

# **Audit Tool for Housing and related services for Older Minority Ethnic people**

AT HOME



Housing and Older People  
Development Group

# About HOPDEV

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The Housing and Older People Development Group (HOPDEV) was established in 2001 by the then Department for Environment, Transport and the Regions (now the Department for Communities and Local Government) and the Department of Health (DH) to help Government deliver on the strategic framework *Quality and Choice for Older People's Housing*.

HOPDEV is the body charged with advising Government on matters relating to housing and older people. Its members include older people, housing providers, voluntary organisations, local authorities, and other experts on housing and older people. It works in partnership with other organisations and Government bodies.

HOPDEV has had 4 work stream groups between 2004-2006, each with its own programme of work:

- Housing Strategies
- Ageism
- Black and Minority Ethnic Elders
- Information & Advice.

AT HOME forms part of HOPDEV's Black and Minority Ethnic Elders work stream. It was produced for HOPDEV by Philip Brown, Stephen Pugh, Julia Ryan and Andy Steele at the Salford Housing & Urban Studies Unit, University of Salford.

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Further copies of this document can be downloaded from <http://hopdev.housingcare.org>. A limited number of free CD-ROMs of the Tool may also be requested from this website. Further information about HOPDEV can be found at: [www.odpm.gov.uk/housingandolderpeople](http://www.odpm.gov.uk/housingandolderpeople).

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# Foreword

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Where we live is an intrinsic aspect of the quality of our lives. Sadly, inappropriate housing and poor access to a whole range of housing-related services are still far too prominent in the lives of many older people from minority ethnic backgrounds.

It is within this context that the Audit Tool for housing and related services for Older Minority Ethnic People (AT HOME) has been developed. Whether you are a black and minority ethnic (BME) older person, a housing commissioner, regulator or service provider, AT HOME will be useful in assisting you to identify what is currently being provided and what should be provided.

There are 6 modules within AT HOME. Each of the modules asks you, in a series of straight forward questions:

- *to review your current position;*
- *to identify and reflect on what needs to change and how; and*
- *asks commissioners and service providers to develop action plans with priorities.*

The preparation of AT HOME has involved listening to many voices. These voices have reflected the opinions of a wide range of people. Central to the development of this tool have been older members of black and minority ethnic groups themselves.

**‘I think that AT HOME will help older people from black and minority ethnic communities to get the help that they need and to live the lives that we want to’**

(Doreen, Manchester – African-Caribbean Older Woman)

**‘AT HOME is exciting because it will help people in charge of housing and us to work together so that we can have better housing for older people from black and minority ethnic backgrounds’**

(Stella, Manchester – African-Caribbean Older Woman)

AT HOME offers a practical way for all those involved in housing for BME older people to make sure that housing and housing-related services take account of the needs of BME older people in local areas. It will help improve the lives of many older people from minority ethnic backgrounds by offering a way to discover and tackle problems in order that BME older people in particular feel at home.

**HOPDEV working group on Housing and Support for BME Older People**

# Terms used in AT HOME

We use a number of terms or phrases in AT HOME.

This section explains what we mean by these in AT HOME, which we also call 'the Tool'.

## Ageism/Age Discrimination

Age discrimination in its simplest form generally refers to situations where the age of an individual is used to determine a person's access to certain goods or services. Ageism on the other hand, implies a general devaluation in the status of older people.

## Black and Minority Ethnic (BME)

There is no formal definition in law of this term. However, in this Tool the term BME is used to refer to everyone from minority ethnic communities. This includes non-white British groups, white and non-white asylum seekers and refugees, and Gypsies and Travellers.

## Black and Minority Ethnic Voluntary and Community Organisations Compact Code of Good Practice

This Code was published in 2001 and recognises the significant role that the BME voluntary and community sector plays in building stronger communities. The Code strongly underlines the fact that BME organisations should be an inherent part of consultation and policy processes. The Compact Working Group has urged the BME sector to use the BME Code, and laws such as the Race Relations Amendment Act 2000, to insist on being involved in decision-making and change.

## Commission for Equality and Human Rights (CEHR)

The framework for the Commission for Equality and Human Rights (CEHR) is set out in the Equality Act 2006. This significant change will replace the three existing equality commissions (the Commission for Racial Equality, the Equal

Opportunities Commission and the Disability Rights Commission) and means that everyone will need to be aware of this multiple equality agenda. This is because CEHR will cover the six aspects of equality - age, race, religion and belief, disability, gender and sexual orientation - as well as human rights. The Commission is expected to start its work in 2007.

## Diversity

Diversity is the idea that recognises (and celebrates) the benefits to be gained from differences between people from a range of backgrounds.

## Equal Opportunities Policy

This is an organisation's response to how they will meet the legal requirements to deliver their responsibilities on the basis of equality of opportunity.

## Equalities impact assessment

Public bodies (such as local authorities) hold legal responsibilities to assess and monitor their policies, to make sure these will not have an adverse effect in terms of matters of equality.

## Ethnic majority

This term is sometimes used to describe the majority of the UK's population, who are white and British-born.

## Ethnicity

A sense of a particular cultural and historical identity based on belonging by birth to a distinctive cultural group.

## Ethnic monitoring

Is the process used to collect, store and analyse data about people's ethnic backgrounds.

## Legal duties

These are the requirements that public and other bodies must comply with in law, such as the Race Relations (Amendment) Act 2000, and other Acts of Parliament.

## Local Area Agreements (LAAs)

Local Area Agreements concentrate on four 'blocks' or themes - one of which is Healthier Communities and Older People. LAAs bring together the relevant agencies and authorities at a local level (particularly in terms of funding and reporting arrangements) to encourage better ways of joint working at local levels, and to streamline administrative and other procedures. The outcomes, targets and indicators will be aimed at improving the quality of life of older people by improving local service performance.

## Housing

In this Tool, 'housing' means any self-contained dwelling unit (or place to live) that has at least one bedroom and would be considered a main residence (not a holiday home) regardless of whether anyone (or who) lives there or whether it needs renovation or repair. It may be a detached or semi-detached house, a bed-sit, a mobile home (Park home), a terraced house or a flat/apartment.

## Housing related support/services

Housing related support, as defined under Supporting People, covers those tasks that develop and sustain someone's abilities to live independently in their own accommodation. Examples include helping people to claim benefits, making sure they understand and can meet the conditions of their tenancy, advising on home improvements and accessing a community service alarm. More generally this support could also include information about other services, as well as referring people for other support.

## Human Rights Act 1998

The Human Rights Act came into force on 2nd October 2000 and incorporates into UK law certain rights and freedoms set out in the European Convention on Human Rights.

## National Service Framework (NSF) for Older People

The NSF for older people was published in March 2001. It sets national standards and service models of care across health and social services for all older people, whether they live at home, in residential care or are being looked after in hospital.

## Older people

In this Tool, we mean people aged 50 or over. Within this broad age group there will be a range of different housing needs and expectations.

## Race (or Racial) equality

Organisations are required to promote race equality in law. This is the basic principle of equality regardless of ethnic or racial background. The promotion of racial equality and good relations between people from different racial groups is set out in the Race Relations Act 1976 and the amended Race Relations (Amendment) Act 2000 (see Annex 1).

## Racial discrimination

Under the Race Relations Act 2000, it is unlawful for one person to discriminate on racial grounds against another. The Act defines 'racial grounds' as including race, colour, nationality or ethnic or national origins. There are four main types of racial discrimination: direct, indirect, victimisation and harassment.

## Social care

This can be a difficult term to define, but in this Tool we mean personal and practical care provided to support an individual living in his or her own home, either alone or with a relative or other carer.

## Supporting People Programme

The Supporting People programme was introduced by the Government on 1st April 2003 to change the way housing related support is funded, commissioned and monitored across England and Wales. It has replaced the cost of those parts of supported housing not related to housing management/repairs or to personal care that used to be paid through Housing Benefit. It is committed to ensuring that vulnerable people have the opportunity to live more independently. It promotes housing related services which are cost effective, reliable and which complement existing services and support independent living.

# Overview of AT HOME

## What is AT HOME?

AT HOME has been developed to help make real changes in strategy, policy and practice in relation to the housing needs and wishes of Black and Minority Ethnic (BME) older people. AT HOME provides a way to assess the current housing situation of BME older people, identify gaps in services, policies and practice and provide suggestions of how to fill these gaps.

## How will it help me?

AT HOME will help you to:-

- *Enhance your existing equality and diversity assessments*
- *Improve a range of services to meet the needs and aspirations of your entire client group*
- *Meet a variety of legislative requirements (e.g. The Race Relations (Amendment) Act 2000)*
- *Overcome barriers to health, housing and social care planners and commissioners working together*
- *Develop the ability of providers to remain 'in touch' and competitive in providing services*
- *Encourage, share and develop good practice*
- *Provide BME older people with a greater level of knowledge about the services that are available.*

Uniquely, it gives BME older people a way of influencing how local housing and housing-related services are devised, developed and delivered.

## Who should use it?

Any individual, organisation or team whose work affects the housing and housing-related needs of BME older people – including BME older people.

AT HOME has been designed so everyone involved can benefit from its use. Those that will find this Tool useful include:

- *BME older people*
- *Advocates and groups for BME older people*
- *Local Authority Supporting People teams*
- *Commissioners of housing, social care & health care*
- *Housing planners and commissioners*
- *Housing regulators and inspectors*
- *Housing providers with BME client bases*
- *Generalist and specialist housing providers*
- *Health and social care planners*
- *Social services departments*
- *Providers of health and social care services*

*One of the difficulties facing BME older people is not being able to access information – particularly in different languages. An information leaflet for BME older people about this Tool is available in different languages from <http://hopdev.housingcare.org> or can be accessed from this CD.*

# Background

**This section outlines the background of the Tool, including:**

- 1 Why the Tool is needed**
- 2 The challenges and barriers to improving services for BME older people**
- 3 Key issues associated with the housing experiences of BME older people.**

## **1 Why is AT HOME needed?**

It is widely understood that BME older people are more likely to face a greater level of poverty, live in poorer quality housing and have poorer financial situations than ethnic majority older people.<sup>1</sup> The National Service Framework for Older People<sup>2</sup> and the Race Relations (Amendment) Act 2000 (see Annex 1) both aim to improve the standards of support and increase equality for older people, the latter focusing particularly on those from black and minority ethnic (BME) backgrounds. The importance of addressing the housing needs and aspirations of BME older people in the United Kingdom is particularly important given that this number is set to rise from 1 75,000 people today to 1.8 million by 2026.<sup>3</sup>

A report<sup>4</sup> from the Social Exclusion Unit in early 2006 highlighted that, whereas older people in general are likely to experience exclusion and

discrimination in their daily lives, older people from black and minority ethnic groups face 'double discrimination and exclusion'.<sup>5</sup> The Department of Communities and Local Government, the Department of Health (DH) and the Department for Environment, Food and Rural Affairs (DEFRA) have agreed to work together to develop a strategy for housing and older people by 2006/07. This is likely to build on previous work on developing older people's strategies and linking housing to health, social care and other local strategies.<sup>6</sup> This has also been a central area of work for the Housing and Older People's Development Group (HOPDEV).<sup>7</sup> AT HOME also complements the principles as set out in the Equality Act 2006 as embodied by the framework for the Commission for Equality and Human Rights (CEHR) which is expected to start work in 2007. It is therefore of key importance that everyone is aware of the multiple equality agenda which covers age, race, religion and belief, disability, gender and sexual orientation – as well as human rights.

1 See for example: Leeds City Council (2005) SEEM II – Services for Older people from Ethnic Minorities: A Guide to Good Practice in the UK; Butt and O'Neil (2004) 'Let's Move On': Black and Minority Ethnic older people's views on research findings. Joseph Rowntree Foundation.

2 Department of Health (2001). The National Service Framework for Older People. London: DH

3 Social Exclusion Unit (2006). A Sure Start to Later Life. OPDM

4 As 3

5 As 3

6 Available from [http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeopleArticle/fs/en?CONTENT\\_ID=4015734&chk=213ZXM](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeopleArticle/fs/en?CONTENT_ID=4015734&chk=213ZXM)

7 See <http://hopdev.housingcare.org>



## 2 What are the challenges and barriers to improving services for BME older people?

There are many barriers to overcome and challenges ahead in trying to resolve some of the housing experiences of BME older people. It is however clear that real change can take place when those working for organisations, large or small, take steps to fully understand and appreciate the unique situation faced by older people from BME communities. The way that policies, strategies and services are developed, delivered and assessed needs to be looked at closely. A general lack of understanding and a reliance on myths and assumptions appear sometimes to prevail in service inspection, commissioning and provision - adding to an already complex situation;<sup>8,9</sup>

Specific problems include:

- *BME older people are not prioritised because of a view that these communities 'look after their own'.*
- *Even in areas where steps are being taken, those living in private rented housing and homeowners are often overlooked.*
- *Services continue to fail to reach those who are most isolated - whether socially, culturally or geographically.*
- *Lack of understanding of different language, cultural and religious needs hinders the development and delivery of appropriate services, and awareness of and access to any support or services.*
- *Organisations tend not to know enough detail about the different sections of their local population.*

## 3 Key issues

Many of the issues that affect the quality of life of BME older people are shared by ethnic majority older people in the UK. However, barriers due to differences in ethnicity, culture and language can and do exacerbate these, as well as create many more problems for BME older people.

For instance:

- *Asian older people experience the worst housing conditions of all the BME groups, particularly members of the Pakistani and Bangladeshi communities. These individuals tend to live in the worst housing in terms of size, lack of adaptations, poor design, poor insulation, disrepair, inconvenient location, poor access, overcrowding, problems with neighbours, isolation from family, religious and cultural institutions, and poor health and safety.<sup>10</sup>*
- *Older people from BME backgrounds are more likely to experience poor health throughout their lifetime, but particularly as they get older.<sup>11</sup>*
- *Where all BME older people are concerned there is often:*
  - *a lack of suitable (and culturally appropriate) information on housing options*
  - *an increase in demand for suitable supported housing*
  - *a need for adaptations and culturally appropriate home support services.<sup>12</sup>*

<sup>8</sup> DETR/DH (2001) Quality and Choice for Older People's Housing: A Strategic Framework. DETR/DH

<sup>9</sup> See 1, Butt & O'Neil

<sup>10</sup> Care & Repair England – Should I Stay or Should I Go? Issues for Black and Minority Ethnic Older People. Summary.

<sup>11</sup> Raleigh, V.S and Polato, G.M. (2004) Evidence of health inequalities. Healthcare Commission.

<sup>12</sup> Age Concern England (2002). Black and Minority Ethnic Older people' issues. Policy Position Paper.

# What is AT HOME?

**This section sets out details about AT HOME, including:**

- 1 What is new about this Tool**
- 2 The benefits of using the Tool for BME older people, housing providers, commissioners and others.**

AT HOME builds on existing good practice guides, race equality frameworks and service assessments. We have consulted many different individuals and organisations in developing this Tool – including those involved in providing, commissioning and inspecting housing and housing related support services across the UK, as well as BME older people.

The Tool considers both the housing and housing-related needs and wishes of BME older people.

## Health, housing and social care

The strong overlaps and connections between housing, health, social care and people's quality of life have been recognised for some time.

In recent years the NHS and social services have particularly been encouraged to jointly commission, plan and provide services; this approach has also begun to extend to include housing and housing-related support.

The sorts of services that might be jointly commissioned or provided across these three areas include:

- *extra care housing*
- *intermediate care*
- *telecare/telemedicine*
- *floating support.*

## 1 What is new about this Tool?

AT HOME will help a range of housing providers, commissioners and planners to assess their current performance and to identify and challenge the barriers preventing progress. This Tool is the first of its kind to more effectively bring together the needs and aspirations of both BME communities and older people in relation to their housing and housing related support needs.

It is important to understand that this Tool is not:

- *A simple 'tick-box' assessment*
- *A means to achieving a score*
- *A test to be failed.*

*Some organisations may require some assistance in making progress in their work with BME older people, others may be already doing excellent work but need further help to identify gaps and maintain momentum within their organisation and develop further their existing plans. AT HOME will help in both situations.*

Using the Tool will mean improvements in:

- *How commissioners identify local needs and wishes*
- *Providers' knowledge of what they can and should offer*
- *Opportunities for BME older people to share their views and shape local services.*

In addition, the Tool can:

1. Raise your awareness of the issues surrounding BME older people and their housing and support needs in relation to policy and service delivery.
2. Be a vehicle that helps you to develop 'good practice' with BME older people.
3. Improve the strategies and policies of your organisation/team to enable you to better communicate and take into account the needs of older people from BME communities.
4. Encourage partnerships between community groups and mainstream organisations to develop culturally appropriate services.
5. Enhance existing inspection mechanisms to highlight the particular needs and wishes of BME older people about housing and related services.
6. Provide a mechanism to help you monitor and evaluate current and future policies and delivery plans.

## 2 The benefits of using AT HOME

For BME older people the Tool will:

- *Give you a starting point to think about your experiences of housing and housing related issues*
- *Support you to influence the ways in which housing and housing related services are devised, developed and delivered in your area.*

For planners and strategists the Tool will:

- *Provide greater detail and knowledge to use in developing local BME housing strategy and older people's housing strategies.*

For providers the Tool will:

- *Complement and enhance your equality and diversity impact assessments*
- *Complement the housing needs assessments you undertake*
- *Assist you in meeting current and future requirements under the Race Relations (Amendment) Act 2000, the standards laid down by the National Service Framework for Older People – especially Standard One (see Annex 1) and the CEHR*
- *Help you stay competitive and able to demonstrate you are meeting older BME people's wishes and needs.*

### For commissioners the Tool will:

- Assist you in ensuring that those from whom you commission are able to demonstrate they understand the housing needs and aspirations of BME older people in your area
- Assist you in ensuring that those commissioned can demonstrate how they are meeting local needs
- Help ensure greater transparency and equality in the commissioning process
- Enable you to develop a more strategic and targeted approach towards commissioning services
- Act as a checklist to ensure that the needs of BME older people are clearly identified and met in tenders received
- Help you quantify what is required from the commissioning process.

### For housing inspectors and regulatory bodies the Tool will:

- Help the organisations you inspect and regulate to meet their equality and diversity assessments
- Provide a practical example of a Tool that organisations might want to adopt
- Help ensure that BME older people's experiences and views are being shared.

*AT HOME has been designed with inspection and regulatory assessments in mind, and may help you with:*

- *the Audit Commission's Key Lines of Enquiry (KLoE), particularly on Corporate Assessment, Diversity, and Housing*
- *the Audit Commission's data collection under the proposed Area Profiles<sup>13</sup>*
- *the Quality Assessment Framework under the Supporting People requirements.*

*In addition, many of the areas highlighted by this Tool will help to improve performance in Housing Corporation assessments and in adhering to Housing Corporation guidelines.<sup>14</sup>*

Whatever your particular situation this Tool will provide the opportunity to raise awareness of BME older people's issues, build on existing work, and develop good practice in improving the lives of BME older people through housing and housing-related services and support.

<sup>13</sup> For more information see [http://areaprofiles.audit-commission.gov.uk/Information.aspx?info=WHAT\\_ARE\\_AP&menu=WhatAre](http://areaprofiles.audit-commission.gov.uk/Information.aspx?info=WHAT_ARE_AP&menu=WhatAre)

<sup>14</sup> Please consult <http://www.housingcorp.gov.uk/> for more details

# How AT HOME works

This section sets out how AT HOME can be used, including:

- 1 The format of the Tool**
- 2 How to apply the Tool**
  - a. BME older people
  - b. Housing commissioners
  - c. Housing providers
  - d. Housing regulators and inspectors
- 3 Prioritising action and developing an overarching Plan for Progress.**

Whether you are a provider, a commissioner or an older BME person the Tool can be used flexibly and adapted to suit your particular needs.

As you use this Tool over time, you may decide to add some questions of your own. We hope you will do so, if this helps you.

## 1 Format of AT HOME

The Tool is divided into 6 separate modules with your role and need influencing the module(s) you complete. You can choose the modules that apply to your work, role and needs:

Module 1 – *BME older people's experiences and views of housing and housing-related support*

Module 2 – *Understanding the communities served*

Module 3 – *Commissioning services*

Module 4 – *Information provision and access to services*

Module 5 – *Monitoring and reviewing BME older people's housing services*

Module 6 – *Links to other services and agendas*

Each module consists of questions. These are presented firstly in a tick box format and then you are asked to do two things:

1. Present your evidence or your explanation for the answer(s) you give.
2. Note your strategy or intended action to tackle the issues you uncover.

### Note:

*It is important not to worry about the quality of the answer you give. What is important is that you make an attempt to answer.*

In order to stimulate thoughts around housing and BME older people we have included a general overview of existing or recent approaches by certain organisations that are considered to be good practice. These are accompanied by some points to consider about the themes in the questions that will help you set out your proposed action.

At the end of each module, there is an Action Plan where you should set out:

- *What actions you have identified as needing to be taken*
- *What resources are needed*
- *Timescales involved*
- *Key contacts for leading on these activities.*

If you complete more than one module, use the 'Plan for Progress' at the end of this Tool to record all the actions from the modules you have used.

*If you are using the interactive CD-ROM version of this Tool, this compilation of action plans will happen automatically.*

*If you are using a printed version, however, you will need to record these separately onto the Plan for Progress.*

Once the Plan for Progress is ready:

- *Distribute the 'Plan for Progress' to those key individuals involved in its implementation*
- *Set up whatever system you feel will best help you to monitor and review the progress of the action taken.*

## 2 Applying AT HOME to your needs

We set out a framework, below, as to how different organisations may choose to use AT HOME. But you can also adapt its use over time.

*You may find it useful to discuss different ways of using the Tool with existing older people or black and ethnic minority partnership boards.*

### a. BME older people (module 1)

As an older person from an ethnic group and/or an advocate for BME older people you may be using AT HOME in order to try and improve the way services are delivered. Alternatively, you may have been asked by a service provider to provide some input into AT HOME by assessing, from your point of view, the work of this service provider in meeting the needs of BME older people. Complete Module 1 as fully as possible and share this with the organisation that has asked for your views.

You may also want to tell this organisation that you would like to work with them to produce an overarching 'Plan for Progress' that aims to meet all the needs and aspirations that you have identified.

### b. Housing commissioners (all modules)

Commissioners may find it useful to use AT HOME as a checklist to accompany and enhance existing equality and diversity measures. We recommend that you use the Tool each time you are involved in commissioning housing and housing-related support that may affect BME older people.

### c. Housing providers and providers of housing related services (all modules)<sup>15</sup>

Explain the Tool and make sure that everyone understands its purpose

Think about the actions and progress that your organisation/team has made to date with BME older people

As individuals, assess what stage your organisation is at, taking care to note evidence to support your assessment

In a group, discuss similarities and differences about your individual assessments of the work of your organisation/team (note: differences may be more productive than consensus). Group discussion of individual perspectives should enhance both the quality of discussion and your eventual assessment

Agree what action your organisation/team needs to take if improvements need to be made. Importantly, think about the barriers and assumptions that you need to challenge and about how you can build on your existing strengths

Agree when to re-assess your progress.

When assessing and planning your work with BME older people you will generate the maximum benefit from the Tool if you use it in an environment where everyone feels comfortable about being open and honest. It may be helpful to have a facilitated workshop session where, after some initial preparation, individuals come together to discuss their individual viewpoints on the Tool. A possible format could be:

#### Engaging with BME older people

It is always helpful to remember that not everyone will be familiar with consultations, understand (or enjoy) the experience and/or know 'how to' consult with stakeholders. On the other hand, some people are 'over consulted' and may feel cynical about the process unless you can prove that you are serious about making change.

- *It may be more appropriate to engage with BME older people in social settings such as luncheon clubs, social clubs and places of worship. 'Tagging on' with existing groups in this way often allows for BME older people to feel comfortable in their own environment rather than one that is unfamiliar, which can be intimidating*
- *You will need to be proactive and seek out people from different ethnic groups as well as those of differing ages, sexuality, disability and gender in order to get a clearer picture of the lives of BME older people.*

<sup>15</sup> If not involved in commissioning you may want to skip Module 3

In order for you to explore not only your service processes and outputs but the outcomes of your work, AT HOME offers a valuable opportunity to also consult with those BME older people who are a part of your client group. Attempt to identify BME older people and/or their advocates who access (or could potentially access) your services and invite them to complete Module 1.

Engage with these older people when completing the 'Plan for Progress' and throughout any implementation. If you have gone to the trouble of establishing a relationship, it is well worth finding ways to maintain this.

We recommend that you schedule a repeat of Module 1 every twelve months.

#### **d. Housing regulators and inspectors (consult all modules and adapt)**

Inspectors may find it useful to know the Tool exists as it may be being used by inspected and regulated organisations.




##### **Note:**

*We understand that using any tool requires time to be set aside. We believe that investing time in the Tool now will reap dividends in the short, medium and longer term.*

### **3 Prioritising action**

It is likely that completing all or some of the AT HOME modules will highlight a number of actions needed. Each question is 'colour coded' using the traffic light system of red, amber and green. We have used these codes so you can indicate the level of priority you place on these actions.

This will help to guide your overall Plan for Progress.

-  **Red** = Immediate<sup>16</sup> requiring immediate action. This is represented by a red star
-  **Amber** = Medium term requiring action over the medium term. This is represented by an amber triangle
-  **Green** = Long term requiring action over the longer term.<sup>17</sup> This is represented by a green circle

It is for you to decide the precise timescales you mean by 'immediate', 'medium-term' and 'longer-term'.

You might find it particularly helpful – and revealing – if you compare what organisations and paid staff think these timescales mean in practice, with what they mean for BME older people.

##### **Note:**

*We understand that teams and organisations have different levels of capacity to deal with change. However it is important to acknowledge issues and develop a strategy that enables these to be dealt with rather than doing nothing at all.*

### **Don't forget**

**Include BME older people as much as possible throughout the process of change and implementation.**

<sup>16</sup> You may find it helpful if you find you have a number of areas of 'immediate' priority to then prioritise those that are achievable fastest.

<sup>17</sup> Long-term priority does not mean doing nothing. It is vital you think about building blocks that need to be in place to bring about long-term change.



# AT HOME Module 1

## BME older people's experiences and views of housing and housing-related support

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### Using this Module

This module asks you, your advocates or organisations that work with BME older people, some questions about your views and experiences of housing and housing-related support. Housing-related support can cover anything that helps support you in your home – from housing repairs and adaptations to health checks, care at home and social activities. Answer the questions and think about what things are like now and what you think needs to be done to improve things. Under each question are some points that may help you in providing answers and comments. In addition, the document also has a list of resources and documents that may be of further interest to you.

***There are no 'right' or 'wrong' answers – and you don't have to give your name if you don't want to.***

	KEY QUESTION		PLEASE GIVE DETAILS	WHAT NEEDS TO BE DONE?
1.1	Has anyone asked you before for your views about housing and support?	Yes <input type="checkbox"/> Yes, in part <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
✓	<ul style="list-style-type: none"> <li>■ Does the organisation communicate in your preferred first language or a language you can understand?</li> <li>■ Do you feel you can talk to someone from the organisation easily – if not why not, what could be done to improve this?</li> <li>■ What particular things are not being done or what things could be made better?</li> </ul>			
1.2	Do you like where you live at present?	Yes <input type="checkbox"/> Yes, in part <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
✓	<ul style="list-style-type: none"> <li>■ Are there things about your home or your living arrangements that you would like to change? – if so describe these here.</li> <li>■ If you would like to live elsewhere or change something describe what it is you would want.</li> </ul>			
1.3	Do you get help at home, or with your housing?	Yes <input type="checkbox"/> Yes, in part <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
✓	<ul style="list-style-type: none"> <li>■ Do they communicate with you in a way you find useful?</li> <li>■ How do you think they help you?</li> </ul>			

1.4	Is there help you would like but don't get?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
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✓ ■ Are there things that could be made better for you?


1.5	Do you know about local housing options?	Yes <input type="checkbox"/> Yes, in part <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
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✓ ■ Are there alternatives to your present accommodation that you would like to know more about?

1.6	Do you know where you would go to find out information about housing and support?	Yes <input type="checkbox"/> Yes, in part <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
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✓ ■ Does the organisation communicate in your preferred first language or a language you can understand?

<b>1.7</b>	<p>Are you provided with information in any or all of the following ways?</p>	<p>leaflets <input type="checkbox"/></p> <p>internet based <input type="checkbox"/></p> <p>open meetings <input type="checkbox"/></p> <p>face to face <input type="checkbox"/></p> <p>audio <input type="checkbox"/></p> <p>video <input type="checkbox"/></p> <p>conferences <input type="checkbox"/></p> <p>TV/radio <input type="checkbox"/></p> <p>other <input type="checkbox"/></p>		
	<p>■ Which of these 'formats' do you prefer?</p>			

<b>1.8</b>	<p>In general do you think there are things that are needed but that are not being done for older people from different ethnic groups?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>		
	<p>■ What sorts of things could be done, and by whom?</p>			

<b>1.9</b>	<p>Do you feel that the organisation reaches those BME older people that are culturally, socially and/or geographically isolated?</p>	<p>Yes <input type="checkbox"/></p> <p>Yes, in part <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>		
	<p>■ Think about disabled people, women, the oldest older people, people living in rural areas, smaller ethnic groups.</p> <p>■ Do you feel some people can easily get their voices heard?</p>			

**1.10** Are you aware if the organisations that provide you with services have complaints procedures?

Yes

Yes, in part

No

Don't know

- ✓
- You may have seen reference to this on official documents of the organisation.
  - Do you know where and how to make a complaint?
  - Have you made a complaint in the last 12 months?

**1.11** Would you feel able to complain about something?

Yes

Yes, in part

No

Don't know

- ✓
- Is the complaints procedure translated into a range of languages?
  - Is it made public in a range of formats?

**1.12** Is there any information about housing and related support that you think you would now like to know about, from this discussion?

Yes

Yes, in part

No

Don't know

- ✓
- You may also want to have a look at other modules and questions in this document, in particular module 4. Feel free to complete other modules.

The following action plan is for you to compile all the information you have completed above.

When completing this plan think about:

- *What needs to happen in the short-term and the long-term?*
- *How long until things are in place?*
- *Who should monitor these changes?*

This action plan should be shared with local organisations involved in planning, funding and providing services.

<b>MODULE 1 ACTION PLAN</b>	<b>When should this be completed</b>	<b>Who should monitor this?</b>
What should happen without delay?		
What could happen over the long term?		

# AT HOME Module 2

## Understanding the communities served

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### Module outline

The communities in which you work and live will be made up of a multitude of diverse individuals with different housing needs and aspirations. One of the first steps to providing adequate housing and housing-related services to any group of people, not only BME older people, is to ensure you fully understand about these individuals and their needs and aspirations. How you obtain this information may require some careful consideration on your part.

This module allows you to ask yourself (and your team) questions about how well you understand these issues and what improvements might need to be made on this matter. The module will also give you ideas of how you can better engage with BME older people, and involve BME older people and their advocates in ensuring appropriate changes take place. Under each question there are a number of points that might help you. You may also find the list of resources and publications shown in Annex 2 helpful in planning further action.

# Understanding the communities served

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## Good Practice Example

### Leeds Neighbourhood Network schemes

Neighbourhood networking schemes are community organisations which since 1992 have aimed to help all older people in Leeds to live independently, safely and in good health for as long as possible by providing services and support. This may include a range of activities including; home visits and befriending, advice and information, social activities and practical help around the home. They are managed by and for older people and their local communities with added support from social services funded workers and volunteers.

Some schemes are specifically run by and for minority ethnic older people and by 2002, there were 12 of these kinds of schemes, such as the Association of Blind Asians and Leeds Irish Health and Homes, providing services for over 1000 older people annually.


From a service provider and commissioner point of view these schemes provide a sustainable means of achieving:


- *More and better information directly from minority ethnic older people to assist with the commissioning of older people's services*
- *Better access for minority ethnic older people into older people's services*
- *Greater involvement by local minority ethnic communities in planning and providing services for their older people.*


*Source: SEEM – A Guide to Good Practice in the EU*




	KEY QUESTION		EVIDENCE/EXPLANATION	ACTION NEEDED
<p>2.1</p> <p>★</p>	<p>Is both the ethnic and faith profile of the client base monitored?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p> <ul style="list-style-type: none"> <li>■ Ethnic monitoring allows you to highlight possible inequalities and remove unfairness or disadvantage from your services.</li> <li>■ Allows some insight into the ethnic profile of your client base and highlights both large and small communities.</li> <li>■ Use Census categories as a base and perhaps add additional categories such as refugees &amp; asylum seekers and Gypsies &amp; Travellers.</li> </ul>				
<p>2.2</p> <p>★</p>	<p>Is the language make-up of the client base monitored?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p> <ul style="list-style-type: none"> <li>■ Don't forget language usage can be very diverse.</li> <li>■ To be inclusive services, information and advice needs to be flexible and ready to communicate in a range of community languages.</li> <li>■ Build this into your ethnic monitoring.</li> <li>■ Remember some people of all ages and all ethnic groups are unable to read or write in any language (not just BME older people) – can your systems acknowledge this?</li> </ul>				
<p>2.3</p> <p>★</p>	<p>Is the age profile of the client base monitored?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p> <ul style="list-style-type: none"> <li>■ The needs of younger older people may be different to the older, older people.</li> <li>■ BME older people's health and social care needs occur at a comparatively younger age than white older people.</li> <li>■ Build this into your ethnic monitoring.</li> </ul>				


<b>2.4</b> 	Do you have detailed, complete and up-to-date demographic and needs related data on minority ethnic older people?	Yes <input type="checkbox"/> Yes, in part <input type="checkbox"/> No <input type="checkbox"/> (Why not?)	If No go to Q 2.7	
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-  ■ Effective and appropriate strategies are built upon evidence which Census data may be able to assist with.
- Do you monitor such things as family size, gender, tenure, disability and other needs of your client base?
- Due to new migration patterns and the establishment of asylum ‘cluster areas’ the demographic profile of the BME population may be rapidly changing.
- Remember – using out of date information can lead to inappropriate policies and practices being pursued.
- Using out of date information can lead ethnic minority groups to believe that your organisation is indifferent to their needs.
- Are you able to support the development of your housing strategies with information on where people are currently living and their possible housing needs and aspirations?


<b>2.5</b> 	Is this information available on all communities large and small?	Yes <input type="checkbox"/> Yes, in part <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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-  ■ Policies and strategies need to be inclusive and should include the ethnic group with the largest numbers but also those with less members.
- The needs of individual older people belonging to larger minority groups which are geographically concentrated may be different to those which are smaller and geographically dispersed.


<b>2.6</b> 	Is this information collected regularly? (i.e. every 12 months)	Yes <input type="checkbox"/> Yes, in part <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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-  ■ Build formal monitoring into existing record keeping tasks.  
 ■ Take steps to improve and extend existing client databases thus integrating new work with existing practice.


<b>2.7</b> 	Apart from the statistical data, do you find out about BME older people's housing and housing-related needs and aspirations by other means?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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-  ■ Have you consulted with BME older people (i.e by face to face contact)?


<b>2.8</b> 	Do you manage to do this often?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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-  ■ Due to inward and outward migration your client group is liable to constantly change.


<b>2.9</b> 	Have you commissioned specific research or projects to find out more about the needs and aspirations of minority ethnic groups and their older people?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ Using 'official' data is helpful but specialised approaches tailored to the community or communities you would like to know more about may reveal interesting findings.  
 ■ Think about the impact that other factors have on housing such as health, education, employment etc.

<b>2.10</b> 	Are you linking the views of BME older people with the statistical and other demographic data?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ This is important in order to give your numbers some real life context.  
 ■ Different people from different ethnic groups will have different needs and wishes.

<b>2.11</b> 	Do you know how the population of older people from BME groups might change over the coming years? (i.e. increasing local aged population from BME groups)	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ Sustainable services require forward planning.  
 ■ Include a wide age range in your data collection of your clients setting a baseline of 50 years of age to allow you to project forwards.  
 ■ Was there significant migration into the community in past years and are these people approaching older age?

<p>2.12</p> <p></p>	<p>Do you know how the needs of older people from BME groups might develop over the coming years? (i.e. changing needs with advancing years)</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p></p> <ul style="list-style-type: none"> <li>Remember research evidence suggests that BME older people experience the effects of chronic illness at an earlier stage than the majority 'white' population.</li> <li>Have you consulted up to date and relevant literature and research institutions which focus on minority ethnic older people and their needs?</li> <li>Research evidence suggests that particular communities of BME older people experience higher incidences of specific chronic illness i.e. type II diabetes more common in Asian and Afro-Caribbean groups.</li> <li>Needs based around culture and religion can be particularly important for older community members.</li> </ul>				
<p>2.13</p> <p></p>	<p>Do you have a plan of how you will address the future needs of BME older people?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p></p> <ul style="list-style-type: none"> <li>Does this acknowledge that different minority groups are themselves very diverse and have different needs?</li> <li>Does this take account of different age profiles within this section of the community?</li> <li>Are you aware that women and men from ethnic minority groups and their older people may require different services?</li> <li>Are you aware of the implications which BME older people with disabilities have for services?</li> </ul>				


<b>2.14</b> 	<p>Are you aware of any current service gaps in provision for BME older people?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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- |   |  |
|---|--|
|  | <ul style="list-style-type: none"> <li>■ If your existing day care provision offers a service two days a week what happens if an older person needs more regular day care or care on a weekend?</li> <li>■ Do agencies providing domiciliary services recruit staff from BME populations?</li> <li>■ Are some services used only by older people from specific ethnic groups?</li> </ul> |
|---|--|


<b>2.15</b> 	<p>Are you aware of any service gaps in provision for BME older people that might emerge in the future?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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- |   |   |
|---|---|
|  | <ul style="list-style-type: none"> <li>■ Given the rapidly changing profile of the BME population are there new populations emerging in the area you serve?</li> <li>■ Remember – it may be useful to link with other agencies in the local area covering health, education, employment etc.</li> </ul> |
|---|---|

<b>2.16</b> 	Do you have regular consultations with the communities served in order to further understand their needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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-  ■ Religious and cultural norms may mean that existing patterns of service delivery are unacceptable. E.g. home meals service that cannot provide halal, kosher or vegetarian options.
- Do these consultations involve BME older people directly?
- Is there a forum in place where older people can express their needs and views on a regular basis?


<b>2.17</b> 	Are these consultations inclusive?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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-  ■ Are these consultations inclusive in terms of ethnicity, age, sexuality, faith, disability and gender?
- Do consultation processes take into account different cultural needs (for example, women only meetings)?
- Do you take into account minority ethnic older people's different expectations and cultural, religious backgrounds when asking them about their needs?
- Are you actively encouraging minority ethnic older people to speak for themselves as well as through advocates?


**2.18**  Do you make sure that the views of BME older people are communicated to all management levels and departments in your organisation?


Yes   
No   
(Why not?)

-  ■ In order to make real changes in the way BME older people are provided for you may need extra resources and awareness from a range of levels within your team/organisation – ensuring that the perspectives of BME older people are disseminated within your team/organisation may be a vital step to make this possible.


**2.19**  Are you informing older people from minority ethnic backgrounds on a regular basis how services have been influenced since their contribution?

Yes   
No   
(Why not?)




-  ■ Providing those people with whom you have consulted with feedback and information on how their input into service development has been used will help to ensure BME older people and their advocates remain part of this change, foster trust for further consultations and will help to encourage people to be advocates for the service when it is introduced.

**2.20**  Do you work together with translators and interpreters so that minority ethnic older people can express their needs and aspirations in their language?

Yes   
No   
(Why not?)

-  ■ Remember – when thinking about service provision for BME older people, language and communication are fundamental challenges. BME older people will often not speak fluent English and often prefer face to face contact with an interpreter.



MODULE 2 ACTION PLAN	Resources needed	Milestones	Timescales	Responsibility
Immediate 				
Medium-term 				
Long-term 				

Don't forget to collate this information into the final 'Plan for Progress' at the end of the tool

# AT HOME Module 3

## Commissioning services

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### Module outline

The commissioning of services is fundamental to successfully meeting the needs of any given community or group of people.

The commissioning process is complex and there are many demands and influences at play during this process. Before services can be provided, decisions must be taken about what is needed and why, and the best ways to meet those needs.

This module seeks to make sure that the needs and aspirations of BME older people are foremost in the minds of commissioners, and suggests practical ways of doing so.

Under each question there are a number of points that might help you. You may also find the list of resources and publications shown in Annex 2 helpful in planning further action.

This Module has strong links with Modules 1 and 2

## Commissioning services

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### Good Practice Example

#### **Housing for Older People from the Chinese Community in Middlesbrough**

In 1996, the North of England Chinese Association approached the Mayor of Middlesbrough with the idea of developing a housing scheme for Chinese older people. Tees Valley Housing Group (TVHG) became involved and commissioned consultants to work with the Chinese Association in developing plans for the new scheme. An initial study commissioned by Middlesbrough Council found that there was sufficient evidence of housing need to merit further investigation. This was then followed by a feasibility study and options appraisal funded by Tees Valley Housing Group. The research demonstrated strong interest in the idea of developing new community facilities, with over 80% of respondents (all ages) saying they would like to see the following: a Chinese school; a community building; sheltered housing; a library; adult education; and a medicine centre.

The feasibility study recommended a development of twenty apartments, including approximately twelve for older people. It was decided that the housing would serve general housing needs in the local population with priority given to Chinese older people. The study also recommended creating a 'mini-Chinatown', by locating several new facilities and services on a single site: housing for older people; a new community centre; and commercial units for Chinese shops, restaurants or other businesses.

The housing development, called Tia Hua Court opened in March 2005. The centre is in close proximity to the town centre given the preferences of Chinese older people to be near an active centre and the aim of attracting people from around the area to attend special events and regular activities. All the apartments have two bedrooms and have generous space standards. There are four floors, with a lift and a communal lounge, kitchen and roof terrace at the top.

*Source: Housing Learning & Improvement Network – Case Study No. 11.*

	KEY QUESTION		EVIDENCE/EXPLANATION	ACTION NEEDED
<p>3.1</p> <p>★</p>	<p>Do you have a clear strategy that sets out the service needs of the communities you serve?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Why not?</p>		
<p>✓</p> <ul style="list-style-type: none"> <li>■ Are specific BME communities identified?</li> <li>■ Are the needs of disabled people identified?</li> <li>■ Are the needs of older people identified?</li> </ul>				
<p>3.2</p> <p>★</p>	<p>Which of these (if any) were involved in the development of the strategy?</p> <p>Specific BME providers <input type="checkbox"/></p> <p>The voluntary and community sector <input type="checkbox"/></p> <p>BME older people themselves <input type="checkbox"/></p> <p>Statutory providers <input type="checkbox"/></p> <p>Private sector providers <input type="checkbox"/></p>			<p>✓</p> <ul style="list-style-type: none"> <li>■ Are there things that could be made better for you? - Remember it is important that you embed inclusivity in all your strategies.</li> </ul>


<p><b>3.3</b>  For the older people in the communities you serve which of these (if any) do you have a clear understanding of:</p> <ul style="list-style-type: none"> <li>Types of housing and related services needed <input type="checkbox"/></li> <li>Type of housing required <input type="checkbox"/></li> <li>Volume of services <input type="checkbox"/></li> <li>Service quality to meet assessed needs <input type="checkbox"/></li> <li>How current supply can be improved to better match the needs of users <input type="checkbox"/></li> </ul>		
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- |  |
|--|
| <p> ■ Does your understanding vary depending upon the specific ethnic group? – What are some of the issues here?</p> <p>■ The population of older people from BME communities is anticipated to grow significantly in the coming years but specific populations will increase differently therefore demands for services in terms of volume and nature will vary.</p> <p>■ Have any partner organisations undertaken any research around these issues?</p> |
|--|


<p><b>3.4</b>  Does the work of your team/organisation reflect the principles of your BME Compact Code of Practice?</p> <p>Yes <input type="checkbox"/></p> <p>Yes, in part <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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- |  |
|--|
| <p> ■ This code of practice provides a framework for statutory bodies and BME organisations and groups to help ensure joint working towards race equality and provides the opportunity for better communication with the BME sector.</p> |
|--|

<p><b>3.5</b> ★</p>	<p>Do you have a written commissioning strategy?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)</p>		
<p>✓ ■ A written commissioning strategy helps to ensure consistency across the organisation.</p>				
<p><b>3.6</b> ★</p>	<p>Does this strategy make explicit reference to services for BME older people?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)</p>		
<p>✓ ■ Whilst absolute numbers of BME older people across the population have remained relatively small this is expected to change significantly in the coming years – has your strategy recognised this?</p>				
<p><b>3.7</b> ★</p>	<p>Does your commissioning strategy reflect good commissioning practice?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)</p>		
<p>✓ ■ Are you working with a range of local stakeholders to identify the steps required to meet the needs of BME older people? ■ Have you engaged with commissioners in your local health and social care economy?</p>				


<b>3.8</b> 	Does your commissioning strategy reflect the principles set out in the Compact Code of Good Practice?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ Are you engaging with voluntary and community organisations as specified in your Local Compact?  
 ■ Is your commissioning strategy embracing equality and transparency?


<b>3.9</b> 	Are you aware of the BME providers in your area?	Yes, all <input type="checkbox"/> Yes, some <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ BME providers may have smaller and less resourced organisations therefore lack the capacity to publicise themselves - maintain awareness by continually making links with the voluntary and community sector in your areas.


<b>3.10</b> 	Does your commissioning strategy identify ways of attracting the widest range of potential providers including specialist voluntary or community or BME providers?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ Some providers, particularly small organisations, because of resource issues will find it more difficult to raise awareness of themselves. It is therefore a good idea if you continually familiarise yourself with the smaller specialist work being done by voluntary or community BME providers.

<p><b>3.11</b></p> <p></p>	<p><b>Within the last 3 years have you undertaken initiatives to stimulate the number of minority ethnic voluntary and private providers of services?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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 ■ BME providers may have smaller and less resourced organisations therefore lack the capacity to publicise themselves - maintain awareness by continually making links with the voluntary and community sector in your areas.







<p><b>3.12</b></p> <p></p>	<p><b>Has the commissioning strategy?</b></p> <p>Been based on consultation &amp; involvement of BME older people/voluntary agencies and community groups? <input type="checkbox"/></p> <p>Incorporated a good understanding of the market and included discussion with all service providers? <input type="checkbox"/></p> <p>Taken a long-term view of developing appropriate services to meet changing needs? <input type="checkbox"/></p> <p>Set targets and established ways of monitoring whether these have been achieved? <input type="checkbox"/></p> <p>Set out purchasing intentions in the form of extra services the organisation needs and those it plans to reduce? <input type="checkbox"/></p>		
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 ■ Are there ways in which you can ensure your commissioning strategy adheres to the points mentioned above?

■ Are you actively pursuing options for culturally appropriate alternative housing, for example - accommodation close to places of worship, larger properties/rooms and issues of community support and community safety.



<p>3.13</p> <p>★</p>	<p>Do you require service providers to clearly demonstrate an understanding of the communities they serve?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p> <ul style="list-style-type: none"> <li>■ Are you confident that those you commission understand the diverse communities they work with?</li> <li>■ What mechanisms have you in place to monitor this?</li> </ul>				
<p>3.14</p> <p>★</p>	<p>Are stakeholders involved in the selection process? (i.e. BME older people, voluntary &amp; community sector)</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p> <ul style="list-style-type: none"> <li>■ Involving stakeholders in the design and selection processes of service commission can provide you with unique insights, enhance equality of service, and help to identify key issues and local concerns.</li> </ul>				
<p>3.15</p> <p>★</p>	<p>Do you proactively seek to meet the needs of culturally, socially and geographically isolated older people?</p>	<p>Yes, all <input type="checkbox"/></p> <p>Yes, some <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p> <ul style="list-style-type: none"> <li>■ This requires innovative and creative approaches as the population of BME older people is diverse.</li> <li>■ Are you proactively reaching out to those living in the private sector as well as those living in social housing?</li> </ul>				

<p>3.16</p> <p></p>	<p>Do you actively support BME providers? (i.e. as contractors and/or consultants)</p>	<p>Yes, all <input type="checkbox"/></p> <p>Yes, some <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p></p> <ul style="list-style-type: none"> <li>■ BME providers are often well placed to meet the needs of particular communities.</li> <li>■ BME providers, particularly new ones, may not have the same capacity of more established providers.</li> </ul>				
<p>3.17</p> <p></p>	<p>Do you review the performance of providers?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p></p> <ul style="list-style-type: none"> <li>■ The needs and aspirations of BME older people may need particular and specialised considerations – this may be challenging for providers to maintain. It is important providers are supported in the work that they do.</li> </ul>				
<p>3.18</p> <p></p>	<p>Are older people involved in this review?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p></p> <ul style="list-style-type: none"> <li>■ Remember, older people will have particular perspectives and considerations when thinking about the performance of providers.</li> <li>■ Adopting and embedding inclusivity procedures will help ensure you are able to continually respond to the needs and aspirations of the diverse communities in the areas served.</li> </ul>				

MODULE 3 ACTION PLAN	Resources needed	Milestones	Timescales	Responsibility
Immediate 				
Medium-term 				
Long-term 				

Don't forget to collate this information into the final 'Plan for Progress' at the end of the tool

# AT HOME Module 4

## Information provision and access to services

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### Module outline

In order to make sure that the services available are used – people have to know about them. If BME older people are not using services this poses certain challenges. Older people from BME backgrounds often have high levels of illiteracy (in any language), preferring the spoken word and face-to-face contact to written information. The services you provide and/or commission may be precisely (or very nearly) just what individuals need; however if these services are not publicised widely and appropriately, BME older people may remain isolated and excluded.

This module provides you with questions to ask about the way in which information is provided and disseminated and how this impacts on services and support. It will help you identify any areas for improvement.

Under each question there are a number of points that might help you. You may also find the list of resources and publications shown in Annex 2 helpful in planning further action.

This Module has strong links with Module 1.


### Good Practice Example


#### Care & Repair Leeds

This agency maintains awareness of, and responds to, the diverse needs of its potential client groups. The agency reviewed gaps in service provision for its local Asian and Black communities, and undertook projects to meet the needs of potential clients from these communities. Care & Repair (Leeds) employs two caseworkers who speak a range of Asian languages as the majority of the BME community is Asian. Clients are offered literature in a range of minority languages as well as English. This not only helps overcome language barriers, but also cultural barriers which may prevent effective service provision.


*Source: Foundations – Developing Services for Black & Minority Ethnic Communities.*

	KEY QUESTION		EVIDENCE/EXPLANATION	ACTION NEEDED
<p>4.1</p> <p>★</p>	<p>Do you have a communications strategy that identifies how your organisation communicates with BME older people?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Why not?</p>		
<p>✓</p>	<ul style="list-style-type: none"> <li>■ Although you may be aware of a smaller number of predominant languages spoken in the areas served you may be contributing to exclusion of those who speak languages you are not yet aware of.</li> <li>■ Make links with a range of voluntary and community organisations in order to keep in touch with the changing nature of the area.</li> </ul>			
<p>4.2</p> <p>★</p>	<p>Is the information you produce available to all non-English speakers?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Why not?</p>		
<p>✓</p>	<ul style="list-style-type: none"> <li>■ Language is seen as a key barrier to effective consultation between mainstream organisations and BME older people.</li> <li>■ Language is also a key barrier preventing BME older people understanding the work that you already do.</li> <li>■ Remember, within communities there may be a range of languages spoke – don't assume that one language is the norm and understood by all members of the community.</li> </ul>			


4.3 	<p>Do you provide information in any or all the following formats?</p>	<p>leaflets <input type="checkbox"/></p> <p>web based <input type="checkbox"/></p> <p>open meetings <input type="checkbox"/></p> <p>face to face <input type="checkbox"/></p> <p>audio <input type="checkbox"/></p> <p>video <input type="checkbox"/></p> <p>conferences <input type="checkbox"/></p> <p>TV/radio <input type="checkbox"/></p> <p>other <input type="checkbox"/></p>		
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 ■ Remember, BME older people may not be literate in their 'own' language. More innovative ways of getting your message across may be required.


4.4 	<p>Do you offer either directly or indirectly translation or interpreter services to members of the communities you serve?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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 ■ Offering translation or interpretation services will be a vital step in engaging with the populations you serve – who pays for this?  
 ■ Do you have staff members that speak languages other than English?

<p>4.5</p> <p>★</p>	<p>Do you formally or informally monitor who is accessing this information to ensure it is reaching all the communities you serve?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p> <ul style="list-style-type: none"> <li>■ How can you be sure the information you produce for the area served is actually informing people in the areas?</li> <li>■ Some communities may not find your preferred methods of dissemination helpful.</li> </ul>				
<p>4.6</p> <p>▲</p>	<p>Have you proactively worked to reach culturally, socially and geographically isolated members of the community to enable their access to your services?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p> <ul style="list-style-type: none"> <li>■ Those people who are isolated are more often than not the ones that have the highest levels of need for your services.</li> <li>■ Are you proactively reaching out to those living in the private sector as well as those living in social housing?</li> </ul>				
<p>4.7</p> <p>▲</p>	<p>Do you have a good understanding of the cultural needs of BME older people from different community groups?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p> <ul style="list-style-type: none"> <li>■ BME communities often face difficulties such as immigration and translation and are overwhelmed by bureaucracy, consider how this can be simplified whilst retaining and increasing depth of knowledge about the communities you are interested in.</li> <li>■ Do you use awareness of various cultural issues to help with consultations for example, gender appropriate staff, use of touch etc.?</li> <li>■ Do you need to raise awareness of cultural issues within your organisation/team?</li> </ul>				


<b>4.8</b> 	<p>Do you formally or informally monitor who is accessing this information to ensure it is reaching all the communities you serve?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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 ■ Remember - that leaders can both help and hinder your access to BME older people.  
 ■ High levels of dependency mean that some BME older people can be isolated even within their own communities.

<b>4.9</b> 	<p>Do you use formal and informal networks and contacts to spread knowledge and encourage people to take up services?</p>	<p>Yes <input type="checkbox"/></p> <p>Yes, in part <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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 ■ Word of mouth based upon deliverable outcomes can have much more meaning than promises.







<b>4.10</b> 	Do you have access to dedicated budgets for public information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ Remember to consider language, literacy and format as a barrier to communication that may mean that you will have to be innovative with your communication strategy.

■ You might consider freeing staff time to proactively engage with BME older people and this may include ‘knocking on doors’ to ask if help is needed.

<b>4.11</b> 	Does the organisation monitor how much is spent on public information?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ Producing public information so it is accessible to BME older people can be expensive – but this may be money well spent if your communication strategy actually reaches those it intends to.

<b>MODULE 4 ACTION PLAN</b>	Resources needed	Milestones	Timescales	Responsibility
Immediate 				
Medium-term 				
Long-term 				

Don't forget to collate this information into the final 'Plan for Progress' at the end of the tool

# AT HOME Module 5

## Monitoring and reviewing BME older people's housing services

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### Module outline

The ways in which services (as well as which services) are provided to BME older people also affect their well-being. In order to establish how well services are being provided - and if they are meeting local needs and aspirations - there needs to be a robust system of monitoring and review.

This module contains questions for you to answer about how services are provided, how these impact upon the communities served and what form the assessment and review process takes. These will help you form your plan for action.

Under each question there are a number of points that might help you. You may also find the list of resources and publications shown in Annex 2 helpful in planning further action.

This Module has strong links with Modules 1 and 3.


### Good Practice Example


#### Rochdale Council

The information centre at Rochdale Council offices fronts all first time enquiries. New members of staff are provided with an information pack that explains the range of schemes run by the Home Improvement Agency (HIA). Staff who have language skills assist with enquires from the BME community and are able to direct them to the relevant department. As a result, steps are made to help ensure that clients are efficiently directed to the agency.


*Source: Foundations – Developing Services for Black & Minority Ethnic Communities.*


	KEY QUESTION		EVIDENCE/EXPLANATION	ACTION NEEDED
<p>5.1</p> <p>★</p>	<p>Does the organisation conduct an equality impact assessment of its policies and the services it delivers?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p>	<ul style="list-style-type: none"> <li>■ Conducting equality impact assessments are useful ways of adhering to obligations under law.</li> <li>■ Such assessments can enliven the equal opportunities policies of your organisation.</li> </ul>			
<p>5.2</p> <p>★</p>	<p>Is this assessment all-inclusive (age, race, gender, sexuality, disability and religion)?</p>	<p>Yes <input type="checkbox"/></p> <p>Yes, in part <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
<p>✓</p>	<ul style="list-style-type: none"> <li>■ Referring to the Equality Standard can help to: mainstream equality, integrate policies and objectives with Best Value, encourage the development of anti-discrimination practice, tackle institutionalised discrimination and provide a framework for improving performance.</li> </ul>			
<p>5.3</p> <p>▲</p>	<p>Are the following stakeholders formally involved in your service reviews?</p> <p>BME older people <input type="checkbox"/></p> <p>Voluntary and community sector <input type="checkbox"/></p> <p>Other service providers <input type="checkbox"/></p>			
<p>✓</p>	<ul style="list-style-type: none"> <li>■ Remember to embed inclusivity in all your strategies, work and reviews.</li> </ul>			


<b>5.4</b> 	Do you set and monitor quality standards for service provision to BME older people?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ Can you be sure that the services you provide to BME older people are actually reaching them and those most in need?


<b>5.5</b> 	Are your quality standards drawn from or relate to other statutory inspection measures? i.e. Supporting People Quality Assessment Framework (QAF), Single Assessment Process (SAP), and other review mechanisms for services for Older People and the NSF for Older People.	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ Referring to the Equality Standard can help to: mainstream equality, integrate policies and objectives with Best Value, encourage the development of anti-discrimination practice, tackle institutionalised discrimination and provide a framework for improving performance.


<b>5.6</b> 	Do you have a written complaints procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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 ■ Does your organisation have a culture that invites comments, suggestions and criticisms?  
 ■ Often the only way that services can develop and change is through people taking issue with the current state of services. Each organisation needs a way in which these comments are heard, understood and dealt with.  
 ■ Think about how to do this with BME older people, for example, use of staff language skills, signs etc.

<p>5.7 ★</p>	<p>Is this complaints procedure clear and available to BME older people?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)</p>		
<p>✓ ■ Remember, for various reasons BME older people may not find a complaints procedure accessible. Make sure you endeavour to raise awareness of your complaints procedure amongst the whole of the community you serve.</p>				
<p>5.8 ★</p>	<p>Do you have an action plan defining aims and strategies to improve housing and related services for BME older people for the next year and more?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)</p>		
<p>✓ ■ Using this Tool and exploring the gaps in provision and identifying the needs and aspirations of BME older people today will help you plan how you are going to improve the lives of the BME older people you work with now and who you may potentially work with.</p>				
<p>5.9 ★</p>	<p>Is there training in place for staff on the culture, religions and expectations of minority ethnic older people from different groups?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)</p>		
<p>✓ ■ Because of the central role that some staff perform in the lives of BME older people it is vital that staff understand the law relating to diversity and equality, how discrimination occurs and how their own actions can challenge discrimination.</p>				

<b>5.10</b> 	Do you have minority ethnic staff working in your organisation or team?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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-  ■ BME older people report that they feel more comfortable conversing with people who are from their own ethnic group.
- Staff from minority ethnic backgrounds can bring a unique insight into how services should be delivered and help colleagues understand the diverse community in greater depth.
- However, it should not be assumed that staff belonging to a certain ethnic group have a sense of shared language, identity and understanding with the client – consider factors of faith and gender as well.

<b>5.11</b> 	Are there clear career paths, development opportunities and additional support for minority ethnic staff?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Why not?)		
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-  ■ Do you monitor the turnover rate of staff and are you losing BME staff?
- Do you conduct exit interviews to find out why staff are leaving?

<p><b>5.12</b> ★</p>	<p>Have the services you provide been confirmed as accessible and appropriate by BME older people through service user surveys and questionnaires?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
--------------------------	--	--	--	--

- |          |   |
|----------|---|
| <p>✓</p> | <ul style="list-style-type: none"> <li>■ Gaining feedback from those that you provide services for is a good way of assessing outcomes from the work that you do.</li> <li>■ Have you thought about accessible and appropriate ways in which you will collect this data?</li> <li>■ For example - what are some of the issues associated with the use of telecare in relation to people with dementia from minority ethnic groups?</li> </ul> |
|----------|---|

<p><b>5.13</b> ★</p>	<p>Do you take into account the fact that BME older people might not be used to being asked about their views on services?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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- |          |  |
|----------|--|
| <p>✓</p> | <ul style="list-style-type: none"> <li>■ This may be the first time that an elder has been asked about service provision – your questions may seem strange and ultimately provoke suspicion in your intentions.</li> </ul> |
|----------|--|

<p><b>5.14</b> ★</p>	<p>Do you monitor how certain services (community meals, telecare, day care etc.) are received by people from different ethnic backgrounds?</p>	<p>Yes <input type="checkbox"/></p> <p>Yes, in part <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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- |          |  |
|----------|--|
| <p>✓</p> | <ul style="list-style-type: none"> <li>■ Certain services may need to be tailored in order to fit into the lives of a diverse client group.</li> </ul> |
|----------|--|



Use this checklist to consider whether the housing and housing-related services you provide meet the needs of older minority ethnic individuals and groups in terms of:

### 1 Advice and information

- Access to housing advice and information
- Access to advocacy

### 2 Access to housing

- Measuring housing and/or care needs
- Homelessness
- Waiting list application and assessment arrangements
- Selection and allocation arrangements
- Referrals and nominations

### 3 Housing Management (landlord/tenant or leaseholders)

- Tenancy conditions i.e. neighbour nuisance/discrimination
- Rents and service charges
- Disrepair and maintenance arrangements
- Housing related support and/or care services
- Culturally sensitive aids and adaptations
- Transfers i.e. for overcrowding, anti-social behaviour
- Community development and tenant participation
- Tenure issues - shared ownership, leasehold and owner occupiers

### 4 Housing design, maintenance and adaptations

- Developing sheltered/extra care and culturally specific designs (both new build and existing stock)
- Building regulations/Lifetime Homes
- Home improvements and handyperson services
- Telecare options
- Aids, adaptations or community equipment

### 5 Housing-related support

- Intermediate care
- 'Floating' support
- Falls prevention
- Benefit checks

### 6 Regeneration

- Pathfinder schemes
- Regeneration/neighbourhood renewal
- Social exclusion

### 7 Promoting diversity




- Whether to mainstream schemes/services
- Whether to have specific schemes/services

### 8 Strategies

- The Community Plan
- Local housing strategies
- Regional housing strategies
- Links to Housing Corporation, Audit Commission, National Service Framework for Older People etc.

### 9 Funding - revenue & capital

- Compliance with Supporting People Quality Assessment Framework (QAF)
- Accordance with the Housing Corporation's Regulatory Code and Development standards
- National Service Framework for Older People
- Meeting conditions of other statutory and non-statutory funding

MODULE 5 ACTION PLAN	Resources needed	Milestones	Timescales	Responsibility
Immediate 				
Medium-term 				
Long-term 				

Don't forget to collate this information into the final 'Plan for Progress' at the end of the tool

# AT HOME Module 6

## Links to other services and agendas

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### Module outline

Partnership working and linking with other services and agencies helps to support BME older people. This joint support can be enhanced if it addresses the needs of BME older people in your areas, helps identify areas of concern, offers support in meeting targets, raises awareness of local projects and information and provides more opportunities for BME older people to know about different services and to engage with different agencies. Indeed, making and sustaining links may be the fundamental building block for all the previous modules as greater knowledge will be built up around the population of BME older people, their networks, location and diversity.

Under each question there are a number of points that might help you. You may also find the list of resources and publications shown in Annex 2 helpful in planning further action.

This module raises questions about your knowledge of local need and how links could (and should) be forged with a range of other local services, agencies and agendas.

## Links to other services and agendas

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### Good Practice Example


#### Henry Court – Dudley

After commissioning academic research into the housing and care needs of Black older people across the West Midlands, Nehemiah Housing noticed a discrepancy emerging between the 'official' reported housing and care needs of black older people and the needs and aspirations identified by the research team. 'Official' data showed that black older people were less in need of sheltered accommodation schemes due to the lack of people placing themselves on housing registers. The research however, identified aspirations for sheltered accommodation type schemes but noted that these had to be culturally appropriate in terms of accommodation and support. In response, Nehemiah Housing utilised their established links with a local befriending service, social services and housing department together with the research findings to obtain Housing Corporation funding to develop Henry Court in 2004.


Henry Court, retirement scheme, provides 38 flats (one and two-bedroomed) for a multi-cultural group of residents. The residents are approximately 70% Black older people and the remaining 30% a mixture of White and Asian older people. The unit offers supported independent living for a wide range of care needs. The services provided are culturally sensitive and offer independent living with facilities including a prayer room, beauty salon, day centre and library/craft room. The design of the accommodation and building responded proactively to the needs and aspirations identified in earlier research making Henry Court a very desirable and over-subscribed accommodation to a diverse population, particularly those from the African Caribbean community.


*Source: Nehemiah Housing Association*

	KEY QUESTION		EVIDENCE/EXPLANATION	ACTION NEEDED
<p>6.1</p> 	<p>Does your organisation/team work with other organisations/teams to ensure that key services are provided locally for BME older people?</p>	<p>Yes <input type="checkbox"/></p> <p>Yes, in part <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
	<ul style="list-style-type: none"> <li>■ It is good practice to link with other services in the area in order to both identify and fill gaps in service provision.</li> <li>■ Other agencies may already be providing some services that your organisation can link with.</li> <li>■ Is there an umbrella organisation in place linking ethnic organisations at a local level?</li> </ul>			
<p>6.2</p> 	<p>Where local services cannot meet the needs of their users does the organisation utilise specialist providers in neighbouring areas?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
	<ul style="list-style-type: none"> <li>■ Should service provision for BME older people be provided by voluntary organisations while such services to the indigenous 'white' community are provided by statutory agencies as the norm - consider the implications?</li> </ul>			
<p>6.3</p> 	<p>If you have identified needs for services that are currently not being provided, do you pass this information on to the local authority as part of their Local Area Agreements?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
	<ul style="list-style-type: none"> <li>■ Working together with other agencies who have responsibility to meet the needs of BME older people does require you to share information about gaps in services. The development of Local Area Agreements is aimed at identifying unmet needs and planning for the introduction of appropriate services.</li> </ul>			


**6.4**  
 Does the organisation share good practice with local authorities, other organisations and providers with respect to their work with BME older people?


Yes   
 No   
 (Why not?)


-  ■ Some organisations may have existing practice or new and innovative ideas and input into how BME older people’s needs and aspirations can be met.  
 ■ What sort of systematic, ongoing mechanism does your organisation/team have to make this happen?

**6.5**  
 Is there a method of signposting organisations and individuals to a directory of services available that focuses upon the area not the provider?


Yes   
 No   
 (Why not?)




-  ■ The creation of a directory that details the services provided by a range of organisations may be one way to identify and fill gaps as well as share practice. What role could your organisation play in such a directory?  
 ■ Remember – services are constantly evolving and changing – such a directory would need to be updated annually.  
 ■ If there is no directory are there identifiable pathways to find out up-to-date information about local services?

<p><b>6.6</b></p> <p></p>	<p>Has your organisation/team formed partnerships with specialist BME agencies?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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-  ■ Specialist BME agencies will have many insights into the needs and aspirations of BME older people.
- Linking with these agencies may help your organisation/team enormously by informing and helping to direct your plan for progress for the BME older people in your area.

<p><b>6.7</b></p> <p></p>	<p>Do you involve partners in reviewing the literature of your organisation/team?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>(Why not?)</p>		
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-  ■ Bringing in a range of stakeholders to review the documentation you produce may be another way that you can identify and fill gaps in the services aimed at BME older people in your area.
- Can you be sure that the language and the approach you use is welcoming and accessible?

MODULE 6 ACTION PLAN	Resources needed	Milestones	Timescales	Responsibility
Immediate 				
Medium-term 				
Long-term 				

Don't forget to collate this information into the final 'Plan for Progress' at the end of the tool



# AT HOME




## Plan for Progress

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Collate the action plans from each module of the Audit Tool to form an overarching Plan for Progress. Detail the action to be taken, milestones to be achieved and key individual(s) responsible. It is important that you carefully consider the priority of these actions and decide which actions are achievable in the short-term.

If you are using the interactive CD-ROM version of this Tool, you may find some of this information has automatically been inserted for you.

If you are using a printed copy, you will need to fill this in manually.

ACTION TO BE TAKEN	Resources needed	Milestones	Timescales	Responsible individual(s)
Immediate 				
Medium-term 				
Long-term 				

# Annex 1

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This section provides a brief snapshot of some of the overarching legislation that impacts on the lives of older people from Black and Minority Ethnic communities. Within this broad framework there are a number of different policies which providers and commissioners need to be aware of and adhere to. Some of these can be located in Annex 2 of this toolkit.

## The Race Relations (Amendment) Act 2000

The Race Relations Amendment Act 2000 was enacted in the wake of the Stephen Lawrence enquiry to strengthen the principles laid down in the Race Relations Act 1976 and to formally recognise and tackle the problems of racial discrimination. The Act's remit is to ensure that public authorities work to; eliminate unlawful racial discrimination, promote equal opportunities, and promote good relations between people from different racial groups. Although the voluntary and public sectors are bound by the general prohibition of racial discrimination, unlike public authorities they do not have a legal obligation to promote racial equality. However, the voluntary

sector has connections to the local community which means they have a crucial role to play in helping public authorities to promote good race relations. Furthermore, like the private sector, in certain circumstances voluntary and community sector organisations may have a contractual liability for meeting certain requirements of the race equality duty: principally when working under contract to public authorities.

## The National Service Framework for Older People (NSF)

The National Service Framework for Older People was published by the Department of Health in 2001. Aimed predominantly at health services and social services, those providing housing and housing related services inevitably are linked across strategies and service delivery and therefore need to be aware of the role of the NSF.

The NSF has four main aims:

- *To make sure that older people are respected as individuals by tackling age discrimination and ensuring that they are treated with respect, according to their individual needs*
- *To provide a new layer of care (“intermediate care”) between primary care and specialist services, to prevent unnecessary hospital admission, support early discharge and reduce or delay the need for long-term residential care*
- *To provide evidence-based specialist care for older people, e.g., specialist stroke services, falls prevention teams and integrated mental health services*
- *To promote an active and healthy life in older people.*

The standards are as follows:

- *Standard One – Rooting out age discrimination*
- *Standard Two – Person-centred care*
- *Standard Three – Intermediate care*
- *Standard Four – General hospital care*
- *Standard Five – Stroke*
- *Standard Six – Falls*
- *Standard Seven – Mental health in older people*
- *Standard Eight – The promotion of health and active life in older age*

# Annex 2

## Useful publications and contacts

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### **A Sure Start for Later Life: Ending Inequalities for Older People Social Exclusion Unit – Final Report**

<http://www.socialexclusion.gov.uk/downloaddoc.asp?id=797>

This report examines how to tackle exclusion in later life. The report suggests that the approach of Sure Start in galvanising communities and re-shaping children's services can work just as well for older people, particularly in tackling those most excluded. The Sure Start to later life approach would use the same methods as the children's model to improve access, bringing together services around older people. The report sets out 30 agreed cross-government action points, which will be implemented to ensure that the needs of the most excluded older people in society are addressed.

### **Age Concern BME Older People Forum**

[www.ageconcern.org.uk/AgeConcern/about\\_1377.htm](http://www.ageconcern.org.uk/AgeConcern/about_1377.htm)

This Forum works towards the promotion of interests of BME older people. It has a wide membership base including the voluntary and community sector, BME older people themselves and service professionals. The Forum produces a monthly newsletter that reports policy developments across various services and provides points of contact for further information on BME older people.

### **A Guide to Good Practice in the EU**

*Services for Older people from Ethnic Minorities (SEEM II), 2005*

This guide shares some of the good practice identified in the larger European report of work around the provision of services for Minority Ethnic Older people

and offers a good practice checklist on improving service provision for Minority Ethnic Older people.

### **Ahmed Iqbal Ullah Race Relations Resource Centre**

Ground Floor  
Devonshire House  
Precinct Centre  
Oxford Road  
Manchester  
M13 9PL  
Tel: 0161 275 8296  
Fax: 0161 275 0916  
E-mail: [rrarchive@manchester.ac.uk](mailto:rrarchive@manchester.ac.uk)

### **Better Government for Older People (BGOP)**

<http://www.bgop.org.uk/home.aspx>

BGOP is a Partnership, built on the joint working of an Older People's Advisory Group [OPAG], a range of strong Strategic Alliances and Key Partners, a range of subscribing organisations that include Government departments and agencies, older people's forums and groups, Local Authorities, Age Sector organisations, Local Strategic Partnerships, Health Trusts, Housing Associations, Police and Fire Services.

### **Black and minority ethnic older people's views on research findings**

*Joseph Rowntree Foundation, 2004.*

[www.jrf.org.uk/bookshop/eBooks/185935176X.pdf](http://www.jrf.org.uk/bookshop/eBooks/185935176X.pdf)

A report detailing the reaction of BME older people about their involvement and impact upon various research agendas and consultations. The literature review and consultations present some interesting findings about their experiences in health, social care and housing.

### **BMESpark**

[www.bmespark.org.uk](http://www.bmespark.org.uk)

Brings together expertise and experience in responding to the needs and concerns of black and minority ethnic communities in the ODPM's Supporting People programme.

### **The Compact**

[www.thecompact.org.uk/](http://www.thecompact.org.uk/)

The Compact is the agreement between government and the voluntary and community sector in England to improve their relationship for mutual advantage.

### **Developing Services for Minority Ethnic Older People: The Audit Tool**

*Department of Health, 2002*

[www.dh.gov.uk/assetRoot/04/06/02/32/04060232.pdf](http://www.dh.gov.uk/assetRoot/04/06/02/32/04060232.pdf)

A toolkit developed to act as practice guidance for all councils with social services responsibilities and other stakeholders aiming to improve services for minority ethnic older people. Supports the publication 'From Lip Service to Real Service', published by the Department of Health in November 2001. Includes a diagnostic questionnaire and an action plan template.

### **Developing Services for Black & Minority Ethnic Communities: Good Practice Guide**

*Foundations*

[www.cel.co.uk/foundations/gp\\_pages/documents/BME%20GUIDE.pdf](http://www.cel.co.uk/foundations/gp_pages/documents/BME%20GUIDE.pdf)

A good practice guide aimed at Home Improvement Agencies (HIAs) in order to provide guidance and support in accommodating vulnerable members of BME groups.

### **Federation of Black Housing Organisations**

374 Gray's Inn Road

London

WC1X 8BB

Tel: 020 7837 8288

Fax: 020 7278 8118

[www.fbho.org.uk/site/](http://www.fbho.org.uk/site/)

### **From Lip Service to Real Service**

*Department of Health, 2001.* This report gives advice and examples on how councils and partner agencies can improve their commissioning and service delivery with respect to minority ethnic older people.

### **The Health & Social Care Change Agent Team (CAT) – Housing Learning Information Network (LIN)**

[www.changeagentteam.org.uk/index.cfm?pid=10](http://www.changeagentteam.org.uk/index.cfm?pid=10)

The Housing LIN brings together groups of senior staff within local authorities, Primary Care Trusts, Registered Social Landlords and the private sector interested in forging closer partnerships in delivering housing with extra care solutions for older people. The Housing LIN website allows access to a number of useful publications around BME older people and housing needs, projects and studies, or contact

[housinglin@eac.org.uk](mailto:housinglin@eac.org.uk)

### **Housing and Black and Minority Ethnic Communities: Review of the Evidence Base**

*Malcolm Harrison with Deborah Phillips, ODPM, 2003.*

[www.renewal.net/Documents/RNET/Research/Housingblackminority.pdf](http://www.renewal.net/Documents/RNET/Research/Housingblackminority.pdf)

This review offers an independent analysis of key materials and findings relevant to policy concerns. The report reviews research and data on the interplay between housing, race and ethnicity and highlights both the strengths and gaps in the evidence base.

### **Housing and Older People Development Group (HOPDEV)**

[www.odpm.gov.uk/housingandolderpeople/](http://www.odpm.gov.uk/housingandolderpeople/)  
<http://hopdev.housingcare.org>

HOPDEV was established following publication by the then DTLR and the Department of Health of Quality and Choice for Older People's Housing: A Strategic Framework in January 2001. Quality and Choice set out Government's vision for older people's housing and support services, and forms part of its wider ongoing commitment to improve the quality of life for older people.

### **Housing Corporation Bank of Good Practice**

[http://www.bankofgoodpractice.org/index.cfm?fuseaction=content.displaypage&page\\_id=1&isthehomepage=true](http://www.bankofgoodpractice.org/index.cfm?fuseaction=content.displaypage&page_id=1&isthehomepage=true)

The Bank of Good Practice contains publications and examples of good practice that will help associations meet the minimum standards contained in the Regulatory Code and guidance - the fundamental expectations and obligations of associations, which came into force in April 2002. It also provides a useful 'one-stop shop' by highlighting relevant circulars, policy documents, research papers and performance indicator information.

### **Human Rights Act 1998**

<http://www.opsi.gov.uk/ACTS/acts1998/19980042.htm>

The Human Rights Act 1998, which came into force in full on 2nd October 2000, is a key part of the Government's programme to modernise the constitution. It incorporates into domestic law the European Convention on Human Rights (ECHR) to which the UK has been committed since 1951.

### **Institute of Race Relations**

2-6 Leeke Street  
 King's Cross Road  
 London WC1X 9HS  
 Tel: 020 7828 7022  
 Fax: 020 7582 9929  
[www.irr.org.uk/](http://www.irr.org.uk/)

### **Minority Elderly Health & Social Care in Europe**

*Policy Research Institute on Ageing and Ethnicity (PRIAE), 2004.*

This research surveys the circumstances and perspectives of more than 20 different ethnic groups across Europe, and addresses service issues from three dimensions: Minority Ethnic older people, health and social care professionals (including managers and planners) and the Minority Ethnic voluntary sector, which provides a significant amount of social care to Minority older people

[www.priae.org](http://www.priae.org).

### **Office for National Statistics (ONS)**

<http://www.statistics.gov.uk/>

The Office for National Statistics website has many useful tables, statistics and information on areas across the UK from recent Census data collection.

### **Older people from black and ethnic minority groups – local government strategies, 2004**

*Better Government for Older People (BGOP)*  
[www.bgop.org.uk/index.aspx?primarycat=4&secondarycat=20](http://www.bgop.org.uk/index.aspx?primarycat=4&secondarycat=20)

This research reports the findings of a survey of UK local government bodies, which asked 433 councils about their strategies, plans and priorities related to older people from black and minority ethnic groups.

### **Online Race Resource for Improving Outcomes in Neighbourhoods (ORRION)**

[www.renewal.net/Toolkits/OrrionToolkit/](http://www.renewal.net/Toolkits/OrrionToolkit/)

ORRION is the online race resource for improving outcomes in neighbourhood renewal. It provides practical assistance, information and guidance to help practitioners, partnerships and policy makers deliver improved outcomes for black and minority ethnic (BME) communities in deprived areas.

### **Quality and Choice for Older People's Housing: A Strategic Framework – The story so far**

*Office of the Deputy Prime Minister (ODPM), 2002.*

[www.odpm.gov.uk/stellent/groups/odpm\\_housing/documents/downloadable/odpm\\_house\\_035713.pdf](http://www.odpm.gov.uk/stellent/groups/odpm_housing/documents/downloadable/odpm_house_035713.pdf)

A report providing an update of the progress made by Government against the actions set for itself in Quality and Choice for Older People's Housing: A Strategic Framework. Includes general issues about older people's housing but also focuses upon meeting the needs of BME older people.

### **Our health, our care, our say**

*Department of Health 2006.*

<http://www.dh.gov.uk/assetRoot/04/12/74/59/04127459.pdf>

The Our health, our care, our say White Paper sets out a vision to provide people with good quality social care and NHS services in the communities where they live. It sets out a new direction for the whole health and social care system. It confirms the vision set out in the Department of Health Green Paper, Independence, Well-being and Choice of a radical and sustained shift in the way in which services are delivered, ensuring that they are more personalised and that they fit into people's lives.

### **Race Action Net**

[www.raceactionnet.co.uk](http://www.raceactionnet.co.uk)

Race Action Net is a unique online knowledge resource and membership network of practitioners and policy makers working on: racial harassment and anti-social behaviour, racist and religious crime, community cohesion and conflict and the duty to promote race equality.

### **Review of Housing Advice Needs of Black and Minority Ethnic Older people**

*Help the Aged, 2004.*

This report addresses the issue of access to housing advice for older people in the black and minority ethnic (BME) communities. This report calls for advice resources to be developed and the joining-up of services to provide integrated support.

### **Personal Social Services for Older people from Black and Minority Ethnic Groups in Leeds (Great Britain), Lille (France), Dortmund (Germany) and Gothenburg (Sweden): Backgrounds, Local Strategies for Delivery, Examples of Good Practice and Recommendations for further Strategies of Action**

*Services for Older people from Ethnic Minorities (SEEM I), 2003.*

[www.leeds.gov.uk/seem/docs/final.pdf](http://www.leeds.gov.uk/seem/docs/final.pdf)

This report describes the groups and migration histories of BME older people in all four cities, their life circumstances and important social-political and legal aspects. It draws together existing experiences in the field of personal social services for BME older people, identifies models of good practice, analyses the conclusions of the different local projects and gives recommendations for further strategies for action on different political levels.

*Supporting People* <http://spkweb.org.uk>

The ODPM funded Supporting People programme offers vulnerable people the opportunity to improve their quality of life by providing a stable environment that enables greater independence.

### **Supporting People Directory of Services**

[www.spdirectory.org.uk](http://www.spdirectory.org.uk)

This is the first public version of the Supporting People Directory of Services. It is designed to make it easy to find housing-related support services across England. It can be used to search for services that help people live more independently.

### **The Duty to Promote Race Equality. A Guide for Public Authorities (Non-Statutory)**

*Commission for Racial Equality (CRE), London, 2002.*

[www.cre.gov.uk/downloads/duty\\_guide.pdf](http://www.cre.gov.uk/downloads/duty_guide.pdf)

This guide gives public authorities practical guidance on the steps they should take to tackle racial discrimination and promote equal opportunities and good race relations in all areas of their work. The guide covers both the general duty and the specific duties.