‘THEY LOOK AFTER THEIR OWN, DON’T THEY?’

INSPECTION OF COMMUNITY CARE SERVICES FOR BLACK AND ETHNIC MINORITY OLDER PEOPLE
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Please note: This report has been electronically converted from the paper original, therefore there may be some minor typographical errors in the text.
1.1 Most of those who migrated to Great Britain as adults in their twenties and thirties in the 1950s and 1960s are now elderly people who did not intend to stay here. The nature of their immigration then was transitory with an expectation of returning to their country of birth after saving enough money from their working life in Britain. Research has shown that this group has suffered as a result of racism, low incomes, poor housing, isolation and comparatively poor health\(^1\). Studies have also shown that over a third of Asian older people receive neither a pension nor state benefits because they have not qualified for these\(^2\).

1.2 Many black elders now find that they are faced with having to accept old age in Britain with the realities of the poverty and racism suffered in those earlier years of immigration. They may have to access services which are different from their lifestyles and seen as belonging to a Eurocentric perspective of caring rather than their own. Negative views of social care may also be associated with provision to the poorest in their countries of origin.

1.3 Over the past 20 years, Social Services Departments (SSDs) have moved away from the concept of assimilation towards an understanding of the diversity of the different cultures and ethnic identities in the communities they serve. This has been influenced in many cases by the political and social maturity of ethnic minority groups. There has also been a shift in emphasis within the social care profession towards a more generic equal opportunities agenda rather than a focus on race equality. More recently this has been influenced in part by a backlash against political correctness and the anti-racist perspective as well as resource priorities. Section 11 funding in SSDs has also been reduced and many of the posts of Race Relation Advisors common in the 1970s and 1980s no longer exist. (Under Section 11 of the Local Government Act 1966, grants were made by the Home Secretary to local authorities (LAs) to make special provision within their areas where there were substantial numbers of immigrants from the Commonwealth whose language or customs differ from those of the community.)

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The proportion of ethnic minority older people in the population compared with white older people is small but growing. It was estimated that between 1981 and 1991, the percentage growth of those people of pensionable age from ethnic minority groups increased to 168.6% or from 61,200 in 1981 to 164,306 in 1991. The proportion of white people aged 65 and over was more than 5 times that for people from ethnic minority groups. Chart 1 (page 3) shows the percentage distribution by age of the ethnic minority population from the 1991 Census information.

Our society has evolved over the recent past to one which is now more diverse in ethnic and racial groups. Figures from the 1991 Census estimated that the ethnic minority population was about 3.015 million (5.5% of the total population of Great Britain). The concentration of ethnic minority groups are in London and the Metropolitan areas around Birmingham, Manchester, Leicester and Bradford. It is estimated that by the year 2011, 2 London Boroughs will have ethnic minority communities which represent over 50% of their population. Although there are few areas of Great Britain where there are no ethnic minority communities, the majority of LA districts have populations with less than 2%. Chart 2 (page 3) shows the percentage ethnic minority population by region from the 1991 Census information.
1.6 Ethnic minority older people are liable to suffer significant disadvantage in gaining access to community care services. In order to redress this, social services need to provide targeted and relevant services and therefore have effective strategies which impact on every aspect of community care policy: planning, commissioning, providing and monitoring services, as well as the associated management and employment practices.

The Inspection

1.7 The objective of this inspection was to evaluate the extent to which SSDs’ arrangements for planning and delivering community care services appropriately addressed the needs of ethnic minority older people. The fieldwork for this inspection was conducted in 8 LA areas which had significant ethnic minority groups and a few of them with the highest numbers of black elders in the country. The ethnic minority populations in these selected LA areas were predominantly those defined as black. This
offered the inspection the opportunity to evaluate SSDs which were likely to have made arrangements for the needs of ethnic minority older people. Information from the 1991 Census, broadly classifying ethnic groups, gives the following data, in these LA areas, about those aged over 65:

<table>
<thead>
<tr>
<th>Local Authority Area</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hackney</td>
<td>89.4</td>
<td>7.5</td>
<td>2.1</td>
<td>0.9</td>
</tr>
<tr>
<td>Hounslow</td>
<td>93.3</td>
<td>0.6</td>
<td>5.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Birmingham</td>
<td>95.3</td>
<td>2.0</td>
<td>2.6</td>
<td>0.2</td>
</tr>
<tr>
<td>Manchester</td>
<td>97.4</td>
<td>1.6</td>
<td>0.9</td>
<td>0.2</td>
</tr>
<tr>
<td>Walsall</td>
<td>97.9</td>
<td>0.5</td>
<td>1.6</td>
<td>-</td>
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<tr>
<td>Kirklees</td>
<td>98.4</td>
<td>0.5</td>
<td>1.1</td>
<td>-</td>
</tr>
<tr>
<td>Bolton</td>
<td>98.5</td>
<td>0.2</td>
<td>1.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Nottinghamshire</td>
<td>99.1</td>
<td>0.2</td>
<td>0.7</td>
<td>-</td>
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1.8 The report contains a number of important messages for SSDs. Chapter 2 provides a summary of the main findings and key messages. Chapter 3 includes good practice checklists and Chapters 4 to 9 describe the findings in more detail. The Appendices contain the standards and criteria used for the inspection, a glossary of terms, the methodology and population statistics.
Summary and Key Messages

2.1 This chapter summarises the key findings in relation to each standard and is structured to reflect the sequence of chapters in the report.

2.2 Overall, we found that there was a genuine attempt being made to ensure that the service to ethnic minority older people was relevant and accessible. There were some good examples of practice and service delivery. However the variety of services available offering choice to black elders was limited and the ethnocentric nature of service provision meant that many black elders had difficulty in having their needs met.

Policies, Strategies and Planning

Agencies and organisations which commission or provide community care services have a responsibility to address the needs of ethnic minority older people with them.

2.3 Most Community Care Plans and Community Care Charters contained some statements about meeting the needs of ethnic minority communities. However specific statements about black elders were not usually included and, where they were, there were rarely explicit action plans for combating discrimination and developing appropriate services.

2.4 Effective consultation with the different ethnic minority groups was dependent upon a clear consultation strategy which facilitated the inclusion of group representatives and individuals. A few SSDs lacked confidence in dealing with ethnic minority communities and needed to demonstrate a greater commitment to partnership, listening and responding to constructive suggestions. Overall, there is still much work to be done in convincing black elders and ethnic minority groups of the sincerity of consultation efforts.

2.5 The religious and cultural needs of the smaller ethnic groups, such as the Chinese elders, did not usually get represented in the planning groups as SSDs had some difficulties including them.
2.6 Within the LA areas, there was a wealth of information available from a variety of different sources about ethnic minority older people. But this information was not always being used systematically to build population profiles for planning purposes. Without this accurate analysis of present and potential needs, the planning process for black elders was misinformed.

2.7 SSDs with successful community care policies and strategies had faced the issues of race and incorporated these into the mainstream of their considerations rather than marginalising the needs of black elders. These SSDs’ policies were developed with black elders and recognised their different and specific needs. Race equality was not however routinely incorporated into policies, strategies and planning.

2.8 Where there were systems of ethnic record-keeping and monitoring, more emphasis was needed to ensure that these were routinely and systematically used by staff and thereby contributed to the planning of services.

2.9 The black voluntary sector had less experience of contracting than some long-standing established organisations and needed to learn quickly in order to compete satisfactorily. SSDs had to ensure that black organisations were not disadvantaged in competing for contracts and had access to information, advice and business planning expertise.

Key Messages

In order to overcome institutional racism, SSDs should re-think the approach of providing a common service for everyone and treating both black and white older people the same. This requires greater confidence in developing targeted and specific services rather than being over concerned that this means special treatment for black elders.

SSDs should overcome the discriminatory institutional barriers to services for ethnic minority older people by establishing inclusive consultation arrangements and other equality practices.

Elected members and senior managers should have explicit policies and strategies and should not rely on committed people within the organisation to promote and develop the equality services for service users and carers.

Race issues should be incorporated into community care policies and strategies. These should take full account of the political, social and economic discrimination faced by black elders rather than marginalising their needs.
Effective joint planning between agencies for black elders must be based on a common understanding of local ethnic minority communities and include them in the process.

The planning process should be informed by effective management information systems which support data collection about the needs of black elders.

Ethnic record-keeping and monitoring must be developed to ensure that SSDs can analyse referrals, assessments and service information. They should be capable of identifying service deficits and influencing service planning for black elders.

Communication and Information

Appropriate and accessible information enables ethnic minority older people to gain access to services.

2.10 SSDs needed to develop strategies for communicating with ethnic minority communities in order to ensure that information reached black elders in accessible formats. Without essential information about services, black elders considered that they did not have equal access to services and the safeguards against racism, abuse and discrimination.

2.11 Leaflets translated into the various local community languages were the most common means of making people aware of the available services. However without an effective communication strategy these did not reach their intended audiences and many black elders still lacked any knowledge of the available services.

2.12 This inspection confirmed that ‘word of mouth’ was the most effective manner of giving information to older people in general and black elders in particular. A reputation for providing reliable services that can truly cater for the needs of black elders was the most positive way of getting messages across to ethnic minority communities.

2.13 Most SSDs did not have guidelines which highlighted good practice for interpretation and translation and we were concerned that some staff did not understand when it was necessary to use an interpreter. There were also situations when a family member or friend was used inappropriately as the interpreter.

2.14 There were some good examples of SSDs providing information in local community languages about services for ethnic minority older people on video, audio cassette tapes and on the local radio.
Key Messages

Information about services and rights provide service users and carers with an important safeguard against racism, abuse and discrimination.

SSDs need to develop, with ethnic minority communities, strategies for communication and information which are more innovative and ensure that information reaches black elders in accessible formats.

SSDs need to ensure that staff have clear protocols and guidelines on the use of interpreters and translation and training on how to make effective use of these resources. These arrangements should be monitored.

Assessment, Care Management and Review

The purpose of an assessment is ‘to understand an individual’s needs, to relate them to agency policies and priorities and to agree the objectives for intervention’. (Care Management and Assessment: Practitioners Guide. (DH/SSI 1991).) Services provided should be appropriate and subjected to monitoring and review.

2.15 Although procedures existed for involving black elders in their assessments and developing their care plans, this practice was dependent upon the knowledge and skill of individual workers.

2.16 Without the training, knowledge and skills, some white staff did not have the confidence to make judgements of the contribution of religion and culture in the assessment of older people. They needed to be aware of their own knowledge and skill limitations in working with black elders and when it was appropriate to involve someone else with more specific expertise.

2.17 Some staff still took the view that ‘they look after their own’. Assessors required skills in anti-discriminatory practice and cultural sensitivity in their work with black elders. There was a danger that white ethnocentric values resulted in inappropriate assessments of black elders and their carers. The assessors role was also critical in ensuring that there was equitable access to services.

2.18 SSDs have an important role in promoting and supporting advocacy and self advocacy for black elders and carers. Empowering black elders and carers reduces the risk of discriminatory practices and gives them more confidence in influencing the decision-making process about the service they receive.

2.19 Multi-disciplinary assessments were few even though there were procedures which emphasised the importance of other agencies’ contributions to the process. There was a need to improve these arrangements.
Key Messages

Assessors play a critical role in ensuring equality of access to services and need to:

- develop anti-discriminatory practice, cultural sensitivity and skills in empowering service users and their carers throughout the assessment process;

- be aware of their own knowledge and skill limitations in this area of work and know when it is appropriate to involve someone else with more specific expertise;

- be informed and flexible and avoid seeing black elders as problems or blaming individuals who do not ‘fit’ into existing inappropriate services; and

- learn from the life experiences of ethnic minority older people and fashion services to meet their needs.

Joint arrangements for multi-agency and multi-disciplinary assessment and care management processes for black elders should be improved for the benefit of black elders.

Service Delivery

The reputation of reliable services demonstrates best that service providers can truly meet the needs of black elders.

2.20 SSDs varied in the progress made to ensure that services to ethnic minority older people were relevant and accessible. Most recognised that black elders were not a homogenous group and were planning and designing appropriate services.

2.21 Service choice was limited in the majority of LA areas, and in some instances, basic services like meals on wheels were provided in an inappropriate manner. The services available tended to be those that were less intensive with few developments for high dependency needs of black elders. The ethnocentric nature of service provision also meant that some black elders had difficulty in having their needs met.

2.22 The small local ethnic minority groups and agencies with a tradition of service delivery to their communities had developed some innovative ways of meeting the needs of black elders. SSDs needed to recognise and appreciate the efforts of these groups and offer them the necessary support. More
often than not, these small groups have struggled, sometimes under great financial pressure, through under-funding and under-staffing.

2.23 Black elders were usually grateful for the service they received (sometimes not expecting anything) and made few complaints. Few mechanisms existed which checked the appropriateness, suitability and effectiveness of services once they were provided (reviewing and monitoring.)

Key Messages

The needs of black elders are the same as those for other older people, but sometimes these needs should be met in specific and different ways.

The commitments and priorities for black elders proclaimed in Community Care Plans and other strategy documents should be capable of implementation by front-line staff with confidence.

SSDs should stimulate the development of services both in-house and within the independent sector to provide a range of appropriate residential, domiciliary and day care services for black elders.

SSDs should have mechanisms to establish the suitability, appropriateness and effectiveness of the services delivered.

Complaints procedures should be available to black elders in appropriate local languages and formats. Ethnic monitoring of all complaints should be introduced which take account of specific complaints about discrimination, abuse and harassment.

Protection from Abuse

Ethnic minority older people have the same right as others for support and protection.

2.24 Policies and procedures for the protection of older people were mostly generic and did not specifically address the areas of concern that might be more relevant for black elders, eg racial abuse and harassment.
Key Message

The generic elder abuse policies and procedures should be further developed with other agencies and ethnic minority groups to address the experiences of black elders who may suffer racial abuse and harassment.

Equality of Opportunity

Equality codes for employment and service delivery need to be understood and owned by all staff.

2.25 The implementation of equality statements varied across SSDs and was most effective where there was some systematic monitoring of action plans for employment and service delivery. Race equality strategies developed in partnerships with ethnic minority groups were seen as being at the centre of community care services for black elders.

2.26 Those SSDs with few black staff and with the smaller or dispersed ethnic minority populations had greater difficulties in turning statements of good intent into positive outcomes of appropriate service for ethnic minority older people.

2.27 There was a need for SSDs to recruit staff from a range of local ethnic backgrounds (men and women) with the appropriate communication skills to work with black elders.

Key Messages

Staff vary in their level of understanding and interest and there should be training strategies targeted at those who work directly with ethnic minority older people to further develop their skills.

SSDs should have race equality policies and procedures and ensure that all staff are acquainted with these.
Set out below are some key questions which are informed by the inspection findings. Both responsible managers and practitioners are encouraged to use them to review their own progress. These checklists follow the sequence of chapters in the report and can either be used collectively or individually.

**Good Practice Checklists**

**Policies, Strategies and Planning**

- Are there policies and strategies which recognise the multicultural and multi-racial nature of your LA area?
- Has your SSD, as the lead agency for implementing the community care reforms, collaborated with:
  - ethnic minority communities and individuals;
  - health services;
  - housing agencies; and
  - other caring agencies
to develop particular strategies, policies and action plans which address the needs of black elders and their carers?
- Do you have clear policies and strategies on race equality incorporated into your Community Care Plan and Community Care Charter?
- Does your SSD have a consultation and communications strategy which includes the involvement of representatives of ethnic minority groups?
- Do systems exist in your authority which ensure and assist the involvement of black elders and ethnic minority groups in the consultation, both for community care planning and more specifically, targeted developments?
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>Does your SSD feedback to ethnic minority groups the outcomes of consultations?</td>
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<tr>
<td>Does your SSD have mechanisms which ensure that staff learn from the life experiences of black elders?</td>
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<tr>
<td>Are there mechanisms for ensuring that the religious and cultural needs of the smaller ethnic groups get represented in the planning process?</td>
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<tr>
<td>Has your SSD undertaken local surveys, research or population needs assessment on local communities?</td>
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<tr>
<td>Does your SSD know the actual or potential service requirements of black elders?</td>
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<tr>
<td>Is there an effective system of ethnic record-keeping and monitoring which is routinely and systematically used by your staff?</td>
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**Communication and Information**

<table>
<thead>
<tr>
<th>Question</th>
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<tr>
<td>Has your SSD developed a communication and information strategy with local ethnic minority groups which provides knowledge about available services to black elders, carers and potential service users?</td>
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<tr>
<td>Does the information you provide enable potential and actual service users and carers to make informed choices about services?</td>
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<tr>
<td>Is information provided in a variety of local community languages, styles and formats?</td>
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<tr>
<td>Do black elders and carers know how to access information about your services?</td>
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<tr>
<td>Can black elders, whose first language is not English, obtain verbal/urgent information?</td>
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<tr>
<td>Are your staff able to obtain translation services for the local community languages?</td>
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<tr>
<td>Are there clear protocols and guidelines for your staff on the use of interpreters?</td>
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<tr>
<td>• Is the use of family members or friends as interpreters discouraged?</td>
<td>✓</td>
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<tr>
<td>• Do interpreters understand the context of your SSD’s work and the nature of the situation prior to the meeting or interview?</td>
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<tr>
<td>• Are the interpreters qualified and competent to undertake the interviews?</td>
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**Assessment, Care Management and Review**

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<tbody>
<tr>
<td>• Do black elders and their carers have equal access to referral and assessment arrangements? Do these arrangements take account of their racial, cultural, religious and language needs, and are they involved appropriately in the decisions about them?</td>
<td></td>
</tr>
<tr>
<td>• Can black elders understand the assessment and care management procedures?</td>
<td></td>
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<tr>
<td>• Do assessment practices recognise and strengthen existing informal networks within ethnic minority communities?</td>
<td></td>
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<tr>
<td>• Are your eligibility criteria free from racial and cultural bias?</td>
<td></td>
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<tr>
<td>• Do you share the outcomes of assessment and care plans with black elders in a language they understand, or communicate in an alternate form for those who are not literate?</td>
<td></td>
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<tr>
<td>• Have staff, involved in assessment and care management, received appropriate equal opportunities, race equality and anti-racism training, and developed competencies in anti-discriminatory practice and a cultural sensitivity to working with black elders?</td>
<td></td>
</tr>
<tr>
<td>• Are ethnic minority staff working in community care assessment and care management teams?</td>
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<tr>
<td>• Are advocacy services available to black elders?</td>
<td></td>
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<tr>
<td>• Do multi-agency and multi-disciplinary assessments and care management processes work for black elders?</td>
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</tbody>
</table>
Service Delivery

- Are services for black elders confirmed as accessible and appropriate?
- Have local black organisations and black elders been involved in developing appropriate services?
- Do your available services offer black elders a real choice?
- Does choice include:
  - access to staff of their own gender?
  - multi-faith facilities for residents?
  - appropriate diets?
- Are your services on offer free from racial and cultural bias?
- Do your staff know what services are available or can be negotiated for black elders?
- Do the services provided, support the variety of informal arrangements of care?
- Are your SSD’s contractual arrangements sufficiently flexible to accommodate the holistic approach of some black organisations which may not necessarily separate out neatly services to older people and middle aged people? Does your SSD appreciate the multi-functional nature of service provision among some black organisations?
- Are black organisations able to compete for contracts and provide services not only to black elders but to others as well?
- Are there arrangements for meeting the needs of black elders who require residential or supported care?
- Are there effective mechanisms for co-ordinating services between agencies and providers?
- Does your SSD employment of ethnic minority staff reflect the composition of the local communities?
<table>
<thead>
<tr>
<th>Protection from Abuse</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do you have policies and arrangements agreed with health and other agencies on dealing with abuse of older people?</td>
<td></td>
</tr>
<tr>
<td>• Do your arrangements take account of experiences of black elders, such as racial abuse and harassment?</td>
<td></td>
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<tr>
<td>• Are your staff familiar with the SSD’s policy and procedures for dealing with abuse of black elders?</td>
<td></td>
</tr>
<tr>
<td>• Do black elders know of your policies and procedures, and have they been able to use them?</td>
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<table>
<thead>
<tr>
<th>Equality of Opportunity</th>
<th>✓</th>
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</thead>
<tbody>
<tr>
<td>• Do you have equal opportunity policies and action plans which address both employment and service delivery?</td>
<td></td>
</tr>
<tr>
<td>• Are your staff recruited and available from a range of appropriate local ethnic backgrounds (men and women)?</td>
<td></td>
</tr>
<tr>
<td>• Do your staff have the appropriate communication skills (language and signing) to work with black elders? Is targeted training available to those working with black elders?</td>
<td></td>
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<tr>
<td>• Do assessment, care, management and service delivery take account of the equal opportunity policies as they apply to black elders?</td>
<td></td>
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</tbody>
</table>
• Do you have mechanisms for checking the effectiveness of the equal opportunities policies as they apply to black elders?

• Are external providers knowledgeable about your equal opportunities policy?
Policies, Strategies and Planning

4

We Expected to Find

• LAs had established policies and strategies which recognised the multi-
cultural and multi-racial nature of the LA area.

• SSDs had, in collaboration with ethnic minority communities, health,
housing agencies and others, developed policies and strategies which addressed the needs of ethnic minority older people and their
carers.

• The plans of the SSD were based on the needs and size of the local
ethnic minority population and that the development of these involved
other agencies, LA departments and the local ethnic minority population.

• SSDs gathered information about the ethnic origin of older service
users and potential service users and used this in the planning process.

We Found

Policy Statements

4.1 Council policies usually provided a strong corporate lead on equal opportunity
issues in service delivery and employment. There was less emphasis on
policies of ‘integration’ and the ‘colour-blind’ approach to their service
delivery which had showed little sensitivity to cultural differences and the
diversity of ethnic groups.

4.2 Community Care Plans and Community Care Charters made general
statements about the aims of the SSD and other agencies in meeting the
needs of ethnic minority communities. Statements about black elders tended
to be broad-based and identified few specific initiatives and action plans
to address perceived inequalities.

‘It is our guiding principle that older people have equal and
easy access to appropriate services regardless of age, gender,
etnicity disability and sexual orientation.’ A Joint Strategy
Document
4.3 Senior managers in SSDs had developed good relationships with the range of other agencies involved in the development of community care and services for ethnic minority older people were considered within these overall policy forums. However strategies developed with other agencies needed to be much clearer in stating how they intended to meet the specific needs of black elders.

4.4 One LA showed a good example of a Community Care Plan jointly produced by the SSD, health authority (HA), housing and other council departments, NHS Trusts, voluntary organisations and in consultation with independent sector providers. Its basic principles were:

- working towards equity in service delivery;
- seeking to redress existing inequalities;
- involving service users in decisions about their individual cases;
- giving support to carers and recognising their needs;
- involving actual and potential service users and carers in service planning; and
- providing quality services.

The plan emphasised that both the council and the HA were striving to redress the inequalities experienced by ethnic minority communities. Specific initiatives to address these perceived inequalities were also identified.

Planning Information Systems

4.5 Most SSDs involved a range of agencies and other LA departments in the planning of services for ethnic minority older people. There were different types of joint planning groups, within which some organisations represented the interests of black elders. But planning for black elders was too often caught up in a structural and service-led incremental approach with insufficient attention given to needs analysis, consultation, evaluation and monitoring.

4.6 Some black organisations questioned the extent of the SSD’s knowledge of the black elders in the LA area. All SSDs had access to the 1991 Census figures and local demographic information. But it was not evident that they were all proactive in:

- undertaking local surveys; and
• using the variety of different information sources systematically to build population profiles of ethnic minority older people.

‘A lot of the time we are still invisible.’ Black elder

4.7 Other information available to SSDs which was not used effectively and systematically for planning included:

• referral and assessment data;

• information on service gaps for black elders; and

• local epidemiological information from health services.

4.8 SSDs had under-developed management information systems which were incapable of gathering data from service contacts. This was reflected in the poor use made of consumer surveys and other methods of data collection and analysis, as well as the use of qualitative data about changing patterns of need.

4.9 It was not evident either that population needs assessments featured regularly in the planning process. The absence of such accurate analysis had to some extent affected SSDs’ perception and understanding of the ethnic minority communities actual and potential service requirements. SSDs did have some difficulties in undertaking these population needs assessments.

‘The ethnic minority population here is small and we know it quite well.’ SSD manager

Consultation

4.10 Consultation with ethnic minority communities on services for black elders was not a straightforward matter for most SSDs. Without clear consultation strategies, SSDs lacked confidence in dealing with ethnic minority communities.

4.11 One of the stumbling blocks which some SSDs had to overcome was identifying with which ethnic minority group or organisation to consult, especially where there were many different groups in the locality. Similarly, making decisions about whether consultation should only be with the ‘leaders’ of the ethnic minority communities or whether it should include individual black elders. These difficulties exist in consultation generally but are more acute in dealing with ethnic minority communities.

‘You just cannot consult with all the different groups, you have to make choices and hope you get it right.’ SSD senior manager
4.12 A good example on the planning of services in one LA was the Black Community Care Consultation Forum which was the key consultative forum between the SSD and a broad representation of voluntary organisations for people from ethnic minority communities. It met every 3 months and was jointly chaired by a voluntary organisation representative and the Deputy Director of Social Services. Another SSD had a well developed system of planning that included present and potential black service users in the participation of service planning.

4.13 There was evidence that SSDs had engaged in some consultations with significant people or organisations about the planning of services for black elders. However there was sometimes a tendency to act as though black elders belonged to a homogenous group without taking into account the diversity of the different cultures and ethnicity of the individual groups. The religious and cultural needs of the smaller ethnic minority groups were not necessarily represented in the planning forum. Some SSDs had difficulties in planning for these smaller minority groups, such as Chinese elders.

4.14 Consultation with these smaller ethnic minority groups was achieved in one LA through the SSD’s community workers who organised public meetings and meetings with specific groups of service users and carers. The Black and Ethnic Minority Community Care Action Group, which was part of the local Association of Voluntary Community Care Organisations in another LA, also convened meetings with individual groups and organised questionnaire surveys sent to ethnic minority organisations. Within this LA, there was an annual Race Equality Forum between councillors, SSD managers and a wide range of community organisations at which consideration was given to the SSD’s work with ethnic minority communities.

‘The community workers do a good job in coming to our groups and letting us know what is happening. They keep us in touch with the social services.’ Voluntary organisation representative

4.15 In LA areas where ethnic minority people were scattered and there were isolated pockets of ethnic minority older people, there was a greater burden on SSDs to get this consultation right and have effective strategies and policies for meeting their needs. Some were more successful than others in this regard.

4.16 SSDs genuinely wanted to consult with ethnic minority communities on the strategies and policies and saw the benefit as more effectively targeted services. But some were still struggling with finding practical ways of overcoming some of the difficulties associated with these communities’ lack of familiarity with the LAs’ procedures and structures.
4.17 Although each SSD had made some progress, there was still much work to be done in convincing black elders and ethnic minority groups of SSDs’ sincerity of consultation efforts. This was partly because little information was fed back about the outcomes of the consultation and the consequences of it to the black elders and ethnic minority groups. SSDs did not make their thinking sufficiently transparent over why some decisions had been reached and why no action was taken.

4.18 The consultation process for black groups was an unequal relationship, in which the greater power of the SSD over the black communities was explicitly felt. Some groups referred to the mechanisms for consultation as being a hostile environment due to where and when the meetings were arranged, and the professionally exclusive language and references used by SSD staff. In order to be credible and trusted, SSDs needed to demonstrate a greater commitment to partnership, listening and responding to constructive suggestions.

Ethnic Record-Keeping and Monitoring

4.19 LAs recognised that a key element of the strategic planning for services to ethnic minority older people was ethnic record-keeping and monitoring. Some SSDs had basic systems for recording ethnic origin of service users, but more emphasis was needed to ensure that where there were systems of ethnic monitoring, that these were routinely and systematically used by staff to record ethnicity from referrals and assessments. This would thereby enable policy development, planning and the provision of more appropriate services to benefit black elders.

4.20 We were impressed in one LA where the SSD had good information on the ethnic minority population and its distribution by gender and age drawn from the 1991 Census. It used this information alongside ethnic record-keeping and monitoring of services. The monitoring of the workforce was also well established. Through the Performance Review and Research Section, it was able to provide reliable data on access and take-up of some services. It showed that in terms of volume of referrals and service provision, the SSD was succeeding in ensuring access for black elders to its assessment and home care services. There was a need for this SSD however to extend the good information on service take-up to develop planning information drawn from assessments and particularly the important strategic issue of placements of black elders in residential and nursing home care.

4.21 Not all SSDs had extended their equality policies and ethnic recording and monitoring systems to external suppliers of services through the contractual procedures.
‘When we have our ethnic monitoring system in place, we’ll be able to make a greater impact.’ SSD manager

‘Although we’re fighting for the same things, we’re not all the same, the Asians have different needs from the West Indians.’ Afro-Caribbean voluntary organisation representative

Contracting and Purchasing

4.22 The greater purchasing role for SSDs had increased the importance of contractual relationships with a range of providers able to deliver appropriate services to ethnic minority groups. Because some voluntary organisations were longer standing and more established, it was essential that SSDs ensured that these organisations which were familiar with the statutory systems and structures did not succeed in securing service contracts in preference to black organisations.

4.23 The majority of voluntary organisations which represented ethnic minority people were small in size and without strong infrastructure. They had little experience of the contractual culture. In order to compete satisfactorily for contracts, black organisations needed information, advice and support. One SSD had contracting policies supported by specification and compliance in order to achieve specific outcomes for ethnic minority older people. But SSDs’ strategies and policies also needed to take account of the circumstances of ethnic minority service provision which incorporated a multi-functional holistic approach. SSDs were slow in appreciating these matters, but were beginning to accept them as necessary in their dealings with ethnic minority organisations.

‘Black elders may not want services only provided by black people, but they need services that are appropriate to their needs.’ Voluntary organisation representative

4.24 Some small black organisations, which had traditionally worked at grass roots level and received some grant aid funding in the past from SSDs, now found themselves under-funded and competing for contracts with the much larger private companies for the scarce resources of SSDs. One of the consequences of the contract culture for these small black organisations was that some of them were becoming marginalised in the process. The larger private companies offered professionally managed services but found it impossible to provide culturally specific services.
Charging for Non-Residential Care Services

4.25 The introduction of charging policies for non-residential care services in LAs caused disquiet with some ethnic minority groups. Attenders at day centres and luncheon clubs were expected to pay for their meals but particular individuals had difficulties in reconciling this with their culture and tradition when free meals were available in the local Sikh Temples. Local community groups were also of the opinion that charges discouraged the take-up of services, particularly from ethnic minority older people who were often among the poorest in the community with only low pensions or not having qualified for a state pension. SSDs needed to find effective mechanisms for more constructive consultations with ethnic minority groups on these charging policy issues.
We Expected to Find

• SSDs had developed, in consultation with local ethnic minority communities, a communication and information strategy which provided knowledge about available services to service users, carers and potential service users.

• Information was provided in the appropriate local languages and in a variety of formats which assisted people in their dealings with the SSD.

We Found

Communication and Information Strategies

5.1 On the whole, LAs recognised that it was beneficial to provide accessible information about the personal social services in general and made available a number of leaflets about services for ethnic minority people in local community languages. Some SSDs also provided this information on video, audio cassette tapes and on the local radio service.

‘The LA has a number of outlets where information is available to ethnic minority older people about the social services. ’ SSD manager

5.2 The information SSDs provided however did not necessarily develop from a communication strategy worked out in consultation with the local groups from ethnic minority communities. Neither did it appear that there were clear processes for monitoring and evaluating what worked and the effectiveness of how the information was distributed or used.

‘I’ve not seen any leaflets about the social services. ’ Black elder

Service Leaflets

5.3 SSDs used leaflets translated into the various local community languages
as the most common means of making people aware of the available services, but without an effective communication strategy many of these leaflets were left in racks in the SSD’s reception areas. Despite the wide coverage of leaflets in some LA areas, we met many black elders during the inspection who still lacked any knowledge of the available services or who could not understand the information they had received.

‘I had a leaflet, but I couldn’t understand it.’
Black elder

5.4 Too often, the SSD felt it had discharged its duty by providing a translated leaflet about a particular service without seeking to establish the most effective and efficient manner of communicating with ethnic minority older people. Some older people were of the view that the basic information given in the leaflets should be supplemented by having someone explaining what the leaflet was intending to convey. This was usually because:

- translations of some leaflets were perceived by some older people as difficult to comprehend. They were of the opinion that this was probably because these may have been a direct translation from the formal English version; and

- a significant high number of Indian and Pakistani older people we encountered in this inspection were never literate in any language and therefore were unable to use the translated leaflets. (This is particularly true for the first generation of immigrants and is likely to change over time.)

5.5 Without a distinct strategy for communication and information involving black elders, the investment, predominantly in leaflets, did not result in black elders being more informed about service provision.

‘Instead of sending us leaflets, they should come and talk to us at least twice a year.’ Carers group

Translation

5.6 In addition to leaflets which generally gave basic information about services, there was also a need for the communication strategy to include the translation and presentation of important policy information and service matters which kept service users and organisations in touch with developments in SSDs.

‘We’ve a very good translation service and produce a lot of information for the ethnic minority communities.’ SSD senior manager
Although the SSDs claimed to consult with ethnic minority communities on services or policy matters, the documents produced for these consultations were usually in English. Exceptionally, there was some audio and video material available in the local community languages. Again, it was not evident that there was any particular strategy concerning what was or was not translated and the format of the communication.

‘As a LA, we still have a lot to do to make sure that the money we’re spending on information and communication is not being wasted and we’re being effective.’ SSD senior manager

For some of the authorities, their distribution of good quality translated information had not been sufficiently thought through which meant that some older people were disadvantaged by the lack of information.

One LA had some explicit performance measures and targets which were to ensure that people from ethnic minority groups were able to access information and that the percentage of people using the Information Service from ethnic minority groups was at least equal to the percentage of people in the community from those groups. The targets were met by this service in this LA.

Ethnic minority centres where day and meal services were provided, were the main point of access for older people in ethnic minority communities to the SSD and other services. The centres seen were well equipped to provide this role and staff had good knowledge and awareness of information sources.

‘I found out from the pastor at our church. He told me how I could get help.’ Black elder

Besides the community centre, relatives and friends tended to be the main other source of information about community care services for ethnic minority older people. There were some ethnic minority older people who did not live within easy reach of one of the information sources, or who were not part of the known local community groups or networks and therefore were unable to access information as easily as others. There were still a significant number of ethnic minority older people who told us that they had no information about what the SSD did for older people.

Interpretation

Arrangements for translation and interpretation were often provided centrally through authority-wide units of the LA, or else the SSD purchased these from an independent provider or sometimes they had their own departmental
resources. One of the smaller SSDs purchased its interpreting service from a neighbouring LA.

‘When you phone up the interpreting service, you don’t know who you’ll get and whether the person will do a good job.’
Social worker

5.13 The complexity of providing a good interpreting service was not always appreciated at the different organisational levels in SSDs. The existence of a pool of interpreters within the LA did not necessarily mean that they were being used effectively to the benefit of ethnic minority older people. One LA, which gave priority to Social Services and Housing Department work, had a training programme for SSD staff to develop the necessary skills in using interpreters.

5.14 Our discussions with ethnic minority older people and their carers showed that they had little understanding of what they could expect from SSDs regarding communications support.

5.15 In most cases, where it was necessary for an interpreter to be used at the referral or during the assessment of need interview, information was shared with the service user at that stage. But good practice was undermined when the service user was sent the subsequent completed care plan, or some complex letter in English when the service user neither spoke nor read English.

5.16 Interpreters were less used within provider establishments. But in those settings where the staff group reflected the culture and religion of the service users, and there were common languages spoken, then service users were often well informed. There were other settings however where ethnic minority staff were imposed upon, without due regard to appropriate payments and used on occasions as interpreters, even though they had no professional interpreting skills. This put these staff in an embarrassing situation either with colleagues, the SSD, or in their desire to be helpful to the individual.

‘We’ve staff in our residential care homes from ethnic minority communities who speak the languages of the residents.’ SSD senior manager

5.17 With a little effort, staff were usually able to find an interpreter to assist in an assessment of need or conduct an interview in the service user’s preferred first language. However where the interpreting service was generic, staff felt that considerable time was spent instructing and preparing interpreters. Some staff reacted to this by taking ‘shortcuts’ and using relatives, particularly
where timescales for completion of the assessment might be demanding. We considered this practice to be unsatisfactory.

‘It saves a lot of time having someone in the family present who knows the situation rather than confusing old people with an interpreter, who they’ve not met before.’ Social worker

‘It’s difficult working through an interpreter, especially when it’s a member of the family, as you don’t know if they’re giving the right interpretation.’ Social worker

5.18 The council’s guidelines in one LA stated that it was essential that a qualified and competent interpreter was arranged for meetings and interviews where necessary. We commended another SSD which had produced a Code of Practice and Guidance for Interpretation. This document set out the practical and professional issues which staff needed to heed when working with service users whose first language was not English.

5.19 Not all SSDs had guidelines which highlighted professional and good practice and it was concerning that some staff lacked an understanding of when it was necessary to use an interpreter.

‘I take time off from work to go to the office with him, because there is no one there who speaks his language.’ Son of a black elder

5.20 The reception staff within the SSD and at the main council offices of one LA were all white and had not received any training relating to the needs of ethnic minority older people. These staff relied upon interpreters or other colleagues being available if someone whose first language was not English presented themselves at the reception. Although this LA stated it was committed to providing accessible information to the public on personal social services, it did not have a strategy for improving access to available information. It was interesting to note that in this SSD there were low numbers of referrals from black elders.
We Expected to Find

- Ethnic minority older people and their carers had equal access to referral and assessment arrangements.
- Account was taken of their ethnic, cultural, religious and language needs and they were involved appropriately in the decisions about them.

We Found

Assessment Procedures

6.1 The process for referral and assessment arrangements were the same for ethnic minority older people as for other older people. There were effective gate-keeping and screening processes which ensured that referrals met the eligibility for a service. These included:

- the level of assessment to be undertaken;
- an indication of the priority; and
- the urgency of the situation.

6.2 Similar to others, many black elders were unfamiliar with the processes surrounding making a referral, the eligibility criteria and available services.

‘It’s fundamental that black elders know how they’ll be assessed for a service and that they’ll be treated as partners in this process and share equal responsibility for their own care.’ SSD manager

6.3 There were procedures which existed in most SSDs for involving service users in their assessments and developing their care plans. But whether and how these procedures were used for ethnic minority older people and the commitment to quality issues was dependent upon the knowledge and skill of individual workers. The quality of assessment and care plans were variable in meeting the needs of black elders and in demonstrating that their ethnic, cultural or religious needs had been considered.
'Some white social workers go the extra mile.' Black elder

6.4 Staff were generally familiar with the SSD’s assessment procedures and a few SSDs had included references to the need for workers to be aware of and understand the ethnic, religious and cultural background of the service user and carer. One SSD particularly stated that if the worker did not have the knowledge and understanding of the service user’s and carer’s ethnic, religious and cultural background, a visit should not be undertaken until advice and guidance had been sought. In this large city LA, there were many different ethnic minority groups of varying sizes.

Assessing Black Elders

6.5 The staff interviewed and the study of case files showed that staff generally understood that they were expected to deal with each person as a unique individual, and also to be sensitive to the different cultures of the service users and carers. The following comment by a long established social worker shows that not all staff were sufficiently sensitive to these issues:

‘It doesn’t matter to me what colour their skin is. I’ve been working with older people for 23 years and I treat them all the same.’ White social worker

6.6 A resource pack for staff ‘Caring for People from Different Ethnic Backgrounds’ gave assessors a good starting point for understanding the communities in one LA area. It provided useful information about lifestyles, religion and culture of the multi-cultural/racial groups in the LA area. But the assessment staff needed training on how to use the resource pack and the information it contained in order to avoid stereotyping.

6.7 Without the requisite training, knowledge and skills, some staff did not have the confidence to make judgements of the contribution of religion and culture in the assessment of older people. Some community care assessments contained little biographical or family detail, and focused exclusively on ‘here and now’ physical needs. Whilst this was a necessary part of the picture, it did not help those responsible for providing services to make judgements about the appropriate response to, for example, cultural and religious needs in personal care. This often led to further ‘assessments’ being done by providers to find out the missing information.

6.8 There was still present among some staff, the view that ‘they look after their own’. Some white staff interviewed held a particular view about the people from the Caribbean and South Asia which defined their family obligations as different from the white community. These views did not take into consideration the complex nature of care giving, gender and employment changes affecting the first and second generation families of ethnic minority communities.
‘I don’t think the Asian community like us to be involved. They’re very independent people and look after their old people. They usually have some family and feel reluctant to accept services from outside the family.’ Social worker

6.9 For some white staff, undertaking an assessment of need of black elders presented quite a challenge. Some white workers with only the English language, found it difficult to manage the assessment working with an interpreter. There were also others who did not make the necessary arrangements to obtain advice which could have enhanced their assessments and those who did not know of existing services which were more appropriate, or else did not have the confidence to seek them out.

‘It’s quite possible that we could miss a number of things, because we cannot communicate directly with Asian people.’ Social worker

Care Plans for Black Elders

6.10 In identifying what services were or might be available, much was dependent upon the determination of individual families and the knowledge of the worker concerned. Some workers were also more creative in stimulating an appropriate service to meet an assessed need rather than just accepting what was on offer. It was also as important that the assessment did not just focus on the black elder’s suitability for a particular existing service.

6.11 Good practice guidance for staff in some SSDs encouraged the involvement of ethnic minority older people in their assessment and the development of their care plans. The procedures usually included ensuring that the service user and carer, where relevant, received a copy of the care plan. But care plans were variable in the quality and the account taken of the needs of black elders and their carers.

‘You get pushed around from one department to the next. You just have to say forget it. You have to pester to get things done.’ Service user

6.12 The majority of care plans only provided a minimum of information about the arrangements for a service. The facility was available in most SSDs for care plans to be translated on request, but assessors were of the view that because the care plan contained limited information, it was therefore not worthwhile to be translated. If after the assessment interview (sometimes assisted with an interpreter) the service user was given a copy of the care plan, then this was usually in English regardless of the language spoken or literacy. Most of the black elders seen could not recall receiving a care plan and those who had did not understand it.
Ethnic Minority Staff

6.13 It was encouraging that the SSDs visited had made progress in recruiting staff from ethnic minority communities who were engaged in community care assessment and care management teams. These posts were often mainstream rather than the often marginalised Section 11 funded appointments of earlier times.

‘It’s difficult for a white person to understand their needs and to work with them. I’ve had no training in working with Asian people.’ White social worker

‘It’s getting more difficult year on year in getting a workforce to reflect the community.’ Director of Social Services

6.14 In one of the local area teams visited, the representation of ethnic minority staff involved in community care assessment and care management reflected the composition of the local community being served, but this was an exception. Black elders spoke more positively about their assessments which were done by staff from their own culture who they saw as understanding their needs and situations more readily than others. It was essential that assessors were able to make sense of cultural considerations and avoid assumptions about black elders rather than reaffirming the view that white ethnocentric values and assumptions result in inappropriate assessments of black elders and their carers.

6.15 The larger community care assessment and care management teams were usually staffed by people from a range of professional and cultural backgrounds. The mix of these teams were such that there was a high level of knowledge and understanding of racial and cultural needs. However some of the smaller teams did not have any such representation. In one SSD, this was overcome in part by giving 2 black workers, who were community development workers with some of the local groups for black elders, the additional tasks of undertaking individual assessments for a number of teams across the authority where there were no ethnic minority workers.

Multi-Agency and Multi-Disciplinary Assessments

6.16 Although SSDs’ procedures emphasised the importance of contributions from other agencies, there was still little to see of these contributions being included in the assessments and care plans we examined. Even in one SSD where there were HA funded Community Health Care Co-ordinators posts attached to each team, there was still little evidence of joint assessments.
‘Our links with housing and health aren’t as established in this area as with other client groups.’ SSD senior manager

6.17 We came across a range of advocacy services available within some health services but found no similar formal arrangements for ethnic minority older people through the SSDs. These service users obtained the services of informal advocates through their connections with carers’ groups and community organisations where they had such links.

Reviewing

6.18 Some assessors recognised that there was the potential to think creatively about the different ways of meeting need and some case records demonstrated that choices were made by service users and their families. However staff felt that care plans were generally service driven due to restricted resources, even though there were some good outcomes achieved.

6.19 It was not clear that black elders and their carers understood the review process. The reviewing of care plans varied across SSDs, from those which adhered to procedural guidelines and were done at regular frequencies or were dictated by a change in the service user’s circumstances, to those which were more on an ad hoc basis if done at all. In some cases, the assessors involved the service users and carers and, where necessary, an interpreter. However the review was sometimes a paper exercise with some pressure on the worker and the service user as well to avoid change.

‘We try to be creative within limited resources. Packages of care need to be within priorities and the budget.’ Social worker
Service Delivery

We Expected to Find

- There were a range of appropriate and flexible services from a diversity of suppliers which met the needs of ethnic minority older people and their carers.

- These services showed sensitivity and respect for cultural heritage? racial and ethnic identity of service users and carers, which included black elders’ religious beliefs and customs.

We Found

Relevant and Accessible Services

7.1 Genuine attempts were being made to ensure that the services to ethnic minority older people were relevant and accessible. SSDs endeavoured to identify the particular needs of black elders and to plan and deliver services which addressed their needs.

7.2 The services available to ethnic minority older people varied considerably in the different SSDs and even within the SSDs themselves. LAs started from different base points in their response to the different needs of the older people in their area. Some SSDs had recognised the growing population of black elders much earlier and had engaged with ethnic minority communities and others in planning and designing appropriate services, whilst others were more recently having to react to the expressed needs. There was less of a tendency however to assume that black elders belonged to a homogenous group and a so called ‘ethnic service’ would suffice.

7.3 Local surveys conducted in some of the LAs had confirmed the inaccessibility and inappropriateness of their service delivery. Service provision had often been surrounded by procedures, policies and practices which assumed that they were equally appropriate for everyone, and gave some legitimacy to the non-recognition of the needs of ethnic minority groups. The local surveys also highlighted the needs for specific services for black elders and their lack of knowledge about services.

7.4 Black elders and their organisations have not traditionally carried much political muscle in LAs and relied upon champions to fight their cause for
any recognition of service need. The NHS and Community Care Act and the increasing number of ethnic minority older people has ensured that LAs and service providers have taken some notice of them. Even so, many of the LAs had not reconciled a clear policy or given serious thought to service specification. There continued to be some confusion within SSDs over whether services should be special, specific, separate, different, mainstream or integrated.

‘I don’t think it matters whether we’re separate or not, so long as we get a service.’ Black elder

7.5 The LAs usually had policy statements which referred to undertakings that their services were available on an equitable basis to all sections of the community, and that they were appropriate to the cultural, religious and other needs of the community. In general, services to ethnic minority older people fell broadly into those which were generic, ie available to all service users meeting the SSD eligibility criteria, and those which were specific, ie designed to meet particular needs arising from ethnicity, cultural and religious belief. Some generic services were suitable for black elders, whilst others were inappropriate and insensitive.

Black Voluntary Provider Organisations

7.6 Various initiatives taken by the black voluntary sector had received different degrees of financial support by the SSDs. Some local self help groups and clubs providing social outlets for older people also benefited from small grants from the SSDs and sometimes support from the staff. This did not however include support with business skills which voluntary organisations said created a major problem for small groups in the competitive market.

7.7 One SSD found that through the development of contractual rather than grant-aided relationships, it was able to influence the standard and quality of the service provided. The SSD had also produced, with service users, a service and contract specification for residential and nursing home care for ethnic minority people which gave specific details of what should be provided in such areas as diet, personal care and arrangements for death and dying. The specifications further included how ‘the service must reflect the needs of the particular religious and/or cultural community targeted’ in a variety of ways.

7.8 In other situations, we were made aware that for some black voluntary groups offering specific or specialist services, the contracting process had created much difficulty in gaining the right information and meeting the high demands required of specifications. In many cases, SSDs were not sufficiently appreciative of the black groups’ ability to provide a holistic service for the whole community and family.
‘We provide services to the black community, but the social services require us to contract about specific services which are high dependent and which we do not provide.’ Voluntary organisation representative

‘We’ve stopped attending the meetings with the SSD because they’re just a talking shop.’ Independent sector provider

7.9 There were white-led organisations contracting to provide services to black elders, but it was not evident that SSDs had contracted black-led organisations to deliver services other than to black elders.

7.10 In order that black elders had choice to a wide range of services, it was evident that SSDs’ response to their needs demanded better co-ordination and a more structured and strategic approach to service delivery, as well as the predominantly pragmatic approach presently adopted.

‘I’d rather have the LA services than those from other people.’
Black elder

Residential Care Services

7.11 There were in some LA areas, a range of appropriate services provided in-house or purchased from external providers which met the specific needs of older people from different cultural backgrounds and religions. One large city authority had responded positively to the needs of ethnic minority older people by providing 4 residential care homes specifically for black elders.

These were:

• one provided for Asian elders;
• one provided for Asian elders and African Caribbean elders;
• one provided for African Caribbean elders; and
• one provided for Chinese elders.

7.12 In another large city authority, there were 23 residential care homes which had contracts meeting particular cultural and religious needs. These were:

• 11 provided for Jewish people;
• 2 provided for Hindu people;
• 3 provided for Muslim people;
• 2 provided for Sikh people; and
• 6 provided for African Caribbean people.
7.13 This type and variety of residential service provision was not available in many of the smaller LAs as choice was extremely limited. For those South Asian older people in particular who made a choice for a residential care service which fully met their cultural and religious needs, the SSD in some of these LAs, attempted to meet this through a placement outside the authority. Such placements outside the black elder’s local community usually created some dissatisfaction and difficulties for the black elder and family.

7.14 Generally, there was some limited resource available in all the authorities which met some or most of the needs of ethnic minority older people. Where this was in a residential unit offering an integrated generic service, it was dependent upon the good practice and initiative of staff who sought to ensure that there were other residents or staff of the same culture, religion or spoken language also present. However we visited a nursing home which did not have any of these practises and no tradition for caring for ethnic minority older people. One resident, an African Caribbean older man, was isolated and the staff felt they needed some advice about meeting this man’s cultural needs.

‘It’s possible to purchase an appropriate placement in another authority. But I know this would mean the family having to travel to visit. ’ SSD manager

7.15 LA directly provided residential care homes have steadily decreased over the past 10 years and there was no indication that SSDs would be developing new establishments, particularly for ethnic minority older people. Any plans for directly provided residential care for black elders was most likely to be within existing resources. SSDs expected in the future to purchase these specific services more readily from the independent sector.

7.16 One of the barriers for black elders and their families in choosing residential care as an option was that there were few staff or other residents from their own culture or religion. One SSD had a separate policy from its general policy for older people which specifically addressed residential care for black elders. In this SSD’s residential care homes, the staff spoke the relevant languages and the cooks were able to prepare traditional and special meals for the residents. Black elders considered that an essential component of their personal care was to have a traditional meal.

‘What’s needed is more residential care run by black people with black staff to break down the prejudices of black elders over residential care. ’ Voluntary organisation representative
Sheltered Support Housing

7.17 The outcome from local research in one SSD was the development of a range of support services appropriate to the needs of ethnic minority older people. In this SSD, the emphasis was beginning to shift from ‘lower dependency’ needs towards more intensive provision, and the challenge of commissioning more culturally appropriate housing with care, residential and nursing home options.

7.18 There were a few initiatives with Housing Departments, Housing Associations and other voluntary housing agencies providing supported housing schemes for ethnic minority older people. These schemes had a close relationship with SSDs, which in some instances, funded some of the staff through grant aid. There were usually a wide range of activities available to residents and the services provided were designed to meet their needs.

Day Care Services

7.19 All SSDs had provision for day care services for ethnic minority older people either directly provided or purchased from black voluntary organisations. In some SSDs, the venue of the day care services was the focal point for many black elders and the different communities. Some of the day centres were set up to provide services for one particular ethnic or religious group and some were successful in providing many different services to black elders. They also provided access points to information and referral/assessment processes.

‘I enjoy going to the day centre where I play dominoes and can listen to calypso.’ Black elder

7.20 The quantity and quality of day care provision in LA areas was also variable, but black elders’ experiences of day centres, lunch and social clubs were usually more positive than about any other service provided. The services tended to be specific to their needs with staff, and other attendees from the same culture or religion. Some SSDs were also able to provide or purchase day care services at a general social level or more intensive day provision for people with more dependent needs.

7.21 We were impressed by the good work in reminiscence being done in 2 African Caribbean day centres in one LA area. One of the centres was a multi-agency project which included libraries, health, education and the SSD. The project built on early reminiscence and positive images work and includes sessions on:

• photographs and literature from the Caribbean;
• the history of servicemen and women; and

• the experiences of the early emigrants to the city, looking for accommodation and the racial tensions.

The quality of this work, particularly the direct participation of the black elders and the promotion of positive images was excellent.

**Domiciliary Care Services**

7.22 A number of SSDs had focused recruitment initiatives in the home care services to achieve higher numbers of ethnic minority staff in order to offer choice, a culturally appropriate service and a language specific service where necessary. Only in one SSD was there no specific home care service available for black elders either from the in-house service or available from the independent sector. This was because of its policy of not developing in-house specialist services but supporting community groups to develop their own specialist services.

7.23 The home care services for black elders, both in-house and purchased, were reasonably able to respond to service needs of people requiring intensive support in sheltered housing, or in their own home where there was a higher level of personal care and dependency.

7.24 Some independent sector home care agencies aimed to provide services for particular ethnic groups and reported no difficulties in recruiting staff with appropriate skills and cultural awareness. They had severe problems however during periods when there was reduced spot purchasing by SSDs which undermined their ability to make forward plans for workforce deployment. Many wanted greater consistency and partnership with SSDs to maintain some security and stability of service.

7.25 The smaller black organisations had some problems in providing a sufficient range, volume and organisation of services to meet identified needs of individuals. Occasionally, for reasons of sickness or staff absences, services were not provided in a reliable fashion.

‘I feel that some of the black elders get a ‘raw deal’. It would be much easier to provide a home care service to them if there wasn’t the need to match the carer from ethnic groups, language and religion. Sometimes they miss out because of this.’ SSD senior manager
7.26 The active involvement in service delivery of staff from the same ethnic background as the service users had paid dividends for black elders. Likewise, the knowledge and skills of staff and voluntary organisations was of benefit to the service users. At the same time, some black elders did share with us that some workers clearly did not understand how to set about to meet their needs.

Complaints

7.27 Complaints leaflets were available in all SSDs in a range of languages and well distributed across the LAs. Few complaints were received from ethnic minority older people and many of those interviewed did not have information on how to complain. The opinion of staff was that black elders were usually grateful for any service provided (sometimes not expecting anything), did not see this as a right and tended not to make a complaint in fear of losing the service.

‘I wouldn’t know how to complain. I didn’t know you could complain.’ Black elder

Monitoring and Evaluation of Service

7.28 Procedures existed but the monitoring of service delivery varied across SSDs. In a few cases, this was regularly done and fed back to those responsible for contracting and planning. In others, nothing happened.

7.29 There was little evidence either that SSDs routinely evaluated the existing service provision or the appropriateness of services for black elders. Whereas to ethnic minority communities and individual black elders it was essential that future planning and service development was also informed by knowledge of how existing service provision met needs as well as what new services may be required.
Protection from Abuse

We Expected to Find

- SSDs had clear policies and written procedures on dealing with abuse of older people from whatever source, including staff, other service users, carers and significant others.

- Steps were taken with other agencies to minimise and protect ethnic minority older people from abuse whether physical, sexual; emotional, racial or financial.

We Found

Policies and Procedures

8.1 SSDs acknowledged the need for the protection of older people from abuse, although there were different ways in which this was effected. Most had written policies and procedures on adult abuse (which included older people) or separately on elder abuse. Two had no policies or procedures but they were actively making arrangements to develop a policy within reasonable timescales.

8.2 In the majority of SSDs, the procedures and training on elder abuse had been developed in conjunction with other relevant agencies, including police and the health services. These policies and procedures were mostly generic and did not identify areas of concern that might be more relevant for black elders, eg racial abuse/harassment. Staff particularly identified the need for policy and procedural support in dealing with racial abuse/harassment which occurred in situations between service users (especially in residential care settings), between staff, by staff or by service users on staff. Only one SSD made reference to the needs of ethnic minority older people, and specifically, to the importance of using interpreters when necessary.

8.3 There was little evidence to suggest that elder abuse policies and procedures were developed in conjunction with, or had the benefit of, some consultation with ethnic minority communities.
Dealing with Abusive Situations

8.4 Some staff were aware of the procedures and had used these to deal with abusive situations and undertaking effective and sensitive work which sometimes needed the involvement of the police. We were also made aware of situations being closely monitored by a combination of health and social services staff. In those SSDs without procedures, staff intervened more on an ad hoc basis and there was an assumption that good practice would be sufficient to protect ethnic minority older people from abuse.

8.5 A further difficulty for some staff was that they did not feel they had sufficient authority to protect some people from abuse. This was particularly so in those situations where the elderly person was fully aware and alert but refused to substantiate evidence of abuse. Staff acknowledged their awareness of a small number of incidents of financial abuse of elderly people by relatives about which they felt they could not intervene. In most other abusive situations they offered some protection.

8.6 There was considerable variation in SSDs’ staff involvement in the management of service users finances without appropriate authority. There was also the danger that the informal arrangement could make possible financial abuse by staff. Staff also lacked confidence in knowing when and how to access court protection for the benefit of service users.

8.7 Staff working with older people from different cultures to their own appeared to be inhibited in using some of the well intentioned practices of protecting ethnic minority older people from abuse. In all authorities, there was a need for staff to receive appropriate training and support in responding to the abuse of ethnic minority older people.
We Expected to Find

- SSDs had equal opportunity policies and action plans for employment and service delivery.

- All ethnic minority older people and their representatives in contact with the SSDs were responded to with dignity, respect, in confidence and with regard to equal opportunity principles.

- Services were provided in an appropriate manner dependent upon the cultural and social backgrounds of individuals.

We Found

Equal Opportunity Policy Statements

9.1 It was common for LAs to have corporate policies on equal opportunities. In general, councils’ policies with regard to ethnic minority groups gave commitment to identifying their needs through consultation and ensuring that services were relevant and appropriate to these needs.

9.2 SSDs, with significant representation of ethnic minority communities in their areas, had responded to the diversity of the different cultures and ethnic identity of these people by developing Race Equality Statements or policies on employment and service delivery. In these SSDs, the services provided were beginning to reflect the racial, religious and cultural needs of older people. Individuals in the sample of LA areas where there were small and scattered ethnic minority communities had greater difficulties in accessing appropriate services.

9.3 The implementation of Equality Statements however varied across the SSDs, and was most effective where there was some systematic monitoring of action plans for employment and service delivery. This effectiveness was also evident in those SSDs where the lead responsibility was located at a senior management level for the action plans, performance measurement and planning to meet needs identified within the community.

9.4 In one SSD, each new member of staff was issued with a copy of the...
council’s Equal Opportunities Policy Statement, and every individual staff member was expected to appreciate their responsibility and their role in the promotion of equal opportunities. The induction training for new staff included an essential element about equal opportunities. There was action required however for training and support to develop the skills of staff working with ethnic minority older people.

9.5 Besides the equal opportunities policy of the SSD, a Race Equality Strategy developed in partnership with them, was seen as an important issue for many ethnic minority people. It formed the basis for all race equality initiatives/activities and therefore was at the centre of community care services for black elders. Not all SSDs had such policies in addition to their overall equal opportunities policy.

9.6 One of the larger SSD’s Equality Action Plans required all area and service managers to produce individual Race Action Plans. A recent review concluded that the managers were taking positive steps both in terms of recruiting black staff and in improving services. There was also considerable progress made in the last 5 years in areas such as women in senior management positions and development of services for people with disabilities.

Ethnic Minority Staff

9.7 Those SSDs with few black staff and where there were small communities or dispersed ethnic minority populations had greater difficulties in turning statements of good intent into positive outcomes of appropriate service for ethnic minority older people. But there was in these SSDs, an awareness of the need for participation of ethnic minority service users and carers in the policy development and service planning, and there was some indication that these SSDs were still committed to providing equality of opportunity policies.

9.8 The equal opportunity procedures for employment appeared to be well known and understood by most staff. The workforce of SSDs were variable in the range, number and percentage of staff employed from ethnic minority communities. The representation of ethnic minority staff at senior levels in the SSDs was poor even though some SSDs claimed to have a diversity of staff which reflected the composition of that of the local community served.

9.9 One SSD’s response to the limited number of black staff at senior levels, was a recently started programme which will run until 1998 using Section 38 of the Race Relations Act 1976 to increase the personal development skills of some first-line black managers. Only in 2 other SSDs, did we find a positive Action Training Scheme designed to assist under-represented groups to move into more senior positions.
9.10 In some SSDs, the equal opportunities policies for employment were usually accompanied by some ethnic record-keeping and monitoring system for employment. Analysis of the workforce had encouraged some SSDs to set targets for recruitment and the retention of ethnic minority staff at all levels in the organisation. Recent budget cuts in the SSDs however have made some black staff cynical about the commitments to equal opportunities.

9.11 SSDs needed to pay particular attention to how individual staff members from ethnic minority communities were being deployed, used and supported. There was still some danger that some individuals were used as an all purpose interpreter/translator for the team to which they belonged and their workloads therefore becoming considerable. In the larger SSDs, there was some support available to staff through the Black Workers Groups.

9.12 Staff were observed to make genuine attempts to treat ethnic minority older people with dignity and respect in accordance with equal opportunity principles. Most service users said that the SSDs’ staff were helpful and polite to them and only a few did not think so. Some said that the SSD did not speak to them in a language they could understand, reinforcing the concerns about the under-use of interpreters with older people.

“For me and some other black people, we don’t necessarily want services only provided by black people, as long as they’re right for us.” Black elder
STANDARD 1: STRATEGIES AND POLICIES:

The SSD demonstrates commitment to meet the needs of ethnic minority older people and their carers. This commitment is included in departmental policies, incorporated in multi-agency strategic planning and evidenced in management and operational guidance, procedures and practice.

Criteria

1.1 The SSD has strategies and policies which acknowledge the needs of ethnic minority older people and their carers and which set out how these needs are to be met.

1.2 The SSD has arrangements with health service purchasers to ensure that they work collaboratively to meet the needs of ethnic minority older people and those of their carers.

1.3 The SSD has arrangements with housing agencies to ensure they work collaboratively to meet the needs of ethnic minority older people and those of their carers.

1.4 The SSD has arrangements with independent service providers to ensure that they work collaboratively to meet the needs of ethnic minority older people and those of their carers.

1.5 Strategies, policies and procedures on services for ethnic minority people and their carers, are known to staff and others.
STANDARD 2: PLANNING:

The SSD has determined, in consultation with people and other agencies, the service which how it will be achieved. Local ethnic minority will be provided and how it will be achieved.

Criteria

2.1 The SSD has plans, based on the needs and size of the local ethnic minority population. The plans say how the needs of such people will be addressed.

2.2 The planning of services for ethnic minority older people is consistent with the way other services are planned.

2.3 Local ethnic minority people are involved in making the SSD’s plans.

2.4 The SSD involves other agencies and LA departments in the planning of services for ethnic minority older people.

2.5 The SSD gathers information about the ethnic origin of older service users and uses this in its planning processes.

STANDARD 3: COMMUNICATION AND INFORMATION

The communication needs of ethnic minority people and their families, are met when they have contact with the SSD. The SSD provides information which they can understand about the services available, who they are for and how they are provided.

Criteria

3.1 The SSD makes sure that front-line/reception staff know what is expected of them in responding to people who do not speak English, those whose first language is not English and to people who have a hearing impairment.

3.2 The SSD makes sure that it has available to it the appropriate translating and interpreting skills.

3.3 Ethnic minority older people know what they can expect from the SSD in terms of communication support.
3.4 Ethnic minority older people get the information they need about the SSD and other agencies at the time they need it. It includes information about:

- referral;
- assessment and care planning;
- monitoring and review;
- the range of services available;
- charges;
- eligibility criteria;
- complaints; and
- other agencies.

3.5 Information is available in the various local languages of ethnic minority people and/or carers.

3.6 The SSD has asked ethnic minority people what information they want and how it should be made available.

STANDARD 4: ASSESSMENT, CARE MANAGEMENT AND REVIEW:

The SSD has arrangements for involving ethnic minority older people and their families in deciding what they need, what services will be provided, who will arrange them, how these arrangements will be monitored and any necessary changes made.

Criteria

4.1 Ethnic minority older people and their carers have equal access to referral and assessment arrangements which:

- recognise their language and cultural needs;
- involves them appropriately; and
- agree objectives with them.
4.2 The SSD deploys staff and other resources in ways which ensure the needs of ethnic minority older people and those of their carers are given appropriate priority.

4.3 Individual care plans:

- identify and are appropriate to the needs of ethnic minority older people and their carers;
- take account of the cultural and religious background of ethnic minority older people;
- are not influenced unduly by existing services;
- take account of the key components of community care policy; and
- take account of quality of life issues for ethnic minority older people and their carers.

4.4 Service users and carers are offered a genuine choice of service options, appropriate to their ethnic and cultural background.

4.5 Care plans are reviewed through systems which involve:

- ethnic minority older people and their carers fully; and
- appropriate agencies.

and agree changes with them.

4.6 The frequency of reviews reflects the fact that the needs of some service users and carers change more quickly than others.

4.7 Service providers collaborate effectively to deliver changes to care plans arising from reviews and re-assessments.
STANDARD 5: SERVICE DELIVERY:

Services are provided in ways that meet the needs and preferences of older ethnic minority service users and their carers. The delivery of services is monitored and service users are supported in making representations including complaints.

Criteria

5.1 Services are delivered in ways which meet the objectives of individual older ethnic minority service users’ care plans.

5.2 Service delivery takes account of the gender, cultural and social background and needs of older ethnic minority service users and their carers.

5.3 The contribution of service providers is co-ordinated to deliver services effectively.

5.4 The SSD uses the skills and experience of ethnic minority people in service provision.

5.5 Service delivery is monitored

5.6 Ethnic minority older people are supported in making representations and complaints.

STANDARD 6: PROTECTION FROM ABUSE:

The SSD has effective inter-departmental and inter-agency arrangements for responding to the abuse of ethnic minority older people, including financial abuse.

Criteria

6.1 The SSD has clear policy and written procedures on dealing with abuse of older people from whatever source including staff, other service users, carers and significant others.

6.2 The SSD has arrangements with appropriate agencies to meet the needs of ethnic minority older people who are abused.
6.3 The SSD takes steps to minimise the opportunities for, and to deal with, abuse of service users, carers and staff.

6.4 Ethnic minority older people are protected from abuse whether physical, sexual, emotional, racial or financial and from whatever source.

**STANDARD 7: EQUALITY OF OPPORTUNITY:**

Community care services for ethnic minority older people positively attempt to meet the racial, religious, cultural, social, sexual orientation, gender disability, language and communication needs of service users and any needs arising from being older people.

**Criteria**

7.1 The SSD has equal opportunity policies and action plans for employment and service delivery.

7.2 Older ethnic minority people and their representatives in contact with the SSD are responded to with dignity, respect, in confidence, with regard to equal opportunity principles and services are provided in the appropriate manner.

7.3 Services recognise and are sensitive to the sexual orientation, gender and disability needs of ethnic minority older people in addition to their needs which arise from their religious, racial, cultural and social background.

7.4 Staff understand that the social implications of belonging to an ethnic minority group vary depending upon the cultural and social backgrounds of individuals.
Direct Discrimination

Section 1(1)(a) of the Race Relations Act defines direct discrimination as when one person treats another less favourably than he/she treats or would treat someone else on racial grounds.

Indirect Discrimination

Section 1(1)(b) defines indirect discrimination as where a condition or requirement is applied which, although applied equally to people from all racial groups, is such that it will be harder for certain racial groups and cannot be shown to be justifiable on other grounds.

Service Provision

Section 20(1) makes it unlawful for anyone who is concerned with the provision of goods, facilities or services to the public, or a section of the public to discriminate. It includes discrimination by refusal or deliberate omission or as regards their quality or the manner or terms on which they are provided.

Section 32(1)(2) makes employers liable for any act done with or without their knowledge by any of their employees in the course of their employment.

Section 40(1) makes it unlawful to discriminate in the way in which access to benefits, facilities or services are offered and facilitated.
The report uses the following terms:

• **Black and Ethnic Minority People:**
  - **Black:** refers to those members of ethnic minority groups who are differentiated by their skin colour and/or physical appearance, and may therefore feel some solidarity with one another by reason of past or current experience, but who may have many different cultural traditions and values. In this inspection, black is used as a generic and inclusive term to mean African, Caribbean, Asian, Chinese and Vietnamese people in particular. Some people may not regard themselves as black, but they were included in our definition due to the common status of being in a group disadvantaged by racial discrimination prompted by skin colour and physical differences; and
  - **Ethnic Minority:** relates to all sub-groups of the population not indigenous to the United Kingdom who hold cultural traditions and values derived, at least in part, from their countries of origin. This therefore excludes national minorities (in the sense of the European Conventions), such as the Scottish, Northern Irish and Welsh, but they equally have the right to have their distinctive cultural traditions and values respected in the way that they are offered services.

It is recognised that there is no single accepted term, so in combination, these two terms are intended to cover all people from racial and other minorities in this country who may be disadvantaged because of their racial or cultural background.

• **Black Elders:**
  - **Black Elders:** is used as it demonstrates the respect and dignity accorded to older people in ethnic minority communities. Many of them are accepted as the ‘elders’ of their community.

• **Culture:**
  - **Culture:** encompasses the culture, artistic and intellectual accomplishments, religious beliefs and values of people who share the same racial or ethnic origin and/or language. Religion and culture are protected in law in so far as they are aspects of race.
The Methodology

1. Between September 1996 and March 1997, SSI undertook the fieldwork for this inspection in eight LA areas. The objective of the inspections was to evaluate the extent to which SSDs’ arrangements for planning and delivering community care services appropriately addressed the needs of ethnic minority older people.

2. The inspection was based on standards and criteria drawn from legislation, guidance and accepted good practice. They are to be found in Appendix A. They were developed by SSI in consultation with a reference group which included:

SSI Members

Mr J Fraser  Assistant Chief Inspector
Mr U Murray  Inspector (Lead Inspector)
Mr D Brown  Inspector (Analytical Inspector)
Mr S Clarke  Statistician
Mr R Welch  Inspector
Ms V Coombe  Inspector

External Members

Professor Michael Chan  NHS-EHU, Department of Health
Ms R Dutt  Race Equality Unit
Mr D Fieldsend  Kirklees SSD
Ms H Bradshaw  Black Elderly Group, Peckham, London
Ms P Headlam  KENTE
Ms P Powell  1990 Trust
Ms Y Coleman  Dudley African Caribbean Befriending Services
Mr T Chan  London Chinese Health Resource Centre

3. The eight LA areas selected for the inspection were Kirklees, Bolton, Manchester, Walsall, Nottinghamshire, Birmingham, and Hackney. The
SSDs were chosen with a view to inspecting LA areas where there was a significant proportion of the population belonging to one or more ethnic minority groups. Census data was used in the selection of SSDs. The ethnic minority populations in the LA areas selected were predominately those defined as black. Service users from this group were the focus for case sampling and surveying purposes. However the inspection teams also considered the needs and service response to people from all ethnic minority groups.

4. The inspection was carried out by teams comprising of two inspectors and a lay assessor. Each team had at least one ethnic minority inspector.

5. The process in each SSD covered:
   - the analysis of responses to a questionnaire sent to ethnic minority older people about community care services;
   - the study of a wide range of information supplied by the SSD, including community care plans, policy and procedure documents and other information relevant to community care services for ethnic minority older people;
   - interviews and discussions with managers and practitioners from the SSD, health service, housing and independent service providers;
   - visits to units providing day care and to residential care homes;
   - the detailed consideration of eight cases, including interviews with service users and, where appropriate, their carers and their care managers;
   - discussions with carers groups and representatives of voluntary organisations; and
   - the assessment of the quality of services provided in service users’ homes.
6. Individual reports, on each of the eight inspections, have been published. They are:

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Local Report Available From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham</td>
<td>Central Inspection Group 2nd Floor J Rothschild House Castle Quay Castle Boulevard Nottingham NG7 1FW</td>
</tr>
<tr>
<td>Bolton</td>
<td>North West Inspection Group Warwickgate House Warwick Road Old Trafford Manchester M16 ORU</td>
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<tr>
<td>Hackney</td>
<td>London East Inspection Group 7th Floor Hannibal House Elephant and Castle London SE1 6TE</td>
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<td>Hounslow</td>
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<tr>
<td>Kirklees</td>
<td>North East Inspection Group 16th Floor West Riding House 67 Albion Street Leeds LS1 5AA</td>
</tr>
<tr>
<td>Manchester</td>
<td>North West Inspection Group Warwickgate House Warwick Road Old Trafford Manchester M16 ORU</td>
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<tr>
<td>Nottinghamshire</td>
<td>Central Inspection Group 2nd Floor J Rothschild House Castle Quay Castle Boulevard Nottingham NG7 1FW</td>
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</tbody>
</table>
Walsall  Central Inspection Group
2nd Floor  
J Rothschild House  
Castle Quay  
Castle Boulevard  
Nottingham NG7 1FW
### Table 1: Population by Ethnic Group and Region (1991)

<table>
<thead>
<tr>
<th>Region</th>
<th>Indian, Pakistani or Bangladeshi</th>
<th>Other Ethnic Minority Groups</th>
<th>All Ethnic Minority Groups</th>
<th>White</th>
<th>All Ethnic Groups</th>
<th>Ethnic Minority Groups as a % of the Total Population</th>
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</thead>
<tbody>
<tr>
<td>Black British</td>
<td>890</td>
<td>1479</td>
<td>637</td>
<td>3,007</td>
<td>51,856</td>
<td>54,863</td>
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<td>14</td>
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<td>65</td>
<td>4,935</td>
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Source: OPCS: 1991 Census

* Black Caribbean, Black African and Black Other.
### Table 2: Population by Age: Great Britain (1991)

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Under 16</th>
<th>16 to 24</th>
<th>25 to 34</th>
<th>35 to 44</th>
<th>45 to 54</th>
<th>55 to 64</th>
<th>65 and over</th>
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<td>Other-Black</td>
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<td>33</td>
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<td>6</td>
<td>3</td>
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<td>Indian</td>
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<td>Other-Ethnic Minorities</td>
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<td>33</td>
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<td>White</td>
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<td>6,509</td>
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<td>6,104</td>
<td>5,473</td>
<td>8,714</td>
<td>51,874</td>
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Source: OPCS: 1991 Census
Table 3: Population by Ethnic Group and Age: Great Britain (1993 to 1996)

<table>
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<tr>
<th>Ethnic Group</th>
<th>Age (1000s)</th>
<th>All Ages</th>
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<tbody>
<tr>
<td></td>
<td>0 to 4</td>
<td>5 to 9</td>
</tr>
<tr>
<td>Black-Caribbean</td>
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<td>8</td>
</tr>
<tr>
<td>Black-African</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Other-Black (non-mixed)</td>
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<td>16</td>
</tr>
<tr>
<td>Black-Mixed</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>Indian</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Pakistani</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Bangladeshi</td>
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<td>14</td>
</tr>
<tr>
<td>Chinese</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Other-Asian (non-mixed)</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Other-Other (non-mixed)</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Other-Mixed</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>All ethnic minority groups</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>White</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>All ethnic groups*</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics

* Includes ethnic group not stated.