A study of the housing, care and support needs of African Caribbean older people living in Chapeltown, Leeds

A report by MHA Care Group in partnership with the Leeds black Elders Association and the Mary Seacole Nurses Association

May 2001

Compiled and written by Tracey Hylton
ACKNOWLEDGEMENTS

I would like to thank Mrs Mary Saddler at the Roscoe Methodist Church in Chapeltown, Leeds for providing a warm welcome when convening the focus group and give special thanks to all the luncheon club members.

I would also like to thank all those who agreed to be interviewed and responded to questionnaires.

Finally, an extra special thanks must go to Angela Mkandla and Jane Henry for their support and professional contribution to the project.

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MHA Care Group is a national charity and Registered Social Landlord providing strategic direction and support to Methodist Homes for the Aged – one of the country’s leading voluntary providers of services for older people – and its sister organisation Methodist Homes Housing Association.

It supports more than 6,000 older people in residential and nursing care homes, specialist dementia care homes, sheltered housing schemes and community care and support projects. It employs 2,000 staff and enjoys the support and dedication of more than 5,000 volunteers.

With over fifty years experience of delivering high quality housing, care and support for older people, MHA Care Group is well placed to make a positive contribution to the development of services in health and social care. It undertakes research to better understand and improve services for older people in different parts of the country.

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This report details the results of a research study carried out for MHA Care Group, Leeds Black Elders Association and the Mary Seacole Nursing Association to identify the housing, care and support needs of African Caribbean older people living in the Chapeltown area of Leeds. It was undertaken between November 2000 and April 2001 and seeks to inform the development of services in the area.

Main recommendations

- Priority should be given to establishing a ‘one-stop’ community day centre in Chapeltown that provides African Caribbean older people (including people with dementia) with the services they need to go on living independently in the community and in their own homes for as long as possible.

- Staff delivering services to older people in Chapeltown must be reflective of the community they serve. In particular, the ethnic composition of staff must reflect the ethnic make-up of the local community – from the senior manager right through to the care assistants on the frontline.

- Any developments in the area of community care provision must be conducted in full consultation with the African Caribbean elders themselves and delivered according to the priorities, needs and expectations of local people.

Key findings

- Over 33% of the population in Chapeltown come from BME groups compared to 6% of Leeds as a whole. 12.69% of the local population are Black Caribbean (1991 Census).

- Service providers expressed the view that dementia care should be one of the top priorities for service development for African Caribbean people.

- There is a great sense of disempowerment among African Caribbean community members in terms of making their needs known and having needs met, due partly to institutional racism, lack of information, lack of awareness of the decision-making process.

- The majority of African Caribbean elders in the study want to carry on living independently in their own homes – with increased support if necessary.
- Concern exists that existing homes do not satisfy people’s disability needs. A large number of individuals want some form of aid or adaptation in their home.

- Community members have little knowledge of the housing options available to them in old age or of how to speed up the process of having their needs met.

- The level of care and support needed by African Caribbean people aged 80 and over is high. Some receive home care services, but are dissatisfied with the help they receive.

- There is evidence that some older African Caribbean community members are low level service users – due to inappropriate assessment of their needs and a high use of family help and community group services.

- Many feel that care teams are insensitive or uninterested in their needs – so no discussion took place between them.

- The greatest resistance to moving into a care home came from people aged 85 and over.

- In contrast the majority of under 85 years were prepared to concede that they may re-evaluate accommodation due to declining health.

- The under 85 year olds had a deep fear of being a burden to their families and would be prepared to go into alternative homes rather than be a burden to the family.

- All were opposed to culturally specific accommodation.

- All carers/relatives in this study were adamant that the older person would be cared for at home indefinitely.

- Carers/relatives did not believe they were consulted on issues concerning care and support of older people.

- There was a strong view that a sole black resident in shared accommodation was not desirable; this was due partly to institutional and direct racism and the lack of cultural sensitivity to their needs.

- In the Chapeltown area - out of seventeen sheltered housing schemes, none are provided specifically for African Caribbean people; out of nine residential homes one is aimed at African Caribbean’s needs and out of three nursing homes there is one black resident.

- The 1999 Leeds City Council ‘Vision for Leeds’ identified crime and safety; housing; health and social deprivation; and integrated services and community involvement as key priorities for older people.
The process of examining the housing, support and care needs of black and minority ethnic (BME) older people has been taking place over a period of time. This challenge is being taken up by the Government, local authorities, housing developers and providers to ensure that provision for BME groups take into account the cultural, racial and individual differences which prevent equal and appropriate access to housing, care and support services.

Progress has been made on these issues recently, through the commissioning of feasibility study via a partnership between Help the Aged and The Mary Seacole Nurses Association in 1995. The report entitled Nursing Home Project (Leeds): financial plan of action, 1995 was presented. From this study a business plan entitled: Nursing Home for the Elderly, 1996 was produced with the aim of developing a nursing home specifically for African Caribbean older people in the Chapeltown area of Leeds. More recently, further discussions have evolved through a new innovative partnership between the Mary Seacole Nurses Association, The Leeds Black Elders Association and MHA Care Group. This new piece of research aimed to explore the wider issues surrounding future housing preferences and care and support services for local African Caribbean elderly people. (Details of the partnership organisations are provided in Appendix 1)
The impetus for the research was the recognition that the experiences, concerns and future housing preferences of older African Caribbean people deserved exploration with a view to develop services which will meet their specific future housing, care and support needs. The aim was to take a snapshot in time and paint a picture of the future housing preferences and community support needs of African Caribbean older people living in or using facilities in the Chapeltown area of Leeds.

Black and minority ethnic communities (BMEs) in Leeds comprise 5.8% of the total population of Leeds (1991 Census). This is translated into the following statistics: out of a total of 680,722 people 39,482 are from BME communities. The largest groups are Indians (25.4%), Pakistanis (23.7%) and African Caribbeans (16.9%). The largest numbers of people from BME communities live in the inner-city wards of Leeds: Chapeltown, Harehills and Hunslet. In the Chapel Allerton ward (Chapeltown), 2,788 people are of African Caribbean origin. Of this figure, 707 people are aged 55 years or over in Chapeltown (25.3%).

There is local evidence* which suggests that these areas face many of the problems associated with inner-city areas and where community members experience disproportionate levels of discrimination and deprivation compared to other parts Leeds and the country as a whole.

In order to address some of the issues concerning deprivation and discrimination in the Chapeltown area, the project evolved from discussions between MHA Care Group, The Mary Seacole Nurses Association and The Leeds Black Elders Association. It soon became clear that these agencies were interested and keen to support the research and work in partnership.

The project was established under the guidance of a Steering Group representing the three agency’s interests. The researcher was employed to carry out the research brief on behalf of the Steering Group. (Details of the Steering Group and the researcher are provided in the Appendix 2). The research brief was devised to encourage people to make predictive assessments of their future needs. It should be recognised that this was not an easy task; nor is the time spent devising questions that will help them think about future housing needs.

The first stage of the research involved a literature review of the housing, care and support needs of African Caribbean older people and their future housing preferences. This review sought to explore:

- The housing and community care context and relevant legislation

• Recent studies of BME communities in housing, care and support services and demographic issues; discrimination and racism; standards in care; consultation and support and future provision of services.

• Some of the factors that prevent or support good practice in research studies with older people.

The second stage involved designing and carrying out qualitative research with the groups identified. To explore the housing, care and support needs of the targeted group, initial contacts were made with groups of African Caribbean older people, housing agencies, voluntary groups and statutory organisations. Three research methods were used to obtain information:

• Focus group
• One-to-one interviews
• Postal questionnaires and
• Telephone Interviews

The final stage of the research involved analysis and evaluation of the data collected, which provided evidence for conclusion and recommendations for future action.
In this section the work of the separate research strategies is described. The second part of this section describes the methods used in each piece of research the response rates achieved and the methodological issues that arose.

The research design

This qualitative research study was concerned with two broad issues:

- the choices that African Caribbean older people have in terms of location and the housing options available to them; and
- the experiences, perceptions and future aspirations of the housing, care and support services for African Caribbean elders.

One of the core concerns that prompted the commissioning of the research was the belief that African Caribbean people do not have the choice to live in a predominantly black area in accommodation ‘designed’ for black people with care and support needs. (This may include e.g. a nursing home for black residents, or greater support at home.)

To test this hypothesis, a variety of research strategies were used. This approach allows for the problems associated with one strategy to be compensated by the strengths of another.

Wherever possible the findings of the research were compared to other local and national studies, supporting evidence-based recommendations and action plans for future service developments.

The fieldwork was carried out through four different methods of data collection:

Focus group

The focus group with the African Caribbean older people aimed to gather information on the following topics:

- the preferred area of residence;
- knowledge of community support services available and used;
- housing aspirations; and
- consultation issues.

1 'Designed' in this case refers to the tailoring of resources to suit individual and cultural needs; e.g. an organisational culture which is safe and encourages the maintenance of sense of 'self'.
Participants were from a mixed tenure including people living in local authority, housing association, private rented and owner-occupier accommodation.

**One-to-one interviews**

The one-to-one interviews with the ‘older’ old residents were conducted to find out people’s views on their housing, care and support services and needs. The client group’s carers and relatives were also asked about their preferences and views on the same topics.

**Service provider questionnaires and telephone interviews**

Questionnaires and telephone interviews were conducted with service providers. The mixed group of interviewees included people from a residential home, day centre and nursing home. The focus of this research was their experience of the gaps evident in “housing, care and support services for African Caribbean elders”\(^3\), the housing options available and priorities.

The individual telephone interviews and questionnaires were semi-structured. The Steering Group members identified these participants as being contacts with either in-depth knowledge of the issues concerned, or were either located or provided services in the Chapeltown area.

By using this research design and the methods described it is possible to compare and analyse the views, perceptions and the client group, and service providers. Particular attention was paid to whether a nursing home was an appropriate development to consider for investment or whether it was more appropriate to introduce and extend elements of community support services in the area.

**Literature review**

A literature review was carried out taking into account the demographic, legislative context and social care aspects of housing services for BME groups, with a particular focus on African Caribbean issues. This is reproduced in Appendix 3 and a bibliography is in Appendix 4.

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\(^2\) ‘older’ old people are those who are aged 80 upwards.

\(^3\) For the purposes of this study the housing, care and support needs of African Caribbean elderly people will be referred to as “African Caribbean needs”.

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MHA care group
housing and care for older people
5. FINDINGS

This section is divided into four parts:

- Present service provision
- Focus group responses
- One-to-one interviews
- Postal questionnaire and telephone interviews

5.1 Present service provision

Introduction

This section aimed to map out the key services provided in the LS7 postal district of Chapeltown; this area is also defined as the North East Primary Care Group in Leeds, the Chapel Allerton electoral ward and the Neighbourhood Housing Office Boundaries of Chapeltown and Harehills.

Findings

A mapping exercise was carried out to identify the care homes and sheltered housing provision in Chapeltown. This was obtained through secondary sources provided by Leeds City Council Housing and Community Care Project Team. The provision of care homes (residential and nursing homes) and sheltered housing services available in the research area can be seen in Tables 1-3.

Table 1. Sheltered housing in Chapeltown

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANISATION</th>
<th>CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hall Court</td>
<td>North British Housing Association</td>
<td>1</td>
</tr>
<tr>
<td>Mary Sunley House</td>
<td>Anchor Housing Association</td>
<td>2</td>
</tr>
<tr>
<td>Newton Walk</td>
<td>Headrow Housing Group Ltd</td>
<td>1</td>
</tr>
<tr>
<td>Northbrook Croft</td>
<td>Ridings Housing Association</td>
<td>1</td>
</tr>
<tr>
<td>Olrika Court</td>
<td>Unity Housing Association</td>
<td>1</td>
</tr>
<tr>
<td>Reginald Terrace</td>
<td>Chapeltown NHO</td>
<td>1</td>
</tr>
<tr>
<td>St. Johns Court</td>
<td>North British Housing Association</td>
<td>1</td>
</tr>
<tr>
<td>Stonegate Green</td>
<td>Leeds Federated Housing</td>
<td>2</td>
</tr>
<tr>
<td>Stratford Court</td>
<td>Chapeltown NHO</td>
<td>2</td>
</tr>
<tr>
<td>Truong Song</td>
<td>Harewood Housing Society</td>
<td>1.5</td>
</tr>
<tr>
<td>Whitley Gardens</td>
<td>North British Housing Association</td>
<td>1</td>
</tr>
<tr>
<td>William Hey Court</td>
<td>Harewood Housing Society</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2. Residential care homes in Chapeltown, LS7

<table>
<thead>
<tr>
<th>NAME</th>
<th>SECTOR</th>
<th>CARE</th>
<th>TARGET GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allerton Manor</td>
<td>Private</td>
<td>Medical, nursing (partial), personal</td>
<td>N/A</td>
</tr>
<tr>
<td>Allerton Park Lodge</td>
<td>Private</td>
<td>Nursing, personal care, multiple disabilities, rehabilitation, dementia, mental &amp; drug concerns</td>
<td>N/A</td>
</tr>
<tr>
<td>Bethel</td>
<td>Private</td>
<td>Personal care, dementia</td>
<td>N/A</td>
</tr>
<tr>
<td>Carr Croft</td>
<td>Private</td>
<td>Personal care, dementia</td>
<td>N/A</td>
</tr>
<tr>
<td>Dyneley House</td>
<td>Private</td>
<td>Medical, nursing, personal care, dementia</td>
<td>Christian scientists</td>
</tr>
<tr>
<td>Hollybank</td>
<td>Private</td>
<td>Nursing, personal care, dementia, rehabilitation</td>
<td>Christian ethos</td>
</tr>
<tr>
<td>Neville house</td>
<td>Private</td>
<td>Personal care, dementia</td>
<td>N/A</td>
</tr>
<tr>
<td>St Martin’s</td>
<td>Voluntary</td>
<td>Personal care, clinics, dementia, medical, rehabilitation</td>
<td>N/A</td>
</tr>
<tr>
<td>United Caribbean Association</td>
<td>Private</td>
<td>Medical, nursing, personal care</td>
<td>BMEs</td>
</tr>
</tbody>
</table>


Table 3. Nursing homes in Chapeltown, LS7

<table>
<thead>
<tr>
<th>NAME</th>
<th>TARGET GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harewood Court</td>
<td>Includes physically disabled</td>
</tr>
<tr>
<td>Harrogate Lodge</td>
<td>Dual registered/residential</td>
</tr>
<tr>
<td>Green Acres</td>
<td>Frail elderly</td>
</tr>
</tbody>
</table>

From: Leeds City Council Social Service Department, April 2001.

Seventeen sheltered housing schemes, nine residential homes and three nursing homes in Chapeltown were identified and can be seen in Tables 1, 2 and 3 respectively. It is clear that there are a variety of sheltered housing schemes in the research area, the majority of which are Category 1 homes. Significantly, findings show that out of the 9 residential homes, one residential home can be identified as having a Christian ethos (Hollybank), one scheme has a total of 19 African Caribbean tenants (Reginald Terrace) and out of the 3 nursing homes one had a black resident (Harrogate Lodge).
Housing, care and support needs

An examination of the extent and nature of housing, care and support services provided by voluntary and statutory agencies in the Chapeltown area was carried out. A range of agencies were identified as either providing services or actually based in the Chapeltown area. Thirty-three service providers were contacted for the purposes of the qualitative data collection process (see Appendix 5). The range of housing care and support services identified and received by African Caribbean elders (in the focus group and one-to-one interviews) included:

- Domestic care
- Personal care
- Church (religion and social activities)
- Racial harassment support and advice
- Caribbean Island Associations (support and advice)
- Residential and sheltered housing and nursing home services
- Mental health and health centre services
- Housing association services
- CAB
- Law centre facilities
- Care and Repair
- Day centre services
- Local authority housing and social service provision

A survey of the literature around care and support needs suggests that mainstream services lack the cultural sensitivity needed to provide appropriate services. Much of the provision and delivery of housing and care services for BME communities have been neglected:

“There is growing evidence, to indicate that black and minority ethnic communities: have different service needs; find a range of services inaccessible and inappropriate and; have different rates of service usage and uptake” (Leeds Involvement Project, 1997)

In a study by the Department of Health (Department of Health, 1998), service delivery was found to be limited. For example meals on wheels were provided in an inappropriate manner and it was found that:

“The ethnocentric nature of service provision…… meant that some black elders had difficulty in having their needs met.” (Department of Health, 1998).

BME communities have in general experienced a certain amount of difficulty in obtaining a culturally sensitive assessment of their needs. For example a study in Leeds 7 and 8 showed that low numbers of people from BME communities were making use of the support services; African Caribbean elders living in Chapeltown
communities in particular have a low level of service use take-up (Singh, 1998). This may in some part be due to differing variables including: the lack of accessible information available and the reticence of the client group to negotiate the welfare system because of unsuccessful past experiences. (These and other theories will be explored in more detail in the Conclusion and Literature Review at the end of the report).

Recent service developments

Leeds City Council (the dominant service provider) has initiated services in a number of areas under the auspices of a ‘reconfiguration of services to older people’, namely:

- Rapid Response Home Care service to support older people when discharged from hospital (operated as a seven-day service). There are plans to introduce 24-hour cover and to increase take up by BMEs.
- Neighbourhood Community Care Schemes for older people. There are currently 34 such schemes across Leeds.
- Extra Care Sheltered Housing located in the West Primary Care Group (PCG) Area in partnership with Hanover Housing. Also, a complex located in the East PCG Area was developed in partnership with Anchor Trust it includes facilities for intensive 24-hour rehabilitation. (For map of PCG Areas, see Appendix 6)

The West PCG Area received substantial support for older people’s services. The Chapeltown district is located in the North East PCG Area. The following services are available in the West PCG Area only:

- A Community Care Centre – offering a residential service for older people who require complex, short term packages of rehabilitation or intermediate care as an alternative to hospital admission.
- Intermediate Care Team offers services from nurses, therapists and integrated home care/health care support with links to day services, housing and the voluntary sector.
- A Day Service site which provides specialist intermediate day care for people needing short-term intensive rehabilitation or high levels of physical care.
- Mental Health Services for older people.

In addition, a consultation exercise was carried out by Leeds City Council in their project “Vision for Leeds” to identify the main areas for development. They identified the following as areas of concern for older people:

- Crime and community safety
- Housing
- Health and social deprivation
- Integrated services and community involvement
Sheltered housing provision is currently high on the agenda for Leeds Housing Department. A review and promotion of service provision is currently taking place with a view to encouraging more people from BMEs to opt for this type of housing and care.

**Conclusion and Observations**

The current evidence available indicates that there are a number of responsive services available to older people across the Leeds PCG Areas that focus upon the development of intermediate care services. What is apparent from the evidence is the lack of resources provided for the North East PCG Area where Chapeltown is located. The North West, West, South and East PCG Areas have developed planned ‘investment strategies’ to address gaps in services, but a strategic approach for reviewing and developing future housing and related support needs for older people in Chapeltown in general and African Caribbean in particular, is not apparent from documents reviewed.

**5.2 Focus group responses**

**Introduction**

A focus group was set up to explore the opinions of African Caribbean older people who visited the Roscoe Methodist Church, luncheon club in Chapeltown, Leeds.

Discussion centred on expectations and perceptions in four areas:

- Living in or visiting the area;
- Community support services;
- Housing aspirations;
- Consultation.

**Profile of participants**

The participants were drawn from the attendees at the Roscoe Methodist Church luncheon club from a convenience sample (who ever happened to be around at the time). There were a total of 22 people attending the discussion group, which represented about 88% of the membership of the luncheon club. The demographic information for the sample is as follows:
Tenure

<table>
<thead>
<tr>
<th>Tenure Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered Housing</td>
<td>3</td>
</tr>
<tr>
<td>Local Authority</td>
<td>10</td>
</tr>
<tr>
<td>Residential Home</td>
<td>1</td>
</tr>
<tr>
<td>Private Landlord</td>
<td>1</td>
</tr>
<tr>
<td>Owner Occupier</td>
<td>5</td>
</tr>
<tr>
<td>Living with family</td>
<td>1</td>
</tr>
<tr>
<td>Housing Association</td>
<td>1</td>
</tr>
</tbody>
</table>

Gender

The gender of participants comprised:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
</tr>
</tbody>
</table>

Age range

The age range of participants can be seen as follows:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 –64 years</td>
<td>1</td>
</tr>
<tr>
<td>65 – 69</td>
<td>7</td>
</tr>
<tr>
<td>70 – 74</td>
<td>9</td>
</tr>
<tr>
<td>75 – 79</td>
<td>3</td>
</tr>
<tr>
<td>80 – 84</td>
<td>2</td>
</tr>
</tbody>
</table>

Preparation of the topic guide

The topic guide had to be constructed in such a way as to corroborate the findings of the other methods of data collection namely, the postal questionnaire, telephone interviews and one-to-one interviews. This would enable the findings to be comparable and therefore more robust.

Researchers

Two researchers worked closely together throughout this focus group work. The Research and Development Officer for MHA Care Group and the Sheltered Housing Officer (BME), Leeds City Council made initial contacts and arranged for the participants to be available for the meeting and provided the opportunity for introductions and literature to be distributed before the focus group work took place. Permission was given to tape the discussions and was transcribed at a later date.

One of the criteria laid down by the co-ordinator of the luncheon club was that there was to be no questionnaires distributed at the meeting. This was a response to the over-representation of the client group in previous
research projects, which collected information but were apparently not followed up or acted upon.

The two researchers met regularly to discuss the on-going research process and to design and amend the questions for the group. The researchers felt that this was mutually beneficial in providing an inclusive guide that satisfied the brief of the two organisations gathering information. This partnership worked well and could form a basis for future research collaboration or service development opportunities.

**Living in or visiting the area**

Most of the participants lived in the Chapeltown area of Leeds. Others cited the Beeston and Hydepark areas. Of those who did live in Chapeltown, they were asked what they liked about the area. The vast majority said there was ‘nothing wrong with the place’. This was followed by a question ‘is there anything you particularly dislike about the area’. A number of people agreed with the following statements that:

“A number of people coming in here and doing their business and giving this place a bad name. The outsiders coming here from Manchester and all over. Bringing drugs.”

“Otherwise the community is very good. If anything happens we can call on each other and there’s always help. When you live around each other you can communicate with each other easily.”

Also, one participant summarised her principal reasons for living in the Chapeltown area as social and mobility priorities:

“…not very far from here, all my friends are here. In the Chapeltown area. Where the buses run down….”

The general agreement was that Chapeltown was the preferred place to live at present.

Participants were asked what were the most important facilities that would be required in an area where they lived with regard to cultural needs. There was mutual agreement with the following:

“Near your church”.

“Near to the shops/chemist”.

“Transport”.

These examples were put into context, when one participant stated:

“It’s no good being in (sheltered housing) when you are isolated”.

The area has predominantly African Caribbean residents and visitors using the amenities and facilities. Participants were asked whether they had any
concerns about the racial mix of a care home (such as a nursing home, sheltered housing scheme or a residential home). There was agreement with the view that if the ‘home’ residents/tenants were homogeneous:

“So much, the better!”

In contrast, this view was contradicted by the general agreement that mixed cultures were acceptable too. In order to clarify the anomaly, participants were asked whether they would be concerned if they were the only black person in the ‘home’. After a great deal of reflection, the common view agreed with the following statements:

“…well, if I go anywhere I would like to be with my own people. What would I ask a white [person] if she remembers this or that? I want to go in a place with my own people so that I can reminisce.”

“[I] didn’t say we mustn’t mix, but I would like to go into a place where there are black people too.”

Community support services and disabilities (mobility)

Many older people are able to identify their own care and support needs. Making services person-centred means an assessment can be both responsive and appropriate to their needs. Providing information, consultation, opportunities for influence and participation in the provision of services is part of the process of service development. This topic was raised by asking what do they understand by ‘community support services’? Most people understood the definition when it was given to them. Of those identified services, home help was the service which was unsatisfactory due to inconsistency and infrequency as shown in the following experience:

“I can tell you something about home help. I have a home help. It’s been about five weeks now since the place was cleaned. Every time they come, they send a different person. Some one is off sick. Sometimes I pick up the phone and ring.”

There was a great amount of need expressed in the discussion regarding support for housing and maintenance. For example:

“Do you think they [the Council] will send somebody to paint the outside of my house?”.

In response to the question regarding disabilities, all participants said that they had some form of disability.

“We are all suffering”

Participants had a range of ailments ranging from pains in the knees and back through to physical frailty and arthritis. Following on from this,
participants were asked if their present housing met their needs according to their disability. Of those that answered, it was a resounding

“No”.

There is a positive correlation between good health and enjoyment of retirement and poor health and lack of enjoyment in retirement (Help the Aged, 1999).

The focus group research shows that disability is a concern that affects the majority of the participants. Discriminatory factors such as the lack of appropriately adapted housing and the socio-political policies which affect disabled people’s access to appropriate housing options suggests that there are support services which can enable older people to be more independent.

One participant explained how the support was successfully tailored to the individuals needs:

“I have extra rails up the steps to the bathroom. They have given me extra rails outside my doors”.

“Putting the bathroom downstairs; that’s the most important thing”.

Another participant (who had mobility problems) had specific concerns about the appropriateness of her current housing and had been waiting to move for between five and six years:

“I want a bungalow, I don’t want to live in a house. Because I cannot manage the steps”.

She went on to elaborate on her aspirations and needs:

“I want a little bungalow where I am able to walk to my wardrobe and pick out my two-piece to put on when I want. And I want to be able to go to the kitchen and go to my toilet and go to my bathroom on the one level. And, I’m sick of telling everybody this thing”.

There was the suggestion that some participants may feel that they are not in a position to make demands on the service providers as this may increase the expectation from others in a similar position:

“If you get it everybody will want it!”

The response to this view was to highlight the years of financial investment that has been made in the state system which justified the demand made upon it:

“Well why shouldn’t they? Since I came to this place here, I’ve paid full stamp..
Housing aspirations

Participants were in agreement about the main reason for wanting to move from the present accommodation this was identified as the mobility needs of the occupier:

“It is because I cannot get up the stairs”.

“I’ve got a lot of steps to contend with”

“I don’t want adaptations because the house is too big. I want to come out of there”.

When participants were asked about the prospect of moving to a nursing home in the future some said they would be interested in moving there:

“Of course I would. I mean, I’m getting old. I don’t even know who would look after me if I needed help”.

The participants were asked if they had the option of residential, a nursing home or to stay where they were. The majority was in agreement that their present homes were becoming inappropriate because of their disability needs as one participant put it:

“Getting older, you need some where flat where you can move around. You don’t need stairs!”

The majority of participants expressed the view that from the options (sheltered, residential and nursing care homes) put to them they would rather move to a sheltered housing scheme. Although few participants expressed the option of staying put; this option had been raised in previous conversations regarding introducing community support to their present home. Their demand for aids and adaptations was evidence of some degree of wanting to stay in their present home. Residential care was not mentioned as an option.

One of the barriers to informed housing choice is the lack of knowledge and information about housing options. Sheltered housing is an area where there is uncertainty about the service provision and service delivery within those schemes. Written and verbal information of sheltered housing was given to participants.

Consultation

When asked about their experiences of being consulted on issues around housing, care and support services the general view in previous discussions prior to the focus group meeting is that they feel that they have been ‘over researched’ in previous years. It was expressed by a number of participants that they are under constant observation by institutions and that
they do not see any beneficial outcomes from these studies, only more research projects as one participant pointed out:

“We [are] consulted enough, but nothing gets done”.

Some participants were more specific about consultation and mentioned the Council newsletter which is given to Council residents. This was not a popular medium as one participant said they did not understand it and another said they would:

“…just throw it down”.

In the past, meetings were arranged by the Council to consult about issues that affected their housing issues. This did not have good attendance and were later scrapped. Reasons for non-attendance were not specific, but generally they did not believe that their views would be taken on board and responded to. When asked if they would attend a meeting around future housing decisions, they were positive about attending.

Conclusion and observations

The majority of the participants live in the Chapeltown area of Leeds and the view was expressed that they would wish to stay in the area, to be close to family and friends. There were some concerns about crime and its negative impact upon the neighbourhood, but this didn’t appear to influence their choice of residence. The most important cultural consideration in terms of location was to live near appropriate shops and a local church. Reliable transport was a high priority as the majority relied on community transport to get to the luncheon club facility.

Of all those questioned the greatest concern was that their present home needs was inadequately suited to their disability needs. The most cited concerns were having to contend with stairs without aids and a lack of access to toilet and bathroom facilities.

Participants revealed a great sense of disempowerment in terms of making their needs known and having those needs met. They felt that there was little point in making demands as they generally felt disenfranchised from the welfare/care systems.

This was evident in many participants’ responses. Some felt strongly that there was no point in responding to questions about their housing needs as they felt that there was a high probability that they would not benefit from it. This was due to two factors. Firstly, because of the nature of their age there was a real prospect that they would die before a service was developed and secondly they had experienced a number of research projects in the past and recommendations were shelved.
A large proportion of the participants wanted some type of aid or adaptation to their home. Their present accommodation was not suited to their physical needs and in some cases participants abandoned the upper parts of their home to live solely in downstairs rooms.

Generally, participants were very responsive to the idea of moving out of their home into accommodation that was more suitable to their disabilities. Two bedroomed accommodation and bungalow accommodation was the most desirable with facilities all on one floor with the additional aids and adaptations to facilitate mobility.

Sheltered housing was a popular option for most, but account should be taken of the influence of the information provided before and during the session. On the whole, participants needed to be convinced that the option of a new nursing home in Chapeltown was a real one. The statement “That’s been on the agenda for years now!” summed up the general attitude of participants to this proposal.

A small number of participants were happy with the idea of accommodation specifically for black people, although this concept was quickly superseded by confirmation that a mix of residents was an agreeable policy to adopt. Genuine concern was expressed about being isolated in a care home away from other black people. Most felt strongly that it was not desirable to be the sole black resident in shared accommodation, so assurances would need to be made to ensure this did not happen.

Significantly, most participants appeared to have a lack of knowledge of both the options available for housing decisions and methods of speeding up the process of having their needs met.

5.3 One-to-one interviews

Introduction

This method of data collection aimed to explore the future housing preferences of the ‘older’ old African Caribbean people living in the area and relatives and informal carers of the sample.

The Interview Schedule for both samples mirrored the Topic Guide used in the focus group session. Again the interviews centred on four topic areas:

- Living in the area
- Community Support Services
- Housing Aspirations
- Consultation
Research Assistant

The fieldwork for this method of data collection was carried out by the Project Worker based at Leeds Black Elders Association. This was done under the full support and supervision of the Research & Development Officer. The interviewer was given permission by the participants to tape the interviews. These were transcribed along with a brief analysis of the data collected.

Profile of participants

Age range

All participants were over the age of 80 years. The actual age of the informants were as follows:

<table>
<thead>
<tr>
<th>AGE</th>
<th>NO. OF RESPONDENTS</th>
</tr>
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<tbody>
<tr>
<td>80</td>
<td>1</td>
</tr>
<tr>
<td>81</td>
<td>1</td>
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<tr>
<td>82</td>
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<td>1</td>
</tr>
<tr>
<td>88</td>
<td>1</td>
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</tbody>
</table>

Preparation of interview schedule

The design and format of the Interview Schedule reflected the Topic Guide for the Focus Group session. These enabled comparisons to be made between the data collected and strengthened the study's validity and reliability.

Pilot

Interviews were carried out to test whether the questions were easily understood. Adjustments and additions were made to the Schedule and the final draft was used to interview the sample.
Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>No. of Participants</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
<td>4</td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
</tr>
</tbody>
</table>

Marital status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>2</td>
</tr>
<tr>
<td>Single/widowed</td>
<td>5</td>
</tr>
</tbody>
</table>

Duration of residency and tenure

All of the participants lived in the Chapeltown area of Leeds. The duration of residency ranged from 12 months to 40 years. The tenure of the participants were as follows:

<table>
<thead>
<tr>
<th>TENURE</th>
<th>NO. OF PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Authority</td>
<td>1</td>
</tr>
<tr>
<td>Owner Occupier</td>
<td>2</td>
</tr>
<tr>
<td>Housing Assoc.</td>
<td>2</td>
</tr>
<tr>
<td>Live with relatives</td>
<td>2</td>
</tr>
</tbody>
</table>

Findings

Participants were asked what they liked about living in the area. From the range of views expressed in this topic, they generally focused on the close proximity to family and friends to feeling a sense of security, familiarity and safety within the area:

“I like living in the area because I know a lot of people and everything is familiar.”

“…..because it is predominantly black. Everybody knows each other, the local shops sell traditional West Indian food. The pubs and clubs are a meeting ground where people reminisce and play dominoes, just like back home.”

“The area is good for my mother because she has support from friends and relatives, and has easy access to shops and medical facilities”.

“He’s [Father] only about 100 yards from his GPs surgery and I live 3 doors away. It’s very convenient for shopping and there’s a bus stop right next to the house”.
Participants were also asked whether there was anything that they do not like about the area. Views were expressed by some people that they did not find anything wrong with the area which implies that they were satisfied with their locality. Others highlighted the concerns that may affect people of any age or race living in an inner city environment:

“I feel the worse thing about the area is the level of crime and the noise associated with this. It seems that every night I am woken up by the sound of chasing cars and police helicopters.”

“I don’t like the general unkempt appearance of the area. When I first moved to Chapeltown I was struck by the cleanliness, now everything’s dirty and run down.”

“I don’t like the fact that we are on a busy road. The traffic … is worst in the mornings and early evening”.

“My father and myself are often frightened at night due to the noise and violence the prostitutes attract”.

**Community support services**

Participants were asked about their knowledge of the type of support services available in their area. Most of the participants were able to provide a list of services they receive/available. The most frequent was community transport called ‘Access Bus’ and the domestic help service called ‘Home Care’. Participants only mentioned a small number of organisations (in reality there are more than twenty) that provide support services in the community namely:

- Local authority/Social Services
- Citizens Advice Bureau
- Fredrick Hurdle Day Centre
- Leeds Black Elders Assoc.
- Easterly Road Day Centre

Comments about their knowledge of community services available in the area ranged between being well informed to being unaware:

“I’m familiar with the help provided by social services as I [carer] used to work for them”.

“..because I [carer] work for an organisation that helps care for people with disabilities, I think I have an advantage over other people in the same situation, in that I am more aware of the system”.

“I don’t know much about the services available for older people in the area..”
“The only service I use in the area is the Leeds Black Elders…I’m not aware of anything else….although I’ve never tried to find out”.

Participants were asked to list the services they currently use. The range of services they were in receipt of is shown below:

- Home Care
- Meals-on-Wheels
- Access Bus
- Talking Books
- Personal care
- Indoor decorating
- Help with benefits and form filling

Participants were asked about the difficulties or successes they have encountered when trying to contact an agency to get support. The responses were divided into three groups:

- Those who felt they were able to access services they were currently using easily ;
- Those who did not use any services because they were either unaware of or unable to access services available and
- Those who did not have any expressed support needs.

A range of responses are shown below:

“I don’t have any problem getting help when I need it”.

“I have home care services day and night so I can always get help if I need it”.

“It would be difficult for me to contact an agency for help with my personal needs, because I’ve never been told how to”.

“It isn’t difficult to get help but as the service is in high demand it is important to give plenty of notice”. (Carer)

“When I did contact them [Access Bus] I had a lot of difficulty getting through to the right person and when they did turn up they were half an hour late, so I haven’t bothered since”. (Carer)

The type of services the participants would wish to be made available in the area and to be of easy access included:

- Befriending services
- Help to get out and about
- Meals on wheels
- Help with correspondence and benefits
- Access to information
• Physiotherapy

All participants clearly stressed the need for greater access to information and advice of support services available for older people in the area. A large proportion of the participants being interviewed, were registered blind and found the channels of communication a barrier to choice:

“I’m blind and partially deaf, so it is difficult for me to take advantage of information advice services. I find one-to-one communication easiest.”

“I rely on Leeds Black Elders and the local Citizens Advice Bureau for help and advice and information.”

“. . . if I had more information I could then decide what help I would like to take advantage of”.

Carers/relatives were, on the other hand, relatively satisfied with the current information and advice provision. This is due to the confidence that a large proportion of this sample of carers had with the welfare system as most had worked or were currently working in this sector. This is support by the following statements:

“I’m in management and have the skills to seek out help but many others aren’t as fortunate”

“My Mum’s had a lot of help from the local CAB and Black Elders provide information and advice about services available…such as security initiatives, energy efficiency schemes …”

Housing Aspirations

Participants were asked about their own and their relative’s future housing aspirations and preferences. The majority agreed that they are not and would not consider moving to a care home or any description. Most were happy with their present accommodation and some would wish to receive support in their home to cope with physical health issues and safety concerns in order to stay in their own home:

“I am happy in my home and cannot see myself agreeing willingly to change accommodation. I value my independence and feel I would lose this if I moved into any kind of care or residential home.”

“I don’t want to leave my present home under any circumstances”.

“I think the best way to meet my Mum’s future housing needs would be to stay at home and get help with aids and adaptations”.

“. . .the downstairs has been converted into a Granny flat, I’m hoping that they will be able to continue to live with me for the foreseeable future”.

Housing, care and support of African Caribbean elders living in Chapeltown
The impact and onset of ill health was a concern for some participants. This was the major factor that would influence whether or not they would have to move into a nursing home:

“I don’t want to be a burden on my family, so if I became ill I would seriously consider going into a nursing home”.

“I don’t have any problems managing at home just now, but I know I might need a bit more support to cope in the future.”

“If I was in sheltered housing I would have access to an emergency alarm, warden and could monitor visitors via an intercom”.

The housing needs of participants were divided into those that felt their needs were being met and those that felt the situation was not ideal. Both believed they would benefit from aids and adaptations to the home. Their experiences included:

“My current accommodation isn’t ideal for my needs. Due to my disability I can’t use the stairs, so I am unable to access the bath and have to sleep downstairs.”

“My current accommodation is very well suited to the housing needs of all who live here…..I could benefit from safety rails in the bathroom and hall….”

“I’m now considering some kind of intercom system… I also feel they would benefit from a big button telephone… as both parents have impaired vision”.

When asked if participants would envisage moving in the next few years to other accommodation if circumstances changed, the prospect of this was unimaginable for the majority of participants:

“I have no intention of leaving my home, now or in the future”.

“I wouldn’t like to move in the near future”.

“I would prefer my parents live with me indefinitely”.

“I would like my Dad to live somewhere nicer, but given his poor health I don’t think he would ever agree”.

“Unless my situation changed drastically, I can’t think of any reason … why I would want to move….. I’m not ruling anything out though, as I know anything could happen in the future”.

When questioned further about a possible move in the future. Of those who could contemplate a move all agreed that they would stay in Chapeltown because of family ties and friendships in the area. As one participant put it:
“The area isn’t perfect but after all these years it’s like my child. You don’t stop caring because you find faults”.

Whilst the majority were agreed that the value of independence and freedom from anyone having authority over them was a priority, the view was expressed that a move to institutional care would indeed be a good one because:

“….my current accommodation is in a poor state of repair and I don’t think its suitable given my disability”.

When asked directly about whether they would consider living in a nursing home for African Caribbean people in Chapeltown, the response was mixed. Less than half said yes they would live in the home, but only in the event of not being able to manage by themselves.

“If I couldn’t care for myself anymore I would consider living in a nursing home”.

“I wouldn’t chose to go into a nursing home, but I suppose I would have to consider it if my health failed”.

“If I was forced into a nursing home it would be based in Chapeltown”.

“Things would have to get bad before I’d consider moving my Mum into a nursing home”.

“If [circumstances] changed or my own circumstances altered to such an extent that I could no longer provide the level of care needed, I would have to consider it”.

Other participants were adamant that they would not live in a nursing home:

“No. I would never put my Dad in a home. He’s already expressed his wish to die at home”.

“I can’t see myself in a nursing home…I think I would feel this way whatever the home and whatever the racial mix ”.

“I can’t foresee any circumstances where I have to go into a home”.

A participant who is already in great need for personal and domestic care gave the statement above. The participant also added:

“I’m afraid I would loose my independence. If I go into a home I don’t want someone telling me what to do and treating me like a child”.

Focusing now on the cultural mix of residents in a nursing home, all of the participants who responded, were of the view that it should be racially
mixed. One view expressed summed up the general attitude of the others towards race:

“I think it should be mixed, because although I’ve met some white people who have been a bit stuck up, I also know plenty of black people who are nasty and I can’t stand. You’ve got to get to know people as individuals because we’re all different.”

**Consultation**

Although most participants were a little confused by the questions regarding consultation, they did state that service providers had never consulted them on their views. As one participant put it:

“As far as I know I have never been consulted by the local authority or community agencies”.

“I’m not aware of anyone coming round the house to discuss any of the services available in the area, so I’d have to say there isn’t enough”.

“I can’t say that I know of any consultation by the local authority or other agencies”.

In addition, the majority were uncertain as to what effective contribution they could make, in a consultation exercise, to improve services.

**Conclusion and observations**

Of those questioned, the greatest resistance to the idea of moving into a nursing home appropriate to their disability needs came from those over the age of 85 years. These participants were largely estranged from their family members and rely on support from Social Services and friends for day to day assistance.

In contrast, the majority of under 85 year olds were at least prepared to concede that worsening health could force them to re-evaluate their living arrangements. All had regular contact with family members.

The carers’ views reflected that of the client group in that they would consider institutional care only if the health of the relative deteriorated drastically otherwise the overwhelming view was that they should stay at home.

The overwhelming concern of the under 85 year olds was the fear of becoming a burden to family members. They all felt that their future housing, support and care needs would directly impact on family members and so any decision would need to be discussed with next of kin. All expressed the view that they would rather go into alternative
accommodation than place any further demands on family members. This was a major consideration for all participants.

The level of use of care and support services amongst this group was high. The majority of participants who received support in the form of Home Care Services were dissatisfied with the help they received. Most felt that the service was inadequate for their needs, e.g. cleaning services covered tasks the participants felt they could do themselves such as light dusting. Whilst heavier work tasks such as cleaning curtains and windows were never done.

Only one participant stated that they knew the individual members of the domestic care team, whilst the rest complained that they never knew who they were letting into their homes. There was an overwhelming feeling that many of the workers were uninterested or insensitive to their needs and that their concerns about the increased difficulties of living at home were not discussed.

All participants were opposed to the idea of racially homogenous accommodation. Having lived and worked in a multi racial community for most of their lives, all had friends and acquaintances from different racial origins. Many were actually insulted at the suggestion that they would possibly prefer this as an option for communal living.

Many participants expressed a need for aids and adaptations for their present home to help with mobility needs, (Tinker et al, 2001). This appeared to be difficult to obtain through the usual service provider channels.

A number of participants were in agreement with the expressed view that a bungalow would be an ideal alternative type of accommodation. It was thought that this would provide easier access to amenities such as the bathroom and toilet because a staircase would no longer be a barrier.

All carers were strongly supportive of caring for their older relatives at home. Only extreme circumstances would change their views.

5.4 Postal questionnaire and telephone interviews

Introduction

The sample was drawn from a list of service providers and individuals that were either:

- located in the Chapeltown area or were
- known to provide services to client groups in the area.
A sampling frame of 33 service providers was drawn up and the postal questionnaire was sent to them.

**Response rate**

There was a very low response rate to the questionnaire. Only 4 out of 33 responded (12%). One individual was successfully contacted and interviewed by telephone. It should be noted that the views only relate to those that responded to the request for information – it is therefore unwise to generalise from the data because of possible bias. The respondents worked in the following service areas:

- Residential home
- Day centre
- Nursing home

**Findings**

**Postal Questionnaire**

All provided services in and around the Chapeltown area of Leeds. All stated that they provided culturally appropriate services to their clients, including those who were regarded as mainstream service providers. Most respondents were of the view that an independent service provider could work in partnership to plan and deliver the services and half of respondents said they would be interested in working in partnership to deliver services to African Caribbean elders.

Statements show that the highest service development priority should be to establish a specialist dementia care home. In second place, views were evenly split between developing a sheltered housing scheme with Extra care and to develop a nursing home. Sheltered housing was the third most popular area of development needed with half of respondents citing this. Reasons given for their first choice were as follows:

a) Dementia care home:

“…to prevent the blocking of hospital beds….we have a limited number of approaches from ethnic minorities. We have many approaches for care of demented people.” And

“…shortage of provision of services.”

b) Nursing home:

“There are no culturally sensitive nursing homes in the area”.

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Housing, care and support of African Caribbean elders living in Chapeltown
c) Sheltered housing with Extra Care:

“...because a lot of our service users need extra care, some of them have mild dementia.....sheltered housing with extra care would give them the assistance in all areas of their care...they would still have their own space to live and keep their dignity, privacy and independence”.

All organisations stated they offered culturally appropriate services in their service provision. Including providing bible reading classes, food and social evenings. Some stated that they provided:

“Whole person care for people of any faith or non-faith”.

Another organisation confirmed that they:

“Offered accommodation and care to everyone who approaches us – we are non-selective and promote equal opportunities”.

When asked whether culturally appropriate provision was given to their disabled clients, 3 out of 4 said they did provide those services. Of those who did, all said they monitored and evaluated the services through different methods:

“A survey – external assessors. Regular and private meetings with the residents and relatives”.

“Yes we do if the need arises. Mostly full with white English residents..”.

“Registered with Leeds Health Authority”.

“There is no need as yet for us to do so”.

When asked about partnership working, the majority said they thought an independent provider could work in partnership in their top three areas of development. One organisation was very positive about working in partnership to deliver those services. The rest gave a ‘don’t know’ response.

**Telephone Interviews**

Interviews were conducted with the manager of a residential home with predominantly African Caribbean residents.

The discussions centred on a prospective proposal to establish a nursing home in the Chapeltown area. This proposal was welcomed in view of the gap in specialist provision for African Caribbean elders which was supported by the statement:

“there are cultural nuances to their care, which can only be provided in an appropriate environment”
Interestingly, the manager put forward five factors that placed African Caribbean elders' in a distinct position due to a mixture of cultural and historical needs (Crawley, 2000):

- **Food**
  
  “West Indian food is provided 3 to 4 times a week in our home; this isn’t done in other homes”.

- **Personal needs**

  “Sometimes they receive 6 -7 visitors at a time; this is rare in a white environment, which is more reserved”.

  “Skin care and hair care is an issue and needs careful assistance”.

- **Noise levels**

  “The level is greater than that expected by the white residents”.

- **Religious practice**

  “Religious observance is different as they read scripture out loud from the Bible – it’s a great comfort”.

- **Bereavement**

  “Shared grieving is something [predominantly] white nursing homes would have problems with. The number [of mourners] and length of time spent on this is different from the white population”.

The same factors were given as reasons why community support services should be developed for African Caribbean people in the area. The manager thought that priority should be given to enabling people to live in their own home as long as is possible and that this was the way forward for care of older people in the community. The barriers associated with those five factors would more easily be overcome in an environment where there is more flexibility and choice. As the manager put it:

“Much of the differences are unquantifiable but add so much to the quality of life”.

### Consultation and strategic planning

Most respondents appeared not to have a strategy or policy for establishing or improving the care and support needs of African Caribbean older people or disabled older people. One respondent justified this by stating:

“There is no established need as yet for us to do so”.

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Housing, care and support of African Caribbean elders living in Chapeltown

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MHA care group
housing and care for older people
There was some evidence of regular consultation with their client group for example:

“Quality Assurance with external assessor. Regular private meetings with residents and relatives”.

However, one respondent was positive about future provision for people with disabilities and African Caribbean elders stating:

“we have not found it necessary to build to special design … to be culturally appropriate for [African-Caribbean] households. However, we will revise our design brief if this research suggests otherwise”.

The issue of the size and family structure of the older person was also raised, so older people who wished and had the opportunity to live with relatives was certainly on the agenda for future new build or remodelling:

“We would consider houses with ‘Granny flats’ if sites were available. We already build/improve large family houses for extended families”.

**Conclusion and observations**

The majority of organisations believed that specialist dementia care was the area in most need of development for African Caribbean elders in the area. A nursing home and sheltered housing with extra care were seen as a top priority by two organisations.

All organisations believed they provided a culturally appropriate service for disabled and non-disabled people. This was also the case for the mainstream provider organisations. The monitoring and evaluation of these services ranged from the use of external assessors to none at all.

Community support services were discussed in some depth with a home manager. The dominant view was that if the option was taken to place someone in institutional care then this should be culturally appropriate (not separate), but the preferred option was to support the person to manage in their own home.

Partnership working in the top three areas (dementia care; nursing home care and sheltered housing with extra care) of service development is an area that would need further investigation as none of the organisations were unwilling to work with another provider. One of the organisations (Unity Housing Association) that responded had a strategy for future provision of services to disabled African Caribbean older people, and had an interest in developing specific areas where there were gaps.
Demographic evidence suggests that the proportion and number of African Caribbean and other BME elders will increase tenfold by 2030 and there will be a greater proportion of African Caribbean people aged over 60 than any other BME group. This will effect future housing, care and support provision and its application both at local and national level.

Focusing at a local level, the study showed that the majority of participants who live in the Chapeltown area of Leeds wished to remain in the area because of its close proximity to amenities and facilities that are both culturally sensitive and necessary. The greatest concern was that their present home did not satisfy their disability needs. Those questioned indicated that some of the group would be prepared to consider moving to a nursing home in the area but only if their health status deteriorated to an unmanageable level and only to a location within the Chapeltown area.

Most lacked knowledge of the different housing options and care and support services available. Evidence from the literature review and the focus group findings show that the majority of studies have concentrated on access to sheltered housing rather than the various housing options and that they are less likely to have heard of this form of housing than there white counterparts.

Government policy is currently geared toward extending the range of domiciliary and community services available to support older people living in their own homes. There is some debate about where nursing homes fit into this agenda with commentators arguing that government policy could lead either to a rationing and reduction of nursing home provision or to the demise of the nursing home sector altogether. Either way, it is evident that nursing homes may no longer be the panacea for older people’s services many providers have seen them to be.

There is some demand for the development of a nursing home specifically for African Caribbean people but this would need further investigation as people find it difficult to express their future housing needs on the premise that their health will deteriorate at some future date. People would prefer to move to sheltered housing, if they had to move, but most people (older people, service providers and carers) were in agreement that the best form of housing was for people to remain in their own homes with care, support and adaptations for their disabilities. There does not appear to be any demand for the establishment of a culturally specific nursing home. There is some evidence that a mixed community is preferred.

Information, advice and having their needs met in the area of housing, care and support appears to be an issue especially for those who are independent of a carer. The client group appeared to be ‘light’ users of care and support services. This was due in part to the lack of knowledge of
services available and frustration with the system when approached and did not deliver. There is a need for greater promotion and publicity of information regarding housing care and support services and distributed to the appropriate venues and organisations where older people frequent.

The most important issues for service providers are; firstly that there is a general desire for people to live in their own homes with increased support and secondly to ensure that accurate accessible information is available to enable informed choices from the options available now and in the future.
7. RECOMMENDATIONS

Service providers in the twenty first century need to focus on providing social care that has been developed from consultation processes with the client group it serves. The client group, in order to make their demands relevant and effective, will need to make informed choices from the available options. What is clear is that housing, care and support services should be provided equitably to all people regardless of race or ethnicity.

- Any developments in the area of community care provision must be conducted in full consultation with the African Caribbean elders themselves according to their priorities. It appears that consultation with African Caribbean elders is at present ad hoc so there is a need to establish a continuing dialogue with them as part of the consultation process.

- Consultation needs to be a major part of the new project. Working with older people in the local community to achieve what is right for the individual and taking into account the nuances of cultural and traditional needs. Approaches need to be made to groups similar to the Leeds Older People’s Community Care Forum to include older people’s views in future planning.

- The project should aim to provide a range of services that support older people’s desire to remain independent with an improved quality of life. The greater goal should be to enable people to remain in their home for life rather than to move to another as their needs increase.

- Evidence supports the development or extension of a project delivering community support services (including dementia care services) to African Caribbean elders. This expansionary service would involve establishing a “one-stop shop” which delivered packages of community services to a targeted community. It should provide supportive and caring environment based upon independence and choice.

- The packages would include providing the resources to deliver care and support at home. The challenge is to offer a range of flexible care and support services with a promise rather than an aspiration. The aim is to provide a certainty of provision with choice so that for example people can cook for themselves or have a meal provided.

- This “one-stop-shop” should be located in the heart of the community where GP surgeries, shops and churches are accessible. Interagency Home care teams should be established offering services such as care and repair, personal, domestic care packages and Intermediate care packages.
• Partnership working should begin with giving priority to the partners involved in the Steering Group. They have a high profile and extensive experience of service provision and advice/advocacy and are actively involved in helping African Caribbean clients in support and care provision.

• Liaison should take place between the caring professions such as GPs, health visitors, social workers, sheltered housing providers to discuss referral arrangements of African Caribbean older people to enable access to housing, care and support services to be optimised.

• Staff working for the project should reflect the community it serves. The ethnic composition of the staff has to be inclusive of the community it serves from the senior manager right through to the care assistants on the frontline.

• A programme that equips staff with a range of skills and is supported by a communication and support structure from the main funding organisation to enable job development and retention should underpin this.

• An option of new build or remodelling for ‘Granny flats’ could be considered in view of the evidence of extended family living within African Caribbean communities. Consideration should also be given to building bungalows to provide living spaces on one level to address disability concerns.

• Access to a whole range of community support services is sometimes problematic for older African Caribbean people especially those who do not have an advocate or a family members to call upon. Partnership arrangements should be sought with advice agencies and organisations that are familiar with race equality performance in general and to African Caribbean older people in particular.

• Wider publicity and promotion is required to provide information on housing options and care and support service provision. It is important to acknowledge that the carer or relative has an active role to play in the decision-making process about future housing options. An ongoing poster and leaflet campaign is needed to alert the community of what is available, this will enable informed choices to be made as early as possible to avoid crisis management at a later stage.

• A high proportion of older people have disability needs which require greater attention. Blind and partially blind people in particular should be targeted for the promotion of services; to increase the take-up of both services available and of future service developments.
Appendix 1. Details of partner organisations

**MHA Care Group**

The charity Methodist Homes for the Aged was established in 1943 to provide care for older people made homeless in the Blitz. The first home opened in 1945 and was pioneering in offering people the opportunity to furnish rooms with their own belongings.

Over the years the charity grew and in 1977 a sister organisation – Methodist Homes Housing Association – was born to provide rented sheltered housing. In the 1980s the Live at Home Initiative was created to offer friendship and support to those still living in their won homes.

In April 2001 MHA Care Group was formed to provide strategic vision for the two organisations – Methodist Homes for the Aged and Methodist Homes Housing Association Ltd – and to encourage opportunities for growth.

With continuing strong links to the Methodist Church, NHA Care Group services are available to all, regardless of personal beliefs. Working under a Christian ethos, our care and accommodation services should be available to all older people in need.

**Leeds Black Elders Association**

The idea to establish the Leeds Black Elders Association (LBEA) came from concerned members of the community in 1991. The formation of the organisation was a positive step to address some of the issues, concerns and experiences of the black communities in the areas of health and social service provision, which lacked cultural sensitivity and cultural awareness.

LBEA works in conjunction with Leeds Social Services to improve the services offered to black elders. Also, in partnership with other community groups, LBEA are working to develop service provision and eradicate duplication as well as influencing other statutory bodies.

In practice the LBEA is unique in that it offers:

- Painting and decorating scheme
- Gardening scheme
- Befriending
- Respite care
• Minibus hire (with/without volunteer driver)

LBEA rely on enthusiastic and committed people who volunteer their services to improve the standard of living of black elders within the community.

**Mary Seacole Nurses Association**

Formerly the West Indian Association (1983), it was established by nurses working in hospitals and communities in the Leeds area. It changed its name to Mary Seacole Nurses Association in 1986 as a tribute to the black Crimean War nurse Mary Seacole.

The Association’s aim is to address social isolation of black elderly people – particularly those in the inner city whose social and cultural needs are not being met. The Association aims are to:

• Raise and increase the awareness of health issues and services available to black people in the Leeds 6,7 and 8 areas.
• Ensure adequate provision is available for black people to remain close to relatives and friends.

Membership of the Association includes nurses and other individuals with a commitment to making a positive contribution to improving the health and welfare of the city’s black residents.

The Association has strong links with other organisations and groups and has recently formed a partnership with Leeds Black Elders Association.
Appendix 2. The project researcher and Steering Group

Project Researcher
Tracey Hylton - Research & Development Officer, MHA Care Group

Steering Group
Heather Nelson – Project Manager, Leeds Black Elders Association
Karen Morris – Development Manager, Mary Seacole Nursing Association
Paul Auber – Business Manager, Mary Seacole Nursing Association
Gloria Hanley – Chair, Mary Seacole Nursing Association
Louise Crombie – Manager, Mary Seacole Nursing Association
Robert Parkinson – Policy, Research & Information Manager, MHA Care Group
Malcolm Davies – Director, External Affairs, MHA Care Group
Melanie Shreeve – Development and Assets Manager, MHA Care Group

Research Assistant (one-to-one interviews)
Jane Henry – Project Worker, LBEA

Collaborative researcher (focus group)
Angela Mkandla – Housing Options Officer, BME Elders, Leeds City Council
Appendix 3. Literature review

Introduction

This review identifies the main themes of previous related research, discusses the findings and recommendations and explores issues which impact upon the current project.

The review of the literature both local to Leeds and nationally, revealed five broad themes:

1. Demographic issues
2. Discrimination and disempowerment
3. Standards of care
4. Consultation and promotion of housing care and support services
5. Conclusions

Demographic issues

Until relatively recently, very little attention was paid to the housing, care and support needs of older people of African Caribbean communities. In part, this was due to the relatively small numbers of people involved but it also stemmed from the all too frequently held belief that ‘they look after their own’. However, the view that older people from black and minority ethnic communities are part of a tiny minority not worth bothering about is beginning to change. This is in no small part due to major shifts in UK demography but it also reflects a growing awareness of what it means to be an older member of Britain’s black and minority ethnic communities.

The number and proportion of older people from these communities is increasing. According to the 1991 Census – the first to include a question of ethnic origin – there were approximately 175,000 black and minority ethnic people aged 60 and over living in Britain. This figure is rising steadily due largely to the ageing of the first generation of migrants who arrived in this country during the post war years. By 2030, it is predicted that there will have been a tenfold increase in the numbers of older people from black and minority ethnic communities in the UK – from 175,000 to 1.7 million. The concentration of black and minority ethnic older people in certain areas, especially London and metropolitan districts like Birmingham, Bradford,
Leicester and Leeds also makes the label of ‘tiny minority’ somewhat misleading.

The 1991 Census (Table 4) shows that there is a greater proportion of people aged 60 and over in the African Caribbean community than in any other black and minority ethnic community.

**Table 4**

<table>
<thead>
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<th>BME groups</th>
<th>All ages (rounded to 000s)</th>
<th>Percentage of minority population over 60 years</th>
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<tr>
<td>Indian</td>
<td>840,000</td>
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<td>Black Caribbean</td>
<td>500,000</td>
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<td>157,000</td>
<td>5.7</td>
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From: Caring for Ethnic Minority Elders, Yasmin Alibhai-Brown, 1998

The total population for the whole country was 47,005,00 in 1991. According to the 1991 Census the key statistics for black and minority ethnic population and the white majority population were as follows:

**Table 5**

<table>
<thead>
<tr>
<th>Percentage of total population</th>
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<tr>
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<tr>
<td>0.4%</td>
<td>Black African</td>
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<tr>
<td>0.9%</td>
<td>Black Caribbean</td>
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<td>Chinese</td>
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<td>1.5%</td>
<td>Indian</td>
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<td>0.3%</td>
<td>Other</td>
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<td>0.9%</td>
<td>Pakistani</td>
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<td>93.9%</td>
<td>White</td>
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<tr>
<td>0.5%</td>
<td>Other groups</td>
</tr>
</tbody>
</table>

The total numbers of black and minority ethnic (BME) elders according to gender were:
Other statistics relevant to this research are:

- In contrast to the elderly white population where women outnumbered men, BME men outnumbered women by 8.3%.
- 3.22% of the total BME population was elderly, compared to 16% of the population as a whole.
- The number of BME elders is rising and expected to increase dramatically in the next twenty years.
- The Black Caribbean, Chinese and Indian communities had a larger proportion of elders than the Bangladeshi and Pakistani communities.

From: Of heritage and homeland, Yasmin Alibhai-Brown, Counsel and Care, 1999

Discrimination and exclusion

Many of today’s generation of African Caribbean older people arrived in this country during the late 1940s and 1950s. They did so to find work and because the British government was actively recruiting overseas workers for its rapidly expanding public services. By 1958, the African Caribbean community had grown to around 125,000 people but within a few years it was characterised not by employment and prosperity as many had hoped but by low-pay, high unemployment, poor housing and ill health. Norman highlights the “higher likelihood of experiences of unemployment, of physically arduous and hazardous work, of undesired shift work and low-pay” (Norman, 1985) experienced by a great many African Caribbean people. It is these same people who are now reaching retirement age - with little or no savings and the prospect of spending their remaining years as some of the country’s poorest pensioners.

It is well documented (Norman, 1985; Rooney, 1987; Qureshi, 1998; Alibhai-Brown, 1998) that black and minority ethnic elders experience disproportionate levels of discrimination and deprivation. Not only are they marginalised on the grounds of their age, race and culture but they have experienced higher levels of unemployment, poorer housing and a greater dependency on benefits than their counterparts in the white communities. Along with additional problems such as high levels of crime and negative media stereotypes, these factors undoubtedly mean that many of today’s black and minority ethnic elders experience extremely high levels of social and economic exclusion.
Despite this growing awareness of the problems faced black and minority ethnic older people, there has been remarkably little done to remedy conditions for them. Housing, care and support services have certainly tended to be developed in a piecemeal way, reflecting a general desire on the part of providers to respond to demographic change and reflecting as Tarek Qureshi, in his 1998 study of Bangladeshi elders living in London, says the latest fashions in mainstream provision rather than any specific understanding of the needs of black and minority ethnic elders (Qureshi, 1998).

Alison Norman has suggested that the reason why so little has been done to address the needs of black and minority ethnic elders is that those working to eliminate racial discrimination know little about services for older people whilst those concerned about older people’s services know little about the fight for non-discrimination (Norman, 1985).

In her foreword to the Housing Corporation’s Black and Minority Ethnic Housing Policy, the local government minister Hilary Armstrong highlights that the solution lies in a new level of partnership working - both nationally and locally. Providers of housing, care and support for older people need to work collaboratively with black and ethnic minority people’s organisations to deliver culturally competent and inclusive services and to build joint strategies that seek to tackle aspects of the deprivation experienced by older black and minority ethnic people.

Black and minority ethnic communities are not a homogenous group. The last decade has seen a definite move away from the ‘melting-pot’ approach that dominated social policy thinking relating to black and minority ethnic communities in the 1960s and 1970s. What has emerged in its place is a growing recognition of the needs and expectations of the different communities that fall under the umbrella of ‘black and minority ethnic’ – including the Indian, Black Caribbean, Bangladeshi and Chinese communities. This has gone some way to redressing the imbalance of equality of opportunity but does not address individual cultures and experiences.

African Caribbean communities have been marginalised within the minority groups themselves (Modood, 1994) This is partly due to the assimilation that had taken place with the majority population in the form of language, religion and popular culture. Their differences are therefore less obvious than those minorities who have an easily identifiable need; resulting in their needs being ignored in spite of on-going discrimination due to colour-racism. Modood argues that not all non-white groups are discriminated against in the same way or to the same extent. Elderly people who come from a visible minority group may experience ageism, racism, sexism and disability discrimination. All four can occur at a personal, attitudinal and institutional level and the effect of this can be that older people are given a low status and are valued little:

"Elders are often accorded a status of little value, rendering their needs and wants either invisible or subject to ridicule”. (Ahmad-Aziz, 1992)
A number of studies have highlighted racism as a barrier to accessing appropriate services. Evidence suggests that racism is:

“...pervasive in the institutions with which elders may come into contact in health, social services and the local authority settings” (Ahmad-Aziz, 1992)

For black elders who are women the situation may even be worse as they are subject to sexism in a male dominated society. This may be seen as a triple jeopardy as sexism is compounded by racism and ageism (Norman, 1985).

Many black elders experience extreme poverty for a number of reasons in the areas of income, housing, health and status. Many have had low paid jobs and family responsibilities so savings may be minimal. Others were not encouraged to pay for full stamp and are therefore now not entitled to full pension rights (Grant, 1988).

**Standards in care**

African Caribbean older people have very distinctive traditions. Research has shown that elders like to “meet, reminisce and share a sense of history and community with others who have similar experiences” (Alibhai-Brown, 1998). It also highlights that the majority of existing housing, care and support services are far too “Eurocentric” to allow these traditions to flourish (Brown and Murray, 1998).

Services need to recognise African Caribbean elders’ important sense of community. They also need to become more culturally relevant supportive of the issues affecting African Caribbean elders such as crime, religious belief, approaches to family life and views on illness and death.

The White Paper “Caring for People – Community Care in the Next Decade and Beyond” which preceded the NHS and Community Care Act 1990, highlighted the need for care and support services to be made more appropriate to the needs of black and minority ethnic older people. It said:

“The Government recognises that people from different cultural backgrounds may have particular care needs and problems. Minority communities may have different concepts of community care and it is important that service providers are sensitive to these variations. Good community care will take into account the circumstances of minority communities and will be planned in consultation with them.”

A decade on, the Government’s new strategic framework for older people’s housing entitled Quality and Choice sets us the challenge to ensure that high quality culturally appropriate services are made available to all older black and minority ethnic households.
This is the challenge that Mary Seacole Nurses Association, Leeds Black Elders and MHA Care Group are embarking on behalf of African Caribbean older people living in Chapeltown, Leeds.

**Consultation and promotion of services**

There is a tendency for black elders to have a low uptake of services due to the absence of demand or a preference for self-help in black communities. Several studies have shown that black communities’ knowledge of services available is often low (Department of Health, 1998). This is due to inaccessible information and inappropriate methods of advertising and dissemination. Black People are continually denied access to planning and decision-making processes that affect their lives. To redress this, the views of community and faith groups need to be heard. Black elders and carers should be given the opportunity to voice their needs based on the realities of life.

Various commentators have suggested that the setting up of consultation groups and forums and other organised structures such as ‘resident committees’ are fraught with derision and lack of trust. The lack of appropriate services for African Caribbean and the failure to consult and involve them in planning and decision making means that a large proportion of needs are referred to the community voluntary sector. It should be noted that although black voluntary organisations play a crucial role in meeting the needs of African Caribbean elders, most are under resourced and undervalued by the statutory authorities and many established agencies and charitable organisations. There is evidence to suggest that communities would prefer to continue using these services as they do the job better than the statutory authorities and agencies (Blakemore, 1985).

The low take-up of support and care entitlements is highlighted in a number of studies (Ahmad, 1990 & Leeds Involvement Project, 1997). Methods of tackling this are to produce leaflets and posters that explain services available. Ideally a key worker could be named and have the responsibility to clarify information and assist in the negotiations with assessment processes and desired services, a clear remit for users rights to choose should be a core feature of the strategy. The Numbers Game provides suggestions for how to attract more BME tenants to sheltered housing accommodation. This includes outreach work by mainstream housing associations and promotion by one-to-one contact with the client group (visits to community centres, day centres, luncheon clubs and churches. In Housing and care of BME older people in Derby, (1999) commissioned by Methodist Homes for the Aged (MHA Care Group), it was stressed how information is required in relevant languages about sheltered housing and other housing options, care and support services. The study by Singh, 1998 suggested ways of overcoming access to support including local
government understanding the needs of BMEs and information and counselling services.

Conclusions

Literature and research findings in the area of ‘African Caribbean needs’, clearly show that future service provision has to address on-going discriminatory practices which are still prevalent in the welfare system. Commentators, practitioners and service users describe institutional and direct racism as principal causes of culturally insensitive and inappropriate service provision. It is significant that partnership working and outreach work are seen as panaceas to redress inadequate and culturally incompetent service provision for African Caribbean elders.

The main conclusions from the literature review is that ‘African Caribbean needs’ has not been significantly researched in depth to put forward prescriptive strategies and that most research has centred on sheltered housing needs rather than broader housing option issues. This may reflect a number of factors such as: a) the much reduced allocation of research resources for African Caribbean needs; b) researchers tending to treat African Caribbean groups as a homogeneous group, classed under the umbrella term “BME groups” and c) the lack of innovative approaches to compliment the channels of communication that older people in general and African Caribbean elder in particular use to convey their needs.

Future research strategies

Any future research should be minded to the fact that this client group and other BME groups have been “researched to death” in terms of questionnaire and discussion group methods of data collection. This should not deter researchers from consulting those groups. On the contrary, what should be borne in mind is that the results of the study should have tangible outcomes and a “visible” quantifiable delivery of services from the recommendations with a watertight action plan in place. This should go towards assuring future participants that the commissioning organisation is serious about consultation, service development and strategy formulation.
Appendix 4. Bibliography

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12. National Housing Federation. All You Ever Wanted to Know about Housing. NHF: 1998(?).
| 36 | Tomlins, Dr R. & Owen, Dr D. *Building Futures – Meeting the Needs of our Vietnamese Communities: a Report for the An Viet Housing Association*. Jan 2000. |
43 Steele, Andy. A Study of the Housing and Social Care needs of older People from the BME Communities in Derby. Methodist Homes: 1999.
Appendix 5. Service providers contacted by the study

Mr Clive Cain  
Black Mental Health Resource  
Centre  
St Mary’s Road  
Chapeltown  
Leeds

Chapeltown Citizens Advice Bureau  
Willow House  
New Roscoe Buildings  
Cross Francis Street  
Chapeltown Leeds  
LS7 4BZ

Mr Neville Bourne  
Barbados Association  
15 Reginald Row  
Chapeltown  
Leeds  
LS7 3HP

Mr Bill Rowlinson  
Care and Repair  
323 Roundhay Road  
Leeds  
LS8 4HT

Mr Arthur France  
Leeds West Indian Centre  
10 Laycock Place  
Chapeltown  
Leeds  
LS7 3AJ

United Caribbean Association  
12 Hall Lane  
Leeds  
LS7 3HE

Mount Zion Pentecostal Apostolic Church  
Mount Zion Centre  
Pasture Road, Harehills  
Leeds  
LS8 4LW

Pastor Bailey  
New Testament Church of God Easterly Road  
Leeds  
LS8 2TN

Rev Taylor  
St Aidan’s Church  
Elford Place West  
Off Roundhay Road  
LS8 5QD

The Manager  
Allerton Park Lodge Residential Care Home  
11 Allerton Park Chapel Allerton  
Leeds LS7 4ND

Harehills & Chapleton Town Law Centre  
236 Roundhay Road  
Leeds  
LS8 4HS

Mary Saddler  
West Indian Family Counselling Service  
Roscoe Methodist Church  
Francis Street  
Chapeltown Leeds  
LS7 4BY

Beryl Juma  
Multi-Ethnic Health Development Team  
Chapeltown Health Centre  
Spencer Place  
Leeds  
LS7 4BB

Esme Grierson  
Frederick Hurdle Centre Reginald Terrace  
Chapeltown  
Leeds  
LS7 3EZ

United Caribbean Association  
12 Hall Lane  
Leeds  
LS7 3HE

Pastor Sam  
Church of God of Prophecy  
196 Chapeltown Road  
Leeds  
LS7 4HZ

Roscoe Methodist Church  
Francis Street  
Leeds  
LS7 4BY

The Manager  
Dyneley House  
10 Allerton Hill  
Chapel Allerton  
Leeds  
LS& 3QB
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<th>Manager</th>
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Housing, care and support of African Caribbean elders living in Chapeltown
Appendix 6. Map of PCG areas

CONFIGURATION OF PRIMARY CARE GROUPS IN LEEDS

- **North West**
  - Otley
  - Cookridge and Horsforth

- **North East**
  - Moortown and Roundhay
  - Chapeltown

- **East**
  - Seacroft
  - Harehills
  - Kippax and Garforth

- **West**
  - Bramley, Wortley and Armley
  - Headingley

- **South**
  - Pudsey
  - Morley and Hunslet
  - Rothwell

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Housing, care and support of African Caribbean elders living in Chapeltown