Housing Learning and Improvement Network

Housing LIN

Minority Groups in Extra Care Housing

This report explores the issues facing commissioners and providers in meeting the needs of minority groups of older people within the community through Extra Care Housing.

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Contents

About the Housing LIN

The Housing LIN is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable adults, including people with disabilities and long term conditions. The Housing LIN has the lead for supporting the implementation and sharing the learning from the Department of Health's £227m Extra Care Housing Grant arrangements and related housing, care and support capital and revenue programmes.

1. Introduction

This report explores the issues facing commissioners and providers in meeting the needs of minority groups of older people within the community through Extra Care Housing (ECH) services. It draws on existing research and materials, and the experience of a small number of authorities gained through telephone interviews. The report is designed to support consideration of the following questions:

- How are minority groups being defined?
- How are the needs of minority groups being met by mainstream services and when is it appropriate to provide specialist services?
- Do older people from minority groups feel excluded from mainstream Extra Care Housing services?
- What are the implications of meeting minority needs for staff?
- How the needs of different minority groups balanced with those of other groups, and/or the majority population?

Although the focus of the paper is on black and minority ethnic (BME) groups, what constitutes a minority group is very much open to debate, especially given that there are those who would argue that because of the ageist nature of society all older people are likely to feel excluded in some way. Therefore Part 1 looks at populations and policies across a number of what might be considered minority groups and draws conclusions about the overall approaches needed by commissioners; whereas Part 2 looks explicitly at the BME community, and draws on a small number of case studies, although obviously many of the approaches and suggestions made here could apply to any minority group.

Part 1- Populations and policies

2. Minority Groups within Local Populations

Clearly each local authority needs to develop an understanding of its own minority groupings and a corresponding proportionate response, and the Joint Strategic Needs Assessment will provide an important starting point.[1]

Nationally, the census data provides an overview of some of the main groups:[2]

- The 2007 population estimates suggest approximately 327,500 people aged over 65 are from non white groups, with, for example, 171,539 being "Asian or Asian British" and 29,011 being "Chinese or other ethnic group".
- In 2001 the three largest faith groups in the over 65 population besides Christians were Jews (57,263), Muslims (55,752) and Hindus (36,216).
- By 2031, there could be as many as 1 to 1.4 million gay, lesbian and bisexual people aged 60 and over in the UK.[3]
- By 2015, it is predicted that 288,858 people aged over 75 will have 'registerable' eye conditions (most commonly caused by age related macular degeneration).
- By 2015 it is predicted that there will be some 201,075 people aged 65 and over with a learning disability.
- By 2015 it is estimated that some 678,461 people over the age of 65 will have dementia.
- Research in 2004 estimated there were 42,000 older people who were homeless, in addition to the 4,000 who had been accepted by local housing authorities as homeless and in priority need.[4]

Black and minority ethnic groups

The umbrella term "black and minority ethnic" describes many different ethnic, religious and linguistic groups, with different histories of migration into this country, and living in different socio-economic circumstances. Older people from these groups will range from those who have lived here for many generations to those who have recently arrived, for example from the A8 EU countries[5], or as refugees. They will have differing needs and circumstances, but

[1] For more information on JSNAs see the DH website: http://www.dh.gov.uk/en/Managingyourorganisation/JointStrategicNeedsAssessment

[2] Unless stated otherwise, data taken from Projecting Older People Information System (POPPI) www.poppi.org.uk

[3] Older Gay, Lesbian and Bisexual People in the UK, 2008, International Longevity Centre (ILC-UK)

[4] Housing LIN Factsheet No 16: Extra Care Housing Models and Older Homeless People

[5] Czech Republic, Estonia, Latvia, Lithuania, Slovenia, Slovakia, Poland, and Hungary are the 8 accession countries (A8) that joined the EU on 1st May 2004.

research has shown that as a group they are more likely to experience high levels of deprivation and social exclusion.[6]

In general the numbers of older people from BME groups are small but rising. For example, in 2007 only 1.5% of the over 85 year old population came from the BME community although this rises to nearly 5% for the 65-74 year old age group.

The Commission for Social Care Inspection (CSCI), now the Care Quality Commission (CQC), identified a range of misconceptions held about the need to provide for BME groups, including:[7]

- *"Assumptions that the needs of black and minority ethnic people can be wholly met by responding to cultural needs as they arise and that more general work on race equality is not required.*
- *Assumptions that there are no black and minority ethnic people in the area, so race equality is not an issue for the service.*
- *Assumptions may still persist that black and minority ethnic communities 'look after their own'.*
- *Assumptions that the service is not equipped to work with people from a particular minority ethnic community. (Providing a good service to black and minority ethnic people is based on understanding the principles of good practice in race equality, commitment to individualised services, flexibility and ongoing learning).*
- *Assumptions that black and minority ethnic people do not want to use the service, as they do not enquire about it."*

Lesbian, Gay and Bisexual Older People

The Government estimates that lesbian, gay and bisexual people comprise approximately 5-7% of the population. Based on the projections of the number of older people provided by the Office of National Statistics, by 2031, there could be as many as 1 to 1.4 million lesbian, gay and bisexual people aged 60 and over in the UK.[8] However, it is important to note that LGB people may not view themselves as being part of a "community" that is defined by sexual orientation – they are not a homogenous group.

Particular challenges facing LGB older people include:[9]

- Lack of viable social support mechanisms which most heterosexual older people rely on to enable them to remain in their homes, eg from children and partners, or from wider family members.
- Concerns about allowing a stranger to enter their home to provide formal care and support given fears around homophobia.

[6] A Sure Start to Later Life: Ending Inequalities for Older People, 2006, Social Exclusion Unit

[7] Putting People First: Equality and Diversity Matters 2 – Providing Appropriate Services for Black and Minority Ethnic People, 2008, CSCI

[8] Older Gay, Lesbian and Bisexual People in the UK, 2008, International Longevity Centre (ILC-UK)

[9] Housing Issues facing older gay and lesbian people, 2008, ILC-UK

- If they have to move into specialised housing, they will have particular concerns around how their sexual identity may affect them moving into a new community - there is the risk of being stigmatised by both staff and other residents.
- If a move into specialised housing involves moving out of their own community, there are additional fears around the potential homophobia within a new neighbourhood.

Sight loss

One study estimated that 1 in 8 people aged over 75 and 1 in 3 people over 90 have serious (registerable) sight loss, which will have varying effects on the individual.[10]

Particular issues for this group include:

- Widespread ignorance among older people and those who support them about the effects of late onset visual impairment and the factors which might affect people's experiences and reactions.
- Lack of accessible information to enable informed choices.
- Poor access to inclusive services.

Older people with learning disabilities

The situation of older people with learning disabilities differs from the general population in significant ways:[11]

- More than half of all adults with a learning disability are cared for by relatives in the family home.
- "Younger" older adults may find their carers reach a point where their own ageing or decline in health means they can longer give the support needed.
- The majority of those not living in the family home will be in some form of communal living whether hospital, residential care home, group home, or similar with care and support from Social Services or a NHS Trust.
- A small minority will be living independently in their own homes. Very, very few older adults with learning disabilities are owner-occupiers.

Older people and mental health

The mental health needs of many older people are often left unrecognised or untreated:[12]

- Although 20%-40% older people in the community show symptoms of depression, only 4%- 8% will consult their GP about their problem.

[10] Housing for People with Sight Loss: A Practical Guide to improving existing homes, 2009, Housing LIN/Thomas Pocklington Trust

[11] New Provision for Older People with Learning Disabilities, Housing LIN, 2003; and Valuing People Now, Department of Health, 2009

[12] New Horizons: A Shared Vision for Mental Health, 2009, DH

- Even when depression is identified, studies who lower levels of treatment and referral to secondary care services than for younger adults.

The numbers of older people with dementia are increasing, and the impact on those with the illness and their families is profound:[13]

- Dementia results in a progressive decline in multiple areas of function, including memory, reasoning, communication skills and the skills needed to carry out daily activities.
- Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which complicate care and can occur at any stage of the illness.
- Family carers of people with dementia are often old and frail themselves, with high levels of depression and physical illness, and a diminished quality of life.
- Dementia is a terminal condition but people can live with it for 7–12 years after diagnosis.

Locally, authorities need to consider where dementia sits in terms of their organisations, eg, in the mainstream of older peoples services or mental health and does the nature of the condition automatically imply discrimination and separation. For example older people with dementia tend to play less part in consultation exercises, are more likely to be received into a care home straight from hospital[14], and often are not considered for extra care housing because it is considered they could not 'manage' in that form of accommodation.[15]

Older Homeless People

Older people who are homeless or at risk of homelessness have diverse and varied needs. Their needs are often different from older people who already have secure and appropriate housing, and almost always different from younger homeless people.

Key issues to consider are:[16]

- Homelessness is especially damaging to the health and well-being of older people. The stigma and negative stereotypes attached to the label "homeless person" emphasise their social exclusion and affect both the older person and staff who come into contact with them.
- Older people who have been long-term homeless have often had to go through a process: shelter or direct-access hostel, then shared supported housing, and finally their own tenancy. When rehoused on their own they often miss the social contact and facilities, and this leads to abandonment and repeat cycles of homelessness.

[13] Living well with dementia: A National Dementia Strategy, 2009, DH

[14] Counting the Cost, Alzheimer's Society October 2009

[15] See Housing LIN Policy Briefing: Housing Sector Role in Delivering the Dementia Strategy

[16] Housing LIN Factsheet 16: Extra Care Housing Models and Older Homeless People

- Equally older homeless people will be accustomed to their independence, and may not like the regime associated with, for example, care homes. They may prefer to retain their independence but have access to care, support and company.

3. National Policy Context

The government has recognised that the older population in Britain is becoming increasingly diverse, and in particular there will be more older people from black and minority ethnic groups, "*each with their own needs and aspirations*". Included amongst the principles it sets out in its strategy, "Lifetime Homes, Lifetime Neighbourhoods", are:[17]

- To plan at all levels for homes and communities so that people can live out their lives, as long as possible, independently, safely and happily with their families and friends around them.
- To ensure there is the right range of choices of "specialist" housing available for those who need more support, homes at the heart of the community that look and feel like home
- To ensure that the positive and right choices can be made at the right time and in a planned way, rather than as the result of a crisis

Research has shown that there are legitimate concerns amongst some minority groups (particularly from the BME and LGB populations) that specialised housing is not always sensitive to their needs: "*specialised housing can adapt to a much more diverse market and is also duty bound to tackle discrimination against these groups*".[18]

In addition to the development of lifetime homes, the Department of Health has also led on a new approach to social care – Putting People First."[19] It sees the key to achieving this person-centred support is in "*addressing the needs of the individual, rather than adapting services based on generalisations about cultural requirements*."[20] However, equally services must take a systematic approach to removing barriers (whether organisational or through the behaviour of individual staff) that prevent minority groups receiving appropriate support.

There is a range of legislation and guidance relating to this issue including, for example:

- The Race Relations (Amendment) Act 2000 which gives public bodies the duty to promote racial equality in jobs, training, housing, education and the provision of goods and services.

[17] Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society, 2008, CLG, DH, DWP

[18] Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society, 2008, Department of Communities and Local Government

[19] Putting People First: A shared vision and commitment to the transformation of adult social care, 2008, DH

[20] Putting People First: Equality and Diversity Matters 2 – Providing Appropriate Services for Black and Minority Ethnic People, 2008, CSCI

- In 2007, the Equality Act (Sexual Orientation) Regulations became law, making discrimination against lesbians and gay men in the provision of goods and services illegal.

The Equality Act is due to come into force in October 2010 and brings together legislation around a number of "protected characteristics" including disability, race, gender reassignment, religion or belief, sex and sexual orientation. The draft guidance produced by the Equalities and Human Rights Commission include the following steps to be taken by service providers:[21]

- *"Establish a policy to ensure equality in access to and enjoyment of their services by potential service users or customers from all groups in society*
- *Review practices to ensure that they do not unjustifiably disadvantage particular groups."*

Guidance has been published specifically of relevance to extra care housing providers:

- The Tenant Services Authority includes within its Standards that *"registered providers must consider equality issues and the diversity of their tenants, including tenants with additional support needs*."[22]
- "Reflecting the Needs and Concerns of Black and Minority Ethnic Communities in Supporting People"[23] sets out guidelines for Supporting People commissioners and providers.
- The National Domiciliary Care Minimum Standards set out the requirement that "*Care and support workers are sensitive and responsive to the race, culture, religion, age, disability, gender and sexuality of the people receiving care, and their relatives and representatives."*[24]

[21] Draft Code of Practice: Services, public functions and associations, 2010, Equalities and Human Rights Commission

[22] Our national standards for social housing, 2010, Tenant Services Authority

[23] Reflecting the Needs and Concerns of Black and Minority Ethnic Communities in Supporting People, 2002, DTLR

[24] Domiciliary Care National Minimum Standards, 2003, DH

4. Conclusion

There clearly is a range of needs within any community of older people, and the challenge for the commissioner and the provider is how to enable them to be met. This is particularly the case where groups are excluded from mainstream services, for a variety of reasons, and suffer discrimination. However, although it is tempting to label groups and assume everyone within this group will have the same or similar needs, in reality individuals within groups will vary as much as individuals within the wider community.

There are two key areas that need consideration by commissioners and providers in addressing the needs of minority groups within their older population through extra care housing services.

Developing a strategic approach

Local authorities will need to ensure they have a good understanding of the needs of each group within their older population, and the issues they face in accessing services. They will need to develop a strategic approach appropriate to their local populations, which will develop responses to the following questions:

- Are mainstream services capable of meeting the needs of minority groups?
- Is there a case to be made for developing specialist services, and will these be proportionate and sustainable?
- Does the approach build on the strengths of existing communities and support networks?

Preventing exclusion from services

There is a risk for all minority groups that they will be excluded from mainstream services for a range of reasons. There are four key areas that need to be addressed to minimise this risk:

- Is there awareness about minority needs amongst the community but also amongst professionals, and are there prejudices that need challenging?[25]
- Is information about services and the outcomes they can achieve for individuals accessible to all groups within the population?
- Are services designed to take account of minority needs, for example:
    - Are staff trained to identify and support them?
    - Does their design limit choice for individuals?
- Have buildings been designed to maximise their accessibility and appropriateness for different groups within the population?

[25] For example, "Living well with dementia: A National Dementia Strategy" (DH 2009) includes an objective around improving public and professional awareness and understanding of dementia.

Part 2 - Older People from BME communities

5. Understanding the needs of minority groups

Developing an understanding of the needs of the whole community, including those who are in the minority, is key to being able to develop services to meet those needs. This picture of need will influence the design of services, as well as highlight areas where the provider market needs further development.

The review of the outcomes of the Housing Association Charitable Trust (HACT) Older People's Programme looking particularly at BME Elders noted that there had been inadequate progress amongst housing providers and others in understanding and meeting the basic needs of BME older people.[26] It emphasised the need to work in partnership with local BME, refugee and migrant community organisations, and highlighted the "*desperate shortage of knowledge*" about some minority groups, particularly where they were scattered over large geographical areas.[27]

Understanding potential demand

The starting point for understanding broad characteristics of the population should be the Joint Strategic Needs Assessment, which will identify the main minority groups within the population. However, it may not provide information about the specific needs of those groups, whether they are accessing existing services, or whether existing services are achieving the right outcomes for them.

The "At Home" audit tool, developed by the Housing and Older People Development Group (HOPDev), provides a useful set of questions commissioners should be asking themselves in order to assess their approach to understanding the needs of their BME communities, including:[28]

a) Ethnic Monitoring - Is both the ethnic and faith profile of the client group monitored? Is the language make-up and age profile monitored? Is this regularly reviewed?

b) Demographic and Needs Data – is this regularly reviewed to take into account changing migration patterns, changing households, changing needs, etc?

c) Apart from statistical data, are other methods used to find out about the needs of the population, for example face-to-face consultation with BME older people, or specific research projects or other initiatives including working with Public Health and Primary Care Trusts?

d) Do you know how the needs of BME groups might change over the coming years?

e) Are you aware of any current service gaps in provision for BME older people?

[26] Bridging the Gaps: Social Exclusion of BME Elders, 2007, HACT

[27] See also Housing LIN Case Study 20: BME Older People's Joint Service Initiative – Analysis and Evaluation of Current Strategies

[28] At Home: Audit Tool for Housing and Related Services for Older Ethnic Minority People, 2006, HOPDev

f) Do you have regular consultations with BME communities to understand their needs, and are these consultations inclusive? Do you regularly provide feedback on the outcomes of these consultations?

The key issues here are:

- Developing systems that not only identify minority groups, but monitor their changing profiles over time;
- Understanding how current services are meeting the needs of individuals within these groups, and identifying gaps;
- Developing consultation mechanisms that ensure regular and inclusive involvement for the different communities.

Engagement with the local community

Extra Care Housing is seen as a resource for the local community, whether in terms of meeting the housing, care and support needs of its' residents, or providing services that local older people can make use of – they will be at the "*heart of our communities."*[29] Where a local community reflects a diversity of cultures and beliefs, working in partnership with the community is particularly important to ensure the needs of that community are understood and met.

There are examples across the country of successful Extra Care Housing schemes which have been developed through close partnership working between the local community (in many cases instigating the development) and commissioners. Examples of these are given in Section 6 below.

However, given how new the concept of ECH is still for many older people, it is important to ensure efforts are made to explain and promote the service widely in the community. This is particularly important where moving into a specialist form of housing for care and support is culturally challenging: *"the idea of seeking external help when problems arise is still regarded by many elders from different ethnic backgrounds with shame and guilt and a sign of family failure or worse their own. Containment and tolerance of whatever the family circumstance becomes the reality for many elders"*[30]*.*

[29] Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society, 2008, CLG, DH, DWP

[30] Developing Extra Care Housing for BME Elders, 2006, Housing LIN

6. Designing a service to meet local need

Research has identified some of the key issues for black and minority ethnic people about services to meet their needs: [31]

- Accessible information about services leading to options about which services they use.
- Control over decisions about their future.
- Services that recognise differences in people's cultures, without making assumptions.
- Support from staff with positive and respectful attitudes towards them.
- Services that enable them to have contact with people that are important to them and to be connected to communities.
- To feel safe and be free from discrimination.
- Opportunities to give feedback and to improve services.

In addition, consideration should be given to the impact of social capital on supporting the needs of minority groups.[32] It is likely that there will be strong links at an individual and community level amongst minority groups, and authorities should work to develop these, and work with them to develop their understanding of what is needed by the community.

Specialist or mainstream services?

There are two main approaches to commissioning or developing services which meet the needs of minority groups:

- A service which is specifically and exclusively designed for a particular group. This may be a standalone service, or one which forms part of a mainstream service.
- Mainstream services which are able to be flexible and skilled enough to meet the needs of all older people.

In looking at BME services the debate is about whether, and when, a "culturally specific" service should be developed, or whether it is sufficient that mainstream services should be "culturally competent".

A culturally specific service is taken here to mean one that is designed specifically for a particular group within the community. Typically, within extra care housing, this could mean that there are:

- Specific design features (such as prayer rooms).
- Staff who are fluent in the particular language (or languages).

[31] Putting People First: Equality and Diversity Matters 2 – Providing Appropriate Services for Black and Minority Ethnic People, 2008, CSCI

[32] See DH Care Networks: Building Community Capacity for more discussion of the potential impact of social capital (www.dhcarenetworks.org.uk/BCC)

- Services that take account of particular beliefs and practices (for example, around the preparation of food and drink, and the menu offered in restaurants).

Some schemes have been developed solely for a particular ethnic group, such as in Birmingham and Tower Hamlets (see case studies below); others have been more inclusive in their approach to allocations. Some schemes have been developed where clusters of flats (or a particular wing of a building) are designed for a particular ethnic group to enable mutual support and reduce social isolation, such as in Bristol.[33]

However, culturally specific schemes are not always the right approach. Sometimes it can mean maintaining a high vacancy level if the target population is small. Some people from one ethnic background may choose to move to a scheme focused on another group within the community. Equally an assumption of automatic homogeneity based on ethnicity would be as false for an ethnic minority as it would be for a white English group. A further question remains as to how the needs of smaller BME groups within communities can be met where extra care housing has been developed for a larger BME group. Given the diversity of individuals and needs within one group, is it useful to label a particular scheme in this way?

An alternative approach is to ensure generic or mainstream services are "culturally competent." There are likely to be a number of factors included with a successful culturally competent service:

- A holistic assessment of an individual's needs (including cultural beliefs and practices, language, religion).
- Service providers who are able to flex their services to meet identified needs.
- Ensuring services are inclusive through, for example, variation and choice in menus, staff training, arranging translation and interpretation services.
- Involving local community and voluntary organisations in providing services to an individual, particularly where those organisations are known and trusted by the individual.
- Identifying and tackling any barriers that exist inhibiting or preventing access for minority groups to mainstream services.
- There may also be a need to raise awareness and tackle misconceptions amongst the scheme's resident population.

Fundamentally, this approach is around ensuring all of an individual's needs are understood and responded to by a service which is able to tap into more specialist resources if needed, but is designed to be flexible and sufficiently skilled to adapt to individuals.

Work with one minority group suggested a range of opinions about whether an exclusive service is preferable, or whether a mainstream service, which understood their needs and concerns, and was equipped to provide for them, would be better.[34]

[33] Beyond Sheltered Housing: A Review of Extra Care Housing and Care Home Provisions for BME Elders, 2006, Age Concern

[34] Housing Issues Facing Older Gay, Lesbian and Bisexual People in the UK, 2008, ILC-UK

Overall, the success of this approach is yet to be fully understood, and in particular whether it can identify and meet the needs of all individuals effectively. However, the emphasis within the mainstream approach on inclusion and meeting an individual's holistic needs suggest it is worth pursuing particularly where numbers in particular groups are small.

Information and raising awareness

Individuals within minority groups will often have problems accessing information about the services available to them, and how those services would be able to meet their needs. For example, research has highlighted the lack of accessible information available for BME older people about the range of housing options available to them.[35] This included information about what sheltered and extra care housing was, how to access it, and other options, such as adaptations to existing homes.

The At Home audit tool includes the following questions for authorities to ask in order to assess their approaches to communicating with older minority ethnic people:[36]

- Do you have a communications strategy that identifies how your organisation communicates with BME older people?
- Is the information you produce available to all non-English speakers, and do you provide it in a range of formats (leaflets, web based, open meetings, face to face etc)?
- Do you monitor who is accessing your information to ensure it is reaching all the communities you serve?
- Do you use formal and informal networks to spread the word about the services offered?

Service Providers

The final issue for commissioners will be which provider is likely to be best placed to meet the particular needs of individuals and groups of older people from particular communities. This could mean contracting with specialist providers, or ensuring mainstream providers are committed to meeting the needs of a diverse community, and have clear strategies to ensure this happens. It is likely to mean ensuring that there is sufficient support from the local voluntary sector which may be able to meet specific needs, and potentially are known to the individual.

In considering the BME community in particular,[37] some people may prefer aspects of their services provided by local BME voluntary and community organisations, not only because of their ability to communicate in the person's own language and be culturally specific, but also because they will be considered known and safe. Commissioners may wish to encourage the formation of new local black and minority ethnic providers, or attract existing specialist providers from outside the area. Alternatively, existing mainstream providers may wish to develop their services to meet the needs of particular groups.

[35] Croucher K, Housing Choices and Aspirations of Older People, 2008, CLG

[36] At Home: Audit Tool for Housing and Related Services for Older Ethnic Minority People, 2006, HOPDEV

[37] See discussion in Cultural Sensitivity: Avoiding mistakes or inappropriate support services for vulnerable people from black and minority ethnic communities, 2008, BMESpark (www.bmespark.org.uk)

7. Case studies

Birmingham

There is an increasingly significant ethnic population in Birmingham and this has impacted on a changing approach to provision for older people. There are currently a small number of culturally specific services, for the African-Caribbean, South Asian, and Chinese communities, and for older Irish men. However, in recognition and response to the diversity of the local population there has recently been a policy decision to complement existing specialist services by commissioning future services that are culturally competent and aim to meet the needs of local communities inclusively.

Understanding local needs

The local authority has a number of ways of gathering information about local populations:

- The housing department has a database that tracks customers.
- Supporting People has launched a monitoring form which will be part of the performance monitoring process for providers, and collects broader data about service users.
- Through matching those populations known to services against the census data to highlight gaps in provision.
- Through monitoring people who have been turned away by services.
- Through considering anecdotal evidence about particular groups/needs not being met from a range of stakeholders, including service user feedback.

In addition, Birmingham have set up a £1m Innovation Fund to provide money for action based research aimed at testing service approaches and identifying need. Typically it will be aimed at providers who believe there is unmet need but have little evidence to back it up. It is intended that the results of this research will inform commissioning decisions both in terms of identifying unmet need and piloting service models to test whether they meet that need.

Developing culturally competent services

Given the population profile of Birmingham it has been relatively natural to require providers to provide culturally competent services. However, as there are some culturally specific services, they are also able to offer some choice to individuals.

The Supporting People commissioning process has focused upon cross tenure services, which enable greater flexibility of housing related support packages which follow the service user rather than being fixed to a specific location. This enables greater choice for service users, including older owner occupiers being able to receive housing related support within their own homes.

The Supporting People procurement evaluation tool gives 50% weighting to safeguarding adults issues, 25% to service user engagement, but 25% to fair access and diversity (defining cultural competency issues).

Birmingham CC and their providers have worked in partnership, including sharing training (for example, a sign language course was recently run for support workers with a number of providers involved). There is also a strong emphasis on employing local people from local

communities within the schemes, which helps with understanding cultural needs and preferences.

Engaging the community – building social capital

One of several ECH villages that are in development in Birmingham is in an area with a high BME population. There have been a number of approaches to engaging the local community in the process:

- The local authority has carried out a range of consultations with the local communities.
- The Centre for Urban Design Outreach Studies, Birmingham University are working with the community to understand their needs and views about how the scheme should be developed – including identifying specific design issues such as having a prayer room and where it should be located.

The aim with this new scheme is to have an integrated community, so the authority and its partners are working to understand what this will mean for the different groups living together. Service providers will be expected to be culturally competent, so if there is a need, for example for specific design features, or languages, the provider is expected to provide them.

The community engagement work is also raising awareness more generally about the scheme and the services it will provide.

Tower Hamlets

There are four extra care housing schemes in management in Tower Hamlets, of which one is predominantly for the Bangladeshi community with specific design features as well as culturally specific services. This scheme was developed in collaboration with a local voluntary sector organisation that provides a range of services for the Bangladeshi community, as well as other groups.

The borough is also exploring how it might address the needs of the Somali community. It has commissioned a more detailed study looking at all services for this community.

Tower Hamlets are also just completing a review of all their specialist housing for older people, and the draft report draws the following conclusions:[38]

- Indications are that older people from all BME communities prefer culturally sensitive services that can cater for all sections of the community, rather than culturally specific services.
- Sonali Gardens (the specialist ECH scheme) has shown the way in ECH for the Bangladeshi community, but has also highlighted the risk of voids if targeting services specifically at one section of the community.
- Given that most older people want to stay in the neighbourhoods in which they have lived, and the general diversity of Tower Hamlets population across all wards, it is important that all ECH schemes are able to respond to that diversity.

[38] Tower Hamlets - Needs Assessment for Extra Care Housing, 2008, Tribal Group

- Commissioners should consider including specific requirements in contracts to ensure this, including for example, the employment of at least one member of staff who can speak Sylheti or other appropriate community language.
- Providers and commissioners should consider the scope to leave vacancies open in some case to enable two or more people from BME communities to move into services together.

Suffolk

Suffolk is one example of a number of authorities spoken to who did not have large BME populations. In this case, work had been carried out with the Bangladeshi community in one town with the intention of developing a scheme specifically aimed at older people from that community. However, when the scheme was completed it was found there was less demand than had been expected, and the scheme now houses relatively few Bangladeshi elders. Suffolk would expect providers generally to meet the needs of individual older people, and this would include specific staff training or buying in specialist resources (such as interpreters).

Suffolk takes a similarly inclusive approach to the delivery of extra care services for people with dementia, where flats designated for people with mental health needs are placed within mainstream provision. This places demand on staff in that all need to be trained to provide care and support appropriately for people with dementia or other mental health needs, but promotes the development of an inclusive and supportive extra care community as a whole. (See short films about two such schemes in Housing LIN/DH Care Networks: Visualising Extra Care)[39]

[39] www.dhcarenetworks.org.uk/IndependentLivingChoices/Housing/Topics/podcasts

Part 3 – Other Information

8. Other relevant Housing LIN resources

Guidance notes/reports

Developing Extra Care Housing for BME Elders – an overview of the issues, examples and challenges

New initiatives for people with learning disabilities – Extra Care Housing and similar provision

A Measure of Success: an evaluation of the DH learning disability Extra Care Housing programme

Factsheets

No.3	New provisions for older people with learning disabilities
No.14	Supporting people with dementia in Extra Care Housing
No.15	Extra Care Housing and Functional Mental Health
No.16	Extra Care and older homeless people
No.26	Housing for people with sight loss

Case Studies

No.7	Supporting diversity in Tower Hamlets
No.11	Housing for older people from the Chinese community in Middlesbrough
No.12	Shared ownership for people with disabilities
No.20	BME Older People's Joint Service Initiative in Sheffield
No.30	Dementia Care Partnership: More than bricks and mortar
No.36	Duddon Mews Extra Care scheme for people with mental health problems and physical disabilities in Cumbria

The full list of Housing LIN resources can be seen and downloaded at our website: www.dhcarenetworks.org.uk/housing

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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