Reflecting the Needs and Concerns of Black and Minority Ethnic Communities in Supporting People
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PART ONE
Introduction and overview

Racial equality in Britain is a legal requirement with specific obligations placed on the Government, local authorities and other public bodies.

‘The Government believes that public authorities have a special responsibility as employers, policy makers and service providers to deliver race equality. They should set the pace on race equality and lead by example.’ (Home Office 2001)

The Government has introduced a revised, and strengthened, legislative framework. The Race Relations (Amendment) Act 2000 extends the scope of the Race Relations Act 1976 Act to include functions not previously covered. A fuller explanation of the legal requirements is set out in Annex One.

Other strategies and plans made by local authorities will also feature racial equality and diversity. These include best value, community plans, local strategic partnerships, crime and disorder strategies, neighbourhood renewal plans, housing strategy, health improvement programmes and joint investment plans. Arrangements to ensure equality and diversity in the implementation of Supporting People should be consistent with these other plans and strategies.

The purpose of this guide

This guide is intended to ensure that issues of concern to black and minority ethnic users, providers and their representatives are understood by those developing and implementing the Supporting People programme locally. It also offers ideas for how these issues might be addressed through the implementation of Supporting People.
Overview of black and minority ethnic stakeholders in Supporting People and their concerns

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Concern</th>
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<tbody>
<tr>
<td>Black and minority ethnic service users</td>
<td>Equality of access</td>
</tr>
<tr>
<td>(current and potential)</td>
<td>Challenging discrimination and harassment</td>
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<td></td>
<td>Cultural diversity in service delivery</td>
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<tr>
<td>Black and minority ethnic community groups</td>
<td>Involvement and consultation</td>
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<td></td>
<td>Needs mapping</td>
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<td>Capacity-building</td>
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<tr>
<td>Black and minority ethnic specialist providers</td>
<td>Needs and supply mapping</td>
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<td></td>
<td>Service reviews</td>
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<td></td>
<td>Costs of culturally diverse service</td>
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Summary

Supporting People: Policy into practice identifies the following key outputs from implementing Supporting People:

- a focus on needs-led provision locally and nationally;
- wider choice and range of demonstrably high quality services for vulnerable people;
- integrated strategies at local and national level where the Supporting People programme facilitates the delivery of key Health and Community Safety agendas;
- monitoring, inspection and review of the quality and effectiveness of services;
- a framework to allow effective decision-making and administrative processes to take place.

The key stages in Supporting People are:

- Mapping needs
- Mapping supply
- Developing, consulting and agreeing the Supporting People Strategy
• Establish cross-authority arrangements
• Reviewing existing services
• A dapting or re-modelling existing services where appropriate
• Commission and purchase new services
• Quality and monitoring arrangements

**OBJECTIVES OF LOCAL AUTHORITIES IN MEETING BLACK AND MINORITY ETHNIC NEEDS THROUGH SUPPORTING PEOPLE**

At all of these stages, the needs and concerns of black and minority ethnic current and potential service users, provider organisations and community groups should be taken into account. Set out below are the objectives that local authorities and mainstream and specialist providers will want to address in the implementation of Supporting People to ensure that the needs of black and minority ethnic communities are met and services are not delivered unfairly, perhaps unintentionally.

In the light of national trends in population and other indicators of needs, local information about the needs of black and minority ethnic communities and existing services to meet those needs should be comprehensively and accurately mapped and measured.

Local authorities should be seeking to expand the range and diversity of services available to black and minority ethnic people in need of support where there is evidence that their needs are not currently being met, or that they are under-represented amongst service users of mainstream services.

Local authorities will want to involve and consult black and minority ethnic users, community groups and providers in strategic planning, commissioning, and delivery of services.

There should be fair access for black and minority ethnic service users to housing and support services provided by mainstream agencies. Arrangements also need to be in place to challenge discrimination and unfairness. Commitments to equality and diversity in mainstream services should not be superseded or diluted because of the presence of small-scale specialist provision in an area. Specialist services for black and minority ethnic users are a complement, not an alternative.
Local authorities will want to use their service review and quality assurance methods to ensure that support services provided by all agencies are culturally sensitive to the needs of existing black and minority ethnic communities and adaptable to the needs of arriving communities. Service reviews will also want to make sure that there is fair access to services and that discrimination and harassment is challenged.

Local authorities will want to commission specialist providers to provide services for black and minority ethnic communities if mainstream services cannot offer equality of access and cultural diversity in service delivery.

Cross authority and multilateral arrangements could be used to commission specialist services if that would be a way of meeting the needs of numerically small black and minority ethnic communities and achieving quality of service and economies of scale.

Simple administration and funding should be a priority to ensure that smaller organisations, which will include many black and minority ethnic groups, are not put at a disadvantage, particularly with regard to cash flow.

In short the diversity of local communities needs to be matched by the range and diversity of providers and services being provided within a local authority area for black and minority ethnic service users. Without a range of providers and services it will be difficult for a local authority to meet its legal and moral obligations to promote racial equality.
PART TWO
Black and Minority Ethnic Support Needs

Overview of black and minority ethnic support needs

Despite many shortcomings in the data available, the following preliminary conclusions can be drawn about the support needs of black and minority ethnic communities:

• People from ethnic minority groups are likely to be represented in all the groups whose support needs will be addressed by the Supporting People programme.

• In some groups, such as older people in need of support, the representation of black and minority ethnic people is growing.

• In some user groups people from ethnic minority groups are over-represented. Particular examples would include African Caribbean and Irish peoples’ representation in mental health services, black and minority ethnic young people leaving care and black and minority ethnic ex-offenders.

• The support needs of ethnic minority groups differ from one group to another and from those of the white British population. There are practical and philosophical differences in what constitutes appropriate services.

Drivers of need

SUMMARY OF DRivers OF NEED IN BLACK AND MINORITY ETHNIC COMMUNITIES

• Poverty
• Myths, stereotypes and discrimination
Different needs

Needs specific to individual groups

Population trends

Black and minority ethnic people are poorer on average than white British people. They are also more likely to live in deprived neighbourhoods, be unemployed, have low incomes, live in poor-quality accommodation and be the victims of crime (Parekh et al, 2000). This affects health, well being and so on, thus possibly leading to social or support needs. Poverty, even relative poverty, also affects a person or family’s ability to meet their own needs, or the needs of those people they care for, without recourse to assistance from statutory or voluntary agencies. Poverty therefore increases the likelihood of having support needs at the same time as decreasing the likelihood that people will have the resources to meet their own needs. This double bind is made treble if, as with black and minority ethnic people, they are also more likely to experience discrimination or harassment in access to services, or services, if available, are not appropriate.

Myths and stereotypes

Making adequate and appropriate provision continues to be hampered by prejudices about minority ethnic communities. To take a different example four common myths were identified in a study of housing and mental health care needs of Asian people, though these myths are commonly applied to all minority ethnic communities:

‘Asian families are large and they prefer to look after their own.’

‘Mental health problems are the same in every culture’

‘No one is asking for a service, so there isn’t a need for it.’

‘They’ve lived here so long, they must understand English.’ (Radia, 1996)

This pattern is common for many groups where needs are not met and poor responses from mainstream service providers. This has lead to black and minority ethnic groups of users, relatives or just concerned people, coming together and forming organisations to provide services, either informally or in a more formal way with funding staff and so on.
To take the example of deaf people:

‘Deaf people from minority ethnic groups are organising around issues of cultural and religious identity and challenging marginalisation from white-deaf organisations. Education, training and social support are being organised through informal networks.’ (op cit)

Different needs and needs specific to individual ethnic groups

In addition to the consequences of poverty and discrimination, some specific problems are experienced more acutely by some ethnic groups; diagnoses of psychosis amongst the African Caribbean community being an example. Young people leaving care and those leaving prison are also groups in which black and minority ethnic people are over-represented. Also disadvantage and discrimination impacts differently on individual ethnic groups and indeed within ethnic groups. So Pakistani and Bangladeshi people are not only poorer than white British people, but also poorer than Indian, Caribbean, Chinese or African people on average (Jones, 1996). The worst off are Pakistani and Bangladeshi women, most of whom are not only poor, but have no independent income of their own. Many also have extensive caring responsibilities for children and for older husbands and other relatives.

Population trends

• Growth in the black and minority ethnic population

The estimated size of the minority ethnic population of Britain was 4 million in mid-2000 or 7.1 per cent of the total population of Britain. These figures compare to 3.1 million or 5.5 per cent of the total population in 1991. Between 1992-1994 and 1997-1999 the total minority ethnic population increased by nearly half a million or 15 per cent. In contrast, the White population increased only 1 per cent. Thus about half the increase in the population of Great Britain over this period was accounted for by growth in the number of people who classified themselves other than white.

Not all ethnic minority communities are growing at the same rate. The Black Caribbean community appears to have hardly grown at all over the last decade. Amongst the three South Asian communities,
the lowest rate of growth is amongst the Indian population – increasing by only 4 per cent between 1992-1994 and 1997-1999. By contract the Pakistani population grew by about 13 per cent and the Bangladeshi community grew by about 30 per cent during the same period. The Chinese community grew by about five per cent. The fastest growing community (though smaller in total than all the South Asian and Caribbean communities) was the Black-African group. This grew by 37 per cent. The number of people of more than one black origin grew by 28 per cent and the number of people of mixed heritage, both black and white, grew by 49 per cent. In all, 20 per cent of the total increase in the ethnic minority population is made up of people of mixed origin, and they represent 10 per cent of the total of people of ethnic minority origin in Great Britain. These changes mean that black and minority ethnic communities in individual local authority areas are re-shaping. This implies that services may need to adapt and new services may be needed.

- **Geographical concentration of black and minority ethnic communities**

Black and minority ethnic communities are still highly concentrated and not evenly distributed across the country. Apart from London, where half of all black and minority ethnic people live, the black and minority ethnic communities are concentrated in the West Midlands, West Yorkshire and Greater Manchester.

- **Age profiles of black and minority ethnic communities**

Because migrants are mainly young adults (with or without families) the age profiles and the proportions of each ethnic group born in the United Kingdom are greatly influenced by the timing of the various waves of migration into this country. The first large-scale migration of minority ethnic origin came in from the Caribbean shortly after the Second World War and during the 1950s. Those from the Caribbean generally came as families compared with the second main group of migrants from India and Pakistan, who tended to arrive as male adults with their wives and children following. Most Chinese people emigrated to Britain in the 1980s, as mainland China opened to the Western world. Immigration from Bangladesh peaked in the early 1980s and many of the Black Africans in Britain came during the 1980s and 1990s. Age structure and proportions of people born in the UK from minority ethnic communities are also affected by fertility rates. Thus, for example, the total fertility rate for Pakistani and Bangladeshi-born women is significantly higher than other ethnic groups and this is reflected in the high proportion of children aged
under 15. These differences have an impact on the median ages for each ethnic group. The table below shows that all ethnic groups have a younger median age than the white group, but the difference is most marked for the Pakistani and Bangladeshi communities.

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>37</td>
</tr>
<tr>
<td>Black-Caribbean</td>
<td>33</td>
</tr>
<tr>
<td>Other – Asian</td>
<td>32</td>
</tr>
<tr>
<td>Chinese</td>
<td>31</td>
</tr>
<tr>
<td>Indian</td>
<td>31</td>
</tr>
<tr>
<td>Other</td>
<td>29</td>
</tr>
<tr>
<td>Black-African</td>
<td>26</td>
</tr>
<tr>
<td>All minority ethnic groups</td>
<td>26</td>
</tr>
<tr>
<td>Pakistani</td>
<td>22</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: Population Trends, autumn 2001, ONS

In planning their Supporting People strategy local authorities will wish to have regard to the population trends in their local area. The main factors to consider are set out in the summary at the start of this section on population trends.

The needs of specific groups

The housing and support needs of particular groups within black and minority ethnic communities are considered in more detail in the following sections. This includes - black and minority ethnic older people, refugees and asylum seekers, black and minority ethnic adults with mental health problems, women experiencing domestic violence, ex-offenders, black and minority ethnic adults with learning difficulties and disabilities and black and minority ethnic care leavers and young people.
Black and minority ethnic older people

SUMMARY OF NEEDS OF BLACK AND MINORITY ETHNIC OLDER PEOPLE

- growing numbers;
- changing family structures;
- poor service provision;
- poverty;
- need for mutual support;
- need for knowledgeable, sympathetic carers;
- need for information about health promotion and support services available;
- language needs;
- ill-health worse amongst black and minority ethnic elders.

As has been noted above all the black and minority ethnic communities are younger than the white British communities, but the number of people over 60 is rising in all black and minority ethnic communities. Between 1981 and 1991 the number of ethnic elders more than doubled; from 61,200 to 164,306. The rate of increase is set to continue. The black and minority ethnic communities who have been longest established in Britain are approaching the proportions of older people amongst white British people as can be seen from the figure below.
Family and social patterns are also changing. Ethnic elders are unlikely in the future to be able to rely to the same extent on the care of their adult children. As the PSI survey of Ethnic Minorities in Britain comments:

‘The patterns adopted in Britain by people of Caribbean and Asian origin may be affected partly by their own heritage and partly the conditions and conventions they have observed in this country.’ (Modood et al, 1997)

At the same time service providers have not geared up in all areas to meet the needs of ethnic elders.

‘Demographic changes mean that there will be a substantial increase in the numbers of older people from diverse groups who will be users of a care system that has until now been indifferent to cultural sensitivity towards clients. There is a need for investment in the care of black and Asian older people, for, as a paper written for the Commission notes, ‘they were regarded as marginal on three levels; mainstream agenda, mainstream age-agenda and in race relations.’” (Parekh et al, 2000)

Poverty is also more common amongst black and minority ethnic older people. Communities formed through migration face additional

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>Percentage between 65-74</th>
<th>Percentage 75+</th>
</tr>
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<tbody>
<tr>
<td>White</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Black Caribbean</td>
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<td>2</td>
</tr>
<tr>
<td>Indian</td>
<td>8</td>
<td>2</td>
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<tr>
<td>Chinese</td>
<td>7</td>
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</tr>
<tr>
<td>Pakistani</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Other-Asian</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Black – African</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Black-other</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other – other*</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

*Likely to include people from the Middle East and North Africa
Source: Population Trends Autumn 2001, ONS
poverty, and therefore greater health risks. The pension system also depends on lifelong contributions – not possible amongst people who migrated as adults and may have worked intermittently often for low wages. The Department of Health and the Social Services Inspectorate summed up the situation for many black and minority ethnic older people:

‘Many black elders now find that they are faced with having to accept old age in Britain with the realities of poverty and racism suffered in those earlier years of immigration. They may have to access services which are different from their lifestyles and seen as belonging to a Eurocentric perspective of caring rather than their own. Negative views of social care may also be associated with provision to the poorest in their countries of origin.’ (DOH & SSI, 1998)

Refugees and asylum seekers

Summary of issues affecting refugees and asylum seekers

- Isolation, insecurity and fear
- Reluctant to approach service providers
- Poor access to language support
- Lack of acknowledgement of physical and emotional scars
- Services provided by specialist community groups are therefore regarded as most effective

The number of people claiming asylum has increased dramatically from 4,000 a year in 1988 to over 70,000 in 1999 (Audit Commission, 2000). Refugees and asylum seekers come from a range of backgrounds and countries. Eighty to 90 per cent of asylum seekers are staying in London although the Government’s dispersal programme is designed to reduce this proportion.

A study for the Joseph Rowntree Foundation of refugees from Somalia and Eritrea found that the respondents expressed ‘a deep sense of isolation, insecurity and fear.’ They also found that recent refugees had little knowledge of the services available and were, in any event, reluctant to approach them. Most had only a basic grasp of English and interpretation services were not normally available, nor was information about services available in community languages.
Long term support with learning English was difficult to access and ‘provision was patchy.’ Professionals had little understanding of the difference between refugees and migrants and therefore ‘did not recognise the particular physical and mental problems resulting from their experience as refugees.’ These conclusions would apply in very large measure to all groups of asylum seekers and refugees.

Black and minority ethnic adults with mental health problems

SUMMARY OF NEEDS OF BLACK AND MINORITY ETHNIC MENTAL HEALTH SERVICE USERS

• Large black and minority ethnic over-representation amongst people in psychiatric hospitals

• Differential quality of after care

• Lack of information about mental health problems in the Chinese community

• Irish people over-represented amongst mental health service users

• Poor language support services

African Caribbean people are three times more likely to be admitted to a psychiatric institution than the general population. They are more likely than any other minority group to have a diagnosis of schizophrenia and are most likely (together with Irish born people) to be detained in a locked ward. Young black and Asian men are over-represented in the ‘care and youth justice systems and being sectioned under the Mental Health Act, 1983. The over-representation of black people in secure units, special hospitals, convulsive therapy and drug treatments, and ‘challenging behaviour’ units is likewise an issue of acute concern. The one area of mental health treatment where black people appear to be under-represented is in counselling.
Black and minority ethnic women experiencing domestic violence

SUMMARY OF NEEDS OF BLACK AND MINORITY ETHNIC WOMEN EXPERIENCING DOMESTIC VIOLENCE

- About 4% of women from all ethnic groups said they had experienced domestic violence.

- Women from different ethnic groups have different views and interpretations of the behaviour that constitutes domestic violence.

- There is a lack of understanding of the cultural needs of black and minority ethnic women experiencing domestic violence, e.g. language, greater financial dependence on husbands.

- Many black and minority ethnic women are unaware of refuges, either specialist or racially mixed. Black and minority ethnic women have a range of views on whether specialist or mixed provision is appropriate.

- Black and minority ethnic women fear racism in mixed refuges. This fear is lessened if there are black and minority ethnic staff.

- Older and refugee women appear to be even less likely to know of or use refuges.

Amongst women, risks of domestic violence do not differ significantly by ethnic origin: about 4% of all ethnic groups said they had been victims in 1995. (Home Office, 1997). A study of 1,000 people in the North London area revealed that domestic violence cuts across race and ethnicity but there are differences in definitions and reporting patterns:

- African Caribbean women are likely to cite all the behaviour in the researcher’s definition (mental cruelty, threats, sexual abuse and physical violence) as domestic violence.

- No African women had reported domestic violence to the police.
Only 67 per cent of African women included mental cruelty and only 55 per cent included having sex without consent in their definitions of domestic violence.

Irish, Turkish, Asian, Greek and Cypriot women were all less likely to categorise having sex without consent as domestic violence.

African, Turkish, Asian, Greek and Cypriot women were the least likely to report domestic violence to agencies or to friends and relatives. (Mooney, 1994)

Many black and minority ethnic women are unaware of refuges and many providers feel there is insufficient refuge provision specifically for black and minority ethnic women. For those that are aware, negative perceptions sometimes result in them not seeking help. They may believe refuges are only for white women or they feel that going into a refuge might make the situation worse for themselves and their children. The refuge may be an even more difficult place to live than their home. Southall Black Sisters (1993) reported that women surveyed had endured violence for between three and 40 years. Asian women are more likely to be made aware of refuges than African-Caribbean women are. Many refuges also report an increase in numbers of women entering refuges who, because of their unresolved immigration status, have no recourse to public funds.

The fear of racism in mixed refuges has been highlighted as a major factor in women’s decisions not to leave violent situations (Mama 1989; SBS 1993).

Some groups of black and minority ethnic women appear to be under-using refuge services. In particular older black women: because of work or a feeling of the need to be strong and/or the increased stigma of leaving home for older women and refugee women: because of lack of information, amplified fears of racism, isolation and language barriers. (Women’s Aid Federation, 1996)
Summary of the Needs of Black and Minority Ethnic Offenders and Those at Risk of Offending

- Over-representation of all black and minority ethnic groups, particularly African Caribbean
- Discrimination at all stages of the criminal justice system
- Poor monitoring and research of access to services

Discrimination has played a part in the disproportionate numbers of people from ethnic minority groups arrested, charged, denied bail, convicted and given prison sentences. These facts led the Commission on the Future of Multi-ethnic Britain to conclude bluntly,

Black and Irish people are differentially treated at all stages in the criminal justice system, from policing on the streets, as described in the previous chapter, through to sentencing and imprisonment, where they may be subjected to racism by both prison officers and other prisoners. (Parekh et al, 2000)

In 1995, 12% of the total prison population, 11% of men and 20% of women were of African Caribbean origin, compared with around 1.5% of the general population who were in prison. 3% of all prisoners, 3% of men and 1% of women were of Indian, Pakistani or Bangladeshi origin, compared with around 2.7% of the general population. 3% of the prison population, 3% of both men and women were Chinese, compared with 1% of the general population.
Black and minority ethnic adults with learning difficulties and disabilities

SUMMARY OF NEEDS OF BLACK AND MINORITY ETHNIC ADULTS WITH LEARNING DIFFICULTIES

• Over-representation of learning difficulties amongst Asian and African Caribbean people

• Few culturally sensitive services

Not much research is available, but the following quotations from abstracts may give an indication of the need.

A key piece of recent research by the Hester Adrian Research Centre (Azmi, S; Hatton, C; Caine, A & Emerson, E, Improving Services for Asian People with Learning Disabilities) ‘found that between 5 and 34 years of age, the prevalence of severe learning disabilities is approximately three times as high in the Asian community as in the non-Asian community.’

Groups about which little is known

Relatively little research is available about black and minority ethnic people in some of the key Supporting People groups: homeless people and rough sleepers, drug users and alcohol users.
PART THREE
Issues for Local Authorities

SUMMARY OF ISSUES FOR LOCAL AUTHORITIES IN MEETING BLACK AND MINORITY ETHNIC NEEDS

• Consultation and involvement
• Strategic planning
• Mapping supply
• Needs assessment
• Reviewing services
• Commissioning and purchasing services
• Accreditation and quality

Consultation and involvement

Local authorities will want to ensure that they consult and involve black and minority ethnic communities, service providers, users and their representatives:

• in the Supporting People strategy;
• in the reviewing of existing services;
• in the commissioning of new services or the re-modelling of existing services.

Community and voluntary organisations offer much informal support to vulnerable people, for example through faith communities. The
information about needs and services held by these community groups will be essential in developing the strategy and local authorities will want to ensure that they know about these groups and the work they do. Some of them may also want to be considered as potential recipients of funds to become providers of more formal support, as discussed in the section on capacity-building in part five.

When reviewing services, local authorities will want to be sure that the specific or different needs of black and minority ethnic users are being met. This may require different forums for eliciting the views of black and minority ethnic users. Language or other barriers may make it more difficult or less likely that the views of black and minority ethnic service users will emerge through other feedback mechanisms.

In reviewing services provided by specialist black and minority ethnic providers, local authorities will want to be sure that they have taken into account the specific aspects of support offered by the specialist provider. This may be different, or over and above the services offered by a mainstream provider for the same group. For example, a specialist black and minority ethnic project catering for Asian women experiencing domestic violence may have to employ people capable of communicating in the same language as those accessing the support. These may be aspects of support highly valued by users and will need to be included in service specifications and analyses of costs and funding requirements.

Strategic planning

The Supporting People strategic plan will cover a wide range of subjects including supply, needs, resources, user perspectives, cross authority arrangements, capital investment, desired service outcomes, commissioning, quality and monitoring, responsibilities and authority of key officers. All of these subjects should be ‘proofed’ for the concerns of black and minority ethnic users and providers as a matter of standard practice. The best way of achieving that will be to involve black and minority ethnic providers and users in putting together each element of the strategy. Two arenas in which the involvement of black and minority ethnic users and providers is essential are in the inclusive Supporting People forum and signing up to the strategy. A case study of the approach taken by one local authority is set out below.
**Wolverhampton Unitary Authority**

Wolverhampton has a consortium of organisations providing supported housing for black and minority ethnic people. The main reason for forming the consortium was to improve access to services for black and minority ethnic people as well as giving them the chance to participate in their design and delivery. The consortium works through community groups and consults directly with service-users to develop its understanding of the needs of the different communities. The role of the consortium project manager is to create a practical housing and support strategy based on the identified needs.

Wolverhampton has established a Core Group for implementing Supporting People and the Consortium has two places in the group. In addition, places in the group are also allocated to a representative of a black and minority ethnic registered social landlord and a representative from Wolverhampton Racial Equality Council. Out of a Core Group of 12/13 people at least four present are representing black and minority ethnic needs.

The Service Review process is still being developed but it is planned to include for the needs of black and minority ethnic service users and providers on an equitable basis. The authority recognises that black and minority ethnic organisations are newer and less well established and therefore face issues of both cost and ownership. It also recognises that black and minority ethnic organisations are more likely to respond to specialist needs despite cost because they well understand the importance of provisions such as appropriate food and employing people with the necessary linguistic skills which can be used when necessary.

The process of mapping need has commenced and the Consortium is identifying hitherto unmet needs for people with learning difficulties, refugees and asylum seekers and people with dementia. It has also identified the need for housing and support for Asian mental health service and is addressing it through a new development commissioned from a mainstream provider with a community organisation being developed, through capacity building, to provide care and support services.
The case for a specialist black and minority ethnic service

Local authorities may wish to consider specialist services for black and minority ethnic communities in the following situations:

• Where the needs of black and minority ethnic communities are not being met by mainstream providers currently.

• Mainstream providers lack credibility and trust with black and minority ethnic communities and are therefore unlikely to be entrusted with supporting people from those communities.

• Existing mainstream services do not meet the requirements of cultural, linguistic, religious and dietary diversity.

• Black and minority ethnic community groups have come together and organised themselves as a provider of services to their own community. They may enjoy greater trust and credibility amongst vulnerable service users and their relatives.
Cross authority and multilateral arrangements

Many black and minority ethnic providers are active over a number of local authority areas. Communities are spread out and economies of scale in the provision of specialist services, together with a focused management oversight, may be more achievable over a larger geographical span. Some organisations may only be currently active in a single or a few local authority areas. These groups may have the potential to expand. With financial and moral support they might play a useful role in other areas where no specialist services exist for the user group they serve. However, expecting them to have the staff resources to fully participate in numerous forums, meetings, discussions and form-filling exercises may place them under an intolerable bureaucratic strain. Authorities may wish to collaborate in discussions with such organisations; one authority perhaps leading on behalf of several.

A single community’s needs may also be geographically spread, for example newly settled refugees. In these circumstances joint commissioning between authorities may be appropriate. Some people, for example, people leaving prison or psychiatric institutions may wish to move to another part of the country because they wish to reduce their isolation by living where there is a substantial community of people from their background. They may also want to move to an area where specialist services for their needs, and for people from their community, already exist. Given the importance of informal support from family, friends and community groups these moves should be facilitated, not discouraged. Joint commissioning and spot or block contracting arrangements across authorities are mechanisms to ensure users have a genuine choice about the most appropriate place for them to live.
An example of a black and minority ethnic provider of housing and support working across a number of local authorities is given below.

**A SRA Greater London Housing Association**

A SRA Greater London Housing Association provides a specialist service for black and minority ethnic communities in London and the South East. The association owns stock in 20 London boroughs and five other local authority areas in the South East of England. In addition to around 2000 units of general needs accommodation, the housing association also provides a number of supported housing services and it has a total of 559 units or bedspaces of supported accommodation.

**Current services**

Four fifths of the supported accommodation are sheltered housing for older people. The remaining are used for women at risk of domestic violence, a small number of units for people with mental health problems, learning disabilities, single homeless people with support needs, alcohol and substance misuse, homeless families in need of support and refugees. The majority of residents are Indian, Pakistani or Bangladeshi. All units of supported housing are supported by transitional housing benefit, only a small proportion are also funded by the Supported Housing Management Grant.

**Concerns about Supporting People**

The association is concerned about whether the higher costs of providing a specialist and culturally sensitive service such as theirs will be met.

**Mapping existing supply**

 Authorities will want to know whether mainstream providers are meeting the needs of local black and minority ethnic communities. Ethnic monitoring data, when compared with census, demographic and needs data, should give an indication of this. Authorities will also want to know the extent and nature of specialist provision in their area. Considerations of quality should be culturally sensitive, whilst not compromising a commitment to providing the good quality services.
Needs mapping

In considering black and minority ethnic needs authorities will want to take into account:

- High level quantitative data from the census, population projections etc.
- Quantitative data collected through local research. If this is not available, commissioning research of this kind would be well advised.
- Qualitative data from voluntary and community groups, faith groups, users and existing providers.

Reviewing services

CHECKLIST OF BLACK AND MINORITY ETHNIC ISSUES IN REVIEWING SERVICES AND COMMISSIONING AND PURCHASING

- Do providers have an explicit and active commitment to equality of access to services?
- Do they have policies and procedures for challenging discrimination and dealing effectively with racial harassment? Have they trained their staff?
- Do services meet cultural (religion, language, diet, personal care etc) requirements of current and potential service users?
- What are the management, accountability and governance arrangements for ensuring that policy commitments are put into practice?
- Do providers have robust systems for collecting data on ethnicity? How is this data analysed? To whom is it reported?
- Are there legitimate differences in policy, practice or management for specialist black and minority ethnic providers?

In reviewing existing services, local authorities will want to ensure that mainstream providers have active commitments to equality of opportunity in access to services and employment, anti-discriminatory practice in delivering services and meeting the challenges of cultural diversity. They will also want to see evidence that these commitments
go beyond paper policies into day to day practice and management. Finally they will want to ensure that providers have robust systems for monitoring their own performance on equality, including transparent accountability arrangements within the organisation and to regulators and inspectors.

Black and minority ethnic providers should not be judged by lower standards than any other providers should. But legitimate differences in policy, practice or management or funding arrangements that reflect cultural or other forms of diversity should not attract undue or unjustified criticism. A commitment to diversity in the sector also implies the need to work with providers that are unstable or in difficulty, or stretched in managing growth, to strengthen their performance so long as they are meeting an identified need.

Commissioning and purchasing

Authorities will want to ensure that commitments to equality of opportunity, anti-discriminatory practice and valuing and managing diversity (similar to those given in figure 20 above) features in the specification and criteria for the commissioning and purchasing of services from all providers mainstream and specialist. Authorities will also want to consider whether particular kinds of need are best met, for cultural or other reasons, by specialist black and minority ethnic staff or providers. If so, the strengths and weaknesses of existing local providers or the desirability of encouraging the formation of new local black and minority ethnic providers will need to be considered. This would have the merit of ensuring a close link between the local community and local services. Alternatively there may be a value – in terms of speed, track record and quality – in commissioning an existing specialist provider from outside the area who could expand or establish their activities in the area (see the section above on capacity-building).

Quality and monitoring

Considerations of equality of opportunity, anti-discriminatory practice and valuing diversity will feature in national frameworks for inspection and quality assurance. Similarly, the particular strengths of specialist black and minority ethnic providers need to be appropriately valued in national and local regimes. Specialist providers should not be penalised for being different per se. There is value in being different but equally good. Treating everyone fairly is not tantamount to treating them all the same.
PART FOUR
Issues for Mainstream Providers of Support to Black and Minority Ethnic Users

SUMMARY OF ISSUES FOR MAINSTREAM PROVIDERS OF SUPPORT TO BLACK AND MINORITY ETHNIC USERS

- Equality of opportunity in access to services
- Anti-discriminatory practice
- Cultural diversity
- Equality and diversity in a mainstream service
- The possible benefits of a dedicated black and minority ethnic service
- Knowledge and skills
- Equal opportunities in employment

Equality of opportunity in access to services

A commitment to equality of opportunity in access to services is essential. In order to fulfil this, the collection of data on the ethnicity of service users will be required. The categories used in the 1991 census or variations on these are being used currently by many service providers. These categories are set out in annex two.
For the 2001 census, a new set of categories were devised. Henceforth census and other population data will be issued reflecting these categories. Organisations that are embarking on or reviewing collecting data on the ethnic origin of their users would be well advised to use the new. These are also set out in annex two.

Service providers may want to collect more detailed information to reflect the make-up of their local community. In some areas, for example, there may be a case for collecting data about Somali people. In other areas, it might be appropriate to collect data on Irish people separately from the general category for White people. Local variations are acceptable, however the key requirement is to ensure that information about ethnic origin is collected for the groups present in reasonable numbers locally and who may therefore be represented amongst service users.

Once a service provider has information about the ethnic origin of current users of services, this can be compared with data available from the census and elsewhere about the ethnic make-up of the population of the area as a whole. The data about the ethnic origin of the current users can also be compared with information available from needs mapping on the extent of particular needs amongst specific ethnic groups. If there is a disparity between the proportions of current service users from black and minority ethnic communities and the levels that the benchmark data from the census and needs mapping suggest, the provider should set a target for the proportion of users they want to achieve from a particular ethnic group. Proactive or remedial action may be needed if targets are not met, for example, publicising services through religious or community networks or by recruiting specialist workers.

The data collection on users, the benchmark data, the targets set and the measures proposed to redress any under-representation taken together would form a race equality scheme of the sort required under the Race Relations Amendment Act 2000 (see annex one).

**Anti-discriminatory practice**

Anti-discriminatory practice in service delivery is founded on two essential values – firstly, people who are different in one way or another should not be expected to minimise that difference or to be oppressed into conforming; on the contrary difference should be valued – even celebrated. Secondly, staff or service users who express
prejudices or treat people unfairly should be challenged. At the extreme, harassment of staff and users may result in a user losing the service, or a member of staff losing their job, if they persist despite warnings.

Organisations which are committed to valuing diversity and challenging discrimination and harassment will want to take a range of measures to make that commitment explicit and to ensure that staff and users know of, and act upon these commitments. These would include:

• Adopting a clear equal opportunities and anti-discriminatory statement of principle.
• Drafting a policy or action plan that sets out the measures the organisation is going to take to achieve this statement of principle.
• Procedures will also be needed for staff to follow if they feel they are being treated unfairly or harassed, or what they should do if they are aware that anyone else is.
• Make clear in tenancy and other agreements with service users what is expected of them – not to discriminate or harass anyone else – and what they should do if they feel they are being discriminated against.
• Train their staff in the obligations which the statement of principle, the action plan and the procedure, places on them as individual members of staff.

Cultural diversity

Since supported housing services often provide for people’s most personal needs, an in-depth understanding of the cultural needs of individual users is essential to effective service delivery. Seeing the person’s problem without seeing, or understanding, the person, will degrade the service offered. Key aspects of recognising cultural diversity in service delivery include ensuring:

• service users who prefer to communicate in a language other than English either have access to staff who speak their preferred language, or skilled interpreters, in person as well as on the telephone
• religious observance and practices can be met;
• cultural dietary requirements can be met.

Equality and diversity in a mainstream service

An example of a mainstream organisation providing services to a multi-racial group of users in a multi-racial neighbourhood is given below. The emphasis on having the right staff reaching out to groups which are often perceived as hard to reach should be noted, in this case black and minority ethnic elders and disabled people. Similarly, it should also be noted that meeting diverse needs does not compromise achieving other performance indicators.

**Metropolitan Care and Repair**

Metropolitan Care and Repair was established in 1991 and operates in the London Borough of Haringey. During the year ending 31 March 2001 the organisation provided services to a total of 1347 users. The organisation is a mainstream agency but it strives to ensure that the needs of its black and minority ethnic clients are met.

Fifty five per cent of service users are from the black and minority ethnic groups in the Borough compared with black and minority ethnic groups being 45 per cent of the borough’s population. The organisation has an advisory committee on which there is black and minority ethnic representation and participation. The Director is from a minority ethnic group.

By using a range of access routes to their services, the organisation has been able to reach people who the Council has not been able to help, taking referrals from hospitals and other welfare organisations as well as self-referrals.

Metropolitan Care and Repair has already met (and in some cases exceeded) seven out of eight performance indicator targets set by for Home Improvement Agencies funded by the DTLR. The customer satisfaction target of 90% was exceeded in the most recent survey.
The possible benefits of a dedicated black and minority ethnic service

In some situations larger mainstream providers may feel that they wish to set up a dedicated service to meet the specific needs of black and minority ethnic communities. An example of this is set out below - Touchstone Leeds. Some of the benefits of this approach are also covered in the case study.

**Touchstone House Leeds**

The Project was established in 1995/6 and is funded by Social Housing Management Grant. The Project was set up because black and minority ethnic people were over-represented amongst those receiving psychiatric services. This indicated the need for specialist high quality supported accommodation. The accommodation is in the Chapeltown area of Leeds and the original quality of it was poor. With the assistance of MRI funding it has been improved and re-converted to provide five good quality self-contained flats for mixed use and six self-contained flats in a property for women only. The support services provided include counselling and emotional support, help in managing finances and dealing with benefit claims and advice and advocacy with statutory agencies. In addition, the Project provides floating support to seven other tenants.

Tenants are drawn from a range of ethnic backgrounds including both Caribbean and Asian people. The age range of tenants is mixed. In the women’s house, tenants are supportive of each other and develop positive and helpful relationships with each other. A number of women are engaging in further education supported and motivated by each other.
Knowledge and skills

Staff working with service users from a range of cultural backgrounds will need to have the appropriate skills and knowledge. This may require a training input to develop these knowledge and skills. Some of the areas such training might cover include:

- The legal framework and the organisation’s policies and procedures for equality of access, challenging discrimination and unfairness and meeting culturally diverse needs.

- Knowledge of the cultural background of service users and potential service users from black and minority ethnic communities living in the local area and the implications for the services delivered.

- Interpersonal skills in exploring the needs of individuals in an assertive but not intrusive way.

Benefits of specialist provision

Staff and managers have become highly skilled and knowledgeable about black and minority ethnic mental health issues. The opportunity provided to tenants to be supported by black and minority ethnic staff contributes to their feelings of being understood and accepted. As a specialist scheme it has become known to, and supported by psychiatric and community mental health workers.

The existence of the scheme within Touchstone broadens the organisation’s overall knowledge and experience of different cultures. Touchstone has a number of specialist schemes for black and minority ethnic tenants and have a reputation within those communities of being an organisation that takes their needs seriously. The staff and management at Touchstone are as diverse as the communities in which they work.
Equal opportunities in employment

Local authorities that provide funding of services, which will be largely spent on employing staff, should expect that money to be spent fairly. In reviewing existing services and commissioning new services local authorities will want to ensure not only that providers have an equal opportunities policy, but also that they put that policy into practice through target-setting, monitoring the use of positive action when necessary.
PART FIVE
Issues for Specialist Black and Minority Ethnic Providers

SUMMARY OF ISSUES FOR SPECIALIST BLACK AND MINORITY ETHNIC PROVIDERS

• Information about needs
• Information about services
• Separate commissioning of housing and support
• Capacity-building for smaller black and minority ethnic community groups

Profile of specialist providers

There are a wide range, type and size of specialist providers catering for black and minority ethnic users of support services. These include medium-sized housing associations at the one extreme, and small, local groups run largely by volunteers at the other. The black and minority ethnic-led housing associations will in the main own and manage their supported housing, as well as providing support services funded by SHMG, transitional housing benefit and from other sources. Other more formally structured community and voluntary groups may be providing housing management and support as the agent of a larger housing association which may have originally developed and continue to own the properties. Some black and minority ethnic organisations (housing associations and community groups) will also be providing floating support, funded by a spot or a block contract either to their own tenants or to tenants of other landlords.
Gathering information about needs

Black and minority ethnic providers will want to ensure that they gather evidence about the needs of the user groups they serve. They will also want to bring together information about any other group whose needs they do not currently serve, because of financial constraints or for any other reason. The evidence of needs they have collected should be included in any needs mapping exercise conducted by the local authority.

A part from information about the numbers of people from different communities and user groups that need support, qualitative information will also be useful about:

- Type of need
- Support services needed
- Access to existing services
- Quality of services received
- The type of organisation
- Range of services
- Knowledge and skills of staff
- Possible funding arrangements

Such information could provide an insight into what services are needed as well as casting light on how best they could be delivered.

An example of research into housing and support needs of black and minority ethnic elders commissioned by a group of organisations, including the local authority and a black and minority ethnic led housing association, is given below, along with information about implementing the recommendations of the research and evaluating its impact.
A Way From Home: The housing and care needs of black and minority ethnic elders in Tower Hamlets - Labo Housing Association, London Borough of Tower Hamlets, the Housing Corporation, Anchor Trust

In 1998 the organisations listed above jointly commissioned research into the housing and care needs of ethnic elders in the London Borough of Tower Hamlets. This research found ‘existing provision for the housing and care of black and minority ethnic elders in Tower Hamlets is generally not appropriate and is not meeting their needs. Minority ethnic older people in the borough are not using the services for which they may be eligible. Those initiatives most relevant to Supporting People are discussed below.

<table>
<thead>
<tr>
<th>Recommendations made in A Way From Home, 1998</th>
<th>Progress by 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to develop new large family housing appropriately designed for elderly Bangladeshi heads of households and their families</td>
<td>Hannah Long E1 site redevelopment will also produce wheelchair accessible larger family units</td>
</tr>
<tr>
<td>Need for appropriate social and health services in the close vicinity for ethnic minority elders</td>
<td>Labo housing association and Bethnal Green and Victoria Park housing association are developing housing next to East London Mosque</td>
</tr>
<tr>
<td>Very sensitive provision is needed for the Somali elderly community. Sheltered housing with specific care on site and where they can live in a community atmosphere needs to be considered</td>
<td>Labo housing association is developing a Category One sheltered housing scheme (see above) but there is no special care element to this scheme.</td>
</tr>
<tr>
<td>Review of age threshold to reflect premature ageing amongst black and minority ethnic elders</td>
<td>Labo housing association intends to apply an age qualification of 55+ for sheltered housing schemes</td>
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</tr>
<tr>
<td>Tower Hamlets refugee forum works specifically with Somali community</td>
<td>A Somali action plan has been drafted by the housing department</td>
</tr>
<tr>
<td>Tower Hamlets housing department needs to improve record keeping and analysis of the minority ethnic communities in the borough, especially of the elderly</td>
<td>No changes have been made in the monitoring of ethnicity. Special needs housing survey planned by local authority housing department intends to look at needs of black and minority ethnic elders as a specific sub-section</td>
</tr>
<tr>
<td>Involving service users</td>
<td>Tower Hamlets housing forum involves registered social landlords and managing agents with sub-groups covering black and minority ethnic housing needs</td>
</tr>
<tr>
<td></td>
<td>Labo housing association intends to consult prospective tenants on internal design and layout</td>
</tr>
</tbody>
</table>
Information about services

Black and minority ethnic providers will want to ensure that they keep accurate records of the range of services they provide. Some of these services may reflect the particular cultural, linguistic or other requirements of black and minority ethnic groups. Black and minority ethnic specialist providers will also need good quality information on the costs, particularly any additional costs, of providing those services, especially those services designed to meet culturally specific needs. When services are reviewed higher cost services will need to be able to justify the higher costs in terms of the added value services they offer.

Black and minority ethnic providers will also need to ensure that they have information about user perspectives on their services. If they are suggesting that users particularly value a culturally specific provision, they will need to ensure that they can show that this is a strongly held user perspective. An example of a specialist housing and support service provided by a black and minority ethnic housing association is set out below.

Manningham Housing Association women’s refuge

Manningham Housing Association is a black and minority ethnic housing association based in Bradford with over 500 units. In addition to general needs housing, the association offers supported accommodation in the form of a refuge for women fleeing domestic violence. All eight current users are Pakistani.

Current service

All tenants are women at risk of domestic violence. A range of services is offered to tenants including:

• help with domestic and practical skills (for example, learning to cook)
• help in developing social skills and confidence
• advice, advocacy and liaison with statutory agencies
• help with managing finances and dealing with benefit claims
• emotional support, counselling and advice
Separate commissioning of housing and support

Many black and minority ethnic support providers are providing housing management alongside support as part of an integrated package of services to their users. If the support provider is not a registered social landlord (or in some cases even if it is) they may provide housing management under a management agreement signed with another housing association. Before Supporting People the housing association would have been claiming social housing management grant on behalf of the managing agent and would have been responsible for monitoring the performance of the managing agent and as a support provider. An example of such an organisation is given below.

• help in gaining access to other services such as training and education
• help in establishing social contacts and activities
• help in establishing personal safety and security
• supervision and monitoring of health and well-being
• peer support and befriending
• help in finding other accommodation

Funding arrangements
The project is funded by Supported Housing Management Grant as well as money from the Local Authority Community Grant and the Health Action Zone – Primary Care Grant.

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Funding arrangements
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Roshni Nottingham Women’s Aid

In a 1985 a group of Asian women, probation officers, social workers and women from the Asian community, identified a lack of services for Asian women experiencing domestic violence. They started an outreach service to establish the level of need and the following year funding was made available from the (then) County Council and the City Council to set up a refuge. Nottingham is now a unitary authority and funding comes from the council plus housing benefit and Social Housing Management Grant. The organisation worked in partnership with Metropolitan Housing Association to develop a property. The property has four family sized rooms, which can be shared by mothers and children, and one single room.

Refuge workers work with women within the refuge and also provide resettlement support to women and children who have been re-housed and are re-establishing themselves in new communities. The outreach service continues to be provided for those women who choose to stay in violent relationships and, from September 2000 to September 2001, 32 women have benefited from outreach services alone.

Roshni also works in partnership with Nottingham Women’s Aid Advice Service. Recruiting and training volunteers, media campaigns and the development of a 24-hour helpline are current examples of co-operation.

Roshni is the only Asian women’s refuge in the county. All the staff, with the exception of the finance and administration worker, are Asian women. Referrals are taken from beyond the county, mainly through other Asian refuges elsewhere in the country. A Life Skills training programme is provided to empower women to live independently. The staff group is able to speak a range of Asian languages and cater for different dietary and cultural needs. Roshni has an Asian children’s worker who provides therapeutic play for children including issues of culture and identity.

Concerns

Staff try to link women into appropriate counselling services but this has proved difficult. There are still few Asian women counsellors who are not specialists in other areas. Roshni’s relationships with the Asian community can be strained. It could be seen as an organisation that breaks up families. Consequently little economic and political support comes from the Asian community.
Once Supporting People is implemented the support provider could be commissioned by the local authority whilst continuing to provide housing management services under a management agreement with a housing association. The provider of integrated housing management and support will then become accountable to both the local authority and the housing association. This double accountability will not be confined to black and minority ethnic support providers. It will affect all providers of integrated housing management and support services to residents in properties they do not own.

There should be no problem if the housing association, the managing agent and the local authority are all content with the quality of services being provided, the internal organisational arrangements and the financial management of the managing agent. There is however a risk that either the housing association or the local authority cease to be content with the performance of the managing agent. This may lead to conflict between any two or all three parties. In an extreme (though unlikely) situation, the managing agent may end up without the funds to provide support because they have lost the confidence of the local authority (perhaps through no fault of their own; the commissioning plans may have changed) however, they continue to be required to provide housing management services. On the other hand the managing agent may continue to have a contract with the local authority to provide support at a time when the housing association which owns the property wishes to make alternative arrangements for the housing management.

These dilemmas and conflicts will best be avoided through constant tripartite communication. Managing agents need to ensure that they understand and can fulfil the requirements of both the housing association and the local authority. If for any reason they cannot, they should draw that to the attention of both the local authority and the housing association at the earliest opportunity. Housing associations and local authorities should also work together to ensure that their monitoring and quality assurance arrangements are as similar as possible to avoid unnecessary duplication and bureaucracy, the burden of which will fall most heavily on those that have to complete a never-ending stream of complicated forms - the managing agent. Where a local authority or a housing association decide that they wish to change the management or support provision arrangements, they should follow the Supporting People guidance.
Capacity building

For many people the extended family is the source of care and support, not organised and funded agencies. For other people informal support will come from neighbours and friends. This is often spontaneous and builds on the informal contact between residents in a neighbourhood. Often, what starts as neighbourly support can then take on a more organised collective form. The members of the group agree (sometimes only implicitly) the rules to govern the way the group operates, but it remains unstructured and unofficial. Some of these kinds of groups may decide to become more formal, either because there is money involved which need to be clearly accounted for, or because they wish to take on commitments incompatible with a loose structure, such as employing paid staff.

Some community groups that are not currently receiving funding for the support they are providing should receive funding through Supporting People (for example faith-based groups). Some community groups may also feel that they have strong enough community networks to understand the support needs of particular black and minority ethnic user groups in their area (for example, they may be a group of black and minority ethnic service users, parents or relatives). They may wish to develop into an organisation that can meet the requirements of Supporting People and possibly be commissioned and funded by local authorities to provide services. An example of an organisation that has developed from a self-help ethos into a registered housing association which provides a management service and support is given below.
Where no services are currently available in the area to meet identified needs or where existing services are poor quality or inaccessible, local authorities may see a merit in encouraging the development of new local providers. This may be a gradual developmental process over several years. There may also be merit in a group of local community groups coming together to be commissioned and receive funds to provide support services to black and minority ethnic communities. These ‘consortium’ arrangements may be a way of reducing duplication and bureaucracy and achieve economies of scale whilst allowing organisations close to the ground with an in-depth understanding of users to play an active role in Supporting People in some areas. An example of consortium arrangements in one local authority area was given in part three above.

**Apna Ghar Housing Association**

In 1991 six Asian people with disabilities set up the Asian People with Disabilities Alliance to provide respite care. They quickly established a need for housing and in 1992 Apna Ghar ‘Our Home’ Housing Association was established. The Association is a managing agent on behalf of developing associations, providing an extensive management service to its disabled tenants. Services are tailored to meet individual tenant needs.

Housing is provided in 120 units specifically for disabled people and their families of any age group. The majority of tenants have physical disabilities and some 50% are wheelchair users. The Association is based in Brent and 50% of its housing stock is located there. It also works in Ealing, Haringey, Hackney, Islington and Tower Hamlets and is developing housing in Harrow.

The organisation provides effective housing related support to Asian disabled people to enable them to live independently. They also assist people to make connections with local social, health and voluntary support agencies. They provide housing advice to 120-150 people, other than tenants, annually.
ANNEX ONE

Legal Requirements

The Race Relations Amendment Act 2000

The Act extends the scope and influence of the Race Relations Act 1976 to include public bodies not previously included in the Act as well as the obligations placed on these bodies. The Act places a general duty on public bodies to promote race equality.

The new general duty:

- Applies to a wider range of public authorities, not just local authorities.
- Does not leave it up to individual public authorities to decide what are ‘appropriate arrangements.’
- Public authorities are expected to have ‘due regard’ to racial equality in carrying out all their functions. The Government has suggested that the list given below would be the features of an organisation promoting racial equality.

Key features of an organisation promoting race equality:

- Monitors its workforce, taking steps to ensure that ethnic minorities are treated fairly.
- Assesses how its policies and programmes could affect ethnic minorities, identifies any potential for adverse differential impact, and takes remedial action if necessary.
- Monitors the implementation of its policies and programmes to ensure that they meet the needs of ethnic minorities.
- Has a publicly stated policy on race equality.
The Act allows the Home Secretary to make orders imposing specific duties on all or some of the public bodies that are subject to the general duty. The purpose of the specific duties is to ensure better performance of the general duty.

Proposed specific duties for key central public bodies (including local authorities)

- Prepare and publish a Race Equality Scheme setting out how it intends to meet its obligations under the general duty and any other proposed, relevant specific duties to promote race equality.

- Assess which of its functions and policies are relevant to the general duty, with regular subsequent reviews.

- Set out its arrangements for assessing and consulting on the impact on the promotion of race equality of policies it is proposing for adoption.

- Set out its arrangements for monitoring for any adverse impact on the promotion of race equality of policies it has adopted or is proposing for adoption.

- Set out its arrangements for publishing the results of:
  - assessments
  - consultations
  - monitoring for adverse impact.

- Set out its arrangements for ensuring that ethnic minorities have access to information and to services it provides.

- Set out its arrangements for training staff on issues relevant to the duty to promote race equality.

The document also contained a proposal that all public employers subject to the general duty to promote race equality should have a specific duty to:

- Ethnically monitor staff in post and applicants for jobs, promotion and training
• Public employers with 150 full-time employees, should additionally ethnically monitor and analyse grievances, disciplinary action, performance appraisal (when this results in benefits or sanctions), training and dismissals and other reasons for leaving.

• Publish annually the results of their ethnic monitoring (using existing reporting mechanisms wherever possible).

The guidance given in part three will assist local authorities and others in complying with these requirements.

Enforcement of promotional duties

The duty to promote race equality aims to ‘drive up standards from which individuals will generally benefit’ (Home Office, 2001). Individuals cannot bring a challenge in the courts, however the Commission for Racial Equality (CRE) can issue a compliance notice to a public body that it believes is not fulfilling a specific duty. The Government expects, however, that the CRE will use its powers only if a partnership approach fails to work.

As well as the recently enacted Race Relations (Amendment) Act, there are many existing obligations on local authorities (if they provide the relevant services). Some of these specific obligations which may relate to the provision on housing and support services are set out below. This is not an exhaustive list and there may, over time, be others.

The Local Government Act 1988 sets out a framework for local authorities to ensure that companies and other bodies applying for inclusion in select or approved lists, bidding for contracts and working under contract take reasonably necessary steps to comply with the Race Relations Act 1976 and the CRE Code of Practice in Employment.

The Children Act 1989 places an obligation on Social Services departments to take account of a child’s religion, racial origin, cultural and linguistic background, and the different ethnic groups to which children in need belong, when arranging day care or encouraging people to act as foster parents.

The NHS and Community Care Act 1990 acknowledges the different needs of various ethnic communities and places an obligation on service providers to plan appropriate provision in consultation with those groups.
ANNEX TWO

Categories for collecting information on ethnic origin

The Office for National Statistics uses the following categories for collecting data on people’s ethnic origin.

**ONS categories for collecting ethnic origin data in 1991 census**

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Black – Caribbean</td>
</tr>
<tr>
<td>Black – African</td>
</tr>
<tr>
<td>Black – other</td>
</tr>
<tr>
<td>Black – mixed</td>
</tr>
<tr>
<td>Indian</td>
</tr>
<tr>
<td>Pakistani</td>
</tr>
<tr>
<td>Bangladeshi</td>
</tr>
<tr>
<td>Chinese</td>
</tr>
<tr>
<td>Other – Asian</td>
</tr>
<tr>
<td>Other – other</td>
</tr>
<tr>
<td>Other – mixed</td>
</tr>
<tr>
<td>White</td>
</tr>
</tbody>
</table>

These categories reflect those used in the 1991 census and will be closely akin to the categories being used currently by many service providers.
For the 2001 census a new set of categories were devised. These are set out below.

**Ethnic origin categories used in 2001 census**

<table>
<thead>
<tr>
<th>White</th>
<th>British</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Irish</td>
</tr>
<tr>
<td></td>
<td>Any other white background</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>Indian</td>
</tr>
<tr>
<td></td>
<td>Pakistani</td>
</tr>
<tr>
<td></td>
<td>Bangladeshi</td>
</tr>
<tr>
<td></td>
<td>Any other Asian background</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>Caribbean</td>
</tr>
<tr>
<td></td>
<td>African</td>
</tr>
<tr>
<td></td>
<td>Any other Black background</td>
</tr>
<tr>
<td>Chinese or other ethnic background</td>
<td>Chinese</td>
</tr>
</tbody>
</table>

Henceforth census and other population data will be issued reflecting these categories. Organisations that are embarking on or reviewing collecting data on the ethnic origin of their users would be well advised to use the new categories.