



Beyond Sheltered Accommodation

A Review of Extra Care Housing
and Care Home Provision for BME Elders

Adrian Jones, December 2006

AGE
Concern



CHCG Chinese Housing Consultative Group

About the author

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Abbreviations Used

BME – Black and minority ethnic (see Appendix 2)

DH – Department of Health

DTLR – Department for Transport, Local Government and the Regions

EAC – Elderly Accommodation Counsel

HOPDEV – Housing and Older People Development Group

Housing LIN – Housing Learning and Improvement Network

N&HS – Neighbourhood and Housing Services

ODPM – Office of the Deputy Prime Minister

ONS - Office of National Statistics

PRIAE – Policy Research Institute on Ageing and Ethnicity

RSL – Registered Social Landlord

SEU – Social Exclusion Unit

1. Introduction

This report details information gathered during the “desk research” phase of the proposed “Review of service provision for a changing, diverse older population in England: Extra care housing and care homes”. The research was commissioned by a partnership of organisations with a direct concern for ensuring that all older people have good access to appropriate accommodation and services of their choice, especially when people are made vulnerable by illness, disability and increasing frailty. These organisations are:

Age Concern England

The BME Elders Forum

The Chinese Housing Consultative Group

Age Concern England and the Chinese Housing Consultative Group took the joint lead on commissioning the work.

1.1 Why this research is needed

The Social Exclusion Unit (SEU, 2005) has drawn attention to the fact that some minority groups in society face “double discrimination and exclusion”:

“[They] face the same problems as their peers, but may face them more intensely and may also face additional barriers which result in social exclusion”

With regard specifically to black and minority ethnic (BME) older people, the following barriers preventing the achievement of a good quality of life are identified:

“Language, inadequate access to culturally specific services, financial difficulties, lack of training for specific needs and racism”

Government policy for the older population underlines the importance of good housing and other accommodation and services. The need to ensure there is a range of accommodation options and services so that all older people can exercise informed choice is also stressed in Government policy - see, for example, “Quality and Choice for Older People’s Housing” (DH and DTLR 2001), the Department of Health Green Paper “Independence, Well Being and Choice” (DH 2005) and , as quoted above, “Excluded Older People” (SEU, 2005)). This is coupled with a desire to move away from residential care towards a model which places more emphasis on extra care accommodation (see the definitions in Appendix 2):

"The Department of Health wishes to encourage the future development of extra care housing which extends the choices available to older people. An increasing number of local authorities and their health partners are starting to make the strategic shift away from residential care and towards a broader range of supported housing models, including extra care housing. This will result in a wider choice, greater independence and control for older people in line with changing aspirations'

(ODPM, 2003)

There is, however, compelling evidence that services including domiciliary care and accommodation options fall short of the needs and aspirations of our increasingly diverse older population, particularly people from BME communities - see, for example, PRIAE's evidence to the Royal Commission 2000 (Patel, N. 1999) and ongoing work by the HOPDEV group to extend opportunities in housing and access for BME elders.

These policy initiatives need to be looked at in the context of demographic changes in the BME population. In 1991 the total minority ethnic population of retirement age (65+ men and 60+ women) was 70,000 or 4% of the total minority ethnic population (1.9 million). This compared to 19% of the white population who were of retirement age. By 1997/99 the number of people aged over 65 in the BME population had increased to 279,000, or 7% of the total minority ethnic population (3.7 million).

Overall, BME groups have a relatively young age structure and certainly younger than the white population. In 1995, the average age of people from all BME communities was 27 years, compared to 38 years for the white population (Age Concern, 2002). BME groups are, however, the fastest-ageing groups in the total population. When the relationship between age and ethnicity is explored, we find that, in 1991, 17% of people from white backgrounds were of pensionable age, compared to only 3% from BME groups. While this proportion has stayed fairly constant for white groups in the UK, there has been a marked increase in BME elders to around 7% of the total population in 2001. This will increase again in the next decade, as a further 12% of people from BME groups, who are currently aged between 45-64 years, become pensioners. (Source of data: Ball, 2005)

1.2 Aims of the research

The proposed research focuses on two key areas of service provision: extra care housing and care homes. The partnership organisations are aware that there is a need to improve services and practice with regard to meeting the housing and care needs of BME older people. Indeed much of the impetus for carrying out this research came from the concerns expressed by residents of sheltered accommodation schemes designed to meet the needs of specific BME communities, as to what would happen to them once they could no longer look after themselves and may

have to consider moving into a care home. At present lack of provision to meet their needs (cultural, dietary, linguistic) means that, if they require more care than is available in their current accommodation then staff have to look for a generic care home where their specific needs may not be met.

Whilst the partnership organisations acknowledge that some examples of good practice could be identified (some of which are detailed later in this report) it must be emphasised that good practice is something that continuously needs to be updated and disseminated. The partnership wish to develop their own knowledge of services that work most effectively for BME elders in extra care housing and care homes and ensure that this knowledge contributes to developing good practice by all.

The overall aims of the project are to:

- 1) Describe a range of existing care homes, and/or 'extra care' schemes in England which cater either specifically/exclusively for BME elders, or for service users/residents from a variety of ethnic and cultural backgrounds;
- 2) Draw out some models of good practice, identifying critical success factors and key 'learning points' which help to ensure culturally appropriate service provision;
- 3) Where such provision is lacking, identify strategies currently being employed to provide support to minority ethnic elders (e.g. support services to help people remain in their own homes etc);
- 4) Draw out the experience of a range of organisations – statutory, voluntary or independent sector – in the provision of culturally appropriate care, and/or 'extra care' services for BME elders, in relation to key themes and topics.

The aims of this particular phase of the project were to:

- 1) Review existing research, survey reports/reviews on care homes and extra care services, with specific focus on provision for black and minority ethnic elders
- 2) Contact Age Concern branches and the Housing Learning & Improvement Network (Housing LIN) for examples and knowledge of "culturally appropriate" service provision
- 3) Review documentation concerning the policy agenda regarding the provision of care homes and extra care services;
- 4) Identify relevant existing care home and/or extra care services/providers in England
- 5) Identify organisations which provide care homes and/or extra care services, and/or advice on such services, specifically targeted at BME elders

2. Findings of existing research

Whilst a comparatively large amount of research has been published on sheltered accommodation and BME older people (albeit much of it undertaken a decade or more ago) we were unable to identify much in the way of research into extra care and care home provision. The Policy Research Institute on Ageing and Ethnicity (PRIAE, 2004) produced a report on the need for an extra care scheme for Chinese older people in London, although this is an argument for such provision rather than an analysis of existing provision, and the 1990 Trust carried out (Patel, B. and Patel, N., 2005) as yet unpublished research into the needs of South Asian elders, which makes some reference to extra care in its wider analysis of housing/care needs. Apart from these there appears to be a lack of published research into the field of extra care and care home needs/provision for BME older people. Indeed a response to a request for information via the Department of Health's Housing Learning and Improvement Network (Housing LIN) from the Centre for Housing Policy, University of York, noted that:

“We have just completed a systematic literature review on models of housing with care for later life that considers the empirical evidence published since the Royal Commission's Report on the future of long term care. We undertook extensive searching of electronic databases, contacted relevant organisations, experts in the field etc to find evidence. We were unable to identify any research that has looked at extra care for older people from BME communities. This is not to say there isn't any - but if there is it certainly hasn't been published or disseminated widely and I think is more likely to be in house-reviews or service evaluations carried out by specialist providers for their own purposes. So in terms of an evidence base - at the moment this isn't a significant one around ethnicity”.

It is noted in the resulting report (Croucher et al, 2006) that:

“An important role for an evidence review is to identify the gaps in the evidence base. Currently the UK evidence base tells us little if nothing about a number of key topics. These include...how well different models of housing with care work for older people from different ethnic groups”

Key themes emerging from the very limited number of studies that were identified through the course of this research are detailed below. Specific provision identified (in the form of both extra care accommodation and care homes) is detailed in the next part of this report.

i) 1990 Trust research:

Key issues identified include:

- Challenges to the “they look after their own” tradition in South Asian communities
- Lack of access to appropriate services
- Lack of knowledge among South Asian elders about housing associations or differences between sheltered housing, nursing or residential care:

“More often than not, sheltered housing was perceived to be the same as residential and nursing homes. As a consequence, many elders who did not know about sheltered housing viewed it negatively or as irrelevant”.

- The need for a range of measures to support the independence of BME elders so that they can make informed choices about their housing and support options.
- The need for mainstream housing associations to take responsibility for meeting South Asian elders housing support needs, whether they are accommodation-based or delivered within elders’ own homes.
- Meeting the needs of South Asian older people should not be seen as the sole responsibility of the BME housing sector and that:

“Where culturally appropriate sheltered housing schemes are not feasible or viable there is merit in exploring the suitability of giving targeted support to South Asian elders in non-culturally appropriate housing schemes. ‘Cluster’ developments within schemes should also be explored”

- The lack of culturally appropriate residential and nursing homes in many areas, as a consequence of which carers of South Asian elders face very difficult options, including being forced to take their elders home without appropriate support and care, considering placing them in non-culturally appropriate local care, or transferring elders to other cities and towns.
- Extra Care housing has the potential to promote the inclusion of South Asian elders from the outset and address gaps in supported housing provision and residential care.

- More information about Extra Care schemes and their benefits needs to be disseminated amongst South Asian communities, providing a clear picture of the financial implications for owner-occupiers.
- Local authorities and providers should specifically target South Asian elders as recipients for Extra Care housing., which should be located with good links to residents' communities and facilities and of a "culturally appropriate" design.

ii) PRIAE research

Key issues identified include:

- The number of black and minority ethnic (BME) elders is set to increase rapidly in the UK in the coming decades, with the result that:

"Policy makers are facing a 'time bomb' in terms of their measures to cater for ethnic minority elders"

- The history of under-developed services in the BME elderly sector, with a concentration of under-funded and unsupported community and voluntary organizations, which have become the primary providers of information and services to BME elders.
- BME elders would use a range of social and health care services if they were appropriate, accessible and adequate to their social and cultural needs

In addition to the above, and in line with the Centre for Housing Policy, University of York's comment (see above) that any research into extra care for BME older people was likely to be in the form of "in house-reviews or service evaluations carried out by specialist providers for their own purposes", Bristol City Council's Neighbourhood & Housing Services produced a report (Smart, 2005), on "Housing & Support Services For Black & Minority Ethnic Older People". Whilst we return to this report at greater length in "Other Strategies Adopted" below, a number of points of broad relevance to extra care housing are made, although they tend to be made with regard to "sheltered accommodation" more generally:

- There is some potential social/cultural stigma for BME older people associated with being seen as living isolated in sheltered housing, which needs to be overcome.
- Housing BME older people in small, shared culture and language groupings together in selected schemes would be very helpful in overcoming both social/cultural isolation and social stigma.
- Many BME older people would prefer 2 bedroom homes rather than the typical sheltered one bed, in order to enable other family member or visitors to sleep/stay comfortably, and to meet their social needs

- Different patterns emerged for different ethnic groups of BME older people:
 - African–Caribbean people are happy to use sheltered housing in ethnically mixed groups; limitations on demand/use are related largely to issues of location, and tenure/ financial preferences rather than purely cultural differences.
 - South Asian people have much stronger cultural requirements which produce concerns about cultural and religious (and language-related) isolation in sheltered housing. South Asian elders need to be placed in groups which will reduce isolation, and hopefully produce a culturally responsive tailored support service and appropriate social activities, though not necessarily schemes restricted to one cultural group.
 - Chinese people feel a strong need to be housed in a specialist scheme, or at least a substantial ‘project’ within a scheme, to meet their pronounced cultural & language needs. This demand is partly being met by provision within a new Very Sheltered Housing scheme for a group of Chinese older people – see under “Current Provision” below).
 - Somali older people are not thought to be present in significant numbers as yet, and their needs have not been satisfactorily assessed to date. (However they are likely to be significant users of social sheltered housing in future.)
- The main issues/problems identified in the report with reference to sheltered accommodation were that:
 - Whilst BME older people seem to be reasonably well represented on the Register for sheltered housing (with the possible exception of some South Asian groups), they currently tend to be found in small isolated numbers/ individuals within sheltered schemes. This may often give rise to difficulties in terms of language, cultural and religious responsiveness within the sheltered support services.
 - There is evidence that the sheltered support service in both Bristol City Council and Housing Association sectors is not as culturally responsive as it could be.

With regard to Care Home provision a 1999 report on the housing and care needs of Asian elders in London (PS Martin Hamblin, 1999), found that of the 573 occupied places in care homes that indicated that they were able to provide specialist services (such as staff speaking appropriate community languages) for Asian elders, 50 (9%) were occupied by Asian elders – (note: this should be borne in mind when looking at the table of “Care home provision – homes “specially suited to particular groups of people” or with provision for “minority or cultural groups”” given in Appendix 1) . The report notes that:

Provision of care home places tends to be concentrated in a few boroughs. Over half of the spaces taken by Asian elders are in Ealing. Two thirds of places taken by Asian elders are in three boroughs (Ealing, Enfield and Lambeth). In Hounslow there is only one person in a care home. In Tower Hamlets where the Bangladeshi community accounts for nearly one in five of the population there are no people in care homes. It should be noted that the borough in which places are taken up might not necessarily be the borough from which need originated.

What this suggests is that there is likely to be a serious mismatch between where need arises and where provision is available.

Naina Patel of PRIAE's report 'Ageing Matters, Ethnic Concerns' (Patel, N, 1999) also makes a number of points that are pertinent to the current research:

- The general experience of excess supply in residential care is not a feature for BME housing associations; indeed it is the reverse. This indicates that the demand for housing expressed by BME elders is not satisfied.
- There is also diversity in demand and supply, with some groups being better catered for than others. The example Patel gives is that of Chinese elders in London specifically requiring residential care (as distinct from sheltered accommodation), whereas no such provision currently exists.

The following section details extra care accommodation and care homes identified as being of particular interest, specially suited to, or with provision for BME older people.

3. Current Provision

A request to the Elderly Accommodation Counsel (EAC) resulted in them providing a “Housing Options Report” (one volume, detailing “retirement housing” for specific ethnic groups - this includes sheltered as well as extra care accommodation) and a “Care Options Report” (two volumes, detailing homes registered for personal care and homes registered for nursing care). We would not, however, claim that the information detailed below is necessarily 100% accurate. On the one hand, we are not able to verify that the extra care schemes listed can accurately be described as “extra care” – similarly we have some doubts with regard to the information on care homes (see 3.2 below). On the other, the EAC reports may not list all provision – for example they do not include the extra care schemes recently developed in Bristol. They are, however, the best sources of information currently available and have been supplemented for the purposes of the current project by the responses to our request for information via the Housing LIN.

3.1 Extra Care

What is clearly evident so far is that there is currently relatively little in terms of extra care provision targeted at BME older people. EAC have identified the following extra care provision in relation to the “keywords” detailed in Column 1 of Table 1 below (note: just because a scheme is described as “of particular” interest to a particular ethnic group does not mean that it is necessarily either purpose built for or predominantly occupied by that group).

Table 1: Extra Care provision

Keyword	Provision
Afro-Caribbean	1 scheme in Gloucester (Hanover HA – mainstream RSL) – 47 flats 1 scheme in Nottingham (Tuntum HA – BME RSL) – 24 flats 2 schemes in Birmingham (1 Anchor Trust [mainstream RSL - 30 flats] and 1 Nehemiah HA [BME RSL - 38 flats]) 1 scheme in Sandwell (Nehemiah – BME RSL) – 40 flats 1 scheme in Walsall (Nehemiah – BME RSL)– 30 flats 1 scheme in Kirklees (Methodist Homes – mainstream RSL – 46 flats [see Example 1 below])
Asian	1 scheme in Newham, London (Eastwards Trust – BME RSL) – 23 flats 1 scheme in Tower Hamlets, London (EPIC Trust – mainstream RSL) – 40 flats [see Example 2 below] 2 schemes in Birmingham (both Ashram HA [BME RSL] but managed by Accord HA [mainstream RSL]) – one 36 flats, the other 24 flats
Black and minority ethnic	1 scheme in Bristol (Housing 21 – mainstream RSL) – 49 flats
Chinese/Vietnamese	None
African	None
Irish	None

(Source: Elderly Accommodation Counsel)

Note: in addition to the above 7 extra care schemes that may be of particular interest to Jewish people were identified, along with one for “people looking for a multi-cultural community” and another for “people from ethnic minorities, though not exclusively” .

Extra Care provision for BME older people – Example 1 Bradley Court, Huddersfield – Methodist Homes Housing Association

Bradley Court is a purpose built development of 46 flats (22 for couples, 24 for single occupation) near the centre of Huddersfield. The scheme is intended to include a mix of African-Caribbean and white older people, the aim being that 50% of tenants will be African-Caribbean. This mix is felt to work very well, with tenants joining in together.

As well as a communal lounge and a laundry, facilities include:

- Dining room – a choice of African-Caribbean and non-African-Caribbean dishes is available
- Hairdressing – this includes African-Caribbean hair care
- Worship – four denominations of church visit the scheme

Care services are provided through Unique Care (formerly Caribcare) in conjunction with Social Services.

Staffing and management of the scheme is provided by both BME and white staff. The Scheme Manager is of BME origin, whilst the Assistant Manager is white.

Twelve extra care housing schemes currently targeted at BME older people were identified by the EAC. This represents 427 units of extra care accommodation nationally, with half of the schemes identified being located in the West Midlands . It must, however, be stressed that not all of these units are necessarily occupied by BME older people and also, conversely, that not all “mainstream” (i.e. not specifically targeted at a BME group) accommodation will be occupied by white older people alone (for evidence of this see, for example, Jones, 1994). In terms of who was providing these schemes there was a fifty/fifty split between BME RSLs and mainstream RSLs – additionally 2 schemes were owned by a BME RSL but managed by a mainstream one.

Extra Care provision for BME older people – Example 2, Sonali Gardens – Tower Hamlets – EPIC Trust

The Housing Learning and Improvement Network Case Study #7 gives details of Sonali Gardens an Extra Care Scheme for Bangladeshi and Asian elders in Tower Hamlets.

Sonali Gardens provides 30 one-bedroom and 10 two-bedroom flats. There is a combined extra care and day care scheme whose component parts are as integrated as possible. It is located in a ward where nearly half the population is of Bangladeshi/Asian origin.

Average age is 70 years, a function of premature ageing in this particular ethnic group.

80% of staff speak one of the three main community languages: Urdu, Sylheti or Bangla

Facilities include several lounges overlooking the garden (for men and women to meet separately), a prayer room, laundry, buggy room, offices, training space and a treatment room. Internal walls in the flats are removable and surface levels in kitchens and bathrooms are adjustable. Flats are provided with tracking for hoists, walk-in showers, satellite and cable points and wiring for telemonitoring if needed. Each floor has a distinct colour, front doors are different colours and visual prompts exist where needed. Asian art forms decorate the walls and signage is bilingual. The building's architecture and furnishings reflect Asian culture.

Challenges identified include:

Care not provided by the family is an unfamiliar concept for Bangladeshi and Asian elders. Consequently take-up has been slow initially, despite a six month marketing exercise funded jointly by EPIC and the Borough.

Misrepresentation by the local press of the facility as 'an Asians-only estate' and a 'recipe for race riots'

Experience with this development found that Supporting People funding is too narrowly focused to encompass wider cultural provisions easily.

Learning Points identified include:

The Borough should have made efforts to engage the local community at an earlier stage. Although a marketing drive was funded for six months, this was not very effective.

A well worked out communications strategy was needed to help the local population and local Borough staff to understand the unfamiliar concept of Extra Care and its benefits for this particular group of elders.

The original stimulus to developing Extra Care was the re-provision of residential care, rather than the mapping of needs among Bangladeshi and Asian elders. In retrospect, the Borough would correct this emphasis.

The request for information via Housing LIN identified a number of recently completed and planned developments in addition to those detailed in Table 1 above:

- Brunelcare have developed a 50 flat Sheltered/Very Sheltered housing (VSH) scheme in Bristol. Initially it was agreed that 20% of the flats (i.e. 10 flats) should be allocated to Chinese elders. Eight of these were to be for 'Sheltered', and two for 'Very Sheltered', i.e. extra care. However, it proved not to be possible to fill the two 'Very Sheltered' flats with extra care qualifiers, so they are now being let to Chinese elders as 'Sheltered'. This means that the Chinese community have ten 'Sheltered' flats, and no 'Very Sheltered'. If a Chinese tenant should move on or die, the first two flats available will then be let for 'Very Sheltered', as another aim of the scheme was to have 25 of each.
- The Guinness Trust have carried out research in consultation with the Asian community in Barton Hill, Bristol in preparation for the design of a VSH scheme area. As part of this process a "Religious and Cultural Building Design Requirements" matrix has been designed. This covers what has been requested, by who, how important it is ("religious imperative", "religious preference" or "cultural preference"), what actions can be taken and the reasons for this.
- Leicester City Council and Hanover Housing are developing an extra care site, the first in Leicester. The project managers of the scheme have carried out various consultations to look at any specific cultural and religious needs, e.g. layout of flats, cooking facilities, use of communal areas. The scheme will have a mixed community.

A response from Irish community organisations regarding the need for extra care provision and highlighting many of the key issues that have been raised by other minority ethnic communities is shown on the next page.

THOUGHTS ON EXTRA CARE WITHIN THE MINORITY ETHNIC COMMUNITIES – joint response on behalf of the Irish Community Welfare and Information Centre (IWIC) and St. Eugene's Court (jointly managed by Focus Futures)

- There is no real Extra Care provision for the Irish community - indeed there is too little Xtra care provision for anybody!
- When people are incapable of remaining in Supported or Sheltered Housing there is usually little alternative than to seek residential or more likely nursing care.
- There are, in any case, too few places that even provide a cooked meal (which is a significant reason for the breakdown of independence), but when residents need in-house carers, the availability of provision shrinks almost to nothing.
- The big upheaval necessary to constantly move people on to appropriate facilities is distressing and unsettling for them, and stressful and time consuming for those working towards this result.
- If and when a person has to go into hospital, the principal concern on their mind can be that they will be able to return to their 'home'. Even if one at the time promises this, it can prove an impossible promise to keep. Establishments are only geared up currently for the level of personal involvement that they are funded to provide. This has been made even more critical by the switch over to funding by Supporting People. If more Supported/Sheltered Housing provision could be funded to employ on-site care providers, that would be a tremendous step forward.
- Even if one bites the bullet and, due to what seem to be insurmountable difficulties, the client is moved into a Nursing Home, the real sting in the tail is that people who get worse, can then get better! Perhaps not in real terms 'better', but sufficiently better to wish to, and be capable of, returning to some kind of semi-independent living. Extra Care can provide the flexibility to tailor care for people in real time, rather than force them to live with the worse case scenario, just in case they become more dependent again. For instance, if such a client has been moved out of Supported/Sheltered accommodation into a Nursing Home, it is very difficult to get them back out again! They are forced to live surrounded by people who are 'ill' which is soul destroying and debilitating. On the other hand, if one pulls out all the stops and moves them, yet again, what are the consequences of relapse or worse still a yo-yoing situation?
- Additional Culturally Sensitive Extra Care provision – whether purpose built or by enabling existing facilities to offer extra care - is essential. Older people, people in poor health, need the comfort of people around them that they can relate to, culturally, gastronomically, linguistically and empathetically.

3.2 Care Homes

With regard to care homes it must, again, be stressed that the information from EAC may not be complete, but that it represents the best source of information available. A keyword search identified quite a substantial number of homes. In many cases, however, this would appear to be related solely to the languages spoken by care staff. This raises the question of “what happens if a member of staff with a particular language leaves? How will the needs of residents who speak that language then be addressed?”

If one looks only at those homes registered to provide personal care and homes registered to provide nursing care that specify that they are “specially suited to particular groups of people”, or answer “yes” to the question “is there any provision for minority or cultural groups?” (as detailed in Appendix 1), i.e. if one excludes those identified purely on the grounds of “languages spoken”, there are still 43 such homes – almost three quarters of these (72%) being specially suited/with provision for Asians.

Table 2: Care home provision – number of homes “specially suited to particular groups of people” or with provision for “minority or cultural groups” – by ethnic group and type

	Afro- Caribbean	Asian	BME	Chinese / Vietnamese
Home registered to provide nursing care	6	10	0	2
Home registered to provide personal care	5	21	1	2
Total	11	31	1	4

(source: Elderly Accommodation Counsel)

Note:.. this totals more than 43 as the same home can appear under more than one ethnic category as some homes specify that they provide for multiple minority groups

Only two homes registered to provide personal care (and none of those registered to provide nursing care) were identified as having admission restricted to a particular group – one for Hindu elders and one for Asian females aged 65 and over.

No information is available with regard to how exactly specific requirements are addressed, other than languages spoken. Even here there are some concerns about

the possible validity of the data – for example, one nursing home that states that it provides for Asians and Italians only lists “Italian” against “languages spoken”. Additionally, figures of the actual breakdown by ethnic origin of those living in these schemes were not available, so it is not possible, from the information available, to say how many BME older people are living in homes registered to provide either personal care or care with nursing, which reportedly state that they provide for their needs.

Table 3: Care home provision – number of homes “specially suited to particular groups of people” or with provision for “minority or cultural groups” – by location

Location	Nursing Care	Personal Care
London	1	4
West Midlands	4	1
East Midlands	2	3
North West	4	2
Yorks	1	2
South	5	8
East	3	4
Total	20	24

(source: Elderly Accommodation Counsel)

If provision is examined by region, it can be seen that 11% are located in London, with a further 30% being located in the South outside of London. Nursing care provision either “specially suited to particular groups of people” or with provision for “minority or cultural groups” seems to be particularly, and surprisingly, small in number in London and Yorkshire – especially when one considers the ethnic make-up of those areas.

As mentioned above these figures are the most accurate available but we would not make any claims as to their absolute accuracy. We hope to “fine-tune” this list during the later stages of this project and to draw on the work that PRIAE are currently carrying out for the Department of Health on extra care provision.

4. Other Strategies Adopted

Whilst this stage of the research focused on identifying provision of extra care accommodation and care homes we are also interested in identifying other strategies used to meet the housing and/or care needs of BME older people

Given the size, age structure and spatial distribution of BME communities in the UK (with heavy concentrations in large urban areas coupled with much thinner dispersal in more rural areas) it is often not feasible to build specific developments for BME older people. As one respondent to the Housing LIN request noted:

“I did quite a bit of work with the Vietnamese community in Deptford when I was working for a housing association. We were looking at the potential to develop specialist Extra Care housing for Vietnamese elders but this project did not proceed. The main reason was that we couldn't establish that the scheme would be sustainable over the long term.”

In other areas (with small BME communities) it was felt that there was little demand for BME-exclusive extra care schemes. For example one respondent noted that:

“We don't have anything specific for BME population here in Surrey which is small, disparate and dispersed...”

Naina Patel (Patel, N., 1999) has drawn attention to the problems faced by:

“BEM groups who were in one region but were both small and dispersed (e.g. Fife in Scotland). For these groups the lack of supply was more poignant since there were no specific minority-led services for elders. They emphasised that well before debates on quality of care were discussed, the issue of supply needed to be addressed urgently”.

As has been shown above (see Table 1) even in areas with substantial BME communities the development of BME-specific extra care schemes has generally been small-scale and “patchy”. Indeed, the whole issue of BME-specific provision is sometimes questioned, given the current debates around community cohesion and social integration, particularly following the riots in the north of England during the Summer of 2001 (see, for example, Cantle 2001 and the press coverage of Sonali Gardens mentioned in Housing LIN Factsheet #7, 2005). One interviewee went so far as to describe the issue as:

“Political dynamite”

Addition, the following question remains to be asked: “where extra care housing has been developed to meet the needs of a specific BME community the issue is what has been done to meet the needs of older people from smaller BME communities?”

What then can be done to meet the housing-related care needs of BME older people where the development of schemes specific to their community is not seen as an option, or where such schemes exist but demand for them exceeds supply? This is an area we hope to return to in much more depth during the proposed “case study” stage of our project. The Housing LIN information request did, however, identify a number of strategies that were currently being used to meet such needs:

Synergy Housing Group are based in Ferndown in East Dorset. “Non-white” residents made up just 1% of East Dorset’s population in 2001 (out of a total population of 83,786 (Source: Census 2001). Synergy have one BME resident in one of their extra care schemes and two in another. In order to meet their needs they have:

“Robust training and policies in meeting the needs of BME groups and have access to a language line for any difficulties in communication... We will always encourage tenants to join in socially and will happily incorporate different requests due to religion etc.

Having said that they note that:

“People from BME groups can feel isolated and that everyone is against them. This is a difficulty that is hard to address as its not through the actions of the staff but more about the attitudes of the other tenants and the person themselves”

Consequently it is thought that it is better to have a mixed scheme but also to have more than one person who is of BME origin so that they do not feel so isolated.

Ashley Homes (part of the Shaftesbury Housing Group) manage extra care sheltered housing projects in Colliers Wood and Mile End (London) catering for the needs of BME groups by consulting the service users themselves so that services are tailor-made to meet personal aspirations and needs.

This is done:

- by face to face interaction from the assessment stage to when they move in and to when services are provided on a day to day basis.
- through relatives and friends who will also be consulted where it is agreeable with the service users.

Where communication may be a barrier the projects liaise with the local authority's translation services for input while also consulting with officials from host country embassies who will be approached by the staff at the projects.

Where a service user has profound communication difficulties the use of pictures, picture dairies and objects of locus will be utilised as a medium of communication as will the use of scrap books or albums, to be able to communicate needs or wants.

The staff team composition is from different ethnic communities who are

“Respectful and embracing of the diversities of the community that they work in”.

The training received by staff around equality in service delivery also puts a strong emphasis on the differences in cultures and the requirement to meet each person's aspirations in their own terms.

StepForward (the 'support arm' of Metropolitan Housing Trust) have two extra care schemes in Lambeth meeting the needs of a diverse community, as well as providing BME specific Sheltered Housing schemes for the Vietnamese community and the African Caribbean community in London. They are currently having internal discussions with regard to the ongoing relevance of BME-specific schemes, as the communities they serve are very diverse, their non BME-specific sheltered schemes have significant BME populations and they are detecting in certain communities a desire for more integrated services.

Johnnie Johnson Housing Trust have a partnership in Manchester with Tung Sing HA where mixed communities have been created in 2 sheltered schemes (shortly to be extended to 3 sheltered schemes), of Chinese and non- BME older people. For the Chinese elders Johnnie Johnson provides the Housing Management services and Tung Sing provide specialist support services. Whilst this refers to sheltered accommodation rather than to extra care, it is a model that could be applied to both.

London Borough of Tower Hamlets have developed culturally and ethnically specific home care services catering for the diverse BME groups within the Borough as part of a shift away from institutional care to home support. Additionally there are Somali and Bangladeshi day centres, whilst one local Chinese centre provides an older person's support service.

The key here has been the development of the Third Sector, with the emphasis on BME providers, with particular attention given to capacity building.

Trident Housing provide a domiciliary care service (under a contract with Birmingham City Council), based in a sheltered housing scheme for Chinese older people, but additionally serving older people (including non-Chinese older people) outside of the scheme.

Bristol City Council Neighbourhood and Housing Services (N&HS) provide a range of services, over and above sheltered housing provision, to support older people living independently in the community: These include:

- Disabled Facilities Grants for cases approved by Occupational Therapists
- Other grants or loans under the Council's Powers of Assistance to private sector housing, including the new approved Secured Loans Scheme
- Financial support to the Bristol Care & Repair Service
- Floating support services to both sheltered and non-sheltered older people under the Supporting People funding programme
- Dispersed Alarm service
- A Very Sheltered Housing programme, which will provide, through partners, about 600 homes and care support for the most frail elderly (some of these being made available for Shared Ownership).

Recent review work has considered how these services can be strengthened and improved to serve Bristol's older population most effectively, in particular how well they may serve BME groups (note: this was considered further in the most recent BME Housing Needs Study). A review was carried out by Neighbourhood and Housing Services (N&HS) in 2003-4 in the Easton N&HS area (selected for study partly because it was known to include a significant BME minority population and it is also characterised by a high provision in of sheltered housing, coupled with generally low demand for such housing on the Housing Register). Key general findings detailed in the review included:

- Most BME older people had little knowledge of the services listed above, with the exception of the Care & Repair service
- There seemed to be relatively low use of community health and homecare services
- There is potential scope for much more 'outreach' services to dispersed BME (& other) older people, through both community alarms and mobile warden redeployment, in partnership with BME voluntary sector groups.
- The BME voluntary groups should be used as a channel of future improved information and advice on options to their older people.

N&HS have recognised that whilst all older people find it difficult to be well informed at the right time about their housing and support options, this may be particularly the case for BME older people. Although some efforts have been made in recent years by the production of the 'Housing Options' leaflets and video for older people by Care & Repair, in Hindi and Chinese translations, N&HS acknowledge that (Smart, 2005):

“More needs to be done, probably in part by enlisting the support of the voluntary sector BME groups in the community. It needs to be borne in mind that much of the knowledge of older people is transmitted by word of mouth”

With regard to support to dispersed BME older people, N&HS (Smart, 2005) note that:

“Clearly not all BME older people are in close contact with relatives or community groups, and such proximity is likely to be reducing over time. The Council’s strategic objective should be to make available to such cases, either on a subsidised or self-funding basis, effective dispersed services which will respond to their needs for support, on a culturally and language-responsive basis”.

Strategies identified to help to do this are:

- dispersed community alarm provision (to people living outside sheltered housing), coupled with effective response services
- floating support services to assist older people with routine household tasks and to stay independent in their own homes
- outreach services, including group activities, to be provided by either sheltered schemes or by community groups.

A number of specific solutions to the needs of BME older people are identified:

Rented Sheltered Housing: Three possible approaches to the issues relating to BME older people are identified – again, whilst these refer to sheltered accommodation they may also be of applicability to extra care housing:

Designated ‘BME schemes’: certain schemes could be agreed to be more attractive by virtue principally of location, for designated BME groups with specific needs

Clustered lettings: efforts would be made to offer groups or clusters of voids (as per the recommendations of the 1990 Trust report cited above – Patel, B. and Patel, N., 2005) over a period in order to build up viable groups of one minority ethnic type within schemes - both to be self-supportive and to receive specific support services (e.g. linguistic, religious, cultural).

Responsive Sheltered Support services: this could be linked to clustered lettings and would include:

- improved training of existing sheltered staff
- enhanced recruitment effort to provide access to more BME staff
- new or improved arrangements for service support from suitable experienced BME groups in the community.

With regard to Information & Advice services, the following issues were identified:

Information:

- Information already produced (leaflets etc) needs to be available in various languages and formats.
- The housing options video (“Moving on- Housing Choices for Older People”) may need to be more widely and systematically disseminated through BME community support groups (and possibly translated into other community languages).

Advice needs to be:

“Timely and detailed, at the time when options need to be considered by individual older people. This can usually only be achieved by individual interviews, preferably in the older person’s home”.

Improved in-depth advice for BME older individuals is most likely to be achieved by:

- improved fieldwork generally by a network of more widely informed local support service professionals from various disciplines
- more use of the BME community sector support groups to assist the public services in giving advice to their older communities
- continued or possibly expanded use of the advice services provided by Care & Repair.

Support to BME Owner-occupiers: the following actions are identified:

- special efforts to inform BME people and encourage take-up, in respect of the Council's new package of support services which has been recast under the 2003 Powers of Assistance legislation
- promotion and monitoring particularly of the new BCC -approved Secured Loans scheme

Providing dispersed support to BME older people: in addition to the three main approaches detailed above, N&HS have (Smart, 2005) drawn attention to the following key issues:

Dispersed Alarm/ lifeline systems:

- At present the ethnicity of those taking up these services is not always recorded, and this needs to be systematically monitored in future.
- both the initial response and any subsequent call-out service offered may need to be checked or monitored for translation capability and cultural responsiveness.

Floating Support services:

Currently about 800 older households receive short term support from the OP sector of the Supporting People (SP) funded programme, to assist those who need housing related support to maintain their housing independence:

- The performance of the SP contracts in meeting required BME equal access and other related standards will be an important part of the contract review process now in progress, and the approach to re-commissioning services from 2006 onwards.

Outreach and Community-based services:

N&HS have noted (Smart, 2005) that:

“The review of older people's services generally has highlighted the need to promote more vigorously the use of communal facilities in sheltered schemes to provide support, social or health improvement activities for older people in surrounding communities”.

N&HS's future approach is identified as one in which:

- Support, advice and social activities by the BME community sector organisations are encouraged and supported
- Sheltered and Very Sheltered Housing outreach expansion should involve maximum use of collaboration and partnership with those organisations
- Support services to BME older people generally should maximise the use of suitable experienced BME community organisations [n.b. the key role played by such organisations in care provision , where they act as 'primary providers' (substituting mainstream services) rather than acting as 'complimentary providers' to mainstream health, social and housing services is highlighted in Patel, N. , 1999)]

Finally in this section we wish to draw attention to the findings of Better Government for Older People's survey (Manthorpe, 2004) of 128 UK local government bodies, which, perhaps, gives some hope for the future:

"Councils' priorities varied. Many were conscious of the need to improve access to services by older people from minority ethnic groups, through improved information and culturally sensitive services and staff. Some had identified specific areas where services needed to be developed, such as extra care housing. Others recognised the diversity of ethnic groups in their areas and their need to build up channels of communication and consultation".

5. Conclusions

This report presents the findings of the “desk research” stage of a joint Age Concern England, BME Elders Forum, Chinese Housing Consultative Group and National Minority Ethnic Network project looking at service provision for a changing, diverse older population in England and seeking to identify good practice with regard to extra care housing and care homes. To recap, the aims of this stage of the project were to:

- 1) Review existing research, survey reports/reviews on care homes and extra care services, with specific focus on provision for black and minority ethnic elders
- 2) Contact Age Concern branches and the Housing Learning & Improvement Network (Housing LIN) for examples and knowledge of “culturally appropriate” service provision
- 3) Review documentation concerning the policy agenda regarding the provision of care homes and extra care services;
- 4) Identify relevant existing care home and/or extra care services/providers in England
- 5) Identify organisations which provide care homes and/or extra care services, and/or advice on such services, specifically targeted at BME elders

The key findings emerging from this stage of the research are that:

- There appears to be very little published research into the field of extra care and care home needs/provision for BME older people.
- There is currently relatively little in terms of extra care provision targeted at BME older people.
- The Bristol model, with one wing of an otherwise non ethnic-specific extra care development being targeted at members of a specific BME community, may represent one way of meeting the housing-related care needs of BME older people.
- With regard to care homes whilst on one level there would appear to be quite a substantial number of homes addressing the needs of BME older people, in many cases this would appear to be related solely to the languages spoken by care staff and is thus susceptible to the high turnover of staff in this sector.
- Only two homes registered to provide personal care (and none of those registered to provide nursing care) were identified as having admission restricted to a particular group – one for Hindu elders and one for Asian females aged 65 and over.

- No evidence is available with regard to how exactly specific requirements are addressed in care homes, other than languages spoken. Even here there are some concerns about the possible validity of the data.
- It is not possible, from the information available, to say how many BME older people are living in homes registered to provide either personal care or care with nursing, which reportedly state that they provide for their needs.
- A number of organisations have developed strategies for meeting the needs of BME older people outside of extra care/care home provision, but more research is needed in order to identify “what works and where”.

In general the key to successfully attracting BME older people to extra care accommodation was summarised by one of the respondents to our Housing LIN request as:

“Basically all providers need to be able to meet needs but those who are in the right locality, have the right cultural mix of staff and environment are more likely attract people from different cultures”

It should be stressed, however, that extra care accommodation and care homes should be seen as part of a continuum of care provision ranging from care at home at one extreme through to care in a care home at the other. There is no one magic solution to the housing-related care needs of BME older people. What providers should be aiming for is a range of services to meet identified needs which allow service users to exercise an informed choice.

We hope to build on the information gathered in this stage of the research through more detailed “case study” work, subject to being able to secure funding. It is noteworthy that the responses to our request for information via Housing LIN (whilst they were extremely useful in terms of identifying both providers of BME-focussed extra care schemes and potentially interesting research already published) revealed the encouraging strength of interest in this field. Indeed, one response (from a large RSL) stated that:

“This line of research looks particularly interesting”

Several expressed a desire to be involved in the proposed further stages of the research as pilot projects. It is planned that, should we be successful in securing funding, the third phase of this project will involve:

- Reviewing care home and/or extra care provision in up to 7 geographical areas in England (to be defined following the desk research phase but to include coverage of rural/urban areas, areas with large BME communities and those with small numbers and different regions of the country);

- Visiting sites of care homes and/or extra care schemes – interviewing managers, staff, residents and family members/carers (if/as possible) to identify critical factors in the provision of ‘culturally appropriate’ services for minority ethnic elders;
- Interviewing relevant officials in Local Authorities, Social Service Departments, Health & Housing Departments.
- Interviewing members of local BME voluntary sector organisations with an interest in the care and accommodation of older people.

We hope to develop this further if we are successful in obtaining funding for the rest of the proposed project. However, in the meantime, it is hoped that this report will have contributed to raising awareness of the need for further research and review of current practice in this increasingly important area of service provision for older people.

Appendix 1:

Care home provision – homes “specially suited to particular groups of people” or with provision for “minority or cultural groups”

Keyword	Provision and type	Admission restricted to a particular group	Specific requirements addressed*
Afro-Caribbean	1 nursing care home in Manchester – 20 single rooms, 2 shared	No	None
	1 nursing care home in Sutton (London) – 14 single, 9 shared	No	RDL
	1 personal care home in Kettering – 8 single, 9 shared	No	RDL
	1 personal care home in Ipswich	No	RDL
	1 personal care home in Eastbourne – 10 single	No	None
	1 nursing care home in Smethwick, West Midlands – 24 single	No	D
	1 nursing care home in Walsall, West Midlands – 14 single, 6 shared	No	RD
	1 personal care home in Nottingham – 6 single, 1 shared	No	None specified
	1 personal care home in Leeds – 20 single	No	RD
	1 nursing care home in Derby – 17 single, 4 shared	No	RDL
1 nursing care home in Shefford, Beds – 40 single, 3 shared	No	RD	
Asian	1 nursing care home in Manchester – 13 single, 1 shared	No	DL
	1 personal care home in Eastbourne – 8 single, 3 shared	No	RDL
	1 nursing care home in Preston – 42 single, 1 shared	No	RDL
	1 personal care home in Finchley, London – 10 single, 1 shared	Yes (Hindu elders)	RDL
	1 nursing care home in Leicester – 7 single, 7 shared	No	RDL
	1 personal care home in Rochdale – 14 single, 4 shared	No	DL
	1 personal care home in Beckenham, Kent – 28 single, 22 shared	No	RDL
	1 personal care home in Keighley – 19 single, 6 shared	No	D

Keyword	Provision and type	Admission restricted to a particular group	Specific requirements addressed*
	1 personal care home in Preston – 24 single	No	L
	1 personal care home in Coventry – 22 single, 4 shared	No	RD
	1 personal care home in Leytonstone, London – 8 single, 1 shared	No	RDL
	1 personal care home in Leicester – 8 single, 3 shared	No	RDL
	1 personal care home in Purley, Surrey – 19 single	No	None specified
	1 nursing care home in Stanmore, Middx. – 12 single, 1 shared	No	DL
	1 nursing care home in Lincoln	No	RDL
	1 personal care home in Heston, Middx.	No	RDL
	1 personal care home in Kettering – 8 single, 9 shared	No	RDL
	1 personal care home in Ilford – 37 single, 3 shared	Yes – Asian females 65+	RDL
	1 nursing care home in Bexley, Kent – 4 single, 6 shared	No	RDL
	1 personal care home in Norbury Hall, London – 16 single, 7 shared	No	None specified
	1 personal care home in Gillingham, Kent – 8 single, 1 shared	No	RDL
	1 nursing care home in Smethwick, West Mids. – 24 single	No	D
	1 personal care home in Harrow, Middx. – 50 single	No	RDL
	1 nursing care home in Doncaster – rooms not given	No	RDL
	1 nursing care home in Northampton – rooms not given	No	RDL
	1 personal care home in Spalding, Lincs – 5 single, 10 shared	No	RDL
	1 personal care home in Beckenham, Kent – 5 single, 2 shared	No	RDL
	1 nursing care home in Northwood, Middx – 14 single, 3 shared	No	RDL
	1 personal care home in Nottingham – 6 single, 1 shared	No	None specified
	1 personal care home in Leicester – 38 single, 1 shared	No	RDL
	1 personal care home in Grimsby – 11 single, 8 shared	No	RD

Keyword	Provision and type	Admission restricted to a particular group	Specific requirements addressed*
Black and minority ethnic	1 personal care home in Purley, Surrey – 19 single	No	None
Chinese/ Vietnamese	1 nursing care home in Manchester – 13 single. 1 shared	No	DL
	1 nursing care home in Upminster, Essex – 64 single rooms	No	L
	1 personal care home in Hendon, London – 9 single	No	RDL
	1 personal care home in Bournemouth – 10 single, 2 shared	No	RDL
African	None identified		
Irish	None identified		

(Source: Elderly Accommodation Counsel)

* R= Religious, D= Dietary, L = Language

N.B. the same home can appear under more than one ethnic category as some homes specify that they provide for multiple minority groups

In addition to the above a number of homes registered to provide personal care or to provide care with nursing for Jewish, Polish and East European older people were identified.

Appendix 2:

Definitions

This report uses the following definitions:

- i) **Extra care housing:** The Housing Learning & Improvement Network (Housing LIN) state (in Factsheet #1) that:

“Extra care housing, also called very sheltered housing is increasingly popular. There is widespread interest in it because it can replace some or all residential care and plays a useful role providing respite care and a base for good intermediate and rehabilitative care. Most importantly it has the flexibility to provide added health gains, and reduce pressures on acute services, such as tackling delayed discharges from hospital. It is also a popular choice amongst many older people.”

The Factsheet additionally notes that there is more than one kind of extra care housing and all types are useful and that it is:

“a concept rather than a housing type that covers a range of specialist housing models. It incorporates particular design features and has key guiding principles. It can be referred to by several different names... Extra care housing can be owned, rented, part owned and part rented and leasehold. Some developments mix types of tenures. Most extra care in the UK is developed with public subsidy by housing associations, but a thriving commercial sector exists too.

The most important fact is that extra care housing is housing first. It isn't an institution and should not look or feel like one. People who live there have their own homes. They have legal rights to occupy. This means there is a clear distinction between extra care housing and residential care as recognised by the Commission for Social Care Inspection”

The purpose of extra care housing is:

Mainly to provide housing that enables people to age in place. It should have design features that encourage ageing in place, help people to self-care for longer and, promote independent living... It is also used as a base for providing intermediate care, rehab services, day centre activities, ageing well and keep fit, floating support for older people living nearby who need a bit of help and for community based teams of domiciliary care and health workers providing therapy and nursing.

With reference to services provided:

Extra care developments can contain a laundry for residents (or each apartment has a washing machine and dryer), lounges, meeting rooms, hobby rooms, and space for health or care staff. They may, but don't have to have a specially equipped bathroom for assisted bathing and a restaurant. Support and care is usually accessible 24 hours a day. The level of support and care following as required is something that has to be addressed by commissioners.

With regard specifically to design, Housing LIN Factsheet #6 identifies the

Following as "the main drivers behind the design and development of an Extra Care Sheltered Housing scheme":

- To provide a 'Home for Life' – as far as practically possible
- To create an enabling environment
- To be domestic in style
- To create a building to be proud of
- To enable staff to run and manage the building efficiently and to meet
- the care and support needs of residents.
- To allow individuals to find privacy, comfort, support and companionship
- To create a resource for the local community

ii) **Care Homes:** The Elderly Accommodation Counsel provides the following definition of “care home”:

“Since April 2002 in England, Scotland and Wales all homes are known as “care homes” but are registered to provide different levels of care.

- Homes registered for “personal care” provide help with washing, dressing and giving medication.
- Homes registered for nursing care provide the same assistance but have a qualified nurse on duty twenty-four hours a day to carry out nursing tasks. These homes are for people who are physically or mentally frail or people who need regular attention from a nurse.
- Dual registered homes no longer exist, but homes registered for nursing care may accept people who just have personal care needs but who may need nursing care in the future.
- All homes provide meals and staff on call at all times

iii) **Black and minority ethnic (BME):** In line with the Audit Commission (Audit Commission, 2004) we have defined “black and minority ethnic” (BME) to include the following Census categories of ethnicity:

“White Irish, White Other (including white asylum seekers and refugees), Mixed (White and Black Caribbean, White and Black African, White and Asian, Any other mixed background), Asian or Asian British (Indian, Pakistani, Bangladeshi, Any other Asian background), Black or Black British (Caribbean, African or Any other Black background), Chinese, and any other ethnic group”

Our definition of BME also includes gypsies and Irish travellers in addition to the above.

iv) **“Culturally appropriate” provision:** We interpret this as provision that has been tailored to meet the specific needs of people from diverse cultures (as opposed to the traditional “one size fits all” model), having first defined exactly what those specific needs are.

Appendix 3 - Information about the partner organisations

Black and Minority Ethnic (BME) Elders Forum

The Black and Minority Ethnic Elders Forum was first established in March 2002, and formally launched in May 2003, at an event in Central London at which Trevor Phillips (former Chair of the CRE) was the key-note speaker. The aims of the BME Elders Forum are:

- to achieve change and improvements in the lives of black and minority ethnic elders in England by influencing policy and services;
- to ensure that the voices of older people from black and minority ethnic communities are heard;
- to encourage and acknowledge the contribution that black and minority ethnic elders make to society.

The BME Elders Forum is to date made up of organisations mainly from London, the West Midlands and East Midlands. The Forum is striving to become a national forum by developing the membership in all regions, to represent the interests of as wide a range of black and minority ethnic elders as possible. Membership is open to BME voluntary and community organisations (local, regional or national) which have a stated interest in, and experience of, working with older people. Interested professionals and individuals are also invited to become members of the Forum.

The Forum has been developed as partnership initiative with Age Concern England, and is constitutionally linked to Age Concern England. Forum members have direct representation on the Board of Age Concern England through 2 elected Trustees.

Some of the achievements of the BME Elders Forum, since it was formally launched in May 2003, are as follows:

- Representation on an External Advisory Group convened by CHI (Commission for Health Improvement) to undertake the Review of the National Service Framework (NSF) for Older People (since December 2003);
- Input into Age Concern England's response to the Government's consultation on Race Equality in Mental Health services (Jan 04);
- Initiating a special campaign, in partnership with Age Concern England, on Pension Credit and Overseas Visits (June 2004);

- Engagement and input into the national Inquiry into Mental Health and Well-Being in Later Life – a 3-year joint project between the Mental Health Foundation and Age Concern;
- Representation at the British Society of Gerontology's annual conference (Sept 2004);
- Representation on the Age Sector Reference Group to support the Task Force working on implementation of the Commission on Equality & Human Rights (CEHR) – (Oct 2004);
- Developing links with/support for the establishment of local BME Elders Forums, in the East Midlands (through a joint project between Age Concern East Midlands and VOICE East Midlands);
- Regular quarterly meetings held in London, Birmingham and Leicester – which provide opportunities for exchange of experience, networking and identification of policy priorities etc.
- Production of a quarterly newsletter, with circulation of approximately 800.

For further information about the BME Elders Forum please contact Claire Ball, Research & Development Unit, Age Concern England

T: 020 8765 7718 E: Claire.ball@ace.org.uk

The Chinese Housing Consultative Group

The Chinese Housing Consultative Group was established in Birmingham in May 2004 as the result of research carried out nationally and locally on the involvement of the Chinese community in housing management and development.

The Group's role is:

- i. To involve Chinese people in the identification of housing needs, in the development of accommodation to meet those needs and in the management of such accommodation
- ii. To increase the capacity for involvement of Chinese people in the social housing sector at all levels

The Group's membership consists of representatives of:

- Chinese community groups
- Vietnamese Community
- Birmingham City Council:
- Social Services
- Supporting People
- Housing Department
- Chinese National Healthy Living Centre
- Chinese Mental Health Project
- Trident Housing Association
- West Midlands Police
- WAITS (Women Acting in Today's Society)
- Other individuals with expertise in the area of housing and the Chinese community

The key functions of the Group have been defined as:

- a. To bring together providers of housing services and other relevant service providers and representatives of Chinese community organisations
- b. To identify key areas of concern for the Chinese community
- c. To raise awareness of those areas of concern amongst service providers and to work with them to develop solutions
- d. To identify areas where further research is needed and to either carry out or facilitate the carrying out of that research
- e. To have an input into the design of any future accommodation designed primarily for the Chinese community and, thereby, to ensure that future accommodation meets the housing needs of Chinese people
- f. To "capacity build" the Chinese community so that individual members are able to play a direct role in the social housing sector

For further information about the Chinese Housing Consultative Group, please contact: Adrian Jones

T: 0794 111 3276 E: adi.jones@tiscali.co.uk

Appendix 4

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