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Good Practice Guide

a guide for **service providers on service provision for black and minority ethnic (BME) older people**

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Introduction

We are living in an increasingly multi-ethnic and multi-cultural society and it is both the legal and moral responsibility of organisations providing a service to the public to ensure that all citizens receive equal and fair treatment.

This guide explains not only how to do this within existing legal frameworks but, importantly, it raises the bar and shows organisations how to inculcate best practice among staff and volunteers dealing with people from black and minority ethnic (BME) backgrounds.

The legal responsibilities concerning how service providers should engage in terms of delivering services to ethnic minorities in general are defined in the Equality Act 2010 which came into effect in October 2010. The purpose of the new Act was to harmonise and also to extend some aspects of equality law in order to make it more consistent and more transparent with the goal of making society fairer.

The law makes it very clear that it is not permissible to discriminate against people, be they staff or customers and the new law lists specific 'protected characteristics'. These characteristics are: disability; gender reassignment; pregnancy and maternity; race (including colour, ethnicity and national origin); religion or belief; sex; sexual orientation.

Legal responsibilities concerning equality and diversity issues are frequently discussed at the most senior levels within an organisation. However, often staff working in front line service delivery roles have a more limited knowledge of equality and diversity issues. Yet front line staff engages with members of the public from diverse ethnic backgrounds on a daily basis, impacting on service delivery and the quality of experiences BME people undergo in accessing information and services.

That is why the **Older People Services Development Project** team devised this guide to fill an information gap and provide

a unique tool for staff and volunteers which equips them to perform their roles more effectively and confidently. It is intended both to raise the standard of service provision to BME older people and also to raise awareness of diversity and equality issues throughout organisations.

The **Equal Opportunities Programme** funded jointly by Trust, Hanover & Bield housing associations, has developed a strong reputation over the last decade as an authority in diversity issues, and it has amassed particular expertise in working with older people from BME backgrounds.

This guide is based on the direct field experience of our specially-trained multi-cultural project staff who have worked extensively with BME older people, their families and carers across Scotland. It also draws on invaluable feedback from day care centres, voluntary groups and advocacy groups working with BME older people.

The purpose of this guide is partly to explain why and where barriers exist in service provision for BME people and to share our expertise by providing relevant context. However, the overarching purpose is to set out a framework for improving service provision, to provide advice on how to engage effectively with people from BME backgrounds, and to establish guidelines on how to instil good practice within an organisation.

Establishing good practice within an organisation providing a service to the public requires a thorough understanding of issues affecting older BME people; a commitment to change; regular and open-minded consultation with key stakeholder groups; widespread communication of standards and goals; regular performance monitoring; and regular and rigorous staff training.

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Demographics

To understand the issues affecting service provision for older BME people in Scotland requires an examination of the demographic backdrop which has resulted in this multi-ethnic, multi-lingual and diverse group of people facing particular difficulties and barriers later in life.

The impact of ethnicity on how individuals live or cope in old age is only just beginning to be recognised in the UK and indeed Europe. Increasing age and frailty is bringing a rising number of BME citizens into contact with a wider range of service providers than they have dealt with previously, presenting challenges for older people but also for service providers.

At a time when older BME people are likely to require extra care, support and sensitivity, they frequently have to navigate a minefield of obstacles before obtaining the information and assistance they require to improve their quality of life and to maintain their dignity, self-esteem and ability to live independently.

Communication issues pose a considerable barrier for many older BME people who may not speak English as a first language, who may struggle to express themselves in English, or who may have limited or no understanding of the language, verbal or written.

The demographic forces affecting the issue are explained by Scotland's modern immigration history. A combination of geo-political factors precipitated a relatively large wave of immigration from Asia, particularly from the Indian subcontinent and China in the post-war years. First generation immigrants who arrived in Scotland in the 1950s and 1960s are now in their 70s and older and many are frail, requiring support.

Generally, the majority of people who arrived in Scotland as immigrants in the 1950s and 1960s spoke little English or none at all. Many did not undergo education in Scotland nor did they mix extensively with the indigenous population (for a variety of reasons). In addition, many had no literacy skills, resulting

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in that generation reaching pension age with little knowledge of the benefit system or how to plan ahead and gather information about ways of being looked after in their old age.

The number of BME older people in Scotland has risen sharply and is forecast to rise further. According to the last available census data (as shown in table below, Census 2001 Scotland) BME groups comprise 2.01% of Scotland's total population.

Of that, 0.61% (6,488 individuals) of the total are older people aged 60 and over, while the number of people aged 50 and over is 12,693. The majority of BME older people live in and around urban centres, but significant numbers also live in rural areas.

The chief result is that service providers are dealing with greater numbers of older BME people than ever before and this trend will accelerate in future. Therefore, understanding fully the needs of older BME people and how to respond to them appropriately is becoming increasingly important for service providers.

Table - Elderly Population in Scotland

	BME	WHITE	TOTAL POP
ALL AGES	101,677 (2.01)	4,960,334 (97.99%)	5,062,011
AGE 50+	12,693 (0.74%)	1,693,046 (99.26%)	1,705,739
AGE 60+	6,488 (0.61%)	1,060,145 (99.39%)	1,066,633
AGE 70+	2,393 (0.42%)	563,391 (99.58%)	565,784

Source: Census 2001 (Scotland)

The BME population in Scotland is increasing, and in common with the indigenous population, is ageing rapidly. In 10 years' time, the number of BME people aged 60 and over in Scotland is expected to have reached approximately 20,000.

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Experience

The award-winning Equal Opportunities Programme, jointly developed by Trust, Hanover & Bield housing associations, has developed several innovative projects to tackle inequality in service provision and to remove barriers to accessing information for people from BME backgrounds.

The Programme was founded in response to research which showed that there was a poor take-up of social housing and related services by BME people, despite clear evidence of need.

One of the main objectives of the programme was to encourage take up of services by BME older people across Scotland by overcoming barriers, both to them receiving relevant information and to accessing services successfully. During this work it was apparent that there was a need for a holistic approach at various levels. Although, some very good work was being done by small projects covering small areas within Scotland, it was apparent that there was a strong need for a coordinated approach to look into the unmet needs of BME older people nationwide. Hitherto there was no concerted effort to consult or to understand this marginalised group of older people, therefore they neither had a voice or representation on critical issues affecting their lives.

The Programme has been operating successfully for more than 11 years, and is recognised at a local and national government level as well as in Europe, as possessing significant expertise, knowledge and experience in addressing issues affecting BME people in general, and older BME people in particular. Our direct work with BME older people has given us an insight, which, if shared, could assist service providers to make beneficial adjustments in service delivery and could also help them to devise ways of ensuring access to service is properly inclusive for all service users, regardless

The information gathered will not only assist the service providers but will also offer tools to help engage with BME communities better. Ethnicity has been acknowledged as a neglected aspect of ageing for a long time.

of ethnicity. To achieve this requires a combination of methods with the aim of both easing pressure on service providers and using the skills and knowledge built up by the team specialising in BME issues.

The Pension Benefit Outreach Project was developed in 2005 with DWP Partnership funding in order to address barriers in accessing services and benefits, and also to bring the needs of the BME older people to the forefront and to deliver services at a grassroots level. The project was funded for only 18 months but in that short period of time its achievement in making a difference to lives of many older people and their families was significant. Moreover, the intelligence gathered during the project's lifetime clearly identified the need and demand to continue the project. Subsequently, the programme was successful in receiving funding from the Big Lottery Fund to continue the work for a further three years.

The **Older People Services Development Project**, a Lottery-funded initiative, has enabled hundreds of older BME people each year to make successful claims for benefits and support services to which they are entitled.

This project entailed staff working very closely with service providers, providing unique insight into the issues and barriers which commonly prevent or make it difficult for older BME people to gain equal access to both information and services.

The guidelines and advice contained here are drawn from experience of working with the BME older people as individuals and couples and also with their carers and families across Scotland. Some of the information has been collated from feedback with staff in day care centres for ethnic minority older people.

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Key Issues

In many respects older BME people face many of the same problems as their peers, but independent research has shown that for a number of reasons they are disproportionately over-represented in low-income households. They are also more likely to suffer multiple deprivations in the form of poor housing, ill-health and social and economic exclusion.

On top of this, many older BME people have witnessed major changes in family structures in the last 50 years, including a breakdown of traditional relationships and living arrangements whereby different generations of one family co-habited, allowing older family members to be looked after by younger ones.

The project identified specific attitudinal, linguistic, educational and cultural issues which act as a barrier to older BME people not only receiving the help that they need and to which they are entitled, but which also prevent them obtaining essential information about available benefits and services and how to go about obtaining them.

There are issues to grapple with on both sides of the equation: systems seem complex to BME older people who struggle to understand and access information and services. At the same time, mainstream service providers find the various cultural needs of diverse BME communities complex and difficult to understand. There is a danger of decisions being made or policy being introduced or changed on the basis of assumptions regarding BME issues rather than clear understanding.

Other factors which come into play include inadequate access to culturally-specific services; lack of resources; lack of training for staff on specific needs for different ethnic and cultural groups; and in some instances, racist or discriminatory attitudes and behaviour.

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We know from feedback that one bad experience reported by a member of staff working for a service provider, following a difficult encounter with a BME individual, can lead to that experience being communicated (not always accurately and frequently with a negative wider impact) throughout an organisation. This can then lead to dangerous and damaging assumptions that BME people are trying to access benefits and services falsely or incorrectly.

"Black and minority ethnic elders do not enjoy the same quality of life as their peers, continue to have many unmet needs, from care to quality of life issues, which reduce their potential for participation, have witnessed changing family structures and are growing old in a country that many of them thought

that they would not remain in after their 'working period'. These experiences are in addition to a lifetime where discrimination and disadvantage have often been an everyday part of their experience." (Policy Research Institute on Ageing and Ethnicity (PRIAE) consultation response)

Language / Communication

There are different levels of language barrier. Some BME people do not speak or understand any English at all and the obvious solution will be to work with them through interpreters and translators. However, it should be noted that when an older person cannot explain their problems in their own language, there is a risk that valuable information is lost in translation.

While BME people may be able to participate in a short informal conversation in English, ability to speak and understand the language varies widely, as does proficiency with written English.

Service providers should also bear in mind that encountering difficulties in deciphering official documents is not restricted to people of different ethnic backgrounds. Many native English speakers struggle with written documents in formal language.

The following quote was received from an older BME person:

"When we try to contact (organisations) directly about our issues seeking help, we are either ignored because our accent is not clear or staff do not have the patience to probe well and to get to the heart of the matter patiently. In some cases we are not taken seriously because staff can't be bothered. The way this is done is by either ignoring us or pretending to take the message with no result/outcome because none of our messages are responded to or followed up. We are after all old and have lived life so we can tell this from the tone of the frontline staff attending to our phone calls."

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"Other incidents have been when we were told to send forms or further information back following a meeting in one of the service providers' offices in person. We were given self-addressed envelops to post the information back. This was done but the issues were not resolved. When we followed this up we were told by the agency that they had not received the information we posted back to them."

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Distrust / Fear of Authority

Service users and their families feel disadvantaged by a power imbalance which is often not recognised by professionals within service providing organisations. Consequently, no attempt is made to ease their anxiety or to check whether information given has been received and understood adequately.

Service providers should be aware that older BME people may have suffered disadvantages and/or discrimination in the past at the hands of authorities of one kind or another. These experiences may have left them with a lingering fear and distrust of systems, authority figures and institutions.

Also, as a result of historical and political anomalies in overseas nations, older BME people who left their native country many decades ago may lack the paperwork which is deemed essential in the UK, such as birth certificates. These documents were not issued in the same way in their country of origin for example as in the UK. This can cause upset and difficulty regarding issues such as establishing and verifying ID for older BME people.

Sometimes organisations are successful in establishing contact but fail to deliver anything useful as a follow-up. Negative responses and

failure to react to needs and concerns destroy trust within a community whose members will feel that their time and effort has been wasted. It is a common complaint from BME older people that service providers come to consult them and provide information about their organisation and services, but mostly this does not result in delivering anything of use or value. They feel let down and so lose trust in the service providers.

Many older BME people, especially those with a poor level of education or command of English, often do not understand why information is being requested. It is important to be honest about the limitations of an organisation but at the same time it is important to be aware of the impact if the response to all queries or calls for help is always 'No.'

It is important to behave and to act in ways that assure service users that you WILL or ARE taking action on their need/requirements. Sometimes BME older people lack trust in authorities when they have to answer many

personal questions when service providers look into their needs. They often feel that authorities might be seeking information to pass on to other agencies rather than simply seeking it to meet their needs. This can arise from a lack of understanding of the system and how it works, giving rise to mistrust. As a result, BME older people do not feel comfortable in parting with information even though it may be of benefit to them in applying to receive benefits or services.

It is essential that feedback on any enquiry made by BME older people is given within a reasonable time period, even where no resolution has been achieved, this will give reassurance.

Consider starting with high priority needs/ areas (i.e. getting someone recognised and registered as a disabled person may be of greater priority than getting their benefit arrears claims settled). Also, it is important to help establish understanding that while the rules may not seem fair, they serve everyone's best interest when properly applied. It is therefore important to make people understand the points of the rule and the law and the limit imposed by the law.

Trust has to be built both ways and it is important for both sides to understand and acknowledge that there are in fact few examples of clear wrong doing in these kind of issues. The vast majority of older BME people are simply trying to access what they need or are entitled to. Similarly, the vast majority of staff wants to deliver quality services to all service users.

Reliance on Family Members

Older BME people may rely heavily on their family members, especially their children, to represent them and to help make important decisions for them, especially when it comes to dealing with official documentation.

Generally, except in circumstances such as a family feud, this is the one group they trust

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and rely upon most. This is particularly true for first generation immigrants who are now in their 70s and above. Service providers must appreciate this when dealing with older BME people and must be prepared to communicate with more than one person on individual cases in order to arrive at a satisfactory outcome for the service user. This requires a patient and understanding approach.

Many BME older people's issues are complex due to a lack of information and the fact that they might not understand why they need to provide certain information. They may also have little trust in the system and the added complication caused by family involvement in the process when seeking help and expressing their anxieties. Having someone speaking their language and understanding the dynamics of the joint and extended family can have advantages. However, it can lead to loss of the right to privacy and confidentiality for some BME older people. There is a risk that there may be private issues or arrangements among family members which might not be brought to the attention of service providers due to language difficulties. In some cases this might result in relatives of older BME people taking financial control of their affairs, which might or might not be in the interests of the person concerned.

Example

In the case of Mrs X, her son-in-law made himself a joint signatory to her bank account, influencing the decision by telling her that as she was opening a bank account for the first time, it might be better if he was to be named on the account. He justified this by saying that he would have to collect money from the account if she were unable to, due to illness, mobility issues or bad weather etc. This lady now regrets permitting this, although she had been advised against this course of action.

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The role of family networks in BME communities is acknowledged however many traditional arrangements are changing which may result in a less stable environment for older BME people. Additionally, the ethnic profile of this ageing population will change significantly over the coming decades, throwing up new challenges and requiring efforts to understand changing family dynamics and inter-generational dynamics in particular.

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Community Network and Support System

Next to the family, older BME people value, trust and rely upon their community organisations especially their language communities and religious groups which provide vital informal social support.

Not all older black and minority ethnic people wish or are able to attend all meetings and functions of their community, language group or religious affiliations, but these are still useful places to disseminate information targeted at BME older people.

It is important to involve individuals from communities in delivery of the services and in extending contacts. But it is also important to possess some understanding of the internal politics which exist within BME communities, as with any distinct community. There are many individuals who would like to be known as **Community Leaders** but they do not necessarily always represent the views of a community which has its own sub-communities. Many BME people belong to different groups or organisations (community or religious) which could provide valuable points of contact but they would not necessarily participate if not directly approached. It is important not to be seen to be one-sided or exhibit favouritism in developing contacts with one or other BME group but to be clear that the organisation or staff wish to work with all groups regardless of size, influence or background.

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When dealing with different communities and organisations, confidentiality is of paramount importance not only for individuals but also organisations.

Prioritise, but start small and avoid an 'all at once' approach. In order to progress effectively and deliver long term benefit, service providers should start any new approaches to service provision on a small scale as a pilot and with a few communities. For example, a service provider such as the NHS might be able to deliver information on specific health issues to BME people in a more effective and targeted way by working with local community groups to spread awareness. The use of a known and trusted partner as an intermediary can be an effective way of building trust and reaching BME service users.

Lessons learned in this kind of collaborative approach can be used to inform service delivery and to shape future practices within an organisation, it can also help to spread learning among staff in different departments. This will enable service providers to make their service relevant to all communities.

BME older people are sometimes reluctant to discuss their personal issues for fear of their community finding out or they might have had a previous experience where information leaked out. BME older people will often be very reluctant to be seen to be seeking information or advice in front of other people from their communities. The best way to deal with this is to provide information in written format initially; multilingual leaflets are of great value at this stage. Some people who wish to seek help and are aware that a particular organisation can help, will use the contact details in the leaflets to phone at a later stage from the privacy of their home.

It is important that their contact is not made public during any group meetings or in any other way to anyone else.

Positive Steps

Engagement

In our experience we found that the majority of the key service providers wish to reach out to BME communities but do not have the expertise or know where to start.

There are a number of reasons for this such as: a lack of bilingual staff; lack of resources (money and staff); minority communities being widespread and diverse; there are many languages and many dialects; fear of getting it wrong; concern over how to move forward after taking the first step. Collectively, this can result in BME people having a poor impression of a service provider upon first contact, either in person or on the phone. This is borne out in feedback we have received.

Constructive and frank engagement with relevant service users is a prerequisite to establishing best practice. Providers often talk of engagement, however in practice this can sometimes result in organisations talking to a select few of their service user base and making assumptions about the needs of many.

When dealing with BME communities there is a particular danger in a selective approach to engagement as there are so many different nationalities and cultures who speak a multitude of languages. There are also different religious and gender issues to consider.

Engagement should always begin by asking questions about people's needs and how best they can be met. There may of course be instances where service expectations are unrealistic or unreasonable. Where this is the case, this should be communicated in a friendly but non-patronising way, clearly explaining the reasons that a demand or request is not possible.

If the issue is cost or a small number with special needs such that overhead costs

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cannot be justified or secured, then it is best to be honest about this. No two BME groups or communities are alike. Service providers need to think about equality of outcome, not equality of input.

We have found that by far the most effective form of engagement is via outreach work - going to visit BME individuals and groups within their own communities where they are confident and secure in their surroundings. This can include staging special events or holding regular clinics or information sessions at places convenient for and popular with BME people. Appropriate venues can range from community and day care centres to shopping areas, medical centres, places of worship and private homes. It makes sense to develop a range of channels through which a community can access information about services.

Staff must be aware of gaps in their knowledge and skills when dealing with BME older people and not be afraid to acknowledge them.

No one is perfectly equipped to deal with every case and set of issues and organisations and their staff must not be afraid to tell service users when they genuinely do not know the best thing to do at a given point. However this should be accompanied by the assurance that as service providers they remain committed to helping and will collaborate with other professionals to meet their needs and achieve a successful outcome.

Fundamental to good quality service is familiarity with the client group and their needs. It needs to be noted that not all BME older people from similar backgrounds will be facing similar issues. The focus must remain on the individual and their circumstances. Although, staff with some experience of dealing with BME older people may feel that they understand cultural issues, it is vital to remember that each case must be viewed from a perspective of the uniqueness of the individual. Circumstances vary widely, regardless of people sharing similar backgrounds or culture.

BME older people generally prefer and feel most comfortable with face-to-face meetings during which they can ask questions which are most relevant to them, rather than having to deal with complex systems.

- If there is a need for information to be provided in a community language it would be better to produce it in a short, simple version and to explain the details during meetings through interpreters.

- For this reason there is comfort in having bilingual staff not only to provide direct and prompt service but to avoid cultural misunderstanding. It also helps to build trust as BME older people feel that staff who speak their language are on their side, allaying concerns over both potential discrimination and not having their needs met.

- Home visits can often be the best way to deal with the needs of older BME people. It gives staff an opportunity to observe issues which BME older people might overlook or might not consider relevant when describing their needs, e.g. mobility issues. It is also beneficial in accessing any supporting documents needed in order to access service delivery. Staff are also able to assess the extent of family involvement in issues.

- Dealing with a person who speaks their own language means an older BME person has an opportunity to discuss confidential issues by phone which they might be reluctant to discuss in front of their family.

Research

In order to ensure that an organisation is providing a fair and equal service to all citizens, a critical first step is to build knowledge of the ethnic breakdown in the area of service provision.

This should include looking at adjoining areas (town/local authorities) as individuals may use services outwith their immediate area if they are not available locally.

A research exercise should ideally focus on the following:

- What are the dominant BME groups in the area and what size are they?
- What is the age profile, level of social activities?
- What is the gender distribution? (This is important as, for example, female Muslims may have particular requirements relating to personal modesty or hygiene and physical contact with non-family members).
- What religious groups are there? (This may affect considerations such as the best day to make contact or even best time of day, taking into account preferred times of worship or holy days.)
- Is there a possible language barrier? (i.e. would an interpreter be needed)?
- What services do people need/enjoy most?
- What is their understanding of statutory and voluntary service provisions?
- What information have they already received about services and how do they prefer to be contacted?
- Are there useful trusted local intermediaries who could facilitate improved contact with older BME people?

Forging Relationships & Understanding Communities

The most important and first step for organisations has to be knowing who lives in their area of service provision. It is always better to also include surrounding areas as sometimes people would rather move to receive better services or to be in a safer area in future. Once an organisation starts gathering information on different communities living in their area, the next step is to contact them. It can be a time-consuming exercise but it delivers long term benefits. Staff often finds it difficult to make contact with BME organisations or groups due to a lack of understanding of different cultures and traditions and fear of making mistakes or offending people. It should be noted that there is always at least one person who speaks English in community organisations who can act as an initial point of contact.

Our work and subsequent discussions regarding these issues led to various service providers admitting that they see this as a gigantic and daunting task and many are unsure where to begin. This lack of meaningful engagement to date has resulted in many BME older people not accessing information or services provided by the various service providers.

Once you have done initial research into BME groups including both existing and potential future service users, the next step is to establish positive relationships.

Generally, community organisations are useful for establishing contact and relationship with potential service users. The first step is to identify such organisations, make early visits and then contact via telephone to arrange follow-up face-to-face individual meetings.

Initial personal contact is very important in creating successful future working relationships. This contact helps to provide some vital information about the organisation, providing them with a platform to discuss future ways of working together and delivering services to users who face acknowledged barriers.

It is important not to be judgemental, to be willing to learn, and to keep an open mind. Different communities and cultures have their own way of dealing with family and relationship issues. Once trust is established it becomes easier, making further engagement easier.

This stage should mark the start of a dialogue on what steps are required to bring service delivery to particular individuals. Initial contact should be used to gauge the needs of these users, to air their misgivings and concerns and to identify what barriers they might face in accessing information and services.

Initial contact could lead to further information about other BME groups and places of worship in the area being shared. Obtaining named contacts of committee members/trustees of religious organisations can lead to further successes in reaching out to people who are classed as 'hard to reach'.

It is to be noted that not all people from similar backgrounds may be part of the same social, cultural or religious groups or organisations. It is important to obtain information on all communities and different religious places in the area. Some areas will have a few religious/worship organisations and people from similar communities usually choose just one. Service providers should ensure that they do not give the impression of favouring one over another. They must make clear that they are providing services for all and are reaching out to all service users.

These issues become easy over time and staff will become accustomed to cultural nuances and differences. It is important not to be judgemental, to be willing to learn, and to keep an open mind. Different communities and cultures have their own way of dealing with family and relationship issues. Once trust is established it becomes easier thus making further engagement easier.

Practical measures which help to forge relationships should include the following:

- Provide information in simple and accessible form, in different languages where appropriate.
- Do not assume all target users speak or understand English.

- Identify individuals from BME communities who are competent in English and who can act as go-betweens, at least initially.
- Judge carefully when to make telephone contact and when a face-to-face visit is preferable, do not rush each stage.
- Use recognised public venues including places of worships or community organisations and events to pass on information.
- Hold sessions with community workers to discuss informal networking and knowledge sharing.
- Circulate a formal list of service providers to community groups.

Do not assume that standard existing information pamphlets, posters, adverts or websites will have served adequately to inform BME groups about available services. If it is not in their native language; they might be incapable of benefiting from standard information channels.

Example of standard communication failing to reach BME groups

There has been considerable targeted marketing activity within Scotland to inform people about the availability of free central heating installation and insulation via the Energy Assistance Package. It includes important information about eligibility for this benefit and how to apply to all those who were eligible. However, through our field research we learned that very few service users from BME backgrounds knew about or had accessed this particular benefit. Consequently, the Older People Services Development Project started to promote it during benefit check sessions. This led to new interest from BME groups and in some cases direct engagement with the service provider. A partnership was forged with the service provider which provided special information sessions for BME groups with appropriate language support provided. The information was well received and resulted in a number of requests for energy checks. The outcome was that many BME people were found to be eligible for this benefit and received services such as loft insulation, central heating systems, cavity wall insulation and general advice regarding draft insulation. Without direct intervention, many older BME people would have remained unaware of the service and therefore in practical terms would have been excluded from an important benefit which could improve their quality of life significantly.

Establishing Trust

How can you work with BME older people to find the right service for them?

- Talk to BME older people about their specific requirements, and take care to treat them as individuals with individual needs.
- Encourage older BME people to deal with their own matters independently where possible. Empowering them to manage their own personal finances and offering them choices in issues affecting their lives boosts their self-esteem.
- Respect client confidentiality, which means treating family members or relatives as secondary contacts and not the main target of enquiry or service. You must obtain approval of the primary or main beneficiary of a service before making contact with family members.
- There have been cases where family members attempt to take control of older relatives' assets against their will. However, in other cases the family can be very supportive. It is important not to make assumptions concerning family involvement or motivation.
- Ensure that all transactions, negotiations and/or discussions are carried out in the presence of the primary beneficiary. If dealing with a difficult or complex case, this can involve a third party who is trusted by the beneficiary.

Common Issues

Organisations must be aware of potential circumstances where cultural and sometimes gender issues can result in an individual's ability to control their own legal or financial affairs can be hampered. There have been a number of cases where older female BME clients may have their finances controlled by a younger male family member, including granting them signing rights on bank accounts. In some cases but not all, they might be happy with this arrangement but service providers must not make assumptions about the desirability or implications of such arrangements.

In one case, a female client enlisted the help of the Older People's Service Development Project to apply for Attendance Allowance. Her claim was stalled as a family member was a named signatory on all her official documents. Without this signature, her claim had been pending for months without resolution. This kind of arrangement is not uncommon and must be taken into consideration when dealing with official paperwork and applications.

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Cultural Stigma

Service providers should be aware that within some BME cultures there is a perceived strong stigma attached to applying for or receiving benefits. There have been numerous case studies where older people have stated that they were ashamed to consider benefits and would feel shame and embarrassment in disclosing personal circumstances, whether financial or medical, to third parties.

It takes skilled and culturally sensitive staff to deal with such issues, acknowledging the problems, while seeking a way to arrive at an outcome that benefits the older people who are often in dire need of external assistance in order to improve their quality of life. There is also often a stigma attached to going outwith the family for help as this involves admitting that family members have not managed to provide for their elders - a source of shame in some cultures.

However, increasing pressure on families to juggle multi-generational family needs with busy jobs can result in older people struggling to look after themselves.

Monitoring & Evaluation

It is important to recognise that monitoring and evaluation should be continuous, not a one-off process. The needs of minority ethnic communities change over time as immigration patterns shift and new ethnic groups or nationalities arrive from different parts of the world. In recent years Scotland for example, has seen the influx of many people from Eastern Europe as well as asylum seekers and refugees from other parts of the world.

Feedback from relevant organisations and individuals on ways to improve and enhance services should be incorporated into service delivery and planning for BME users. Feedback from BME users on difficulties that

Increasing pressure on families to juggle multi-generational family needs with busy jobs can result in older people struggling to look after themselves.

they experienced in accessing services or in service delivery is particularly valuable.

Listening to and acting upon the experiences of BME users demonstrates a willingness to learn and improve on the part of service providers. It is important to foster an attitude of continuous improvement in service provision in order to properly meet the needs of BME service users.

It is important to record case histories from beginning to end. Every piece of information is important and should be recorded clearly and concisely. Organisations must ensure proper records are kept of conversations during meetings with service users. Actions taken or recommended should also be documented in order to ensure proper accountability and to follow up on any complaints or investigations.

Golden Rules

Service providers should see equality as an ongoing mainstream agenda and observe the following key recommendations:

- Reflect diversity by recruiting people from BME backgrounds. It helps build trust, empathy and confidence.
- Engage in outreach work to BME communities and create a range of information access points.
- Provide language assistance to bridge communication barriers and provide multilingual information packs.
- Use simple non-jargonistic language in meetings and documents
- Regularly train staff in cultural awareness and diversity issues.
- Be aware of non-verbal communication, body language and gesture.
- Communicate feedback from BME service users to all areas of activity and use it to raise service standards.
- Regularly consult with BME groups to influence ongoing service delivery and future service planning.
- Challenge assumptions about BME service users such as their ability to pay for the service or their inability to communicate, which is not the same as withholding information.
- Clearly communicate corporate commitment to equality.
- Carry out regular impact assessment of policy and programmes.
- Develop equality schemes with clear targets and responsibilities.
- Collect and monitor data to identify possible inequalities in service provision.

In review of a successful practice in dealing with BME older people Scotland wide, patience, listening, trust, direct face to face communication in their own language and understanding their needs, including cultural needs are all essential.

Produced by **Older People Services Development Project**

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This guide can be downloaded in pdf format
at www.EqualityScotland.com

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