an action. However, this has since been superseded by the cross directorate approach and BME issues are discussed in the Older People's Accommodation Project Group.
- 3.18 It was noted in Section One that Black Card undertook a consultation exercise prior to the drawing up of *A Housing Strategy for Sheffield's Black and Ethnic Minority Communities 2002-2005* (Sheffield City Council, 2002a). It is stated in that document that mechanisms and structures for ongoing consultation with the BME communities are to be developed and that the

model of consultation used by Black Card will be evaluated as a pilot for future consultation exercises.

- 3.19 *A Housing Strategy for Sheffield's Black and Minority Ethnic Communities 2002-2005* identifies specific actions that the council intend to take to improve the services for BME people and communities. It states that it will monitor progress to see if goals are being achieved. The objective is to ensure that the monitoring includes feedback from BME people, and suggests that more detailed proposals of how they will monitor the strategy will be available by November 2003.
- 3.20 One of the objectives of the *A Housing Strategy for Sheffield's Black and Minority Ethnic Communities 2002-2005* is to 'work with BME communities to identify the specific and changing housing needs of Sheffield's diverse communities'. The document lists how this is going to be achieved and by when. It suggests that the council will develop consistent monitoring data across the housing service and use the findings to improve service delivery, ensure frontline staff understand the need to action ethnic monitoring of service users, and accurately establish current and changing housing needs and aspirations of BME people.
- 3.21 Commenting on the *national* picture, and supporting the views of North Sheffield PCT, one of the important findings within the National Audit Office's *Delivering Public Services to a Diverse Society* is that 'there was little evidence to suggest that the lessons from initiatives were being fed back into the design of initiatives and services; and we found little cross-fertilisation of good practices across government bodies'.
- 3.22 North Sheffield PCT, and the other PCTs, intend to remedy the insufficiencies in its local patch by putting in place a series of policies emerging from its *Race Equality Scheme*.
- 3.23 It is worth noting, further, that following the publication of Race Equality Schemes, all health authorities are now committed to monitoring the implementation and impact of their race equality policies. This should have an impact on enhancing effectiveness. A specific example is Sheffield West PCT, where the *Race Equality Scheme* is summarised in a 'Summary Action Plan' that has 10 key points (Sheffield West PCT, 2005). There are many aspects to this Scheme, covering training of staff, reviewing the effectiveness of policies, gathering information, recording complaints and establishing a grievance procedure, and connected ideas. A central element to this is the establishment of the Strategic Diversity Group.
- 3.24 Supporting People, which provides support to people across health, housing and social services, introduced a new monitoring framework recently called the Client Record System. Within this, service users complete a record form for all new service users and this includes ethnicity. Applications for sheltered housing, one of the areas where there is a relatively low take up from BME older people, are exempt, however. Nevertheless, this enhanced monitoring

policy has provided some data on floating support and the ethnicity of people using it. Supporting People is planning further improvements in this area and, as part of its strategic review, will be asking sheltered service providers for information on the ethnicity of users.

*Staffing*

- 3.25 In relation to Social Services, Sheffield City Council's *Older People's Service Plan* notes that the department will be actively participating in a training programme for all staff on equalities and diversity that commenced in 2004/05. The programme is being rolled out over the next 12-18 months.
- 3.26 Training and other initiatives are also in place in relation to Housing. A *Housing Strategy for Sheffield's Black and Minority Ethnic Communities 2002-2005* mentions various initiatives that are designed to increase staff's understanding of BME communities and their needs, such as equality and diversity training for 90 per cent of housing staff by July 2003; production of cultural awareness handbook and training video from 2003; an increase number of staff who speak minority languages at service access points; a commitment to undertake a review of the quality of and access to translation and interpretation services and implement recommendations through a pilot project.
- 3.27 The cultural awareness handbook has been produced (Sheffield City Council Housing Services, 2003).
- 3.28 The *Older People's Service Plan* notes, further, that 6 per cent of Social Service's staff describe themselves as being of black or minority ethnic origin. This demonstrates that Social Services is recruiting staff in a way that is representative of the population as a whole. The positive aspect to this is that it heightens the visibility of BME people in delivering services, and BME older people may feel more comfortable in liaising with staff. A less positive aspect is that people involved in decision making and implementation are, by and large, not from BME communities, with only 0.8 per cent of staff earning more than £22,000 describe themselves as being BME.
- 3.29 This is an important issue needs that needs addressing, especially given that there appears to be a consensus within the literature that is being examined that the recruitment of BME staff in service delivery and design roles would have a beneficial effect in terms of race equality policies and in terms of policy effectiveness (see, for example, Hester Adrian Research Centre, 1996). Difficulties in recruiting the right person for the right job from the BME community by Social Services were noted earlier.
- 3.30 In July 2005, a seminar within the local authority looking at progress on the implementation of the Best Value Review of Services to BME people co-ordinated by the Corporate Equalities Team identified staffing – particularly at senior level – as an issue that still needs addressing and where changes need to be made. It was acknowledged at the seminar, which was attended by selected members of community groups, that while people from the BME community



were being attracted to employment at the city council, there were few being promoted to senior levels.

- 3.31 The importance of staffing and workforce issues on effectiveness of services for BME people is reflected in Mirban Hussain's *To fight for rights and dignity* which looks at the provision of services for BME people by Mencap, focusing specifically on Rotherham (Mencap, London). This report - published in 1999 so its findings may not now be completely accurate - aims to 'raise the awareness of Mencap services to the minority ethnic community and identify how Mencap services can become more accessible'. The document argues that there is a need to employ more Black and Asian staff; a need for better training of existing staff; and a need for service managers to have *specific targets* to meet. It concludes that without adopting the strategy that it advocates, Mencap will remain a very 'White' organisation. There is no specific reference to BME older people in the above document but clearly staffing issues are as appropriate to all age groups within BME communities.
- 3.32 *Report of a Black and Ethnic Minority Planning Day* provides information on Ellesmere, a residential home where, it is argued, 'good progress' has been made in 'developing a service for African-Caribbean elders'. The document goes on to say that under the recruitment policy it had adopted, '50 per cent of staff are now African-Caribbean elders using the home's services, six of these being permanent residents'. It should be noted, of course, that Ellesmere has subsequently closed, in late 2003/early 2004, as part of Sheffield City Council's general position of finding alternatives to day-to-day residential care. That demand for places at Ellesmere was apparently low, and that this too contributed towards its closure, may also raise a question mark over Ellesmere's success. If the staffing policy was working well and having beneficial results, was something else about the service unappealing? Nevertheless, the model of recruiting staff in this way may be appropriate for other projects and developments, given its apparent success here.
- 3.33 The same document notes that Home Care services have also made considerable progress following the same approach of employing staff from relevant ethnic minority communities. This strategy covered a range of ethnic minority groups, and the report notes that the Home Care team includes organisers and home carers for the Pakistani, Somali and Yemeni communities. Moreover, partnership contracts have enabled Sheffield Agewell to recruit home carers for the Chinese and Bangladeshi communities. And, through SADACCA, via funding from Social Services, home and day support to African-Caribbean elders is being provided in the same way. Further, the same document also notes that some Bangladeshi home carers have been set on to 'begin a much needed service'. These are aimed at helping Bangladeshi older people. As the report notes, another part of the importance of the new approach is that it is part of the role of the new team to 'assist their mainstream colleagues in becoming more aware and responsive'.

*Implementation Difficulties*

- 3.34 The strategy of employing staff from minority ethnic communities has faced difficulties in implementation, however, and there are lessons to be learnt from this in any development of the policy. *Report of a Black and Ethnic Minority Planning Day* notes that there were some 'early failures', for example, in implementing the strategy for Home Support. There were two major issues to address: firstly, getting the 'blend' right, in terms of roles allocated to people; secondly, avoiding staff isolation. As the report notes:

*It took us some time to appreciate the BME service would require a blend of development officer and community worker roles, alongside the assessor and organiser elements of the post. An incremental approach to service development also exposed black staff to isolation. For example, the desire to meet need led us to employ home carers recruited from the Somali community. However, the absence of a Somali home care organiser and isolation experienced by workers, soon led to the service failing.*

- 3.35 The employment of staff from ethnic minorities seems to have brought gains, despite some implementation difficulties. *Report of a Black and Ethnic Minority Planning Day* argues that 'we have been fortunate in having community work teams, with a number of posts for specific communities'. And through this mechanism, over 200 lunch clubs have been helped. Within this, Social Services prioritised the development of 40 black lunch clubs, which provide 'an immensely valuable, supportive environment'. In a number of these clubs, Sheffield Agewell is planning to offer information sessions and support to develop activities.
- 3.36 Whilst *Report of a Black and Ethnic Minority Planning Day* has many positive developments to report on, it should be noted that it is a relatively old document, dating back to 1999. Nevertheless, Social Services noted (see earlier in 'What strategies exist: Operationalisation') still report difficulties recruiting the right candidates from the BME community.
- 3.37 It is recognised by Social Services that there can sometimes be a shortage of suitably qualified candidates applying for some social work positions, which require people to be either qualified social workers or hold NVQ 4 in Management. Nevertheless, Social Services remain committed to the policy and continues to strive to recruit staff that represent the diversity of the population, in order to improve service delivery to its clients.

*Appropriateness of services/meeting needs*

- 3.38 This sub-section of the report examines the appropriateness of services that are being provided, to the extent to which that can be gleaned from the literature.
- 3.39 It is clearly vital that services are delivered in an appropriate way, with an acknowledgement of, and an empathy towards, different cultural and familial norms. Without this, the effectiveness of services, and the acceptance of

services by clients, will be severely jeopardised. This need for appropriateness in policy design and delivery is acknowledged by the then Head of Older People's Services who said, in *Report of a Black and Ethnic Minority Planning Day*, that:

*.. little will be achieved unless social workers and care managers are able to undertake culturally appropriate assessments, identify needs and have the knowledge and information to care plan and work with the service users to identify and secure the relevant services (Sheffield City Council, 1999).*

- 3.40 *Housing Strategy for Older People* states that the City's existing housing provision for BME older people is being reviewed and that a series of baseline reports on the needs and aspirations of individual BME communities will be produced. It is not clear at this point whether these have been produced and, if they have, whether housing services have been adjusted accordingly.
- 3.41 *Older Persons Housing Research Project* (DTZ Pieda Consulting, 2005), notes that the next decade will see an increase in the number of BME older persons and also that 'culturally appropriate services have yet to be fully developed'.
- 3.42 An example of where services were being delivered in a manner that accommodates and appreciates cultural factors was Ellesmere, a Sheffield city council residential home which has been developed for African-Caribbean and White elders (now closed – see earlier).

*Hidden illnesses*

- 3.43 Policies cannot be effective if there are problems that no one knows about and which are therefore not being responded to. The Vietnamese Community Association indicate that mental health services for Vietnamese people might fit into this category because the services do not take into account the fact that mental health issues are 'hidden' in this community.
- 3.44 Within certain communities, because of cultural factors and social norms, some problems are hidden, and this may mean that policies may be less than effective as there is no knowledge about a particular difficulty. In the Vietnamese community, mental health is stigmatised far more than it is within western society. Seldom is mental health treated as an illness. Rather, it is seen as proof that the sufferer has been possessed by an 'evil spirit' or 'demon seed', often as a result of something bad that been done by this person in a previous life.
- 3.45 Perceptions of illness, and perceptions of what illnesses mean, will vary therefore from ethnic group to ethnic group, and this may affect the effectiveness of policies designed to assist with those problems. Mental illness is clearly one example of something that may be hidden where possible by the family. Obviously, elders within the Vietnam community may be one group affected by such illness.

- 3.46 Mental health needs to be viewed as an important issue as, according to the Vietnamese Community Association, it is one of the top three disabilities affecting the Vietnamese community, with the other two being partial blindness and paralysis resulting from strokes.
- 3.47 Meeting needs in an appropriate fashion is also crucial to achieving successful policy outcomes. *Report of a Black and Ethnic Minority Planning Day* argues that lunch clubs are important in this vein, especially for older people from ethnic minorities, because of the isolation felt by some people. It gives examples of a Chinese elder and an Irish elder making these points. So, clearly, Social Service's support for lunch clubs, noted earlier, is to be commended. There has been some organisational change here recently. The management of the Lunch Clubs budget has been transferred to the Community Liaison Section within the Regeneration and Partnership service in Sheffield City Council's Neighbourhoods.

***Indicators of effectiveness***

- 3.48 One aspect of monitoring the effectiveness of service provision would examine the numbers of service users, and the proportion of users in relation to other users, that come from BME groups. A major objective here would be to assess whether or not services are reaching their *target audiences*.
- 3.49 *Ethnicity Monitoring in SSD* (Sheffield City Council, undated) demonstrates that there has been some attempt at analysing the effectiveness of ethnicity monitoring, at least within Social Services.
- 3.50 The document notes that SSD has set a target of 97 per cent compliance with ethnicity monitoring across all service areas to be achieved by October 2004. *Ethnicity Monitoring in SSD* is a monitoring document, assessing progress towards achieving policy objectives.
- 3.51 *Ethnicity Monitoring in SSD* separates the activities carried out by SSD into: initial contacts; allocated cases, individual service areas; children and families; disabilities; home support/older people. In each area, the document provides some information on progress being made. In relation to allocated cases, for example, it notes a compliance rate with ethnicity in SSD of 96.8 per cent. The rate of compliance in initial contacts was 78 per cent to June 2004, by contrast, but the report notes that this is a difficult area in which to collect figures: much of the information is incomplete and comes from third parties such as GPs.
- 3.52 A number of important questions arise from this piece of work although, understandably, they are left implicit in the actual document. It is noted, for example, that *there would appear to be the under representation of Pakistani children amongst the allocated cases together with the over representation of mixed White and Black Caribbean children*. The important question that arises, of course, if there is to be a full understanding of the needs of different ethnic groups, is why?

***Key performance indicators***

- 3.53 *Older People's Service Plan 2004-7* suggests that services to older people in Sheffield are continuing to improve, as evidenced by key performance indicators and an SSI Inspection. The latter judged that Social Services is serving some people well, and that the prospects for improvement are promising.
- 3.54 Moreover, *there is scope* for ensuring that the services provided meet the needs of BME older people, as there appears to be corporate commitment within *Older People's Service Plan 2004-7* to issues such as consultation, involving users, improving access for hard to reach groups, ensuring staff and services reflect and respond to diversity and equality requirements of service users. BME issues need to be taken into account in each of these areas, and from the document it appears as if there is some way to go before this has been fully achieved. For example, in its commentary on what has not been achieved, *Older People's Service Plan 2004-7* notes that 'implementing the recommendations of the Best Value Review of Black and Ethnic Minority Ethnic Services' has yet to be achieved. As noted earlier, as of summer 2005, this is still in progress.
- 3.55 The *Older People's Service Plan 2004-7* does state, however, that ethnicity recording of home support services has improved and is now 95.5 per cent, although the proportion of BME users itself is not mentioned. Fair access to high quality services PAF E47 (proportion of older people from minority ethnic groups receiving an assessment) and PAF 48 (proportion of older people from minority ethnic groups receiving services following an assessment) are both listed, and show improvements over the last few years. As to the first indicator, the target was *exceeded* in 2002/3, but fell short in 2003/4; the second one fell short in 2002/3, but was *exceeded* in 2003/4.
- 3.56 The *Older People's Service Plan 2004-7* also mentions customer feedback through a Department of Health questionnaire survey but there is no mention of results specifically for BME individuals. There is discussion of how this customer feedback may be improved, and specific reference to a 2004 questionnaire designed to obtain feedback from carers receiving breaks. It is envisaged that the latter will be broken down by ethnicity, but there are no such results in this particular document.
- 3.57 Following the SSI an action plan has been developed with 19 recommendations for older people.
- 3.58 Supporting People aim to focus on preventative work to reduce dependency and ill health when later life comes. They commission and partly fund: Stay Put (home improvement agency that provides key services to help older people remain in their homes); four floating support services; and city wide alarms. One of the four floating support services is for older people from the Yemeni community. Supporting people state that, of their new clients, 16.7% are not white British.

***Consultation***

- 3.59 Consultation with users and potential users is obviously essential in order to inform policy design and delivery, and consultation needs to focus on discovering needs and how best to respond to these. One manager argued, for example, that no effective research had been carried out into the needs of BME older people. All that had been done was 'small scale stuff'. Another manager said:

*There is a will to provide the right kind of accommodation for BME older people. But we lack information on what they want.*

- 3.60 A 'BME Housing Strategy event' was held in March 2005 as a means of furthering consultation. Three workshops were held, one for BME older people. The intention is to hold this review every year. There were very few members of the public at this event, however, and the audience was made up largely of local government officers and community group workers, casting some doubt on the extent to which this was a useful consultation.

***Housing***

- 3.61 A very recent study of needs and aspirations in relation to housing and social care amongst the older BME community is *The Housing and Social Care Needs of Older Members of the Black and Ethnic Minority (BME) Community in Sheffield* (EMS Consultancy, undated).
- 3.62 In the above study, four focus group discussions were held with Pakistani women, Pakistani men, Indian men, and men and women from the African-Caribbean community. 39 people took part in the focus groups and, in addition to this, ten interviews were held. The interviews were carried out with a more ethnically diverse group that included representatives of the Bangladeshi, Polish, Yemeni, Chinese and Somali communities. All the participants were over 45 years old. It is not stated in the text when these meetings were held. It is assumed that they were in 2005.

- 3.63 The key topic areas in these discussions were:

- the housing needs of older people
- the future health and social care needs of this client group and the likelihood of the family being able to provide this support
- the type of support required to enable older people to remain living independently
- views on sheltered housing and similar supported housing initiatives
- their future housing aspirations

- 3.64 This study provides the most recent, and because of that should provide the most useful, insight into the needs and aspirations of the older BME

community in relation to housing and other social care needs, although the document notes that this is a small scale consultation and is therefore not necessarily representative.

- 3.65 Here is a summary of the main findings.
- 3.66 Firstly there is a lack of suitable appropriate housing within the areas that people wanted to live in.
- 3.67 Secondly, some older people were living with extended families and there were problems of overcrowding.
- 3.68 Thirdly, there was a lack of awareness amongst some people of what options on housing and associated support were available. According to the report, few older people were aware of the 'Care and Repair' and 'Staying Put' initiatives, for example. This highlights the need for *targeted marketing* of information about what is available and how to access it directly into the community. The report suggests that this marketing should take the form of provision of information in minority languages, open days at existing sheltered housing schemes, and direct contact between existing sheltered housing users and those who might be considering using it.
- 3.69 Fourthly, informal support was being provided by family members for the majority of the people with whom discussions were held. It varied according to living arrangements and according to ethnicity. Pakistani women were particularly reliant on this informal support. There was some concern that such informal, family support might not be available to the same extent in the future because of changing expectations and aspirations of younger family members.
- 3.70 Fifthly, Pakistani women viewed sheltered housing as a 'last resort', associating it with abandonment of older people by the family. Pakistani men, on the other hand, acknowledged that sheltered housing had a role to play, but emphasised that attention needed to be paid to the location, size and resident profile of such services. It is not clear from the report, however, what 'resident profile' means in this context. It was seen as being important that sheltered housing was near to community facilities or that there should be good transport links to such facilities. In terms of the location of sheltered housing, all older people emphasised the importance of a safe environment. For the majority, this equated to an area free from crime, vandalism and racism. Amongst the Asian respondents, safe meant within their traditional community areas. The overall view reported in *The Housing and Social Care Needs of Older Members of the Black and Ethnic Minority (BME) Community in Sheffield* (EMS Consultancy, undated) amongst older Asians is that they would prefer to live in an extended family arrangement, but it is also recognised by at least some of them that this is not practical. They realised that the lack of availability of bungalows or flats in traditional community areas meant that sheltered housing might be the only feasible alternative. Members of the Black community were, apparently, less prescriptive about their

preferred housing, suggesting that primarily it had to be good quality and in a safe and secure area.

- 3.71 Sixthly, it was believed that sheltered housing should be culturally appropriate. It was argued that sheltered housing should be provided with the following additional facilities: a 'spare room' for overnight guests; a warden or similar person; prayer facilities; cooking facilities catering for specific dietary needs.
- 3.72 Seventhly, *The Housing and Social Care Needs of Older Members of the Black and Ethnic Minority (BME) Community in Sheffield* (EMS Consultancy, undated) confirms the view that older BME people, or at least a significant proportion of them, would benefit from having BME staff in place in the three policy areas being examined, and therefore endorses moves in housing and in social services to recruit staff from that background.
- 3.73 Eighthly, in relation to support mechanisms, popular choices were visiting wardens, community alarms and home help.
- 3.74 Ninthly, those from less established or numerically smaller BME groups felt that there was a need for more community facilities for older people, notably community centres, luncheon clubs and community focused advice and general support. Avoiding social and cultural isolation was seen as being particularly important for older BME people.

*Enhancing Consultation and Dissemination*

- 3.75 There are plans to enhance levels of consultation with the BME community. In particular, Phil Reid's paper *Black and Minority Link Team for Older People's Services – An Option for Discussion*, written in 2004, proposes the formation of a 'Black and Minority Link Team'.
- 3.76 The objective of this Link Team would be to act as a mechanism for improving two-way communication between BME older people and Social Services. It would 'act as a link between older people from BME communities, their families and services, assisting in improving the quality of services and enabling more appropriate and responsive service provision'.

Reid identifies a number of positive attributes to this proposal: it would assist service users' understanding of services; it would ensure that needs assessments reflect the norms and values of different communities and care plans are developed and implemented accordingly. Further, it would reduce dependence on external interpreters and assist in providing continuity in communication.

*Dissemination/marketing/awareness*

- 3.77 Users and potential users of services, and those involved in directing people to services, need to know what exists and how they can access those that do exist. If services are to be provided in an effective manner for BME older people, information needs to be disseminated in a way that people can access



it. This sub-section of the report examines material from the literature that sheds light on the position here.

- 3.78 There is evidence to suggest that there is a lack of awareness of what services are on offer. For instance, a web based survey of BME residents, many of whom were older, indicates that almost half of them do not know how to get help from Social Services for the services that they were asked about. The service that they knew least about accessing was the alarm system in case of falls service (Web based survey of BME older people). Obviously, what is important is not just service provision, but also awareness of services.
- 3.79 The City Council has a series of web pages that are dedicated to providing information about the provision of council services in the city. However, as the web based survey of BME older people indicates, a questionnaire of BME Sheffield residents, primarily older people over the age of 65, demonstrated that many of these individuals do not have internet access at home, are not comfortable using a computer or the internet, and have never accessed it to research council services. Given that these are older people, this should not come as a great surprise. However, what it *does* mean is that computer technology cannot be relied upon as an effective dissemination tool as far as BME older people are concerned.
- 3.80 In response to the need to find more effective means of dissemination, Social Services are in the process of creating a DVD that will provide a visual portrayal of what services are on offer, showing pictures of a day centre, or pictures of someone having an assessment. A production team has been engaged, and the next stage is to make the actual film. The DVD is more advantageous than a videotape equivalent as it allows for rapid switching between different community languages. It also overcomes literacy, as well as language, problems and both can be widespread issues within the BME older people community. This should have a positive benefit for BME older people, while being targeted, understandably, at the wider BME community in general.

### ***Conclusion***

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

### ***Dissemination***

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

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

*Meeting Needs in an Appropriate Way*

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

*Monitoring and Evaluation*

- 3.85 Before needs can be met, there is a requirement to know what those needs are. The best way to discover needs is through evaluation studies, which might take different forms and, in these circumstances, might involve focus groups among users.
- 3.86 Monitoring is important on a regular and continuing basis to find out which groups of people are using which services, which services are not being used, and what the level of satisfaction is with the services that are being used.
- 3.87 On monitoring, there is a mixed picture. In some parts of service areas, a concerted effort is taking place to monitor effectively, for example, some parts of Social Services. Elsewhere, the picture is less comprehensive. Implementing monitoring and evaluation can be more difficult when independent providers are being used.
- 3.88 What matters as much as the actual monitoring and evaluation is what is done with the results of such exercises. Information from monitoring and evaluation needs to feed into policy design and mechanisms for policy implementation so that *policy effectiveness* can be improved.

*Staffing*

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

**Section 4: Linkages**

- 4.1 Linkages can exist at different levels. Of primary importance are linkages *between* services in Sheffield so that by working together they can offer a better, more comprehensive service.
- 4.2 The term also means linkages with the voluntary and community sector and the independent sector.
- 4.3 The focus of this section is to look at what linkages exist *between services in Sheffield*. Where possible, examples of good practice of these linkages have been provided.
- 4.4 There are two aspects of linkages that merit examination. Firstly, corporate commitment. Secondly, operationalisation of policy.

***Corporate Commitment***

- 4.5 Many of the documents, and the strategies reported on within the documents, mention links with other service providers in the city, and mention the importance of linkages between the services. The extent to which these linkages are operational, and what their impact is on the older BME community, is difficult to ascertain though. There is undoubtedly a strong level of *corporate commitment* to linkages, although evidence so far suggests that the balance between corporate commitment and operationalisation may tilt towards the former.
- 4.6 *Supported Housing Commissioning Strategy 2005-2010*, produced by the Sheffield Supporting People Partnership in 2005, outlines its aims to ensure that the needs of the 15,000 plus people that use the housing support services in Sheffield are met. The objective is to ensure that housing support in its broadest sense is provided, based on *partnership* working with the city council and other agencies so that integrated services can be provided. There is little, if anything, in the document on BME older people, although there is a section on BME people generally, which acknowledges that they are not represented amongst service users as much as would be expected.
- 4.7 *Supported Housing Commissioning Strategy 2005-2010* is characterised by a commitment to linkages through partnership working and suggests that Supporting People is '*an effective partnership that brings together health, probation, social services, housing and other partners to co-ordinate services*', and that '*all partners have been active in the direction of the programme and strong links have been forged to other agendas and strategies, particularly in the areas of health and social inclusion*'.
- 4.8 In particular, Supporting People links to the agendas of *social inclusion* in Sheffield: the housing strategy, the older person's housing strategy, the homelessness strategy, the learning disabilities accommodation strategy, the community safety and crime reduction strategy, teenage pregnancy, drugs and alcohol, domestic abuse, mental health and refugee integration. *Supported Housing Commissioning Strategy 2005-2010* explains in some detail how

Supporting People works with these other service areas. In terms of its relevance for this piece of work, however, *Supported Housing Commissioning Strategy 2005-2010* remains at the level of corporate commitment, and it has little to say about the group that is the specific focus of this work, BME older people.

- 4.9 *Housing Strategy for Older People* establishes clearly that its policy approach embraces co-operation across services. Linkages will be established wherever they will enhance policy outcome (Sheffield City Council, 2003a). The document notes as part of the 'Vision' of Sheffield City Council that it seeks:

*To work with the older community, support agencies including Social Services, the Health Service, voluntary organisations etc to produce enhanced and seamless housing and care services for older people.*

- 4.10 *Housing Strategy for Older People* notes that, since its launch in 2002, several new partnerships have been formed between providers of services for older people as a mechanism for achieving policy objectives. For example, there are partnerships with Age Concern for adaptations, and there are links with housing associations to provide sheltered accommodation. There is not much evidence in *Housing Strategy for Older People*, however, of what the *impact* of these partnerships and links are for older people. There is only one example of a linkage between services to assist BME older people specifically and this relates to having an RSL specialising in work with BME groups. Alliance Housing Association is now working with the city council in this position, but it is not clear what the impact has been.

- 4.11 In terms of older people generally, *Supported Housing Commissioning Strategy 2005-2010* outlines the linkages of the Older Person's Housing Strategy to Supporting People through a review of existing sheltered housing provision and the development of 'extra care' schemes. Supporting People funding also produces a number of health benefits for older people, including tackling age discrimination through providing an environment in which they are encouraged to play an active part in the community and the decision process, use of single assessment process to ensure older people receive the care and support that they need, availability of trained staff to provide level of care that is required with the flexibility that older people need, promotion of active and healthy lifestyle through measures aimed at diet and physical exercise.

- 4.12 *Supported Housing Commissioning Strategy 2005-2010* also states that the Refugee Integration Strategy links to Supporting People by working in partnership to provide responsive services that 'meet the needs of refugees such as expanding the provision of floating tenancy support'.

- 4.13 Social Services have developed, or are developing, an 'overarching strategy 2005/06' for Assessment and Care Management Services and for Social Care Capacity (Sheffield Social Services, 2004a). They are anticipating that this strategy will be linked to a 'Joint strategy for improved community care for

BME older people which is in the process of being prepared with partners in the Black Community, Neighbourhoods and Health'.

***Operationalisation***

*Linkages between services in Sheffield*

- 4.14 The most important organisational link at the committee level across the three policy areas of health, housing and social services for older people generally (and, therefore, within that, *BME* older people) is the Older People's Partnership Board (OPPB). This board makes decisions on whether or not to approve strategies presented to it by two sub-committees. One of these sub-committees is Older People's Services Executive Group (OPSEG), which has responsibility for the 20 per cent of older people who have health and social care needs. The other is Citizenship and Inclusion, which has responsibility for the 80 per cent of older people who do not have specific health and social care needs.
- 4.15 The OPPB co-ordinates the implementation of the strategies that it has approved via Sheffield City Council's Social Services and the four PCTs in Sheffield. It is responsible to Sheffield Health and Well Being, which in turn is responsible to Sheffield First.
- 4.16 It is clearly important that this kind of committee structure should be in place to act as a co-ordinating force at city-wide level.
- 4.17 It is also important to recognise a positive development in recent times: the committee structure has been re-invigorated in the last eighteen months. Up until then, OPSEG had been the only committee of the three that had been functioning effectively. Citizenship and Inclusion has been established newly; and the OPPB itself has been revitalised from a position where it had ceased to meet.
- 4.18 It is worth noting, however, that there is very little, if anything, in the documents that have been examined for this report on OPPB, Citizenship and Inclusion, or OPSEG.
- 4.19 The first task of Citizenship and Inclusion has been to commission a review of *all* policies within Sheffield City Council, the PCTs and health providers in Sheffield and to examine what account is being taken of older people (generally, rather than specifically *BME* older people), and to identify gaps. This is being carried out currently and will report in December 2005 with a draft *Strategy for Ageing for Sheffield* which will be informed by the draft to national strategy outlined in the Department for Work and Pension's *Opportunity Age – Opportunity and Security throughout Life*, published in March 2005.
- 4.20 OPSEG is a high-level body, meeting at director level. Its job is to act as a partnership and co-ordination mechanism across service areas, and to oversee the implementation of the National Service Framework for Older People

(NSF), and the individual sub-committees charged with responsibility for individual service areas.

- 4.21 The National Service Framework for Older People (NSF), a city-wide Older People's Service Modernisation Programme, represents the operationalisation of linkages. According to *Housing Strategy for Older People*:

*work continues on this and achieving the milestones of the Older People's NSF. Continuing to work together, all partner agencies are committed to providing joined up services for Sheffield's older citizens. The Older People's Service Executive group provides clear direction and support for the working groups.*

- 4.22 Obviously, the above is directed at older people generally, rather than BME older people specifically.

- 4.23 The needs of BME older people cross OPSEG and Citizenship and Inclusion. And it is widely recognised that there are different and significant pressures on individual directors to achieve particular goals and meet particular targets. The agendas of the respective committees are huge, and there are clearly competing demands for attention and resources.

- 4.24 The new committee structure that is now in place is a positive development, but may take time to embed. The perception of some managers is that it may take some time to implement some of the strategies directed at older people generally, because of the large number of agencies involved in delivery, for example, four PCTs.

- 4.25 The *Policy Recommendation* here, therefore, is that the OPPB should decide on a process to ensure that the recommendations in this report are considered, agreed, implemented and reviewed. This means that someone, or some group of people, should be named to take the appropriate action. It may well be that a specific committee is established with city-wide responsibility for implementing the findings of this report into policy towards BME older people and other policies and strategies that emanate from within the committee structure outlined above and also, where they are tangible and appropriate, any corporate commitments in the extensive collection of documents that have been examined here. This person, group or committee should report to the OPPB. It may well be that the steering group formed to oversee the research project that led to this document could form the starting point for named person or group.

- 4.26 One of the objectives of *A Housing Strategy for Sheffield's Black and Minority Ethnic Communities 2002-2005* (Sheffield City Council, 2002a) is to 'work with partner organisations to identify and address the needs of asylum seekers and refugees and to support the integration of new communities in Sheffield'. Various initiatives are mentioned, although specific details of which partner organisations are to be worked with and in what ways are not mentioned and there is no mention here of BME older people specifically.

4.27 *Report of a Black and Ethnic Minority Planning Day* (Black and Ethnic Minority Community Care Joint Commissioning/Joint Working, 1999) notes how the work in developing Ellesmere, a residential home seen in *Report of a Black ...* as being an example of good practice in the supporting of African-Caribbean and White elders, involved linkages, and that these linkages did actively make a difference to policy design and delivery. Linkages had been developed here between the local community, the black churches, and health and social work staff.

4.28 More details are provided within *Report of a Black and Ethnic Minority Planning Day* about how linkages here have led to beneficial results. Referring to Ellesmere, it notes that the roots of this project, which was seen as successfully meeting the needs of black and minority ethnic older people, were 'in representations from the African-Caribbean community and a business planning approach from the community care providers services which responded to a feasibility study with enthusiasm.' It notes in particular that SADACCA, an organisation representing African-Caribbean people, had argued that the following were necessary if a responsive service was to be developed:

- total commitment and support from politicians and senior management
- an ongoing planned programme – recognising that change would take time
- black leadership within the home
- training for white staff
- recruitment of African-Caribbean staff
- accurate assessments by social workers
- quality information for the community
- advocacy potential of SADACCA to ensure the council carried out its commitment

4.29 Similarly, in the same document, an indebtedness is acknowledged to the manager and staff at Annie Wood House, Birmingham Social Services department, in relation to the development of Ellesmere. Several visits to Birmingham were made by staff from Sheffield City Council's Social Services Department and clearly sharing experiences of good practice from a residential home in Birmingham helped in the successful implementation of policy here. As noted earlier, Ellesmere is now closed.

4.30 A model which might be considered as a way forward for effective linkages at the operational level is that which delivered the Ethnicity Leadership

Programme, according to a manager within Social Services. This was a national programme that brought together key officers from health and Social Services together with a 'front line' worker and a service user. The manager believed that this model of delivery was useful in identifying gaps in service provision and devising strategies for addressing those gaps.

- 4.31 There is an example in the literature of where the statutory sector is linking with a *community group*. The Vietnamese Community Association are working, or at least have been recently, with the statutory sector for their Special Needs Project. It is seeking to make the services that are available to its elders more widely known by producing and distributing Information Sheets in the mother tongue (Sheffield Vietnamese Community Association report, 1999).
- 4.32 The Vietnamese Community Association also has regular Community Health Conferences within its 'Special Needs Programme', and one of the major groups that this seeks to assist is the elderly within their own community. They state in *Special Needs Project* that they will be seeking meetings with relevant local government departments, health care deliverers and the management and staff of residential homes, and will work in close co-operation with statutory and voluntary bodies (Sheffield Vietnamese Community Association report, 1999).

### ***Conclusion***

- 4.33 Working in conjunction with other groups and organisations is to be commended, has seemingly led to practical benefits, and should continue and expand wherever there are further potential beneficiaries.
- 4.34 There is a great deal of corporate commitment to linkages, and there are organisational structures in place designed to bring about linkages, such as OPPB, Citizenship and Inclusion, OPSEG and the NSF.
- 4.35 One fear amongst managers is that the organisational, political and target-driven pressures on directors may lead to policy agendas changing frequently so that commitments are sometimes not implemented. Additionally, there may be a gap between the corporate commitment to linkages in the documents and the operationalisation of linkages on the ground.
- 4.36 A *Policy Recommendation* here is that a procedure should be established by the OPPB to ensure *implementation* of corporate commitments to race equality and associated policies, and to linkages, emanating from within the decision-making committee structure described above. It would also oversee and ensure the implementation of any corporate commitments in the extensive collection of documents that have been examined here, where they are tangible and appropriate. It may be that a special city-wide committee is established for this purpose and, if so, the steering group formed to oversee the research project that led to this document might be an appropriate body for this.



*Providers*

- 4.37 Independent providers can be a big bonus to those charged with service delivery. They can help in making service delivery more comprehensive and sometimes can offer a service that is more acceptable to the user. SADACCA, Chinese Day Centre, Darnall Dementia Project, and Tinsley Help at Home are examples of where they are used in Social Services. They are also used in health policy delivery and in housing.
- 4.38 Once independent providers are being used, ensuring that all requirements – in relation to monitoring of ethnicity data, providing services in a culturally appropriate manner, and to associated race equality policies – are being met becomes important. Some contracts have been in place for many years. Sometimes this is due to historical reasons, with projects relying on different funding schemes. In relation to Social Services, the contract with one of the main independent providers is currently being reviewed, and in health policy, it is acknowledged that it is not always easy to keep tabs on the extent to which providers are adhering to requirements laid out in health trusts' strategies.

**Section 5: Where are the gaps and weaknesses in service provision?**

5.1 There are potentially many different types of gaps that might exist in policy provision. There may be certain groups who are not being catered for, for whatever reason. Or there may be other occasions when needs are known about but simply not being met, again potentially for many different reasons. Sometimes analysing policies reveals strong *corporate commitment*, but less of an emphasis on operationalisation. Sometimes it is beyond the remit of any statutory organisation to offer the sort of support that may be needed.

5.2 This section outlines the gaps that can be identified from the literature. *The main gap that emerges here is that between corporate commitment and operationalisation of policy.* Another gap, as noted earlier, is in reaching the target group. There are some gaps in meeting needs also. A further gap is that it appears as if the needs of some groups of BME older people are not known about and therefore, for this reason alone, not being adequately met.

*Corporate Commitment*

5.3 Section One above pointed to what is one of the biggest gaps here, which is that whilst corporate commitment and overarching strategies are necessary before policies can be enacted on the ground that respond effectively and comprehensively to the needs of older BME people, there is also a need for a mechanism of ensuring *implementation*. Without that, policies remain at the level of statements rather than being enacted. A policy recommendation has been put forward to address this.

5.4 To some extent, the same gap between corporate commitment and operationalisation appears in Section Three on linkages as well, where many documents refer to linkages but the linkages in practice seem to be less prominent.

*Reaching the Target Group*

5.5 It was noted at Section Two, also, that there were inconsistencies in the extent of monitoring and evaluation of policy and policy users, and also in consultation. Or, in some cases, where monitoring, evaluation and other forms of consultation have been carried out, sometimes dissemination could have been more effective. Monitoring and evaluation helps assess whether or not the target group is being reached, and how it might be reached more effectively.

5.6 It is recognised that there is, in parts, certainly in parts of Social Service provision, comprehensive monitoring, but the picture varies. North Sheffield PCT provided some insight into the *local* picture on evaluation, stating in a report published as recently as 2002 that monitoring of ethnicity within the overall health service had been less than fully effective, and again, this represents a gap.

5.7 Sheffield City Council's *Older People's Service Plan* notes that 'implementing the recommendations of the Best Value Review of Black and Minority Services' has not been achieved. There is a strong commitment to

implementing these recommendations, but operational difficulties have delayed matters. The instigation of a 'BME Link Team' is a central aspect of the commitment, and it is thought likely that such a team will be in place by the end of 2005 or the early part of 2006. Policy operationalisation has lagged some way behind 'Corporate Commitment' on implementing the Best Value Review recommendations, but progress is being made. The BME Link Team would be able to assist in reaching the target group. Another document reveals that a survey shows that information which is disseminated on Council websites on services does *not* reach BME older people. Very few of the BME older people responding to the survey have ever accessed Sheffield City Council's website or know about the social services that are available (Web based survey of BME older people, information from P.Reid).

- 5.8 There might be gaps, then, in *what* is available, and in *knowledge* about what is available. What is clearly necessary is better provision of information about the services, in a format that is accessible to BME older people. The plans by Social Services to use a DVD for getting information across is a good idea and likely to be effective.

*Meeting Needs*

- 5.9 Even when the target group is reached, it has to be ensured that needs are met. Sometimes it appears that they are not.
- 5.10 Sheltered accommodation is not meeting needs of BME older people, according to *Supported Housing Commissioning Strategy 2005-2010* (Sheffield City Council, 2005).
- 5.11 In *Somali Housing Experiences in England*, there is little analysis of the specific needs of BME older people, but many of the factors it notes as affecting the Somali population generally will, presumably, also be important for Somali older people (Sheffield Hallam University, 2003). For example, it talks about the inadequacies of mainstream provision, which include:
- failure to provide new housing opportunities in preferred locations and include relevant design features
  - failure to recognise and respond to Somali needs in the allocation process
  - insensitive allocation of properties and the limited provision of culturally sensitive services.
- 5.12 The key factor, however, was the *language barrier* between Somali households and their current or prospective landlord; and relevant translation and interpretation service either did not exist or were of limited use.
- 5.13 *Somali Housing Experiences in England* is based on examining the housing experiences of Somalis living in England. It is a comprehensive document,

looking at experiences of five key clusters of population: Sheffield; Liverpool; Bristol; Ealing and Tower Hamlets.

5.14 Summarising, it notes that, generally, the housing experiences and difficulties encountered by Somali respondents can be distilled into three broad categories:

- ignorance and misunderstanding of Somali housing situations, requirements and preferences
- difficulties in accessing, and the inadequacies of mainstream provision
- absence of specialist Somali provision.

5.15 *Ethnicity and Learning Difficulties* (CVS, 1998) is another document which deals with an area that it states has had little attention paid to it. It notes that 'the subject of learning difficulties and ethnicity has received only limited coverage'. It discusses how best to approach dealing with the issue, what kinds of support can be offered and in what ways, details a number of case studies and looks at various support groups in the field. Although, obviously, some of the BME people who are affected by learning difficulties are older, there is no specific mention of BME older people.

*Needs Not Known*

5.16 *Report of a Black and Ethnic Minority Planning Day*, although now dated, refers to some research carried out by Sheffield Social Services Directorate into the African Caribbean, Bangladeshi, Chinese, Pakistani, Somali and Yemeni community groups in Sheffield identifying needs not met by services currently provided (Sheffield City Council, 1999). It argued that 'There is also a lack of information about the Community Care needs of the Vietnamese, Indian, East African Asian, Chilean, Irish and Polish communities'. The gaps identified focus on the need to develop:

- more effective communication channels and training provisions with Black and Ethnic Minority communities
- better training provisions
- residential care for older people
- community work posts
- mental health care for older people and especially for women
- support for carers
- home care and day care

- sheltered accommodation
- social work posts for older people, people with mental health problems and people with disabilities
- services for women, with a particular need for advocacy and interpretation services
- lunch clubs for women

5.17 Given that *Report of a Black and Ethnic Minority Planning Day* is dated, it may well be that the above 'gaps', if it is agreed by providers that they *are* gaps, have been addressed.

*Conclusion*

5.18 There is a gap between Corporate Commitment and Operationalisation of policy.

5.19 There are gaps in reaching the target group.

5.20 There is a gap in knowledge of the needs of BME older people.

5.21 There is a gap in meeting the needs of BME older people in some policy areas.

**Section 6: What gains, in terms of service provision, can be achieved in the short term?**

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

***Corporate Commitment***

- 6.2 *Race Equality Guide 2004*, for example, provides information on the drawing up of meaningful and effective Race Equality Schemes (documents which have to be produced following the Race Relations (Amendment) Act 2000).
- 6.3 It notes that there are many different examples of Race Equality Schemes, and that an Internet search would provide many variations. *It also notes, however, that many of these documents do not meet the requirements of the Commission for Racial Equality's Statutory Code of Practice.* A gain that could be made in the short term would be to review the Race Equality Schemes that have been published in the areas of health, housing and social services, to assess whether or not these match up adequately with the requirements of the Code of Practice and are, in the words of the document, 'meaningful and effective'. Where they do not, action can be taken to rectify the situation. This exercise, both in its assessment phase and in its policy modification stage if change is necessary, could take place relatively quickly.
- 6.4 *Race Equality Guide 2004* provides many other examples of good practice, which relate to areas such as 'agreed lines of accountability and leadership' and 'external support to identify and prioritise SHA functions for impact on race equality'. It cites another example of a SHA that 'set up a Race Equality Network to encourage people to share ideas on promoting race equality'. In relation to short term gains, this document would provide a fund of ideas, some examples of which have been given, of activities that might be able to be accessed quickly by reviewing the document to see if organisations involved in health, housing and social services policy in Sheffield have the most effective Race Equality Schemes in place.
- 6.5 Another useful service provided by some of the documents providing an overview of the national picture is that they act as a useful resource base. *Race Equality Guide 2004*, for example, lists useful resources for organisations seeking to gain information on race equality policies and how to implement and monitor them effectively. The list includes organisations such as the former Commission for Racial Equality, the Home Office and the Audit Commission, as well as documents which detail the statutory responsibility of organisations and outline good practice on pursuing race equality strategies. Useful websites are also listed, such as The Civil Service Diversity Website, the Fourth National Survey of Ethnic Minorities, and The NHS Emergency multilingual phrasebook.

## **Operationalisation**

### *Health*

- 6.6 *Celebrating our Cultures: Guidelines for Mental Health Promotion with Black and Minority Communities* (National Institute for Mental Health in England, 2004) provides a range of information on how best to promote mental health with black and minority ethnic communities in England. It provides case studies from across England of good practice with different ethnic groups, exploring the reality and the stereotypes of mental illness associated with different groups. It is a useful manual for all those engaged in the field, including voluntary sector workers; public health and health promotion specialists; primary care workers; mental health workers; local authority workers; community and self help groups; prison staff and faith communities. It is not specifically related to the problems of BME older people, but obviously, they are one section of the BME population that may be affected by this condition. It can be consulted in relation to separate areas, and would be a useful addition to the resources available to anyone involved in the field. Obviously, such a document can be accessed in the short term. It has sections on the following: mental health issues for different black and minority ethnic communities; strategies for mental health promotion with black and ethnic minority communities; principles of effective practice.

### *Housing*

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

### *All policy areas*

- 6.8 All policy areas would benefit from the development of an 'operationalisation document' such as the Race Equality Toolkit (see earlier) used by Social Services (Sheffield Social Services, 2004b).
- 6.9 This provides a means to identify priorities in developing and implementing race equality policies effectively, allocating responsibility for their implementation and progression, and checking on the progress regularly.

### **Effectiveness**

#### ***Reaching the Target Group***

- 6.10 Some crucial short term gains could be made in reaching the target group. Social Services are in the process of producing a DVD to present a visual display to potential users of what services are on offer. This will help in relation to language and literacy problems, and it is a method of communication that could be replicated in the short term, and with useful short term gain, in both housing and health.

#### *Monitoring and evaluation*

##### *Performance indicators*

- 6.11 *All Our Tomorrows* calls for the development of a set of 'well being' outcomes for older people, which it argues could be formulated for both the national and the local arenas. It advocates, further, that these should be linked to a local strategy for responding effectively to the needs of older people and to the needs of the local community. Developing such a set of 'well being' outcomes might not be a hugely onerous task and might bring gains that could be realised in the short term. The starting point, in terms of discovering the needs of BME older people might be consultation with relevant community groups with the right kind and level of experience and knowledge; the starting point in relation to 'well being' outcomes' might be to assess a set of standard 'quality of life indicators' and adapt them as necessary.

##### *Staffing*

- 6.12 *Race Equality Guide 2004* also collates good practice from Race Equality policies elsewhere, and presents these in summarised form. It would be useful for all local public sector organisations, organisations concerned with health particularly, given that it is published by the Strategic Health Authority to assess this document and examine whether or not it might have practical suggestions for short term gains. For instance, in a section on 'race inequality and tackling health inequalities', the document notes that 'to encourage trusts to use their purchasing power to promote race equality one SHA is arranging training for staff involved in procurement'. The SHA organised training events to facilitate Race Relations (Amendment) Act 2000 implementation.

##### *Good Practice*

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



country is beyond the remit of this piece of work, however, so limited comments only will be made in this respect.

***Appropriateness/meeting needs***

- 6.14 *Extra Care Housing in Yorkshire and the Humber* notes an example of good practice from elsewhere: as part of the support package on housing being offered by the Sadeh Lok Housing Association, based in Huddersfield, *education* is being made available to BME older people. It also notes that there are capacity building activities being offered to BME older people in Hull, although it does not name the organisations involved. Both these initiatives would be worth looking at from the Sheffield context. If it is possible to provide them, again it might be an area in which 'short term' gains are possible. Liaison with Sadeh Lok Housing Association, and with whoever is providing the capacity building activities in Hull, would be necessary.

***Consultation***

- 6.15 A proposal contained within a discussion document *Black and Minority Link Team for Older People's Services* written by Phil Reid, Sheffield City Council's Inclusion and Diversity Manager within Social Services, was the establishment of a 'Black and Minority Link Team'. The idea is that this would act as a mechanism for improving two-way communication between BME older people and Social Services. Establishing this team, it is argued, would have a number of benefits, including helping people to understand assessments that are being made, improving communication, and assisting in terms of cultural awareness. Implementation of this is in progress and expected to be completed by end 2005 or early 2006.
- 6.16 Another way of strengthening the effectiveness of consultation, and something which could be done in the short term, would be to publicise more widely consultation events – such as the 'BME Housing Strategy event' held in March 2005 – and strengthen efforts to attract more members of the public, in order to make the consultations more effective and the results of such exercises more meaningful.

***Linkages***

- 6.17 Social Services report that it has information sheets in languages for all communities about services available. There is a need to make sure that this service is comprehensive across all three services areas. Where the statutory sector is working with smaller groups where translation does not normally occur, there could be a linkage formed with relevant community groups who might be able to assist.
- 6.18 Given that within certain communities issues and problems are sometimes, or often, hidden – such as mental health problems amongst the Vietnamese, one of the top three disabilities affecting the community – the only way to be effective in policy might be to be *pro-active* in discovering what the problems are and whom they affect. Such a pro-active approach might involve regular liaison meetings with community associations representing different groups of people. In this case, the Sheffield Vietnamese Community Association would

be the appropriate group to liaise with, but there will be other groups representing people of different ethnicities. These kinds of liaison meetings might be one of the tasks that could be carried out by the proposed 'Black and Minority Link Team'.

- 6.19 *Race, Culture and Community Care* (Commission for Racial Equality, 1997) is a document intending 'to give renewed impetus to joint working by health, housing and social services authorities to ensure equality in gaining access to community care services and to overcome discriminatory practices.' It outlines principles of good practice, provides a checklist against 'which local housing, social services and health authorities can evaluate their performance to date'. It would be useful for someone charged with developing partnership working across the policy areas of health, housing and social services in Sheffield to peruse *Race, Culture and Community Care*, an activity which could be carried out in the short term. Another particularly relevant chapter in the document examines strategy and policy, and addresses the responsibilities of various stakeholders within the system. This is a practical document, making concrete suggestions on how to design and take forward race equality policies and assess the needs of the local population. There is no specific reference to BME older people, as with many of the documents examined in the research for this report.

**Section 7: Are there any areas for further research or investigation?**

*Why under usage?*

- 7.1 Both Social Services and Neighbourhoods report a significant under usage of certain services, for example, Home Services and Sheltered Housing compared to what would be expected from population statistics. In both of these areas, the potential users are often older people. *It is crucial to improving policy effectiveness to discover why there is such an under usage.* Is this because people do not know about what services are on offer? If so, how can this information be made known to them? Or is it because what is being offered is not suitable? If so, how can the service be improved there? The results of a research study into the subject would feed into improving policy.

*Level of Demand*

- 7.2 There is clearly a need to try to make some predictions on the level of future demand for different types of housing, including Extra Care homes and sheltered housing. Although a supply and demand analysis for older people generally has been carried out relatively recently, it is worth reiterating one of the recommendations of the associated report here:

*[There is a need to] Consult with representatives of, agencies, and voluntary organisations that work with the BME older population, to establish precisely the nature of accommodation and other services and facilities that specific cultural groups require. Then take steps to ensure that these needs are adequately catered for within future delivery plans, (and within all the recommendations included in this report).*

- 7.3 *Extra Care Housing in Yorkshire and the Humber* (Stage 1 Supply and Demand Analysis) further establishes this point, arguing that there is 'very little information on housing with care needs of the BME community' in the Yorkshire and the Humber region. It notes, also, that BME older people are *under-represented* in existing sheltered housing and Extra Care Housing (ECH). This is in line with the situation in Sheffield. The document states that a few individual schemes exist, in Bradford and Leeds, for example. But, it continues, 'in the main...there is a lack of choice to meet specific cultural and faith needs of BME elders' (URS, 2004).

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

- what are the housing with care needs of BME older people in Sheffield?
- to what extent is there a need for sheltered housing and for ECH?
- to what extent is the need satisfied by existing provision?

- are there any lessons that can be drawn from experiences in Bradford and Leeds?
- 7.5 The same report notes that real needs within the BME older people community may be 'hidden' because of cultural factors. This means that there is an obligation to be pro-active in the research methodology, actively working with community groups and others experienced in working with ethnic minority groups to reveal the true extent of demand in different directions.
- 7.6 *Supported Housing Commissioning Strategy 2005-2010* indicates that research is needed to identify ways in which to improve BME community access to services and develop an action plan to bring it about. It states that this will be done and it certainly needs to be. This report is perhaps just the start of that process.

***Examples of good practice from other parts of the country***

*Linkages*

- 7.7 Another example, though not in Sheffield, demonstrates how agencies working together may achieve positive results in *Extra Care Housing in Yorkshire and the Humber*. Sadeh Lok Housing Association is cited there for its education initiative (the 'access matrix'), and its capacity building programmes in Hull, which involve working with the Supporting People team, and it might well be that these could be investigated in order to assess the merits of their method of working together.

**Appendix 1: Managers interviewed for this research**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Jan Allin	Service Manager for Assessment and Care in the Community, Older People's Service	Sheffield City Council
Liz Cook,	Older Person's Strategy Team	Sheffield City Council
Permjeet Dhoot	Equalities Manager	Sheffield South West PCT
Margaret Gibson	Assistant Director of Modernisation Older People	Sheffield South West PCT
Sharon Marriot	Older Person's Housing Strategy Team;	Sheffield City Council
Russell McSweeney	Policy and Performance Manager, Older People's Services, Social Services	Sheffield City Council
Georgina Parkin	Lead officer for BME housing strategy	Sheffield City Council
Kate Robertson	Supporting People Team	Sheffield City Council
Angela Rowland	Project Manager for Extra Care Housing for Older People, Social Services	Sheffield City Council
Howard Waddicor	Commissioning Manager for Older People's Services, Social Services	Sheffield City Council
Ian Wright	Older Person's Housing Strategy Team	Sheffield City Council

## Appendix 2: Action Plan

AREA	ISSUE	ACTIVITY	DATE
<b>Organisations and managers overall</b>	Need for familiarity with issues, existing policies and objectives	Manager from each organisation with responsibility for policy design and delivery in health, housing and social services to be designated lead person and to read this report in its entirety.  This person should take lead responsibility for action on issues below.	In each case of activity below, establish a date for completion and feedback with OPPB or with its representative nominated to take responsibility for this report.  Lead manager should be responsible for this feedback.
<b>Existing services and strategies</b>	Monitor continuation and impact of existing policies	i) analyse any information that emerges that affects continuation of existing policies or changes them in any way	
<b>Effectiveness</b>	i) usage of services  ii) Meeting Needs in an Appropriate Way	i) try to reach target group more effectively by better and more effective efforts at dissemination  ii) make sure services delivered in culturally appropriate fashion; if not known how to do this conduct the research referred to below as quickly as possible.  iii) continue ethnicity data monitoring for on service users. Where necessary, improve effectiveness of this.	
<b>Linkages</b>	i) Establish procedure to ensure <i>implementation</i> of corporate commitments  ii) Ensure independent providers are meeting all requirements regarding ethnicity monitoring and race equality policies generally	i) monitor corporate commitments and ensure that they are implemented  ii) take action to ensure that independent providers are meeting policy requirements where they are not currently doing so.	
<b>Gaps</b>	i) gaps in reaching the target group  ii) gap in knowledge of the needs of BME older people	i) try to reach target group more effectively by better and more effective efforts at dissemination  ii) discover what needs of BME older people are through quickly implemented primary research	

<b>Gaps (continued)</b>	iii) gap in meeting the needs of BME older people in some policy areas	iii) act on above by implementing policy which meets the needs of BME older people	
<b>Short term gains</b>	<p>i) race equality schemes</p> <p>ii) health</p> <p>iii) housing</p>	<p>i) review race equality schemes in light of <i>Race Equality Guide 2004</i> to ensure effectiveness in 'agreed lines of accountability and leadership' and 'external support to identify and prioritise SHA functions for impact on race equality'</p> <p>ii) review <i>Celebrating our Cultures: Guidelines for Mental Health Promotion with Black and Minority Communities</i> for information on: how mental health issues affect different black and minority ethnic communities; strategies for mental health promotion with black and ethnic minority communities; principles of effective practice.</p> <p>iii) pro-active encouragement to apply for grant assistance to have modifications to homes. Where BME older people are living in private rented accommodation, landlords to be encouraged and assisted to apply for grants for modifications to properties</p>	
<b>Further research?</b>	<p>i) why under usage?</p> <p>ii) level of demand</p>	<p>i) carry out research quickly into why there is under usage in some service areas</p> <p>ii) carry out research quickly into expected level of demand from BME older people in Sheffield for ECH and Sheltered accommodation</p>	

### **Bibliography**

Ahmed, Naseer and Steele, Andy (undated) *The Housing and Social Care Needs of Older Members of the Black and Ethnic Minority (BME) Community in Sheffield* (EMS Consultancy Ltd and Salford Housing and Urban Studies Unit, University of Salford).

Aspinall, Peter J. and Jacobson, Dr Bobbie (2004) *Ethnic Disparities in Health and Health Care: A focused review of the evidence and selected examples of good practice*. July. (London Health Observatory in conjunction with the Department of Health, London).

Azmi, Sabiha; Hatton, Chris; Emerson, Eric and Caine, Amanda (1996) *Asian Staff in Services for people with Learning Disabilities*. (Hester Adrian Research Centre, University of Manchester, Manchester).

Bashir, Sajida (2000) *Planning and Commissioning Disability Services for Black and Ethnic Minority Adults with Disabilities*. Executive Summary. (Black Community Disability Project, Sheffield).

Black and Ethnic Minority Community Care Joint Commissioning/Joint Working (1999) *Report of a Black and Ethnic Minority Planning Day*. Summer. (Sheffield City Council, Sheffield).

Black Card (2002) *A Black and Minority Ethnic Housing Strategy for Sheffield – A Community Consultation*. Researched and written by MGK Consultancy. June.

Black Card (2003) *BME Housing Strategy – Consultation and Feedback (second round)*. Researcher: Malcolm Cumberbatch MGK Consultancy. January.

Cole, Ian and Robinson, David (2003) *Somali Housing Experiences in England*. (Centre for Regional Economic and Social Research, Sheffield Hallam University, Sheffield).

Commission for Racial Equality (1997) *Race, Culture and Community Care*. An agenda for action. (Commission for Racial Equality, London).

CVS Consultants (1998) *Ethnicity and Learning Difficulties*. Moving towards equity in service provision. (CVS, London).

Department of Health (2001) *Minister Welcomes Report on Ethnic Health Inequalities*. 24 January. Press release.

Department of Health (2002) *Improvement, Expansion and Reform: The Next Three Years*. Priorities and Planning Framework 2003-2006. September. (Department of Health, London).



Department of Health (2004a) *New Equality Champion for the NHS*. Press Release. 13 October.

Department of Health (2004b) *Summary of Intelligence on Inequalities*. (Department of Health, London).

Department of Health (version undated) *Choosing Health. Making Healthy choices easier*. Executive Summary. (Department of Health, NHS, London).

Department of Health (version undated) *Health Inequalities: improving NHS performance* (Department of Health, London).

DTZ Pidea Consulting (2005) *Older Persons Housing Research Project*. Draft Final Report. (Sheffield City Council, Sheffield).

Healthcare Commission (2004) *State of Healthcare Report*. Summary. (Healthcare Commission, London).

Hussain, Mirban (1999) *To fight for rights and dignity*. Mencap research into provision of ethnically sensitive services in Rotherham. (Mencap, London)

Local Government Association. (2003?) *All Our tomorrows*. Inverting the triangle of Care. (Local Government Association, London).

National Audit Office. (2004) *Delivering Public Services to a Diverse Society*. Report by the Comptroller and Auditor General. December.

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

North Sheffield Primary Care Trust (2002) *Report to North Sheffield Primary Care Trust Board 13 June 2002. Race Equality Scheme* (North Sheffield Primary Care Trust, Sheffield).

North Sheffield Primary Care Trust (2005) *Race Equality 2<sup>nd</sup> Scheme*. May 31<sup>st</sup>-2008. 3yr review of 2002 RES (North Sheffield Primary Care Trust, Sheffield).

Sheffield City Council (undated) *Ethnicity Monitoring in SSD* (Sheffield City Council, Sheffield).

Sheffield City Council (version undated) *Fair Access to Care Services*. Eligibility Criteria for the Provision of Adult Social Care.

Sheffield City Council (2002a) *A Housing Strategy for Sheffield's Black and Minority Ethnic Communities 2002-2005*. (Sheffield City Council, Sheffield).

Sheffield City Council (2002b) *A Housing Strategy for Sheffield's Black and Minority Ethnic Communities*. Summary and Action Plan 2002-2003. (Sheffield City Council, Sheffield).

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

Sheffield City Council (2003b) *Best Value Review. Services to Minority Ethnic People*. April. (Sheffield City Council, Sheffield).

Sheffield City Council (2004a) *Older People's Service Plan 2004-2007*. A Best Performing Council. Social Services. (Sheffield City Council, Sheffield).

Sheffield City Council (2004b) *A Housing Strategy for Sheffield's Black and Minority Ethnic Communities*. Annual review and Action Plan 2004. (Sheffield City Council, Sheffield).

Sheffield City Council (2004c) *Black and Minority Link Team for Older People's Services – An Option for Discussion*. September. Paper by Phil Reid.

Sheffield City Council (2004d) *Best Value Review of Services to Minority Ethnic People*. Executive Summary. (Sheffield City Council, Sheffield).

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

Sheffield City Council (2005b) *Older People Service Plan 2005-2008*. A Best Performing Council. Social Services. (Sheffield City Council, Sheffield).

Sheffield City Council (2005c) *The Smooth Guide to Adult Mental Health Services in Sheffield*. 3<sup>rd</sup> Edition.

Sheffield City Council Housing Services (2003). *Cultural Awareness Handbook*. September. (Sheffield City Council, Sheffield).

Sheffield Social Services (2004a) *Older Peoples Services Black and Minority Ethnic Strategy 2004-2005*, R. McSweeney.

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

Sheffield Stroke Stakeholder Group (undated) *Sheffield Protocol for Stroke Secondary Prevention Guidance* (Sheffield West PCT, Sheffield).

Sheffield Supporting People Partnership (2005) *Supported Housing Commissioning Strategy 2005-2010*. (Sheffield Supporting People Partnership, Sheffield).

Sheffield South West PCT (undated) *Functions – assessed*. (South West Sheffield PCT, Sheffield).

Sheffield South West Primary Care Trust (2002a) *Race Equality Scheme*. Version 1. July. 2002/ 2003. (South West Sheffield PCT, Sheffield).

Sheffield South West Primary Care Trust (2005a) *Race Equality Scheme*. May 31<sup>st</sup> 2005-2008. (South West Sheffield PCT, Sheffield).

Sheffield South West Primary Care Trust (2005b) *Race Equality – Assessment of Functions for Relevance to the General Duty under Race Relations Amendment Act 2000. Race Equality Assessment Tool*. March. (South West Sheffield PCT, Sheffield).

Sheffield South West Primary Care Trust (2005c) *Report on the Older People's (OP) National Service Framework (NSF)*. Clinical Audit Work 11 April.

Sheffield South West Primary Care Trust (2005d) *Audit Tool For Policies And Procedures*. (South West Sheffield PCT, Sheffield).

Sheffield South West Primary Care Trust (2005e) *Action Plan for 2005-2008*. (South West Sheffield PCT, Sheffield).

Sheffield South West Primary Care Trust (2005f) *Delivering Race Equality in Mental Health Care and Government's Response to the Independent Inquiry into the Death of David Bennett – Department of Health*. January.

Sheffield South West Primary Care Trust (2005g) *Report Summarising the Trusts Position in relation to its employment duties under the Race Relations Amendment Act for the period May 2004-May2005*. (South West Sheffield PCT, Sheffield).

Sheffield West PCT (2002) *Race Equality Statement* (Sheffield West PCT, Sheffield).

Sheffield West PCT (2005) *Race Equality Scheme 2005-2008* (Sheffield West PCT, Sheffield).

Sheffield Vietnamese Community Association. (1999) *Special Needs Project. Action Plan and Overview. Two Years: October 1999 to September 2001*. (Sheffield Vietnamese Community Association, Sheffield).

South East Sheffield Primary Care Trust (2002a) *Race Equality Scheme – Version 1*. May (South East Sheffield Primary Care Trust, Sheffield).

South East Sheffield Primary Care Trust (2002b) *Race Equality Scheme: Action Plan 2002/03*. May (South East Sheffield Primary Care Trust, Sheffield).

South East Sheffield Primary Care Trust (2005) *Race Equality Scheme*. April. (South East Sheffield Primary Care Trust, Sheffield).

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

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