Going the Extra Mile

A Guide to Improving Access to Services for BME Older People
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A guide produced by Age Concern Islington’s Open Access Project, funded by Connecting Communities Plus from Communities and Local Government, published March 2009

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Chapter One
Introduction

This guide is designed to be useful to people involved in helping to improve take-up of statutory services by Black and Minority Ethnic (BME) older people. It is particularly targeted at the statutory sector and at BME groups, though many points will also be relevant to the wider voluntary sector.

We know that older people from BME groups can potentially have problems accessing services because of their triple disadvantage: being older, being of different ethnicity and being more likely to be socially deprived. As well as discussing the problems that they experience in using services, the guide identifies successful practices, and lists a number of tips throughout the text that can be helpful to all of us in working with BME older people. Some of these tips are also pulled together in Chapter Five in summary form as a quick guide.

The title of this guide, *Going the Extra Mile*, reflects how the willingness to keep on trying, and to put in extra effort to make something work, is the key factor in successfully improving access to services for BME older people.

*Going the Extra Mile* is the final report from Age Concern Islington’s 30-month Open Access action research project, which was funded by the Connecting Communities Plus programme, initially from the Home Office and then from Communities and Local Government.

The project sought to identify the main problems and barriers that BME older people face when using services, and to develop solutions, highlight good practice and make recommendations that would help to overcome the barriers identified. This ‘action research’ combination of researching issues together with testing possible solutions has been very successful. The work focused on barriers and solutions both within the statutory sector and within BME communities.
THE OPEN ACCESS ACTION RESEARCH PROJECT

Aim: to improve life opportunities for older people from Black and Minority Ethnic communities by increasing and improving their access to, involvement with, and confidence in, public services in the UK. To be done through active partnership with services, individuals and communities to review both service barriers and possible cultural barriers, and to work with them to develop, test, report on, and publicise practical solutions to break down barriers so as to improve lives and opportunities.

The project is generally referred to in this guide as the Open Access project.

Source: Age Concern Islington

Why undertake action research on BME access to services?

It is widely recognised that public services are not equally accessible to all. Access varies across and within all groups within society, depending on education, deprivation, health status, etc. But there is plenty of evidence that people from BME communities are more likely than White British people to be excluded from services, particularly statutory services.

One possible reason for reduced BME access to services might be thought to be racism, but in Islington, very encouragingly, racism among service providers has not been raised at all as an issue by any of the hundreds of BME older people taking part in the Open Access project. Even when we specifically asked about possible racism, people did not feel that it had had any impact on preventing them from accessing services; nor was it part of their experience of using services.

It may not always be the case in other areas that racism is not cited as a barrier to take-up of services by BME older people, but it is an excellent testament to the generally positive attitude to diversity that exists within Islington, and which is promoted by the Council and other statutory bodies as well as by the local voluntary and community sector.
DEFINITIONS

The term ‘BME’ is used in this guide to denote anyone who defines themselves as Black or of an ethnicity that is in the minority in the UK.

By ‘access’, we mean not just physical access to a service, but also being aware of a service, having the confidence to use it, and finding that it is reasonably designed to meet the intended need.

We use ‘statutory services’ to refer to any service provided by an organisation or agency that has a public duty to provide certain services. The term ‘statutory services’ therefore encompasses not only services provided directly by central and local government, but also major services (such as housing) that may be provided on their behalf by other agencies. Statutory services also include other public services such as the NHS (National Health Service), fire and police services, educational services, etc.

The barriers that the project did find contributed to poor take-up of statutory services can be roughly grouped as follows:

**Complex systems** – statutory services are very complex organisations offering an immense array of services or benefits, which are constantly changing, which can generally only be accessed after being passed from person to person, and which are often designed with White British people in mind. It can be difficult for anyone to understand what is available, but particularly so for many BME older people. We found that some BME older people experienced poorer outcomes than their White British counterparts when they did manage to access a service.

**Language** – this is an obvious major barrier for many BME older people, making even the simplest request or problem more difficult to resolve. Many older people, sometimes arriving in the UK late in life, find it hard to learn English and find the standard ESOL (English for Speakers of Other Languages) classes off-putting and tailored to younger people.

Some pilot work by Age Concern Islington found that community ESOL classes for older people were very popular and had a big impact on confidence, although funding for this valuable work is not mainstream. There needs to be an appropriate balance of responsibility between people needing to learn English to overcome the problems themselves, appropriate ESOL classes being made available to older BME people, and the need for services to translate and interpret for their clients.
Information and cultural barriers – even when people do speak English, lack of information or understanding can remain a key barrier. This can prevent people from knowing that a service exists or that they can use it. It can also make it harder for them to contact the right people, make it more difficult to explain their problem and understand what needs to happen next, and also makes it less likely that they will complain if they are unhappy with the service.

Economic barriers – BME older people frequently have lower incomes than the wider population and it may therefore be harder for them to find out about and to access services.

Fear, or negative perception of services – many BME older people expect to be treated poorly when they contact statutory services, and this can contribute to delays in seeking help, if help is sought at all. More work is needed to better understand the extent to which this is much more prevalent for BME older people than for White British people (as appears to be the case), and if so, whether the other barriers fully account for this perception, or whether they do, in fact, receive a poorer service.

Previous traumas – older refugees may be particularly fearful of statutory services and people in positions of authority due to traumatic experiences in their home countries.

Multiple barriers – while many of these barriers can be experienced by White British people and by younger people, there is a greater impact on older BME people, who are more likely to experience multiple barriers that magnify the effect.

Some BME women, for example, may have low levels of education, may not be expected to nor have opportunities to learn English, nor be expected to work or even to travel much outside the home. These factors will compound their difficulties in trying to access services. Gay men from some BME groups, as another example, may be particularly fearful of how they may be treated by those in authority.

Our Open Access research found that local BME groups experienced more problems, more often, than their White British counterparts when trying to access benefits. This is not to say that White British people do not also encounter difficulties, indeed they reported many of the problems that BME groups did, but these occurred less frequently and were less likely to be compounded by other factors.
Why is it important to improve access?

Given the number and extent of these barriers to accessing services, and the damaging impact on their health and wellbeing for BME older people of missing out on what is available to them, it is good practice for services to make particular efforts to overcome these barriers.

Britain is growing increasingly diverse

The proportion of BME residents of all ages in Britain is growing. In Islington, for example, 25% of residents defined themselves in the 2001 Census as having a BME background (www.statistics.gov.uk/census2001/profiles/00au.asp).

It’s the law: equality legislation

The Race Relations Act 1976 put in place measures to improve race equality. More recently, the Race Equality Duty placed a statutory duty on public authorities to actively promote race equality and to tackle illegal and unfair discrimination. This came into force in December 2001, following the Race Relations (Amendment) Act 2000.

The Equality and Human Rights Commission opened for business on 1 October 2007. A key aim of the commission is to end discrimination and harassment of people because of their disability, age, religion or belief, race, gender, or sexual orientation. Many resources are available on their website at: www.equalityhumanrights.com.

It’s fair

The health and wellbeing of BME communities will lag behind the rest of the population unless their access to services is secured. Failing to do this not only has great personal costs for the individuals involved, but could also risk creating tensions among communities, with implications for community cohesion and safety.

It’s cheaper in the long run

The long-term consequences of poor access to services can actually be more expensive for services, not less. For example, through being less able to access activities to help them keep fit, or primary health care to resolve emerging health issues promptly, people’s health may deteriorate to the point where they need expensive emergency services and then long-term care.
ISLINGTON COUNCIL WORKING WITH AGE CONCERN ISLINGTON

“The Open Access project is a really good example of how data on service take-up by different groups in our community can be used to ask ourselves questions about the inequalities that still persist in society and to undertake more detailed qualitative research that gives us good information about the impact of what we do (or don't do) on the lives of real people.”

“We used the findings of Age Concern Islington’s project to identify some things that the Council and its partners could do to improve benefit take-up for older BME residents, such as making our letters and other communications easier to understand, for example. Importantly, we have also built these actions into Islington Council’s Corporate Equality Scheme and Community Cohesion Strategy.”

“Perhaps the most important thing that we learnt is that the actions needed to improve access for older BME people would also help other groups such as people of all ages and ethnic origins who are less confident when dealing with statutory organisations, as well as helping disabled people and people whose first language is not English. We have incorporated the findings of the project into new ‘Write First Time’ training for our staff, which seeks to improve the quality of our written communication, and we have changed the standard letters for a number of services including benefits.”

Lela Kogbara, Assistant Chief Executive, Performance & Equality, Islington Council

Getting it right for the most excluded helps us all

Improving services for BME groups frequently helps to improve them for the whole community. For example, ensuring that publications are in plain, simple English makes them easier for all of us to read and understand. The same would apply to reducing the use of automated telephone systems.

The types of changes that make a big improvement to BME groups actually benefit many people. For example, training frontline staff to make them more aware of people’s language barriers and other needs could help make frontline staff more sensitive to all their clients’ needs. The training and support provided to them may also help them to feel more valued and more willing to be patient and helpful to anyone who has any sort of communication barrier.
"NHS Islington was delighted to work with the Open Access project, as it gave us the opportunity to find out what does and does not work for BME communities in Islington.

"Our work highlighted how important it is to make information accessible to BME communities and the value that people place on being registered with a doctor who speaks their language. We now produce a list of languages spoken by GPs and dentists in Islington on our website – www.islington.nhs.uk – so that people can choose to register with a multi-lingual professional.

"We also recommend that GP practices book a double appointment for patients who require an interpreter and we have trained GPs and other staff on how to work with interpreters."

Jenny Singleton, Head of Patient & Public Involvement & Equalities, NHS Islington

The Going the Extra Mile guide

The sorts of barriers listed above were the focus of the work of the Open Access action research project and the findings from it form the basis of this guide. Chapter Two focuses on the statutory sector, and what steps statutory organisations can take to improve their accessibility to BME older people. It focuses on the need for effective monitoring, ways of communicating effectively, tips for holding events and meetings, conducting effective outreach work, and staffing issues that may be relevant. Chapter Two concludes with a case study of how Islington Council’s Benefits Section, supporting benefits take-up, worked with the Open Access project to trial a number of practical steps to reach more BME older clients.

While many of the tips in Chapter Two will also be relevant to voluntary and community sector organisations, Chapter Three is specifically targeted at BME groups in particular. It highlights the range of support available to BME groups and how to take advantage of it for the benefit of their members, and also the personal barriers that individuals may face, and how BME groups can help their members through these. It contains a case study comparing the experiences of two different BME groups trying to support older people in Islington.

In Chapter Four, the focus is on working together in partnership, where ‘going the extra mile’ really is particularly important. There is another case study, in this case, of good partnership working between a local community group and
a section of Islington Council. Chapter Five pulls together some of the Top Tips from throughout the guide.

The guide is supplemented by appendices giving a range of further information and resources that we believe many readers will find helpful. We hope that you enjoy this guide and find it helpful, and would love to hear any feedback from you. Please contact: admin@acislington.org.uk.

HOW THE OPEN ACCESS PROJECT WORKED

Among a range of different areas of activity, the Open Access Project Manager worked with more than 20 different communities in Islington to explore the barriers that their older members experienced and to discuss possible ways of addressing those barriers.

More than 500 local older people took part in over 40 meetings held between 2006 and 2008. Most of these were BME older people, apart from a small ‘control group’ of White British people used for comparative purposes.

More than 45 meetings were held over the same period with numerous statutory sector representatives, primarily from various parts of Islington Council and of NHS Islington.

Numerous small pieces of work were undertaken with a range of statutory counterparties on access issues affecting BME older people.

A Document Review Group was set up in partnership with Islington Council to support the Council in its work to improve the clarity of its letters and other communications.

Detailed work was undertaken with Islington Council’s Benefits Section, who were particularly keen to identify new ways of reaching excluded groups, and a detailed report was published, highlights of which are featured in this guide.

Thanks and acknowledgements

The work of the Open Access project and this resulting guide would not have been possible without the co-operation of a large number of organisations and individuals. The support and co-operation that Age Concern Islington received was far too extensive and diverse to be able to list the many who helped us. But to everyone who has been involved, in whatever way, we would like to offer a heart-felt Thank You from all of us involved at Age Concern Islington.
From among the long list of those who have worked with us and assisted us, however, we must particularly acknowledge the commitment to the project and to the production of this guide of Islington Somali Community and Islington Council’s Benefits Section and its Benefits Team.

We would also like to thank the Connecting Communities Plus funding programme of the Home Office/Communities and Local Government, without which none of this work would have been possible. We knew from our existing work at Age Concern Islington that such a project could be very valuable, but could only undertake such work with the necessary funding support.

We hope to be able to secure funding to be able to develop this important work further in the future.
Chapter Two
The Role of Statutory Services

Statutory services do not have the sole responsibility to open up access to their services by BME older people, but it is of course essential that they do as much as they can to fulfill their duties. Frontline staff as well as directors and senior managers need to understand the importance of taking specific steps to improve access for BME older people.

This chapter outlines the main areas where work will improve access, with practical tips for how to do this. The chapter closes with a case study which describes the commitment of Islington Council’s Benefits Section to securing access for some of the most excluded groups, and the changes made following partnership work with the Open Access project.

Monitoring

Why is ethnic monitoring important?

Effective use of monitoring information can help statutory and other organisations to:

- identify which groups have problems accessing which services;
- form plans to tackle the issues; and
- measure whether the steps taken have been effective.

It is a requirement within the Race Relations (Amendment) Act 2000 that all public authorities in England and Wales produce a race equality scheme, which will include ethnic monitoring. However, in common with other research¹ the Open Access work found that in nearly all services we spoke to, ethnic monitoring was under-developed and under-used.

Frontline staff and local service managers in particular were rarely given any analysis of their service users in terms of ethnicity, and even where they were, there was little understanding of what the information meant for their local population. When discussed, a common response was to note that because some ethnic minorities were using their service, the service must therefore be accessible. While this might be the case, the service provider cannot be at all confident of this (nor prove it if challenged) without a systematic analysis of the people using the service compared with the local population.

What can ethnic monitoring be used for?

Far from being a worthless exercise, ethnic monitoring is the cornerstone of ensuring equal access and service quality for all groups. It is wider than simply recording the ethnicity of people coming through the door; it can be linked to satisfaction levels and outcomes for different ethnic groups.

“Ethnic monitoring can help to answer a variety of questions:

- who accesses the service;
- how users found out about the service;
- whether the service met their specific needs;
- whether the service was appropriate to the needs of diverse communities;
- what changes should be made to the service;
- how changes can be made and what partnerships are required”.2

MAKING USE OF MONITORING

Local NHS services often have information about the ethnicities of local smokers. But to know whether you are reaching smokers across the entire community, you need to monitor accurately who is using your service.

In Islington, smoking rates are known to be high among Turkish and Somali men, among others. Monitoring the ethnicity of those taking up Islington’s very successful Smoking Cessation service enabled NHS Islington to commission services designed specifically to reach Turkish men and Somali men to try and engage them in smoking cessation programmes.

Source: NHS Islington

How can the impact of monitoring be maximised?

Three important issues must be addressed: data quality; data availability and usage; and continuity.

**Data must be of good quality.** Staff need to be trained and encouraged to ensure that all the data collection of ethnicity is as complete and accurate as possible. Having more than a small percentage of cases where the ethnicity is ‘not known’ or ‘not recorded’ limits the conclusions that can be drawn.

Basic census categories should be used, supplemented by sub-categories depending on the population in the area. Where categories of ‘Other’ have to be used, ask people to specify what they would call their ethnicity. Monitoring of the ethnicities being entered under ‘Other’ can help to identify when another category needs to be added as the population changes over time.

**WHAT DOES BME MEAN...?**

‘BME’ is sometimes wrongly assumed to exclude White people, as the term can be falsely associated with race rather than with ethnicity. The ‘White Other’ category is, however, very important when analysing diversity information.

Perhaps surprisingly, one of the groups with the most marked problems in terms of isolation and lack of service usage was found by the Open Access project to be older Irish men. More work is needed to identify why this is and to work with the local community to help to address any barriers.

Islington Council has the following categories under ‘White’: British, Irish, Turkish/Turkish Cypriot, Greek/Greek Cypriot, Kurdish. This reflects the area’s population and particular groups that the Council is therefore interested in providing services to, and therefore in monitoring.

**Data must be available and used** by those with day-to-day, frontline responsibility for delivering and improving access to the services, and not just seen by senior strategic staff. Comparative population data (for the appropriate age categories) must be available to help make sense of service usage data.

**Data must be collected regularly and consistently** to be able to measure change. If services (and community groups) have evidence that actions they have implemented have made a difference to access to their services then lessons of good practice can be learnt, which will help in funding bids and in proving that they have met their targets. See Appendix 3 for an example of data collected.
Communication

We know from our Open Access project work that a key issue for enabling access to services is to ensure that people are aware that they exist, know how to approach them or use them, how to question what is happening to them, and how to ask what is going to happen next. Communication is the biggest barrier to ensuring that older BME people have a genuine choice about whether or not to use a service.

Communication includes the following:

- oral to an audience (e.g. at an event or meeting);
- oral to an individual (e.g. at a one-to-one meeting about housing);
- oral over the phone (e.g. making an appointment to see a practice nurse);
- written to the general public (e.g. a leaflet publicising the winter heating allowance);
- written to an individual (e.g. a letter about Council Tax);
- information and interactive services on the internet.

Communication problems

There are layers of potential barriers to older people from BME groups to accessing information and being fully knowledgeable about what services exist. Barriers can occur in respect of each of the following:

- **Physical access** – someone may need to be in the right place and at the right time to receive the information;
- **Perception** – able to process the information that is being given;
- **Understanding** – able to comprehend the message that is being communicated;
- **Persuasion** – whether the information received actually changes behaviour.

Physical access to information

Many older people from BME groups, particularly if they have language difficulties or mobility problems, are only confident travelling within extremely limited geographical areas. Many people we spoke to would only travel on certain bus routes, or visit places that they had been to before. For some, concepts of time are different in their country of origin, making it hard for them to access a very time-specific service. People often turned up either excessively early for appointments or events, or too late.
Good practice tips
Ensure services are physically accessible, dispersed around the borough where necessary, easily accessible by public transport and well signposted.

- Outreach sessions are likely to benefit from being conducted in buildings and locations that the target audience are familiar with and feel comfortable travelling to.

- Provide or signpost to assistance to be accompanied to a meeting, if required and available. Many people we spoke to had missed appointments as they felt unable to make the journey and attend alone.

USING COMMUNITY WORKERS AND INTERPRETERS TO REACH NEW PEOPLE

For some of our events, where a particular community was being targeted, Age Concern Islington has occasionally made small payments to local community workers or interpreters of community languages to pay them to recruit people to attend the event.

We paid the community workers or interpreters to provide an interpreting service at the event, and also paid them £10 per person that they brought along to the event. This gave them the incentive to mention the event to members of their community, or to people for whom they were interpreting in the run-up to the event, and to invite them to come along. The community workers or interpreters also informed the clients that they were interpreting at the event, so the clients understood that the interpreter had a personal interest in their attendance. For some people, the fact that someone known to them would be there to interpret for them was itself a good encouragement to attend.

In this way, and at relatively low cost, we were able to reach new people not previously known to our services.

- Help people to arrive in good time by giving clear instructions, for example “The event will begin at 11.00 a.m. Doors open at 10.30 a.m.” Say what will happen if someone arrives too late or too early, for example, “Your 9.30 a.m. appointment will be cancelled if you arrive after 9.25 a.m.”

- Avoid the use of automated telephone systems, which many BME older people find impossible to use.
• Always provide a landline alternative for any 0800 or 0845 number. Many older people cannot afford the rental on landlines, and it is usually very expensive to dial 0800 or 0845 numbers from a mobile phone.

• Leaflets and other information may need to be distributed beyond the usual places such as libraries, GP surgeries or community centres. Speak to different communities to check where they access information.

• Ensure that community groups, mosques, churches, etc have up-to-date leaflets and know where to get more. Many places that we visited had old-looking leaflets unlikely to be picked up. Services need to be proactive and not wait for people to ask for fresh leaflets. Statutory services could contract this role out to a voluntary sector organisation to undertake on their behalf.

• Ask your users and clients to pass the information on to their friends and neighbours; word-of-mouth is often more effective than official information.

• Visit community venues and events to draw people’s attention to information. Staffing information stands in public places (e.g. shopping centres, markets) and approaching people on the street are time-consuming, but potentially effective at reaching new people.

OUTREACH TO NEW VENUES

When Age Concern Islington wanted to reach more older men we decided to hold an event designed to be of interest to them and to do some outreach work. The event had a clear focus on money issues and benefits.

Age Concern Islington went to some local pubs to target older men who would not otherwise have been likely to hear about the event. Although numbers were small, we did successfully reach new people in this way and were able to check what benefits or other support they required.

For many older people from BME groups, technological barriers may also be a problem. Some do not use a phone, for example, due to hearing or comprehension problems. While the number of older people using the internet is increasing, many people are resistant, or not in a position, to learn how to use it.
Perception and accessibility of information

Once the information has been physically accessed, it needs to be perceived, which means it needs to be seen or heard or otherwise taken in. For some BME older people this can be an issue due to hearing and sight problems. Good guidelines on making sure that material is accessible are available from organisations such as the Royal National Institute of Blind People and the Royal National Institute for Deaf People (see box).

Good practice tips

- Use clear rules on font (must be plain, without serifs), font size (minimum of 12 point), spacing, colour of script, etc on all written documents. Background shading and jazzy script, for example, can greatly reduce legibility.

- Train frontline staff in communicating with people with visual and hearing disabilities to ensure that they are confident about what they need to do to enable a person with a sight or hearing impairment to have equal access to services.

- Staff arranging events must take into account sensory disabilities alongside the more obvious mobility problems. This may involve: hiring a room with a hearing loop system or hiring a mobile loop system; ensuring microphones and amplification are used; using large signage; using large visual aids for any presentations, etc.

ADAPTATIONS AND ASSISTANCE FOR USING TELEPHONE AND COMPUTERS

Some people find using telephones and computers more difficult than others due to a physical or sensory impairment or disability. Here are some organisations that can help:

The Disabled Living Foundation, a national charity offering information and advice on equipment that can assist independent daily living. Helpline 0845 130 9177. Website: [www.dlf.org.uk](http://www.dlf.org.uk)

AbilityNet, which helps disabled people in the use of computers. Website: [www.abilitynet.org.uk](http://www.abilitynet.org.uk).

The Royal National Institute of Blind People. Website: [www.rnib.org.uk](http://www.rnib.org.uk)

The Royal National Institute for Deaf People. Website: [www.rnid.org.uk](http://www.rnid.org.uk)
Braille and British Sign Language are used by only a very small minority of older people with sight and hearing problems as most have only developed these conditions later in life. Where they are used, however, staff should be aware of the local process for accessing the necessary support services.

**Understanding information**

Once people have information in a format that they can comfortably perceive, they must be able to understand the key messages that the services want to communicate. They should also feel empowered to ask questions and should fully comprehend the steps that they need to take to access the service to their advantage. The language that is used by services is often a major barrier to this understanding.

**Good practice tips**

- Use simple language, emphasise the main messages, and ensure that there are clear instructions.

- If ‘jargon’ or complex terms have to be used, perhaps for legal reasons, then express the point in simple words as well, even if a preamble explains that the simple wording is not the legally binding part of the letter.

- Increasingly, information is being produced in ‘easy read’ format, aimed at people with learning difficulties. Age Concern Islington and other organisations have found this to be very popular more widely, and particularly useful for people with limited English language skills. For more information on ‘easy read’, see [www.easyinfo.org.uk/index.jsp](http://www.easyinfo.org.uk/index.jsp)

**PICTURES CAN COUNT!**

“In some instances a picture really is worth a thousand words! Consider whether text is the most effective means of getting your message across or whether it’s easier or simpler to use images of people from the ‘target’ community with brief translated information that will provide useful signposts to the availability and access to the services.”

**Source:** Age Concern England, ‘Communicating with Diverse Audiences: A practical guide to producing translated materials in appropriate languages and formats for people from minority ethnic communities’
[www.ageconcern.org.uk/AgeConcern/Documents/Communicating_with_Diverse_Audiences.pdf](http://www.ageconcern.org.uk/AgeConcern/Documents/Communicating_with_Diverse_Audiences.pdf)
• The key message and what the recipient should do next must be made very clear, ideally at both the start and end of the communication. Setting up a Document Review Group can be an effective way of ensuring that leaflets and letters can be understood by the intended recipients.

**DOCUMENT REVIEW GROUP**

Age Concern Islington has found that nearly all the people seeking advice and support from us have problems understanding letters and bills. In partnership with Age Concern Islington, Islington Council established a Document Review Group of older people, predominantly from BME backgrounds, to review some letters and other materials that the Council wanted to be as user-friendly as possible.

The group spotted potential ‘problem words’ and phrases to avoid. For example, ‘access’ was used throughout one document, but most people on the Review Group thought of this only as physical access for wheelchairs and people with limited mobility, and not the wider meaning of enabling people to use a service effectively.

During the course of the Open Access project, Age Concern Islington did not promote the project title to service users as this would have had limited meaning for most people; rather, we promoted particular events and activities and tried to explain how these were relevant to our target audience.

**Language barriers**

The most obvious barrier to ‘understanding’ for older people from many BME groups is language. Many new arrivals do not speak English, but a surprising number of older people who have been in the UK for decades do not have sufficient English to communicate effectively. The problem is much more acute for women, whose family role and poor access to education often meant that they were not exposed to English, and were not required or even expected to learn it.

There is a debate around whether it is appropriate or even helpful in the long run to provide translated materials and interpreting for immigrants and refugees, or whether they should be encouraged to use the national language(s).³

³ It has been suggested that many people who cannot speak or read English are also often illiterate in their first language, while people who are literate in their own language are very likely to have or to develop literacy in English. It is therefore argued that providing clear information in simple English will not only reach these people, but encourage them to use and improve their English, while providing information for them in their first language could inhibit their use of English and so hinder their integration into, and contribution to, British society.
Our Open Access action research work found that translation can be useful for some people; namely those who do not speak English but can read in their own language and who are potential service users, but only if that information reaches them.

**MANAGING EXPECTATIONS**

"If you publish translated information or put a strapline in other languages at the bottom of materials written in English, inviting people to contact an address or telephone number for more information, they will expect to be able to speak to someone in their own language. If this is not the case, the strapline should say so."

**Source:** Age Concern England, ‘Communicating with Diverse Audiences: A practical guide to producing translated materials in appropriate languages and formats for people from minority ethnic communities’

www.ageconcern.org.uk/AgeConcern/Documents/Communicating_with_Diverse_Audiences.pdf

**Good practice tips**

The Open Access project found that, in general, it is better to have a well-designed, readable, easily understood general communication that is in English, than a multitude of translations that never reach the right people.4 It is therefore generally better to put your effort into writing and designing a clear communication than to put resources into translations. See Appendix 4 for two sample letter illustrations.

If considering translation, first check the needs of the target audience. Ideally, a communication should be tested for comprehension with BME older people before being finalised. If you can, pay to get materials checked for accuracy (for example by bilingual community members) before going to print.

The project found that the majority of older people who did not speak English had developed strategies for coping with their language problems, by seeking help from their children, community groups or friends. Putting information into simple language makes it easier for others to translate and explain, and makes it more likely that the older person will be able to work some of it out for themselves.

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4 This is a particular risk in an area such as Islington where there is a multitude of languages spoken, rather than one or two predominant minority languages, since it is not practical to distribute leaflets in more than 100 different languages to all the usual distribution channels, as no one would have space to display them all.
## DISTRIBUTION IS AT LEAST AS IMPORTANT AS TRANSLATION...

For some groups translations are extremely helpful in communicating. But translation is generally only worthwhile if there is a targeted distribution campaign to the relevant population/s to accompany it.

For example, if you are running a health promotion day aimed at a small number of specific ethnic groups, then translated promotional material in advance and translated information on the day may be useful. The advance material would have to be distributed to the appropriate community groups for onward dissemination to members. This would ideally be done by a member of your staff visiting each group to explain the purpose of the day and the promotional leaflets.

Similarly, translated material may be useful if you have successfully identified key networking or distribution points, such as community groups, certain GPs, certain pharmacists, certain cafés or other spots where people congregate, and you have developed a relationship so that any translated material you give to them will be used. But even here it may be that good, clear, plain English leaflets would often be just as effective, and could be used across a much wider range of BME communities.

It is noteworthy that many community newspapers, written in community languages, carry commercial adverts in English. The advertisers clearly expect most of their target audience to understand the advert, and are using the community newspaper as their distribution channel in order to reach them.

For interpreting, there is a much clearer case to be made than for translated materials. Many people who are reasonably literate in English may struggle with spoken English for anything other than day-to-day conversations. For face-to-face communication on specialist topics such as health and for key topics affecting welfare, such as housing and benefits, the use of professional interpreters is important.
WHAT BME OLDER PEOPLE ASKED FOR IN GOOD COMMUNICATIONS...

We asked BME older people:

What do you find most difficult about communicating with services?

What is the best thing that could be done to help you?”

They responded:

“Council [staff] speak too quickly.” (Thai female with 32 years in the UK)

**Solution:** “More face-to-face [services].”

“People using complicated words.” (Gujarati female with 25 years in the UK)

**Solution:** “Use simple words; talk slowly.”

“[People’s] accents.” (Urdu-speaking female with 30 years in the UK)

**Solution:** “Speak simply and slowly.”

“My difficult[y] is [I] don’t understand other people by telephone.”

(Nationality not specified, female with 10 years in the UK)

**Solution:** “I try to learn well English.” (i.e. requires more ESOL support plus more face-to-face services so as to avoid having to use the phone)

**Source:** Open Access project – some examples from survey with Advanced ESOL class

Good practice tips
A professional interpreter should always be offered to a client if language may be a problem. We found that many people who need an interpreter do not ask services for one. The person should be given the choice, even if they tend to use a family member or friend to translate for them, and even if they can manage general conversation, as this may not be enough to cope with a discussion of housing, benefits, health, etc. This is especially important in medical cases both for confidentiality and given the need for very precise translation.

- Some people have a preference for a particular interpreter whom they know and trust. Such preferences should be respected if possible.
THE DANGERS OF LACK OF INTERPRETING

Open Access project discussions with various BME groups found that a lack of understanding of key meetings or communications can have a profound effect upon a person’s health and wellbeing:

“People felt that the language barrier was significant in making it less likely that they would get benefits. For example, when applying for DLA or AA it was difficult to communicate to the doctor exactly what their needs were, how often they needed help and what kind...Also, they frequently did not understand their own conditions and could not understand their diagnosis.”

Source: Open Access project, Age Concern Islington – Somali group discussions

Persuasion

In order for communication to be effective, the information needs to reach the desired recipient and be able to influence their behaviour.

Good practice tips

To the extent possible, the message should be tailored to people’s belief systems, and allay any fears they may have. For example, a healthy living campaign focusing on eating more vegetables may be seen as irrelevant by Hindu vegetarians. The focus would need to shift to how foods were cooked (e.g. avoid deep-fat frying) and other aspects of diet. More detailed tailoring of messages can only be given to small groups, or to individuals in one-to-one sessions, for which interpreting may be needed.

All communications should give a favourable, positive impression of the service, and should be:

- welcoming to all – use simple English (or ‘easy read’) and pictures of people of different ethnic groups, both staff and service users;
- extremely clear on how to contact the service – this should be very straightforward for the service user;
- clear about any charges – state clearly if the services are free, or what people will, or won’t be charged for;
Our thanks to Islington Council for the following piece:

**ISLINGTON COUNCIL’S WRITE FIRST TIME PROJECT**

In June 2005 Islington Council carried out a Measuring Customer Perceptions survey, the results of which contained some very positive feedback from customers about the way the Council delivers services as well as highlighting some gaps in how customers perceive the provision of Council services. The key message from the research was that **it is the experience of how a service is delivered, and how a user is treated, that is often central to how a service is perceived.**

The quality of correspondence has been highlighted as a source of service dissatisfaction among customers, Council Members and Officers and voluntary sector organisations such as Age Concern Islington. There were also concerns over the impact that the production of poor quality written correspondence has on the Council’s commitment to providing its customers with services that offer value for money, especially in regard to the amount of time spent by staff rectifying mistakes or undertaking follow-up action caused by poor quality correspondence.

In response to these concerns, the Council has developed its **Write First Time** programme. The overall vision of the programme is to provide staff with the skills and motivation to communicate in a way that is more helpful to customers, produces fewer complaints and improves job satisfaction.

The Council’s overall aim is to ensure the content and tone of its letters and correspondence is clear, empathetic and perhaps most importantly, **right first time, every time.**

**Staff training:** The Write First Time programme includes a training course to provide staff with the skills and knowledge necessary to produce the highest standard of correspondence possible. The one-day course is run monthly and is targeted at staff who regularly correspond with customers.

Continues on next page
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**Standard templates:** Another part of the programme is the development of a library of approved standard letter and email templates that can be used by staff to assist them when corresponding with customers. To support this work, a series of weekly workshops are held to review and amend letters.

**Customer feedback actively sought:** Samples of the amended letters are then sent to those customers who have agreed to help the Council improve the quality of our correspondence. This exercise is currently done via an internet survey system to a group of citizens who joined the Council’s WebLab consultation service. Their comments and suggestions are fed back into the review groups to make final amendments, and the templates are published to an online library that can be easily accessed by staff.

The WebLab panel are also kept up to date with changes that have been made based on their feedback. This is a continuous process and it has been agreed that the templates will be reviewed on a regular basis.

Age Concern Islington’s Document Review Group have also undertaken a review of some of the Council’s benefit letters, and the feedback from the group has been used to ensure that the letters better meet the needs of benefits customers.

**Tools for learning:** The Council’s corporate communications team have developed a letter and email writing style guide that reflects the principles of the Write First Time training course, and Plain English guidelines and templates have also been developed and made available on the intranet for staff to use.

A range of headed paper, memos and powerpoint presentations are available to download. A Write First Time booklet is also available for all new starters and for staff who attend the training course.

**Human Resources:** The Council’s recruitment and selection process is now designed to ensure that all staff employed by the Council are able to produce the quality of written work required of them. Candidates’ written skills are now tested at interview.

Islington Council is committed to delivering high-quality correspondence to its customers.

If you would like to find out more about the **Write First Time programme** please contact Manny Lewis at manny.lewis@islington.gov.uk.
Planning events and meetings involving BME attendees

This section summarises good practice for attracting people from BME communities and meeting their needs. We found that older people from BME communities often assume that such events are ‘not for them’. When they do get involved, they can feel that their needs are not being fully taken into consideration, which can put them off future involvement.

Attracting people to attend

Word of mouth
For most cultures, a personal invitation or recommendation is very encouraging, and potentially your most effective way of attracting people. So it is ideal to:

• invite people face to face;
• ask people to tell their friends, relatives and neighbours;
• ask community groups to pass on the word for you, and offer them support and resources;
• pay interpreters to recruit people for you;
• make sure that it is an attractive, interesting and/or fun event so that people will want to attend.

Community outreach

• Organise visits to day centres, BME community groups, lunch and other clubs, talking to people as a group or on their own.

• Arrange a meeting at a place of worship (e.g. church, mosque, temple) or just visit and talk informally to people there.

• Hold meetings for particular community groups to reach isolated communities.

• Make home visits to housebound people. You need to arrange a time to visit in advance, and may need to allow plenty of time for the person to answer the door when you get there.5

• Provide necessary support such as interpreters, respite care and help with any form-filling. Offer transport, or offer to pay for transport.

5 Any staff member or volunteer making such as visit must, of course, have a satisfactory and up-to-date Criminal Record Bureau check to help ensure the safety of the vulnerable person involved.
FREELY GIVEN OPINIONS MAY TAKE TIME

Extra time, effort and resources will be needed to encourage and assist some communities to take part in consultations. Some communities may be unused to the concept of being asked their opinions and of being freely able to respond, without fear of reprisals.

For example;
“The concept of a survey or interviews is not common within their [Vietnamese] culture, so they are quite difficult to engage in research. In particular, their political beliefs are very private as in the past in Vietnam political views had been suppressed.”

Source: Open Access project, Age Concern Islington – a meeting with representatives from An Viet, an organisation for people from Vietnam

Advertising
Try…
- radio and newspaper adverts in specialist media, such as a Greek or South Asian radio station. Like many advertisers, you do not necessarily need to run the advert in the community language;

- posters and leaflets in hairdressers, local shop and café windows, surgeries, community centres, neighbourhood/housing offices, post offices, etc;

- taking posters in person to venues, with sticky tack and a friendly smile – this makes all the difference between actually getting it put up or not!

- (for advertising bigger events) handing out leaflets at major shopping centres; asking Meals on Wheels to take leaflets out; sending listings to national and local/community papers; using local TV and radio; asking public figures such as Councillors and MPs to spread the word.
BUT DON’T OVERLOAD INFORMATION...

“One person reported how he often received bulk information through his door or at appointments, with leaflets and brochures of events and advice. Because he found it all too much at once he said that he: ‘just chuck[s] it straight in the bin without reading it’. Things have to stand out to get people to read it properly.”

“[The people interviewed] felt that they got a lot of information through the post, most of which they did not read unless it stood out as really important.”

Source: Open Access project, Age Concern Islington – Irish group discussions

Incentives

Think about what ‘extras’ might engage people’s interest and make it worth their while to attend, from their point of view. While you may think that a consultation on the local environment, for example, should be enough of an attraction, other incentives may, in practice, be necessary to persuade people to travel somewhere unfamiliar, to an event where they fear they may be the only BME person there, to engage in what may be their third language...

Incentives include:

- catering: free food and drink is very important! Make sure you have vegetarian and healthy choices, options for different ethnic groups, and fruit juice as well as tea and coffee;

- information on benefits and services. Meetings about health, crime/safety and benefits can attract high numbers of participants, so mix these in with your own event;

- ‘Member Get Member’ schemes. For example, we offered a special ‘Bring a friend’ competition at an Age Concern Islington event, where older people who brought a friend (who had to be previously unknown to Age Concern Islington) to an event were entered into a free draw to win a prize of a meal for two;

- free gifts. These can be relevant to the actual event, e.g. personal alarms after talks on safety;

- enjoyable activities, e.g. Tai Chi, massage, dancing, bingo. Ask your local college if student therapists can offer alternative therapies for free or at reduced cost.
Planning the event

If you are holding an event to ask people’s views, try to ensure that:

- there is a way for views to be fed in by those who do not feel comfortable speaking up at events. For example, break the event down into small discussion groups and ask each group to feed back;

- questions asked are neutral (i.e. not influencing people to answer one way or the other), and that some open questions are asked, allowing discussion and new issues to come up;

- a variety of people are enabled to participate in the meeting so that one or two people do not dominate, nor certain ‘groups’ get left out;

- you consider whether it would be helpful for any key information to be translated into other languages;

- interpreters are made available where known to be required, or suitable space is available for groups who are bringing their own interpreter;

- you enable group members to sit together so that their leader or the translator can provide translation;

- you allow enough space between groups so that the sound of different translators does not disturb other groups;

- a named person(s) will be responsible for taking action on the results of the meeting;

- the people you consult will get a report back on what happened as a result;

- there is a mechanism for continuing to keep in touch with participants about further developments.

For any meeting or event, aim to:

- make the meeting or event as involving, interesting and as easy to understand and to follow as possible;

- ensure that there is large, clear signage so that people can find the room on the day. It makes for a stressful beginning if people arrive anxious and confused, and some will just give up. Ideally, if the room is hard to find, have people on hand to assist those who have particular difficulty;

- provide microphones, including roving microphones, if speaking to more than about 15 or 20 people;
• provide appropriate refreshments: hungry or thirsty people will not be able to participate properly and they will not attend again if they think their ‘hosts’ were inhospitable;

• allow sufficient breaks not just for toilet breaks and refreshments, but to enable those who are listening in a second language to have a mental rest period.

GOOD PRACTICE TIPS FOR SPEAKERS
For those speaking at events attended by people from BME communities:

• Speak slowly and in simple English.

• Use simple concepts and short sentences. For example, consider using the word ‘help’ instead of ‘assistance’ or even ‘services’. ‘Help’ is the most commonly used word and understood by many more people.

• Allow a short pause after a sentence, or after a long clause, to enable people to catch up and mentally translate.

• Avoid using abbreviations, acronyms, metaphors, colloquialisms, and similes involving sports or other interests that may not be universal.

• Avoid jargon. If you have to use a specialist term, explain what it means first, and put up a slide explaining it.

• If there will be interpreters present find out if the interpreters are providing simultaneous or consecutive translation and allow adequate stoppage time for consecutive interpreting.

• At the event, ask the interpreters to let you know with a hand signal if they need you to slow down, pause or repeat anything.
Reaching ‘hard-to-reach’ or socially excluded groups

By describing BME older people as ‘hard to reach’, what is really meant is that they are less likely to come in and use existing services. The older people themselves may regard the services as ‘hard to reach’, and certain groups may therefore require some outreach time and support in order to ensure them adequate access. While rather more time consuming, this proactive approach will pay dividends for uptake of your service.

**REACHING THE ‘HARD TO REACH’ CAN BE EASY...**

“There is a great deal of evidence that awareness and uptake of services by BME communities is increased when health and social care professionals go out to where people are, rather than waiting for potential service users to seek out the help they need.”

**Source:** ‘People from BME and Minority Ethnic (BME) communities and vision services: a good practice guide’, Thomas Pocklington Trust

**Be proactive**

Examples of useful approaches include:

- regular outreach sessions at venues which the group uses, to help build trust and understanding;

- holding events where BME communities are specifically invited and are enabled to attend (through interpreting, transport, food, etc);

- working through support groups and intermediary organisations who have good links with BME communities.
FUND COMMUNITY AND VOLUNTARY GROUPS
TO SECURE ACCESS TO HARD-TO-REACH PEOPLE

Community groups require funding if the statutory sector wants to ensure their existence so as to be able to use them to reach members of that community. Equally, other voluntary sector groups can often help to reach those communities, and community groups, as this discussion from an Open Access project workshop showed:

“The members of the group mostly agreed that they would always go through an intermediary organisation, such as Age Concern Islington or the Somali Community, in order to deal with services. Some said that they did deal with agencies directly, but these were only those members of the group who spoke particularly good English.”

Source: Open Access project, Age Concern Islington – BME group discussions

Multiple exclusions require multiple services

It is useful to bring several services together when reaching out to communities. The same person may have a physical disability, a memory problem, a language barrier, unsuitable housing, financial worries, social isolation, and more. This can lead to the inappropriate or ineffective use of services. For example, an isolated person with language problems may want to use an advice service mainly to have a conversation with someone who will take the time and trouble to listen to their woes. In fact, if they were put in touch with a social club, and were given an interpreter when seeing the doctor, then their depression could be treated, they would be less isolated and the hard-pressed advice service could focus on other clients in need.

A combined approach also enables agencies to get to know each other, to understand each others’ services and to meet their own objectives through the same event.

Build trust and relationships over time

If people find that you are friendly, respectful, consistent, reliable, trustworthy, and helpful over time, they will be more than delighted to return to use your service and will recommend it to others.
MAKING OUTREACH WORK

An advice worker visited a community group and agreed to set up a new advice desk, to run from 10.30 a.m. to 12.30 p.m. On the first day of the new service, the worker arrived at the community group’s office expecting to see clients, and found that the office was shut. She felt annoyed and confused, as all parties had agreed to this time, and went back to her own office.

A member of the community group later rang her to explain that, in fact, their office could not rely on staff turning up until 11.00 a.m. The Advisor decided there had obviously been a miscommunication, possibly linked to different concepts of time, and re-arranged the advice sessions to begin at 11.00 a.m. This small change made all the difference, and staff were always there to let her in. Clients were less reliable in keeping to appointment times at first, but over time, and through building relationships, the popularity of the service grew, and the service became over-subscribed.

The opportunities for cultural misunderstandings can be great. You may not be aware of ways in which your cultural responses are being activated by a certain situation. For example, people tend to stand closer or further away from each other depending on their cultural background. You may unwittingly experience feelings of discomfort or rejection if the person you are dealing with stands closer to you or further away from you than you are used to. It can be helpful to recognise your feelings and consciously try and control them. Equally, patience, determination, and open yet sensitive and non-blaming discussion, are the best ways to work to overcome such issues.

CULTURAL AND PERSONAL ISSUES MAY AFFECT UPTAKE OF SERVICES

“For all the Somali people in the group, before coming to the UK they had never claimed anything from the government – many had run small businesses and they had all been self-sufficient financially. Many therefore felt ashamed to be claiming benefits and said that they felt lowly for it.”

Source: Open Access project, Age Concern Islington – group discussions
Your staff must all be good ambassadors for your services

Word-of-mouth communication may be the only way BME groups may hear of your service. So every member of staff in your organisation is an ambassador for all your services, whether you plan it or not.

Publicising your services and events without the written word

English culture relies heavily on the written word, but many other cultures do not. This is especially true for older people, who may be illiterate in their language due to poor educational opportunities in their childhood.

EXAMPLE OF REACHING OUT...

Age Concern Islington worked with NHS Islington and Disability Action in Islington to organise a health consultation event with older and disabled refugees. Age Concern Islington publicised the event to our own refugee contacts, including making phone calls and sending flyers that were easy to understand.

We also paid three community workers to recruit participants from their own members by telling them about the event in their own language as well as interpreting on the day. This dual strategy meant that attendance was double what had been expected, with some 30 older participants including Somali, Turkish, Iranian, Eritrean and Congolese refugees.

Feedback on the event was very positive and Age Concern Islington also recruited the majority of people to our mailing list for future events.

Where possible, build up your own contacts and relationships with individual clients (while maintaining professional boundaries) so that you have a pool of people to invite to future events – who can then invite their friends. This may take a long time but can pay off as one person invites a friend who tells another person and so on.

Communicating with people via interpreters

Communicating via interpreters is a skill, which can be learned.

- Remember to direct your attention to the person/people receiving the interpretation, rather than the interpreter. It is important to smile at them and develop a relationship with them even if you cannot talk directly to them.

- Keep an eye on the interpreter to ensure that you are going at the right speed. Stopping every two or three sentences is a good rule of thumb, but every interpreter is different.
Staffing issues

Staff are the single most important component of the services you offer. Good systems and procedures can be made irrelevant by poor quality staff, destroying the client’s experience. The following advice is based on the experience of our Open Access project work with BME older people.

Kindness is key

Overwhelmingly, we found that considerate, patient and effective staff were regarded as by far the most important factor in determining whether a service was seen as successful by BME older people. Consideration and understanding from staff was much more important to them than the systems, procedures or even the language in which the service was provided.

Stories of poor service disproportionately inhibit take-up of services by BME older people

It is commonly asserted that someone who has a positive experience tells one person, but that someone who has a negative experience tells ten people. This certainly appeared to be true for the older BME community in Islington. Negative feedback, stories and even hearsay had a particular impact on older BME people from many communities, making them much less likely to seek out or pursue not just the services affected, but also many other services from the same source.

It is, of course, true that the behaviour of White British older people is also affected by negative stories. But our experience of exploring issues with a number of different BME communities seems to indicate that negative experiences were greatly magnified and much more likely to influence behaviour among BME communities. This is possibly because older people from BME communities are more reliant on informal sources of information. As well as often having a greater emphasis on oral communication than in White British society, the other barriers that they experience may mean that BME older people attach greater weight to the stories of others.

The quality of staff, their attitudes, and the service they provide is therefore even more important than usual in helping older BME communities to access services.
AN EXAMPLE OF HOW IT SHOULD BE DONE...

“It was fine because after writing everything down, he read everything back to check he didn’t make any mistakes...He was a good gentleman, a nice man. I mean he explained everything to us...I would recommend him to anyone if they have a problem and need to know about this whole system – and they can ask for him, and it’s a different thing altogether.”

Positive feedback on Islington Benefits Team from an older client from a BME community.

Source: Open Access project, Age Concern Islington

...AND HOW IT SHOULDN’T

“...you do need somebody. When you go up to the Benefits Office and there’s nobody there [to help you]. They give you the form and say ‘fill out the form’. So you fill out the form and there’s questions you don’t understand and you can’t fill it out. So you go in but there’s nobody there to tell you anything, there’s only the woman there with the computer and she says, ‘You have to give me what you have and I’ll have to photocopy it,’ and that’s it. And there’s no one there to help you…”

Discussion with an Islington BME client on their previous experience of trying to sort out a benefits claim, prior to the creation of the Benefits Team.

Source: Open Access project, Age Concern Islington

Sufficient staffing is required to ensure equal opportunities in accessing a service

Treating people *equally* does not mean treating them the *same*. Services need to ensure that clients can achieve the same *outcome*, not necessarily through the same *process*. To enable people to access a service equally, more time may need to be spent with some clients than with others, for example because they have hearing difficulties, difficulties with writing, or have limited English. For some older people, particularly some BME older people, one-to-one support will be required.
Frontline staff require adequate training and support

- Training for all frontline staff (including staff working close to the frontline who may sometimes have to step in and deal with clients) must include consideration of diversity issues so that staff make no assumptions about any clients.

- Training on diversity issues must include exploring the issues, so that staff gain a real understanding of and insight into the barriers that other groups of people may experience.

- Training on understanding diversity issues must include specific consideration of age-related issues, including older age. It would be unfair on staff to assume that they will have the necessary understanding without providing appropriate training.

- Training could include a visit to the group by a couple of older clients, possibly from a BME community. Hearing about their experiences and the issues that they face in daily life helps staff to understand why a little more patience and support may be appropriate for some older clients.

- Training must be supported by managers, systems and procedures that all enable frontline staff to remember and implement what they have learned on training.

- Training must be regularly refreshed.

Providing a good service first time can save public money

Having sufficient well-trained and supported staff to take the time to enable clients to access services may take slightly longer in the short term but will save a lot of time in the long run.

When considering resource allocations, it is important that services look holistically at their entire service/s, including the cost of resolving complaints, and of restorative work with clients. Frontline savings on one service could lead to a deterioration in the wellbeing of the target population and an increase in demands on other services, leading to increased costs overall. These potential costs need to be recognised and reflected when setting budgets.
THE COST OF GETTING IT WRONG

Age Concern Islington has had cases where older people, often from BME backgrounds, have come to us because they are about to be evicted from their home for non-payment of rent.

Exploration of the issues typically uncovers not only errors in housing benefit that led to the non-payment of rent, but also a failure by the benefit service to respond adequately to queries by the client that could have resolved their benefits issue at a much earlier stage. The client frequently does not understand communications sent to them, has difficulty knowing what to do next or how to express the problems they have, and often has difficulty understanding their financial and benefits position.

The cost to the statutory sector of pursuing legal proceedings against clients is prohibitive. This is in addition to the costs of having to establish what went wrong with the client’s benefits and put it right, as well as the immense personal cost to these clients in terms of stress and emotional trauma suffered by them.

Many councils such as Islington Council have gone some way to recognising these costs, and are working to embed procedures that will improve the accuracy of benefits handling and also prevent precipitate recourse to legal action over non-payment of rent.

Diverse staff can help...

Many statutory services seek to employ a diverse staff base that reflects the community that they serve. For some communities, this can make a real difference to the service that they receive. They may be able to speak their first or second language, instead of English, when accessing a service, and may be more likely to assume that the service is ‘for them’.
**BENEFITS OF STAFF DIVERSITY**

From work conducted by the Open Access project with various communities, it was clear that there were differences in terms of how well groups could operate within the system. The Bengali-speaking group, for instance, seemed to have far fewer problems than the Somali-speaking group. Partly this was because the Bengali-speaking group had been in the country for longer and had developed ways to get over language barriers (having their bilingual children and family read letters for them for instance).

Also, it seems that the medical profession is far more aware of issues for the Asian population. This is perhaps because they are a larger and longer-established minority group within the UK, therefore more policy/training/services are geared towards them than the more recently arrived and smaller groups. But it is perhaps also because many doctors and other medical professionals are of Asian backgrounds themselves.

Many reported that they could speak to their doctor in their first (or second) language. This made a big difference not only to people’s ease of communication, but also to their confidence in the service.

*Source: Findings from Age Concern Islington workshop on access to healthcare, involving 40 older people from various BME groups*

**...but having diverse staff does not solve all problems**

Our Open Access work also found that some communities experienced genuine difficulties understanding some staff from other minority groups, or being understood by them, perhaps making it *harder* for them to access services.

Having BME staff providing frontline services was not often cited as a particular benefit by BME groups. Rather, as highlighted above (Kindness is key), it was the considerateness, patience and effectiveness of the staff that was regarded as far more important in whether or not a service was successful.

**PROBLEMS UNDERSTANDING ACCENTS**

A group of older Irish men in Islington told the Open Access project that they had stopped telephoning some services because they found that they could not be understood. Despite often having lived in Britain for several decades, they still found that their strong accents caused problems, particularly when speaking on the phone.

*Source: Open Access project work*
We cannot assume that staff from BME communities tend to be any more or any less prejudiced than staff from White British communities. Equally, while intimate knowledge of another culture may mean that a staff member could improve their service to that community, we must bear in mind the possibility that they may adapt in inappropriate ways what is meant to be a standard service for all.

**STAFF MUST NOT MODIFY SERVICES INAPPROPRIATELY**

“Anecdotally, it is reported that some healthcare professionals coming from abroad to England may provide the relevant information to a British patient but may not consider this essential or appropriate for their BME patients.”

*Source: Cancer Backup*

[www.cancerbackup.org.uk/Healthprofessionals/Reachingmorecommunities/BeyondtheBarriers/Whyimproveaccess#top](http://www.cancerbackup.org.uk/Healthprofessionals/Reachingmorecommunities/BeyondtheBarriers/Whyimproveaccess#top)

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**Set and monitor qualitative targets**

In our target-driven age, it is essential that staff are given qualitative targets as well as the usual quantitative ones. Qualitative targets are a strong way of telling staff that quality of service is important, and that time is allowed for staff to deliver these targets. Periodically:

- collect feedback from large samples of clients, and break down the feedback by diversity, to ensure that clients from particular groups are not having a different experience from other clients;
- set up a focus group of recent older BME service users to get more detailed feedback and ideas from them;
- hold sessions where staff discuss with each other and with management their ideas for qualitative improvements. Talk through a complaint together to see how it could have been prevented.
- (ideally) invite the client in, perhaps with an interpreter or support worker, and talk it through with them as well, explaining that you want to put things right for the future.
Reviewing and developing services: an Islington case study

This case study focuses on how Islington Council’s Benefits Section worked with the Open Access project to improve take-up of their service by BME older people. The Benefits Section was very keen to explore what it could do to improve access, and here we summarise the steps taken as a result.

Islington Benefits Service

Islington Council’s Benefits Section was proactively looking to improve its community reach, and was willing to work in close partnership with the Open Access project to explore the barriers to take-up of its services by BME older people. Work focused on the work of the Benefits Team, a partnership between Islington Council, the Department for Work and Pensions (DWP), and Age Concern Islington. The team was managed by Islington Council.

The Open Access Project Manager worked with the Benefits Team and with a number of older BME communities to identify barriers and possible solutions to those barriers, and then discussed these with the Benefits Team and wrote a full report on the issues and recommendations identified. Age Concern Islington would like to acknowledge and welcome the strong commitment of Islington Benefits Section to pursuing this work in close partnership with the Open Access project in order to achieve the objectives of promoting take-up of benefits by Islington’s older BME communities.

"I NEVER BEG ME BREAD YET"

A full report on the methodology, findings and recommendations of the Open Access work with Islington’s Benefits Team can be found in:


This can be found on Age Concern Islington’s website, at www.acislington.org.uk/pdf/Benefits_Review_2007.pdf

The key problems for the Benefits Team were common to many statutory services: getting in contact with their target group by ensuring their presence was known in the community; getting information to people in a way that attracted their attention; and getting over people’s reluctance to engage with the benefits assessment process.
The main barriers identified for people from BME communities when trying to obtain benefits mirrored those outlined in the introductory chapter to this guide and were:

- complex processes;
- lack of information and assistance, or difficulty in accessing it, including language and literacy barriers;
- low expectations of statutory services;
- lack of understanding about the systems, plus lack of confidence in their ability to deal with the systems; and
- over-reliance on the availability and expertise of third parties (e.g. family or community groups who could not be expected to have expert knowledge).

People also continued to have problems with their benefits once they started to receive them, and the main problems at this stage for the people interviewed in this review were:

- finding the letters confusing;
- not being able to see someone face-to-face;
- trouble getting through on the telephone and communicating over the phone; and
- language barriers.

Many of these barriers are experienced by White British people as well as those from BME communities, but their impact tends to be accentuated for those from BME communities.

**Recommendations and actions taken**

The recommendations made by the Open Access project covered local and national contexts and are outlined below in brief form only. Information on the resulting actions taken by the Islington Benefits Teams have been supplied by Ken Biswell, Islington Benefits Team Manager, on behalf of Islington Council. Age Concern Islington has noted our responses to the steps taken by the Benefits Team.

**Age Concern Islington welcomes the Benefit Team’s very positive responses to the following recommendations:**

**The Benefits Team should capitalise on the positive feedback from existing clients and create mechanisms for ‘word-of-mouth’ referrals.**

The Benefit Team’s Visiting Officers now leave leaflets with customers they visit for passing on to a friend or family member to recommend the service. After one year, all customers who have been visited by the team and received a new benefit are now sent a thank you letter for having used the service and a leaflet to pass on to a friend or relative. Staff from the Team also attend events organised for local older people to maintain a high visibility in the community.
The Benefits Team should carry on building relationships and referral routes with other services, repeatedly publicising their service to ensure that new staff know how to refer people.

In April 2008, a seminar was held specifically for statutory and voluntary sector service organisations who make referrals or who could be expected to make referrals. Working group sessions provided useful feedback from participants on how to take the work forward and support these frontline service organisations. A number of follow up actions identified from the seminar have since been carried out, such as providing free ongoing benefit awareness training sessions and information packs for frontline staff. The Benefits Team has also set up an email referral system using a template. Details have been sent to relevant services throughout Islington.

Although not everyone will use leaflets or respond to posters, the Benefits Team can improve the design and distribution of its leaflets to make them as effective as possible.

The Benefits Team have taken on board project suggestions such as using large print and highlighting use of a direct telephone line, and will review future leaflets and posters to take account of feedback from the final report.

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THE SUCCESS OF ISLINGTON BENEFITS TEAMS

To illustrate the work and achievements of the Islington Benefits Team, during the 12 months to September 2008, the team:

had contact with more than 2,000 Islington residents to deal with benefit enquiries, provide a benefit check and help people make a new claim;

completed more than 1,550 applications for new or additional benefit;

and secured £3.17 million of additional annual income for Islington residents through successful benefit claims.

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The Benefits Team should consider other ways of working more closely with community groups.

Since the establishment of the Benefits Team, contact has been made with various community groups. (See Chapter Four for Somali community case study details.) Case studies are being obtained and used in press releases and in the Benefit Team’s leaflets.

The Team should develop different ways of getting information to people who do not speak English, as well as using written translations.

The Benefit Team’s approach to this challenge has been to develop contacts with frontline staff or organisations who can provide a link to such residents, hence the importance of the newly-created seminar to promote benefits.
awareness. We are also attending events and visiting lunch clubs and day centres.

Research is needed to review whether benefits are, in fact, awarded equally and impartially and, if not, variations in the system must be addressed.

For Housing and Council Tax Benefit, the Benefits Service has a Service Objective to produce a diversity profile by ‘equality strand’ of the customers who use its service. This will be monitored and it is hoped that this will provide information as to whether there are any variations in the service that need to be addressed. The claim form for Housing and Council Tax Benefit has been re-designed to capture the customer’s profile against the six equality strands.

All services must ensure that their letters are clear and easy to read and are tailored to the intended reader.

Within Islington Council there is currently work being carried out to improve the clarity of written communication. In addition, the Benefits Team has worked with Age Concern Islington to enhance the quality of the team’s letters.

The Benefits Team should trial different ways of giving clients the information that they will need once they start to receive benefits, in particular whom to contact if they have problems, or what changes in circumstances they need to report.

The Benefits Team has produced an A5 sheet in large print to leave with the customer, detailing the key telephone contact numbers of the benefits applied for. It also signposts to organisations for further help, as well as contact details of organisations who may be able to provide assistance with making an appeal if the claim is unsuccessful.

The Benefits Team should introduce a system to collect ethnic monitoring data on its clients and compare its client profile against that of the Islington population on a quarterly basis.

The Benefits Team has established a system to collect ethnic monitoring data when completing Attendance Allowance and Pension Credit applications. This is to supplement the ethnic monitoring data that is already collected by the Benefits Service for Housing Benefit and Council Tax Benefit.

Age Concern Islington is pleased that the following recommendations also led to positive developments:

When successful referrals are made to the Benefits Team from other agencies, feedback should be given to the staff member/team who referred the client so that they feel encouraged to refer other clients.
The Benefits Team sends out a periodic email bulletin on the Benefits Team to all organisations making referrals to inform them of the success of the take-up work of the team and to provide other relevant information on benefit changes and initiatives. Where appropriate, feedback mechanisms have been agreed between referral partners as requested.

_**Age Concern Islington recognises that the bulletin is a good compromise where providing individual feedback on clients may be too time consuming.**_

**The Team should test different ways of getting translations to people who need them.**

The Benefits Team has had its leaflets translated into Somali, Bengali, Turkish and Spanish. The leaflets have been emailed to various organisations representing the language groups, together with details of the service provided by the team. They are also available on request.

_**Age Concern Islington welcomes these additional translations, though it would also be beneficial to visit such groups to go through the leaflets and the service with them to maximise the benefits of this endeavour.**_

**Community groups need to see partnership working as part of their responsibility and to promote access to statutory services for their clients.**

The Benefits Team makes the groups in Islington aware of its services through attendance at various groups’ meetings.

_**Age Concern Islington welcomes this and also endeavours to support local community groups in this, to the extent that it has resources to do so.**_

**Further recommendations to the Benefits Team and their reported outcomes were:**

**The Council should increase funding to independent advice agencies to improve provision across the borough.**

Increase of funding for independent advice agencies is an issue that needed to be fed back to the Council. The review’s report was passed to appropriate Council members.

**Third-party endorsement – the Benefits Team could include older people who have benefited from the Team in its talks to groups, to reassure potential clients that they will get a good service.**

The opportunity to use third-party endorsement, apart from the use of relevant cases, has not yet arisen.

**The Benefits Team should pilot having a Freephone number.**
After analysing the cost of setting up a Freephone number, the Team regretfully decided it was not feasible for a service that may be time-limited due to funding.

The Team should review its use of interpreters, to ensure that people are not getting a lesser service if their language skills are poor.

The Benefits Team has access to interpreters when required. The process to arrange an interpreter is well established and straightforward and is instigated at Visiting Officer level.

The Council should review whether/how people are able to get help face-to-face for its wider services. Many people prefer this method of contact, but also highlighted that it was difficult to get to see anyone.

- Recommendation fed into Council.
- The Benefits Team is a good example where residents are able to get face-to-face help through home visiting.
- In addition, the Benefits Service has established other teams to enable residents to receive face-to-face help for Housing and Council Tax Benefit claims at Housing Associations, and e-benefits at Area Housing Offices.

Age Concern Islington recognises that this issue is for the wider Council. The gradual shift by statutory services towards telephone and internet systems remains a problem for many older people, particularly BME older people. Islington Council provides a range of face-to-face services through its Area Offices, and Age Concern Islington hopes that these may be extended to meet customer demand.

Ensure that all staff see ethnic monitoring as an important element of their work. Analysis of the results should regularly be shared with the whole Team and the implications discussed.

The Benefits Team comprises representatives of the London Borough of Islington, Age Concern Islington and the DWP. Each organisation provides its own Ethnicity and Diversity Training.

Partnership teams like the Islington Benefits Team should continue to be part of the local and national government strategy, as they are providing a vital service.

- The initial review report was circulated within the Project Board, and also to interested Councillors to inform them of the positive feedback on the service.
- The teams are participating in a London Councils’ ‘Older Peoples Services Project’ whose aim is to identify and share good practice.
• The Benefits Team has attended the London Councils Joint Team Network and has had the opportunity to share good practice.

• The Benefits Team has been involved in two innovative pilot trials with the DWP to assist older people to complete benefit forms.

Age Concern Islington welcomes these initiatives, particularly the very successful Attendance Allowance pilot making use of information captured by Social Services. However, partnership working between the Council, DWP and the voluntary sector, including Age Concern Islington, is not yet fully secure, due to funding uncertainties.

POSITIVE FEEDBACK FROM CLIENTS ABOUT THE BENEFITS TEAM

“I couldn’t commend them more for their help, they were very helpful, very considerate, like, from the moment they walk in you feel at ease, you know. Some people, they walk into your place and they feel awkward like, and don’t know what to say or what to do, but they were very nice to us, very nice and understanding.”

Black African interviewee

“I would [recommend the visiting Team]. Certainly I would. For someone who lives alone or who has not done these things before and is scared of these things, it’s a blessing. I would say that definitely.”

Irish interviewee

Benefits Team clients interviewed by the Open Access project.

The following are national recommendations which the Benefits Team has fed back to the DWP by passing the review’s final report and the Team’s Action Plan to the DWP representative on the Benefit Teams Project Board for onward circulation.

The guidance, forms and the process to claim benefit all need to be re-examined and simplified.

All services must ensure that their letters are clear and easy to read and are tailored to the intended reader.

The cost-effectiveness of the complicated entitlement criteria and approach to benefits should be re-examined.

The DWP should review the arrangements on its phone line for people needing an interpreter. These should be made more user-friendly.

Partnership teams like the Islington Benefits Team should continue to be part of the local and national government strategy, as they are providing a vital service.
Chapter Three
The Role of
BME Community Groups

BME community groups already work hard and successfully to support their members. This chapter gives some suggestions for steps that groups can take to be even more effective as support organisations and to help their members and clients to access statutory services. The chapter is largely based on good practice found among the many BME community groups known to Age Concern Islington.

There are many different community groups across the country, doing excellent work, helping and supporting their communities locally. The leaders of these groups, like their members and clients, are very often immigrants from overseas who have worked hard to make a success of their life in Britain and are working equally hard to help others from their community. Some, from refugee communities, are still affected by horrors experienced in their own lands. Many such people give huge amounts of time to provide support for those in their community to come together and share experiences, learn about how things are done in Britain, access services that they need, and make a full contribution to life in Britain. They often undertake a wide range of activities, generally with few resources, and can achieve a great deal for their communities.

THE VALUABLE ROLE OF BME COMMUNITY GROUPS

A Middlesex University study of BME organisations found that they improved the lives of their members and clients and of the wider community by:

“...reducing isolation; addressing and combating racism, harassment and discrimination; enhancing neighbourhood safety; promoting user involvement/participation and empowerment; promoting regeneration; working in partnership/co-operation with other organisations; raising the standard of living/improving users’ quality of life; [and] health improvement.”

The suggestions that follow have helped some groups to function effectively in supporting their communities locally. They are points that are relevant to all voluntary and community groups, but some of them may be newer to people who have grown up in other countries and who may therefore be less familiar with how some things are done in Britain. Many BME groups will already be aware of these points, but they may serve as useful reminders for some, and may be new to some others. Appendix 1 complements the points made in this chapter, highlighting resources designed largely for BME communities.

Take full advantage of any help available to your group

Community groups that take advantage of what support is available to them locally tend to be more successful than those who do not find out what help is available. (See the comparative case study later in this chapter.) Many forms of support to groups are available at low or no cost.

Each local authority area will generally have a voluntary sector organisation known as an infrastructure organisation\(^6\). Do contact your local infrastructure organisation for help to understand any rules and regulations that affect you, and for advice on fundraising, and for general guidance and support.

You should also contact your local Council, and local networks of voluntary organisations. Your local infrastructure organisation should be able to advise you on whom to contact at the Council, and on the local networks that might provide useful contacts for you. There may well be offers of support from all these sources.

- Free advice on setting up and running a community organisation is often available from your local infrastructure organisation.
- Search online under NAVCA (the National Association for Voluntary and Community Action\(^7\)) if you don’t know who your local infrastructure organisation is.
- Free or very cheap training for your volunteers, staff and Trustees or Committee Members is often available from your local infrastructure organisation.
- Training and support is often available from your local infrastructure organisation on completing funding applications.
- Make sure that you read and respond reasonably promptly to emails and letters that you are sent – they can contain offers of training and support.

\(^6\) An infrastructure organisation is also known as a ‘CVS’, and is a ‘second tier’ organisation, whose purpose is to provide help and support to voluntary and community organisations in its local area.

\(^7\) [www.navca.org.uk/](http://www.navca.org.uk/)
• Inform yourself about local Council and other arrangements that will affect your organisation and your members. See your local Council website. Also try: ‘How Your Council works – A handy guide for community groups’, single copy free from The Urban Forum, 33 Corsham Street, London N1 6DR. Tel: 020 7253 4816 Email: info@urbanforum.org.uk.

**BME, REFUGEE AND COMMUNITY FORUMS**

Gladys Jusu-Sheriff, Chair of Islington Refugee Forum, says:

“Local BME/Refugee and Community Forums work with their member organisations to empower groups and communities to bring about change and improve lives.

“These forums bring BME and refugee groups together to support each other, to provide a powerful voice on behalf of all their clients, to spread knowledge and good practice, and to provide practical help. It has been shown that BME community groups, which frequently rely on volunteers giving their time and commitment for free, benefit through membership of these forums, enabling them to come together to highlight their work and discuss issues that are important to them.

“Forums also help groups, which are already achieving a great deal with very little, to be more proactive and be represented on other networks, as well as working on partnership boards to help influence polices and develop better services for BME communities.

“Not all areas have such forums, but where they exist, they should be fully supported, for the long-term benefit of individuals from BME and refugee communities. That means supported financially and/or with practical assistance by local authorities and mainstream organisations, and supported emotionally and physically – by membership, attendance and co-operation – by individual BME and refugee groups.

“And in places where BME and refugee forums don’t exist – well, it’s about time that they did!”

• Learn about basic procedures in Britain, such as how to raise any concerns you or your members have over any services, and how to make a formal complaint, etc. Ask each service for their complaints procedure. These can be very effective ways of getting your members’ voices heard when necessary.

• Try national sources of information and support as well. For example, you can get help for refugee community organisations, as well as multilingual information sheets for refugees and asylum seekers, from the Refugee Council at [www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk).
Actively seek out the information and support you require

Members of community groups recommend that just a little time seeking out information and support will be well worth it. They found that having a positive and proactive attitude to finding out relevant information and support made a big difference to what could be achieved. Many groups already do this, despite the demands on their time of providing services, meeting targets, etc, and members of more active community groups were sometimes critical of other individuals who said that they could not do some things for themselves:

PROACTIVITY CAN BE A MINDSET

“Sometimes it is sheer laziness, because you [another member of the discussion group] said “We can’t walk across to the library”. But even if you have a hip problem, one of the best things to do is to try to take a few steps.

“You know it is the mentality that we have that needs to be changed. You find everything that you want in the library, and they’ll teach you to use the internet as well.”

Source: A member of a BME discussion group, Age Concern Islington Open Access project.

This was an individual viewpoint, strongly expressed, but illustrates that some members of BME groups can be critical of others if they feel that they could be more proactive. Age Concern Islington recognises that this can be difficult, and is not possible for some individuals, but would encourage all groups to learn from the more proactive BME groups.

- Besides searching for things on the internet at your local library, try asking others for information, help and support: your local infrastructure organisation; other community and voluntary groups; your local Council; local Councillors; your local MP (Member of Parliament); your local Primary Care Trust (who deal with health matters, known as NHS Islington, for example).

- Do actively seek out information and support from as many sources as possible. Don’t be put off – do keep trying!
**THE ADVANTAGES OF PROACTIVITY**

The Eritrean Community UK (ECUK) provides support to Eritrean refugees and asylum seekers across London. They used evidence from some project work a few years ago to inform Islington Primary Care Trust (PCT, now NHS Islington) that the Eritrean community was not able to access their NHS services.

As a result of discussions held between ECUK and the PCT, the PCT agreed to provide ECUK with a centralised IT system, a new computer and online services, to enable clients to access information about health and NHS services.

The PCT trained staff and volunteers at ECUK on how to use the new system. This enabled them to secure relevant information for large numbers of their clients and members on matters such as eye checks, finding an NHS dentist and finding or changing a GP. ECUK’s greater understanding of local health services helped empower them to make referrals, support complaints and encourage clients to go for further treatment where needed.

This piece of work, begun by ECUK’s proactive use of evidence and positive engagement with the PCT, led to very positive results for ECUK’s members and clients as well as for ECUK as an organisation.

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**Plan for older people’s issues and make links to learn more about them**

Older people tend to be a small but growing minority of most BME communities in Britain. BME groups that are most used to dealing with children’s and family issues will find that they need to understand the issues that face their older members. These people are often ageing in a country where they may never have planned to grow old, and in which the support and services offered can seem hard to reach.

BME groups will need to learn about health issues and disabilities, pensions and pension credit, social care and home care, sheltered housing and residential care, transport and leisure opportunities, if they are to support their older members well.

- Most BME groups should expect to see an increase in older clients as their populations age over time, and as some members perhaps bring parents to this country, and their planning should include services and support for older people. If they do not see this increase in older clients over the coming years, groups may need to investigate whether they need to do anything differently to attract them and support them.
• To help them support their older populations, BME groups may need to make new contacts with different sections of their local Council and NHS from those they deal with on family matters. Generally, they will find that the statutory sector are very keen to learn how to reach more BME older people.

• It can also be useful for BME groups to seek support from other voluntary groups to help them understand the support needs of their older members and what services and opportunities are available to them. They will then be able to help their members to access services offered by those voluntary groups. However, they must remember that, like them, other voluntary sector groups will also suffer from severely limited resources, and may not be able to devote much time to helping them get to grips with these issues. A joint application for funding to work together may be one way forward.

To be really effective, groups must be ready to adapt

Communities expect services to do what they can to be sensitive to the cultural ways of their members. In the same way, community groups need to understand the cultural ways of the UK and do what they can to adapt to them. The experience of some BME groups is that you may therefore need to learn new ways of doing things if you want to be as effective as you can in supporting your community. The appropriate way to work and communicate with others can be very important:

• It is important to be punctual – do get to meetings on time, even if that is not something that is so important among your own community. It is ideal to arrive about 10 minutes early for the appointment or meeting time that you are given. It can sometimes be as much of a problem if you arrive excessively early as if you arrive late, as there may be no one to deal with you, or a shortage of space in which to wait.

• Be clear about what you want other people to do for you. If you want your local Council or other bodies involved in an event that you are organising, then you must explain clearly what you are inviting them to, what you want them to do at the event – e.g. whether you want them to speak or just attend, what time they should arrive and how long they are expected to stay, whether any refreshments or food will be available, and give them plenty of advance notice. (See box on next page.)

• Be prepared to chase people for responses so that you know who is likely to attend an event and who is not. Expect that some people will not be able to attend on the day due to unexpected work that comes up. Expect some busy people to attend only very briefly.
A community group arranged an event to which they invited people from some statutory agencies and also some local voluntary groups. The group sent round an email to each person or group invited, giving the date and time of the gathering.

Unfortunately, the email did not make clear whether the event was purely social or whether it had a specific purpose. It did not make clear if people were being asked to the event in order to speak or just to attend. It did not make clear that certain activities were due to start at a particular time. It did not ask people to let the group know if they could attend or not.

Some members of a local voluntary organisation went along to support the community group at what they believed was purely a social event. They were surprised to discover that the event was intended to be for statutory staff to answer questions from the community group members. They found that all the group members were waiting for invited guests to arrive before they could begin to eat, as it would be rude to start before guests arrived. As they were the only guests there, the voluntary group members found themselves answering various questions as best they could on matters intended for the statutory sector.

The statutory service staff had not understood that they were being invited to speak at an event that could happen only if they attended it. They thought they were invited to a social event and, while grateful to be invited, felt that they could not spare the time for a social event and did not attend. They did not respond as no response was requested. They were not chased for a response, so did not know how important their attendance was to the community group that had organised the event.

The local health staff also noted that, for them to arrange for anyone from that community group to attend any health event, they had to send several emails and make several phone calls to the group to explain and confirm all the arrangements and encourage them to attend. And yet the group had sent just a single email to make an invitation to them, and had expected them to attend and play a formal role, without making any of this clear, nor seeking a response.

- Let all your contacts know if your mobile phone number changes if you are the contact number for the group, and remember to switch your mobile phone off in meetings.

- Checking your messages received by phone, email or answerphone regularly, and responding to them promptly, is essential.
When applying for funding, it is also important to understand what is required of you. This is generally reasonably straightforward, as many funders are quite clear about what their requirements are:

- Make sure that you meet the conditions set down by the funder, whether local Council, lottery, charitable trust, etc. For example, if the funding conditions say that you must be a registered charity to apply for funds, then it is not worth filling in an application form unless you have already registered with the Charity Commission to confirm your charitable status.

- Adapt your practices to fit with what the funder asks for. For example, if the funder requires your Trustees or Management Committee to meet at least four times a year and yours currently meets only twice a year, then, like any group, you will need to adapt to secure the funding.

- Be ready to report back to funders, in writing and possibly in some detail, to prove that you have used their funding for exactly what you said you would use it for and to show that this work has benefited your members and clients as expected.

- The larger the amount of funding, the more reporting will be needed. You will need to set up procedures for this, or you will lose funding. Your local infrastructure organisation may be able to help you with this.

To best support the members of your community group, you need to be open to making some changes to how you might otherwise operate, as with the examples in the bullet points above. Like any group developing links with statutory and other bodies, you will have to deal with these bodies in the way that they require.

See the comparative case study at the end of this chapter for how two different BME groups responded to similar information, with very different results.

**Founders may not make the best long-term managers**

In any voluntary group, BME or otherwise, there can come a time when the founding members have to recognise that they are no longer the best people to continue to develop the group.

- Few of us have the skills to do everything well. If you had the skills and drive needed to establish your community group and to run it for a few years, then you may, or may not, be the right person or people to respond to whatever new challenges your group now faces and to take it forward. (See Group One in the comparative case study at the end of this chapter.)
• Successful community groups need a clear governance and management structure and good policies and procedures, and it often takes some time for a group to arrive at these (Group Two in the comparative case study at the end of this chapter were particularly quick in this). If this is not your area of interest, then it may be best to step aside for someone who would like to develop the group in this way.

• Leaving the Management Committee does not mean leaving the group that you helped to found. You can continue to support your group, as well as to enjoy it, by supporting and helping with events, training, etc and using your expertise to act as a mentor to help more newly arrived members of your community.

• Not all volunteering is good volunteering. If you want to help your community group, ensure that you are doing so in the most effective way possible. Don't assume that any help you can give is useful; ask the group's organisers what help is needed and what you could most usefully do.

Put aside any community suspicions and work together – for the sake of your whole community

Members of some BME communities may have experienced very serious conflict with other community groups in their home country or region. Some of this conflict may have been devastating. Once living in Britain, however, groups will find that they will work better and will develop better relations with statutory and other authorities if they can manage to set aside their historic differences and work together for the future.

Groups that work together in Britain, that take part in joint forums and networks, and that are willing to attend the same public meetings, etc will find that they and their members benefit from what support and services are available to them.

• The Charity Commission has guidelines on how charities should operate. Community groups must be aware of these and not act in conflict with one another.

• The Charity Commission advises that people should not set up a new group or charity if there is already a group working to the same aims. Rather than setting up a new group of your own, you should therefore first try to work with any existing group to ensure that all sections of your community are served together if at all possible. Fewer, larger groups are generally more effective than a large number of very small groups that are in conflict with each other and find it difficult to attract funding.
• Groups that refuse to co-operate with each other, or who are negative about other groups due to conflict between them in their home country or region, may find themselves excluded from local networks and miss out on help and information from them.

While suspicion and distance between some groups who have traditionally been in conflict may be understandable, it is important not to make assumptions about other groups and individuals. If such suspicions affect the functioning of groups, forums, etc then there is a risk of exclusion from local forums, meetings and events from which members of their community could benefit. Securing funding to support their community might also be more difficult.

At a practical level, it is also hard for statutory services to work with a number of groups, all ‘representing’ an ethnic group, rather than just one or two. If several groups do exist, then it is worth considering creating a network or forum to link you all together.

**MISPLACED FEARS**

We can sometimes worry about distrust or suspicion that does not actually exist. For example, Age Concern Islington agreed to accommodate a large group of older Greek Cypriots at one of the Centres that we run for Islington Council while their own Centre was being re-built.

Age Concern Islington had some concerns about how the new group of Greek Cypriots and the Turkish Cypriots who already attended our Centre would get on. We nevertheless went ahead with taking in the Greek Cypriots for several months, having spoken to both groups in advance to explain the situation to them, so that they knew that they would be sharing the Centre for some time.

In fact, we found that the two groups got on perfectly well, with no problems arising between them. Our fears had been misplaced.

**Share your own expertise with your community**

Community groups have a lot of expertise on the key barriers that their community faces in adapting to life in Britain. They make good use of this knowledge to make life easier for others in their community.

• A sheet of Top Tips or Frequently Asked Questions to give to your members and newcomers can be useful, setting out simple things that you wish you had known when you first arrived in Britain.

• You may want to produce your Top Tips by working with another local organisation to double check and extend information.
• Have regular get-togethers where more experienced members can talk to newcomers about what life is like in Britain and what issues they might face, and newcomers can ask questions and seek the support of the more experienced members.

“Registering with a GP can be difficult – lack of knowledge is an important factor for some BME groups. In many countries primary care does not exist – if you are ill, you go and queue up at the hospital – something which clearly does not work here [in the UK].”

Source: ‘Why Minorities Still Stand Out from the Primary Care Crowd’ Health Service Journal, 2nd August 2007

Make sure your group is open and welcoming to new members

It is easy for any group, from any community, to fall into the trap of becoming a closed group of existing members who know each other and who treat any newcomers with suspicion or even hostility. Many White British groups struggle with exactly the same issues.

• It is essential that the community group’s leadership make clear to all members that they must always welcome new members. Any staff or volunteers must be trained and supported to be particularly welcoming.

Help your community members to make use of what is available; don’t assume that a service is ‘not for you’

Despite the efforts of many statutory services, people from all communities (including White British) often don’t know about services that are available to them. Once they are aware, it can still sometimes take some effort for an individual to access that service, work their way through the forms and procedures and make the service work for them. We have come across many cases of older people not chasing up promised actions by statutory agencies, for example, and suffering health, housing or other problems as a result. While it would be better if we never needed to chase up an action, sadly it can be necessary.

Individuals often need help and support to access services properly, and this applies across all communities and cultures. Community groups can play a valuable role in encouraging and supporting their members and clients to keep on trying until they are successful.

Community groups can also support and encourage their members to use tools and sources of information that will help them to be better informed and
therefore better able to get to grips with systems and procedures for using services. For example:

- Encourage members to take up English classes – English for Speakers of Other Languages (ESOL) – as this will help them to cope in Britain. Age Concern Islington’s experience is that not all of them will feel comfortable attending mainstream classes, but some may manage so they should be encouraged to try.

- Make use of Citizens Advice Bureau (CAB) information, available in a range of languages on its Advice Guide website: www.adviceguide.org.uk/index/languages

- Multikulti also gives information, advice, guidance and learning materials in community languages: www.multikulti.org.uk. It covers debt, employment, health, education, immigration, and racism and discrimination.

- Local libraries have books available in community languages, advertise local events and services, and provide internet access and support to learn how to use the internet.

- Most local services genuinely intend to be open to all. Even if it is difficult at first, if you try to use a service you will very often find that you are welcomed.

- If you find that a specific problem with a service is affecting members of your community, then talk to the management of that service to see if a solution can be found. They may not be aware that there is a problem and may be keen to help.

**Boost your community members’ confidence levels**

An individual’s shyness and lack of confidence can sometimes be more of a barrier to participation and engagement for people from BME communities than language difficulties, though language issues can make this worse. For example, Age Concern Islington has found that many older people from BME groups, particularly if they have language difficulties or mobility problems, are comfortable travelling only within extremely limited geographical areas. Many people we spoke to would only travel on certain bus routes, or visit places that they had been to before. This is extremely limiting to their ability to engage with services.
The following exchange shows the difference between people with the confidence and proactivity to stand up for themselves, and those who, for whatever reason, feel less able to do so.

One of the group leaders said:
“What I am hearing here, is that these ladies wouldn’t know who to turn to [to complain or sort out a problem], and this is the main problem.”

Another participant said:
“But if you get the phone book, there are all the numbers there. And if you cannot get to see your regular social worker, there is an emergency social worker and they have to deal with it [the problem], and I am doing this and I am getting things sorted.”

These differences occur across all communities, but can be more pronounced among immigrant populations. Community groups can train and support their members to have the confidence to take such steps for themselves.

Source: Open Access Project, Age Concern Islington – discussions with Black Caribbean Group

- Focus on women. In many communities, women do not learn English and rely on their husbands to deal with official matters. If the woman becomes widowed, then she is left dependent and vulnerable. Engage women in ESOL and in confidence-building training so that they are less isolated. For many communities, you may need to provide women-only training.

- Hold training sessions to help members to understand the steps that they can take to sort out problems that arise, and where to go for help if this doesn’t work.

- Hold training sessions to boost members’ skills at speaking up for themselves. This will help them in all sorts of situations, ranging from asking for directions to insisting on seeing a doctor, for example.

Pair your members up to support each other

Age Concern Islington has found that asking members to partner and support one another can be very effective, particularly when people are having difficulty accessing services or wish to make a complaint.

- Pair people up so that two people attend a meeting together and support each other. Having a companion will give each person more confidence to participate.
• Ask each person in the pair to speak up on behalf of the other. Sometimes it is easier for someone to speak up and fight on someone else’s behalf than for that person to speak up for themselves. This is because most of us tend to be more concerned about an injustice done to someone else than about an injustice done to ourselves.

Address traditional cultural views that could be discriminatory and which could be barriers to services for your members

Certain views held among some communities are regarded as discriminatory in modern Britain. Even though some White British people will share some of these discriminatory views, it is an important principle that services must be provided fairly and without discrimination. It is generally illegal in Britain to act in ways that discriminate against people, particularly on the basis of factors over which they have no control, such as their age, gender, sexual orientation, disability status, race or ethnicity, and on the basis of faith, which can be strongly linked to ethnicity.

Traditional cultural views held by some members of some communities could be discriminatory, and could therefore restrict access to services for members of that community, in the following ways:

• Members of your community who are aware that they have traditionally been subject to discrimination will not come to you to seek out help that they need. Women may be an example for some communities; gay men (homosexuals) for others.

• Similarly, members of your own community who feel that they may be discriminated against will not come forward to volunteer with your group, and you will lose this potential source of support. For example, does your community group make full use of the skills and leadership potential of its women members?

• You may find that some members of your community may feel uncomfortable dealing with people who are dressed in a certain way, or may feel prejudiced against certain races or other groups. You can play a role in helping your members to recognise that they will benefit from services available in this country only if they can alter or set aside their traditional views, and deal with people providing services whom they would not otherwise choose to deal with.
This Open Access project finding that certain traditional cultural views can be problematic in Britain is confirmed by other research:

“People sometimes experienced discrimination and prejudice within their own community and faith groups.”

“The differences between the experiences of men and women were often sharper than the differences between different ethnic groups.”

Source: Joseph Rowntree Foundation
www.jrf.org.uk/knowledge/findings/foundations/914.asp

• Funding or other support from all sorts of funders will often only be available to community (and other) groups that can show that they are not discriminating against people in how they operate. Groups that cannot demonstrate this clearly may therefore lose out on possible funding that could help their community.

In certain circumstances, it is of course acceptable to take account of people’s reasonable preferences, provided that their preferences are for good reason and are not discriminatory. For example, a preference for an interpreter of the same sex, particularly for any personal or health-related interpreting, is perfectly acceptable (though it may not always be possible).

**Nothing is perfect: we all have to adapt and do what is needed to fit the system**

Sometimes community groups and their members complain that they do not want to have to do things as they are asked to in Britain. But if any of us, of whatever background, want to access a service, such as benefits, then we all have to decide whether we will do what is asked of us. If we do not, then we will not receive the service.

• Whether our likes and dislikes are unique to us or our community group, or are shared with many others, the fact is that if we want to benefit from what the statutory and other authorities have to offer us, then we must adapt and do what is required. Community groups can help their members with this decision and help them to adjust and adapt as necessary.

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8 For example, members of a Caribbean group complained that in their culture they did not disclose income and savings, which they had to do in order to claim benefits, and this made them less likely to claim benefits. They felt that this made it harder for them to claim benefits than for other groups, particularly White British people. In fact, many other groups and individuals, including many older White British people, feel the same and may dislike how the systems work just as much.
• At the same time, it is worth informing services of any changes that they could make that would make it easier for you to access their support. Provided that the changes would not disadvantage other people, and would not conflict with laws, regulations or policies, then the service may consider making them. For example, you could ask for women-only exercise classes, or whether the staff dress code could perhaps be changed to require more of a person’s body to be covered.

In other cases, the way that a community traditionally behaves may be very different from how things are traditionally done in Britain, and this could make it hard for authorities to understand the issue being presented to them. This can arise in health care, for example.

“We have highlighted the cultural and language differences in descriptions that cause a barrier to accessing services. Someone may go to the hospital, for example, complaining of a sick heart and their cardiovascular system may be examined. What the patient actually means is that he is feeling depressed!”

Source: ‘Improving the Access of Ethnic Minority Visually Impaired People to Appropriate Services: building a supported community referral system in partnership with agencies in Birmingham’ Professor Mark Johnson, De Montfort University, Leicester. Thomas Pocklington Research

Communicating about personal issues tends to be difficult for many different groups, including White British people. Community groups can help their members to understand how best to communicate on difficult issues, and encourage them to be direct and open when talking to professionals, even if they feel uncomfortable doing so. Many older White British people, and younger men, still have difficulties discussing health or personal issues, but this is changing over time. It can change for minority communities too.

Community groups can play an active role in helping their members to adapt and do things that they may find difficult or uncomfortable, but which could improve their finances, their health, or their general wellbeing, and so enhance their life in Britain.
TACKLING SENSITIVE ISSUES

Age Concern Islington’s BME Project Manager talked to a group of older South Asian women, in their own languages and in English, about the purpose and usefulness of the NHS breast cancer screening programme.

Many of the women had received letters inviting them to breast cancer screening but had either not understood the letter or its significance, or had not wanted to go along, never having done anything like that before and not necessarily wanting to face the topic.

After the talk, more women went along for breast cancer screening. As a result of going for screening, one woman was found to have early-stage breast cancer that she had been completely unaware of. She was successfully treated.

Without Age Concern Islington’s encouragement to adapt, and thus take advantage of the screening service freely available from the NHS, that woman would not be with us today.

Community groups can help their members understand and adapt to the limits on public finances and the need for local authorities and the NHS to ration their support and prioritise those cases where their help can make most difference to people’s lives. This will inevitably mean, across all communities, that not everyone’s needs, or perceived needs, can be satisfied.

LIMITS TO PUBLIC SERVICES

One BME older people’s workshop run by the Open Access project had an interesting discussion about someone who had had a new bathroom put into their council house because the old one was in the wrong position – being between the rest of the living space and the direction of Mecca. This was disrespectful according to them and there should not be a toilet between yourself and Mecca when praying. While nearly all of the people in the group had heard of this rule, they did not seem to agree on how important it was – one pointed out how the mosque had toilets and that was not a problem.

This was an example of how cultural ‘rules’ are understood differently by different individuals or communities and can have consequences for how the Council should deal with the kinds of issues that arise. On the one hand, understanding the importance that this issue has for some people could be very useful to an Occupational Therapist in locating a new shower appropriately for a Muslim client who has become less mobile and can no
longer get into their bath. On the other hand, should public money be used to move a well-functioning bathroom to a new location, in accordance with this belief, if this meant that someone without a proper bathroom would have to go without any bathroom at all if there was not enough money to pay for both?

The discussion group clearly understood this issue and the implication that public services were not unlimited.

Source: Open Access project workshop

Don’t give up!

In everything that you do as a community group, or for members of your community, remember that it is worth keeping going, and that it is worth trying and trying again, especially if you are willing to change and adapt in order to succeed. Please, don’t give up!

Comparative case study of BME groups

Both groups involved in this comparative case study received support from Age Concern Islington’s BME Elders Project Manager. The Project Manager’s role was to help them to identify and support the needs of their older populations. Group One is an example of how a failure to adapt and be proactive led to missed opportunities, while Group Two is an example of how the active engagement and development of the group led to positive results.

Group One: Opportunities missed…

Background
Group One was established a few years ago to meet the needs of people from a particular ethnic background. Although other groups existed that served people from the part of the world where this community came from, the clients of this new group did not access those groups due to historic ethnic and tribal differences.

Group One was working hard to provide support to clients to improve their access to statutory services, giving advice on housing, health, benefits and other issues. This small BME group could potentially provide useful support to older people from this particular ethnic group, with activities specifically designed to meet their needs and not available elsewhere.
Help with securing funding
After many unsuccessful attempts to secure funding over several years, Group One asked Age Concern Islington’s BME Elders Project Manager for help. The Project Manager worked closely with the group over a six-month period, finding out what support the group would need to help them support their older members, which they were keen to do. She also introduced them to a local network that could be useful for information and support, by personally taking them along to one of their meetings to introduce them.

Having helped Group One to identify some of the sort of work it could do with its older members, the BME Elders Project Manager successfully helped Group One to secure a small grant. She then helped to explain the funding situation to their Management Committee. Her explanation included the funding opportunities available, conditions that applied to different funding applications, the sort of monitoring that funders required, the skills expected of those running groups, and the training and support that was available locally to help them with all this. She worked together with them on a funding application, and Group One asked for more meetings to take this work forward.

Resistance to training and to developing the group…
During the further work, however, the BME Elders Project Manager found that Group One appeared to be resistant to making even small changes to what they did and how they did things. They also did not appear to be interested in taking up training for their management committee and volunteers, even though the advantages were explained to them. They did not continue to attend the network to which they had been introduced. They said that they had been established for several years and felt that they were working well. They therefore questioned the need to make even minor changes to how they did anything.

Fortunately, Group One was successful in being offered a significant grant in response to the application that they had made with the help of Age Concern Islington’s BME Elders Project Manager. The grant was offered on condition that they provided evidence to the funder that they had the right administrative procedures for monitoring what activities were undertaken, what benefit was gained, and how the funding was used.

Unfortunately, Group One cancelled the next scheduled meeting with the BME Elders Project Manager without any advance notice. The BME Elders Project Manager tried to contact the group several times, and asked them to call back to re-arrange the next meeting, but she never had any response from them. She was willing to continue to work with them, to help them to satisfy the conditions set down by the funder and to enable them to move forward as a group and support their older members.

…resulting in failure to be able to take up funding
The BME Elders Project Manager later learned from the funder that Group One had not provided any evidence about their administrative and monitoring
arrangements as requested. The funder had therefore been unable to release the funding to them.

Many attempts were made by the BME Elders Project Manager to contact Group One. The BME Elders Project Manager understood that, like many groups, Group One needed extra support and she was trying to contact them in order to provide this. She wanted to help them to set up the arrangements required by the funder and to help them work on other funding applications that would help their older members.

**Support rejected and then withdrawn**
Eventually, the BME Elders Project Manager felt that, given Group One’s lack of response, she could no longer continue to spend time chasing them. It was decided that, sadly, after working with them for more than six months, Age Concern Islington would have to withdraw its support for Group One until the group was willing to make some changes to how it did things, in order to move forward.

Group One needed to be ready to take on more commitment and to make the basic changes needed to provide fuller and better support to its members. Without this willingness and commitment from Group One, there was a limit to what Age Concern Islington could do to help them, and our limited resources would therefore be better used elsewhere.

BME Elders Project Manager Shahida Qureshi said:

“I began to experience disappointment as no-one would let me know what was going on, and it was always me who was trying to make contact. In most cases, Group One have not benefited from local opportunities because they failed to respond to them: they have not provided the evidence needed to access the grant offered to them; they have missed deadlines for other funding; and they have missed out on training opportunities that were offered to them. The support that they provide to their members is very valuable, so it is very frustrating that, if they made just a little more effort to respond to the offers of support available to them to adapt and develop as a group, they could make an even bigger difference to the lives of their members.”

**Group Two: Opportunities seized and created…**

**Background**
Group Two was a small group of older refugees, started in 2007 and supported by only one volunteer. The original purpose of the group was to run weekly English for Speakers of Other Languages (ESOL) sessions, as, in common with Age Concern Islington’s general experience, the older people found it difficult to participate in mainstream ESOL classes. Before arriving in Britain, most of the members were in professional occupations and therefore wished to improve their English language in order to become more active in the wider community.
Group Two was referred to the BME Elders Project by Islington Council’s Refugee Integration Service to help them find educational materials for their ESOL classes for older people, and to support them with their new organisation.

**Group Two welcomes support and development**

The BME Elders Project Manager visited Group Two in May 2008 to talk to them about Age Concern Islington and about the support that she could give them. She encouraged members to join existing local services, but Group Two members wanted to study English and the British way of life together in their community first, to build up their understanding and confidence. As Group Two’s ambitions were extremely modest, Age Concern Islington was able to provide a small grant of £200 to purchase some basic equipment for their ESOL sessions.

Within two weeks of their meeting, the volunteer and five members of Group Two came to the BME Elders Project Manager with a proposal that they become a group providing social activities in addition to their ESOL sessions. A series of meetings took place to help Group Two to understand what was available to help them and how to take advantage of it.

**Group Two takes the initiative**

In June 2008, Group Two joined the Islington Refugee Forum, a voluntary sector network of refugee groups, to which Age Concern Islington had introduced them. Here they were able to receive more information on funding, training and other ‘capacity-building’ opportunities to help the group develop and grow. They were also involved in activities during Islington Refugee Week, increasing their visibility and making connections with other groups and local service providers.

In July 2008, Group Two made contact with Islington Voluntary Action Council (IVAC), Islington’s infrastructure organisation (CVS), to learn how to apply to become a registered charity, and to learn about the various policies and procedures that would be needed for them to do this. Group Two have taken the time to understand the roles and responsibilities of a Management Committee (also called a Board of Trustees), and have set up a process for electing their own Management Committee.

Taking full advantage of the support available from the local infrastructure organisation about management, governance, policies and procedures, and of support from Age Concern Islington on the services and opportunities available to older people, Group Two is moving forward and is ready to successfully achieve its goals.
BME Elders Project Manager Shahida Qureshi commented:

“I feel that because Group Two is very co-operative and demonstrates commitment to what they want to achieve, they have already learnt a lot of what is required to run a successful group in Britain. They have already become organised and have accepted what their responsibilities are, even though this was completely foreign to them initially. Even with little or no English language skills, they are working hard to prepare themselves to meet the criteria to be registered as a charity. I am confident that Group Two will be a very active and valuable contributor to community life in Islington.”
Chapter Four
Working together

We have suggested some steps that the statutory sector can take and some ways that BME groups and communities can play their part in helping themselves and their older members access statutory services. Here we have suggestions specifically around working together (collaborating). These points may also be helpful when working with other voluntary sector organisations.

When both sides are working positively together and both sides are willing to change and adapt, then the results can be very beneficial. This does not mean that it is easy. The experience of the statutory sector and of all the groups and communities that we have worked with on the Open Access project is that a lot of time, effort and mutual patience and understanding are required. Quick results do not often happen, but if such mutual effort and patience are put in, then real benefits can flow for all parties.

Respond positively to any approach

If you run a statutory service and you are approached by a BME group or your BME organisation is approached by a statutory service or by another voluntary group, it is always worth treating the approach positively. This way you will avoid missing opportunities to boost your access to hard-to-reach BME clients, or your clients’ access to statutory services.

- Take the time to respond fully to any approach, even if the approach to you does not seem significant or appropriate, for example because an invitation from a BME group seems too informal, or because a statutory service is proposing to speak to your group about topics that you know they will not want to hear.

- Even if you cannot accept the invitation received, do respond explaining fully why not, and suggesting an alternative, or proposing a meeting so that you can explore together what sort of event, etc could be made suitable for both sides.
Allow time to trial things, amend them and keep trying

When you first start to discuss, for example, an event or service that might be appropriate to both sides, do not expect everything to work well first time. It may not even work perfectly on the third or fourth time, but you should find that you are making progress. ‘Trial and error’ will be needed to establish the best way of working together.

- Whatever you agree to do together first (e.g. an event or service), treat it as a pilot, or trial, from which you will learn what to do next. However much work you have both put in to planning your joint event or service, you cannot anticipate everything, so expect things to go wrong, and actively seek to learn from the experience.

- Before the event or service starts, book a meeting together for some time afterwards to review what happened, what worked well and what needs to be improved. That way you will both be clear that this first collaboration is not expected to be perfect, but is just the first step on a journey together.

- Ask members or colleagues for learning points on how the joint work went.

- Continue to meet and discuss things to amend the service or events as necessary. Face-to-face contact tends to work better than email, as it allows for discussion and clarification, and reduces the chances of misunderstandings or wrong assumptions being made.

Act as an advocate for collaboration

When problems arise there are bound to be pressures to stop trying to work collaboratively. In a statutory service, you will be under pressure to meet targets and can expect to be challenged about whether you are spending your time appropriately. In a community group, you will be largely on your own, coping with demands as best you can, also under pressure to meet targets, and your members and clients may be reluctant to believe new things of a service that they think they already know.

In both cases, you will need to be ready to act as an advocate, or champion, for the work that you are doing and the relationship you are seeking to build with an outside organisation.
WHERE WORKING TOGETHER COULD HELP...

The Open Access project found that some BME older people were quite suspicious of statutory agencies. The example of the Irish group is cited below. Where community group leaders and staff work together with statutory service providers, perhaps suspicions and distrust can gradually be overcome.

“When introduced to the work of the new Benefits Team, the Irish group liked the idea of someone coming to their house for personal services – they felt that it was good to be treated as a human being and not a number. However, they also mentioned how suspicious they were of GPs and social workers visiting their homes, as they felt that they were ‘nosey’ and were there to take away their benefits or charge them for their care. They felt that the Benefits Team would therefore have to make it really clear what they were there for or else they would not be trusted.”

Source: Open Access workshops with BME groups

Use clients’ experience to build positive perceptions

As already noted (in Chapter Two), negative experiences seem to have a particularly strong impact on older BME clients, as the example above illustrates. One way to combat this can be to make good use of any positive experiences of BME clients. Provided that the service being provided is of a standard capable of generating regular positive feedback, then examples of positive feedback should be spread as widely as possible within that community. It may also be useful in trying to encourage other BME communities to use the service as well.

- Use a picture and a quote from a satisfied older BME client on a leaflet. This could be produced and distributed by the statutory sector, BME group, or together in partnership with the statutory sector or other voluntary sector groups.

- When a statutory service is presenting its service to new clients, invite along a satisfied client, ideally from the same community, to support and validate what is being said.
Be patient and positive

It can take a long time to build a relationship across different cultures, and problems and misunderstandings will almost inevitably arise. It would be easy when this happens to give up or imagine that the other side is not truly as interested in the relationship as you are. It is essential to keep an open mind and always assume the best of the people that you are working with.

- Make a conscious decision that you will always be patient about any problems or misunderstandings, and will always assume that they are inadvertent, accidental problems, that imply neither incompetence nor ill will by the other party.

- So long as you can see signs of progress over the long term, do not give up on your partner service or community. However, if repeated efforts are repeatedly refused and there is no desire for change by the other side, then it may make sense not to pursue it further (see, for example, the comparative case study in Chapter Three).

WORKING TOGETHER TO BENEFIT CLIENTS AND MEMBERS

The Eritrean Community UK (ECUK) offers pan-London support to asylum seekers and refugees from Eritrea.

ECUK was approached a few years ago by City and Islington College to work together on a training and employment support project that included other partners as well. This was a very big project, funded by the European Social Fund, and was a major new development for ECUK. ECUK responded positively to this opportunity. Although they had only scarce resources, ECUK took the time and effort needed to work with the College on developing this project.

To get the project started involved a lot of planning work, including quite a number of meetings with City and Islington College, and some involving other partners. Referral routes were established and trust was built up. The partners established good contacts, and this enabled any difficulties to be dealt with promptly.

The project concluded successfully after three years, with ECUK having worked with over 100 clients to provide ongoing support, training, one-to-one counselling, and making referrals to local colleges and other training courses.

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The key additional benefit of the project was that ECUK were able to give their clients long-term support, and were able to follow up with their ongoing issues. Without the extra support to enable them to do this, they would not have been able to manage the long-term support, nor all the additional paper work, filling in forms, etc.

As part of the project, ECUK also developed the necessary procedures for collecting data and information for analysis, including preparing reports on individuals’ progress. This additional capability will be useful to them in running other projects.

Source: Eritrean Community UK

Invite each other onto your boards and steering groups

A good way to build mutual understanding is to invite representatives from each other’s organisation onto your project steering groups, Management Committees (Trustee Boards) or other committees. Having a BME representative, or a representative from a particular BME group, on a steering group for a statutory sector project or voluntary sector project can be very beneficial for both sides. The statutory or voluntary sector can gain a greater insight into the issues faced by that particular BME community, and perhaps by some other BME communities as well. At the same time, the BME representative will gain an insight into the workings of another board or steering group that could bring useful learning for the community group that they represent.

- A representative from a BME group may need some extra training or support to enable them to feel confident enough to contribute fully, if they have limited experience of such meetings. It will help if they are not the only person there representing a BME community or the voluntary sector.

The same applies to having representatives from the statutory sector or from other voluntary sector groups on the Management Committee of a BME organisation. Well-chosen representatives can not only learn more about that BME community’s issues, to take back to their statutory organisations, but also bring experience of how things are done in mainstream British organisations, and of what services might be available to members of that community.

These steps can be extremely positive for building the capacity of the statutory sector and other voluntary sector organisations to address BME issues, and for building the capacity of BME groups to interact with and access mainstream statutory and voluntary sector services.
Working together successfully: a case study with recommendations

Background

This case study involves the Islington Benefits Team and the Islington Somali Community, one of several community groups run by and for Somali people living in the borough. The Islington Benefits Team is a partnership between Islington Council, the Department for Work and Pensions (DWP) and Age Concern Islington, managed by Islington Council.

The statutory service

The Benefits Team service was established in 2006. Part of the team uses Local Area Agreement funding, with a remit to increase the take-up of certain social security benefits for Islington residents, mainly older people. The service, which is free to clients, offers benefits checks to see whether older people are missing out on any benefit, including Attendance Allowance (for older people who have difficulty with daily tasks), and provides home visits to assist people with filling in the benefit application forms. The service has been very successful in helping Islington’s older people to increase their income by obtaining the benefits to which they are entitled.

In 2007, the Open Access project worked closely with the Benefits Team to carry out a review looking at what barriers BME older people in Islington were facing in accessing benefits, whether or not these differed from those faced by White British older people, and what changes would help to improve benefit take-up by older BME groups.

Some of the barriers to accessing the service

The review found that the Benefits Team provided a good service to older people in the borough and undertook a lot of work to try and reach as many people as possible. For example, they actively publicised the service, encouraged people to contact them, cross-checked different databases to identify individuals who might be missing out on benefits, offered home visits, and provided the expertise and practical assistance required to make a good benefit application.

However, there were significant differences between ethnic groups in their historic experiences of seeking benefits, with BME older people in Islington having more difficulties accessing benefits than their White British counterparts, and this historic effect was having an impact on the numbers of BME older people using the service.9

9 See Chapter Two of this guide for a fuller list of barriers, and for the very positive response of the Benefits Team as they worked to make their services more accessible to older people from all ethnic backgrounds.
Issues identified by Age Concern Islington’s Open Access project included the following:

- among BME older people there were lower levels of knowledge about how the system worked and what benefits were available to them;
- many older people from BME communities relied on friends and family for information about services, but, unfortunately, this information was often wrong;
- many older people from BME groups were in touch with local voluntary or community groups, but felt reluctant to deal with statutory agencies;
- there were lower levels of trust and confidence in the benefits system amongst BME older people than among White British older people.

After discussions with the Open Access Project Manager, and exploring a number of suggested ways of working, the Benefits Team decided to target a specific BME community group to see what more they could do to encourage and assist that group’s clients to use their service.

The community group
The large number of Somali refugees who had settled in Islington from the 1990s meant that Somali older people were a priority group for local service providers. In addition to language barriers in dealing with statutory services, many Somali older people experienced health or mental health problems (partly due to trauma), isolation and separation from friends and family, and problems arising from coping with a completely unfamiliar culture. Divisions within the Somali community due to differences in the home country, and isolation from the wider Islington community also made Somali older people a particularly hard-to-reach group.

The Islington Somali Community (ISC) group was chosen because it was one of the larger Somali groups active locally, which aimed to provide services for the whole Somali community in the borough, many of whom were older people who were unlikely to be in touch with statutory services. They provided general information on benefits to their older clients, but their staff and volunteers did not have the resources or expertise to provide the type of specialist service offered by the Benefits Team. In addition, ISC was well organised and proactive, and was working hard to meet the standards required of UK voluntary sector organisations. These various positive factors led Age Concern Islington to recommend this group to the Benefits Team for their pilot work.

Starting to collaborate
Age Concern Islington introduced the Benefits Team to ISC at a joint meeting. ISC were willing to be involved as they could see the potential advantages for their members, although they knew that arranging it would mean significant extra work for themselves. A range of possible options were considered,
including special seminars on benefits. It was agreed that regular attendance by the Benefits Team at ISC would yield best results, as it would enable trust to be built with clients, who would become familiar and comfortable with the individuals involved.

To avoid members having to make a special trip to ISC, it was agreed to have the Benefits Team come along to ISC’s City Bridge Trust-funded lunch club for older Somalis. ISC did the necessary preparation for the Benefits Team, taking the time to introduce their members to the idea that the Team would be visiting, and explaining what the purpose and process was, etc. For the first few months, the Benefits Team attended the lunch club sessions generally weekly, which was reduced after a few months to once every two or three weeks.

**Dealing with problems**

Initially the Benefits Team picked up a few cases, but then the numbers of applicants dropped away slightly. Fortunately, both the Benefits Team and ISC persevered with the arrangement, and the numbers of claimants picked up again. The Benefits Team were able to gradually reduce the frequency of their visits, without losing the effectiveness of the joint working.

A possible reason for the number of claimants dropping away temporarily was that a number of benefit claims were initially rejected for various reasons, such as uncertain residency status. Not only was this financially disappointing, but ISC reported to the Open Access project that the clients involved felt personally very disappointed.

When following up on how the joint working had gone, the ISC told the Open Access project that they had been disappointed that the Benefits Team was not allowed to assist people with any problems arising from their claims; they could only support the initial application process. The Benefits Team had been clear about this from the outset in their meetings with the leaders of ISC. They had also explained to each person whom they assisted with a claim that they could not help with any problems or appeals.

The ISC understood the limitations of the service, but said that they had nevertheless been disappointed by this, as they had expected a statutory service like the Benefits Team to have a more structured plan, or to work with them to develop a plan, on how to deal with any claims that would be rejected. Even though the Benefits Team itself was not allowed to get involved in appeals, ISC thought that detailed planning should have been available for what *would* happen to failed claimants. Having raised people’s hopes and expectations of additional income, ISC felt that the statutory sector had an obligation to ensure that there was some way of dealing with those expectations when they were, at least initially, dashed.

On top of their existing heavy workload, ISC struggled to support clients whose benefit claim had been turned down. Helping their members cope with their disappointment, and finding an alternative agency outside the borough to
support people with reviews and appeals was a considerable amount of extra work for the already extremely busy and under-resourced community group. They were, however, very pleased to find that the majority of the appeals were eventually successful, perhaps once residency had been established.

For the Benefits Team, while they well understood and may well have shared ISC’s frustration with the limitations of their service, which reflected funding restrictions, they did do as much as they could to support ISC’s applicants. Going beyond the requirements of their role, the Benefits Team assisted people with understanding and resolving certain issues that arose around their applications. For example, they used their direct link into the DWP to track and chase claims for clients, and provided support by working closely with social workers, etc in certain cases where this was relevant. The Benefits Team were also pleased for their partners that a good number of claims were successful.

Learning and persevering

In response to a proposal from the work of the Open Access project, the Benefits Team started to produce an information sheet to leave with clients. Part of the information told clients which local organisations to contact for support with any problems with their claims. This was designed to help clients if an appeal should be required.

The Benefits Team continued to attend the ISC lunch club, and the number of applicants picked up again slightly, although the numbers were never large. The fact that claims continued to be made was partly due to the team’s and ISC’s perseverance together, and the consequent growth of trust, and partly because one or two applicants’ claims started to be approved on review or appeal. (In Age Concern Islington’s experience, quite a number of claims are rejected initially but allowed on review or appeal.) As ISC saw their members benefiting from additional income, ISC reported that other members felt encouraged to use the Benefits Team as well.

Once all existing members had had benefits applications made, the only potential applications came from new members, or existing members when they reached the appropriate age (e.g. for Pension Credit). The Benefits Team maintained periodic, prearranged visits to the lunch club to ensure that any new claimants could be supported.

As a result of their learning from working with local groups, the Benefits Team developed and ran a very helpful seminar called ‘Help Us to Help You’, created by the Benefits Team as a proactive step to help develop closer relationships with referral organisations. They received positive feedback, which encouraged the Benefits Team to organise training sessions on Benefits Awareness, to help staff and volunteers, including those from BME organisations, to understand Britain’s complicated benefits system and what was available. These were attended by ISC, and generated good feedback.
FEEDBACK FROM ISC MEMBERS

“I had a number of physical health problems and mobility issues and I was confused about my benefit entitlements. I was referred to Islington Benefits Team for specialist help by ISC-Connect. As a result of the referral, I am now receiving Disability Living Allowance. Thanks to Islington Benefits Team and ISC-Connect my income has greatly improved and the quality of my life too.”

Service User S

“I met the Islington Benefits Team through ISC-Connect for specialist benefits help. My problem has been solved and my case was successful. In addition to providing a Somali-speaking interpreter, the Benefits Team listened to my problems and my case was successful. I really appreciate their help.”

Service User G

Recommendations from the joint work

1. **Work closely with BME community organisations from the earliest stage.**

While most authorities are happy to work with local BME communities, they do not always think to involve those community groups in their earliest planning, tending to bring them in for consultation when plans are far advanced.

The Benefits Team approached ISC (through Age Concern Islington) with a very open mind and right at the beginning of the process. They had no fixed ideas about how things might work and this made discussions with ISC fruitful. They listened to ISC’s views that the service needed to be provided in a safe environment with interpretation if needed, and provided a regular service that coincided with existing activities.

2. **Partnership working and promoting access to statutory services is a responsibility for community groups.**

Those who run community groups have a responsibility to do all that they reasonably can to enable their members to access services. Most groups are keen to do this. Developing a relationship with local statutory services and understanding them more closely, as ISC did, will help members and clients to be able to access services.

3. **The non-BME community can play a role: use intermediary organisations to reach the BME groups you need to work with.**

Age Concern Islington had a good relationship with ISC gained from working with the group over several years. Age Concern Islington was able to use this trust built up over time to introduce the work of the Benefits Team. This
enabled the Benefits Team to build a relationship with a hard-to-reach group that had a significant need for its services.

4. **Patience and time are needed to build trust.**
The sessions were initially held weekly, then decreased as new cases were taken up, and as trust developed. The Benefits Team still holds sessions at ISC in order to maintain and strengthen their relationship with them, and, having built a relationship of trust, this works well.

5. **Allow time at the outset to enable the service to evolve.**
Staff in the Benefits Team came from a variety of backgrounds, and had received diversity training before making any visits to Islington’s very diverse community. However, because most attendees at the lunch clubs were men, the female Visiting Officer initially did not feel comfortable attending on her own. The Benefits Team were flexible enough to accommodate this, however, and she was accompanied by a male member of staff for the first two or three visits, until she felt confident enough to run sessions at ISC on her own.

6. **Be clear about your service, and agree a follow-up plan with your partner organisation to cope with any implications arising from it.**
Even if the repercussions are outside the remit of the service, it is important when working in partnership to recognise and anticipate any broader impact on the client or partner that may arise as a result of the partnership or service offered, for example the client information sheet that the Benefits Team produced.

From the team’s point of view, they had explained clearly to ISC at the outset that they could not handle benefits reviews and appeals. From ISC’s point of view, while they understood this, they had assumed that some sort of support from the statutory service to secure help with appeals would nevertheless be provided. Their valuable time and resources were put not only into setting up an arrangement that was not holistic, but also into managing the substantial extra work that resulted.

This suggests that it is worth checking and checking again, perhaps in writing, and perhaps with a formal partnership agreement, that colleagues in a partner organisation really do understand the full nature of any service you are offering, together with its limitations and, importantly, the implications of those limitations. ISC were very satisfied with the service, given its limitations, although they would have much preferred a more holistic service, or at least a plan or guidance on how any follow-up work could be resolved. The newly produced information sheet for clients went some way to provide this.

7. **Review and adapt.**
The Benefits Team adapted their service by developing a leaflet to support clients through any problems with their application that the Benefits Team could not deal with.
ISC also made adjustments. For example, although they initially found it hard to accept that the Benefits Team could give no help beyond the initial application, they adapted to this situation and continued to work with it.

The Benefits Team learned through their work how important a basic understanding of benefits would be to referring organisations, including local BME groups, and therefore arranged some training to meet this need. This was a small, but important, addition to the service, going beyond its main focus.

While the service provider and community groups should of course try to gain as much understanding of one another as possible at the start of their partnership, important learning points will inevitably arise while working together in practice. Working together to overcome problems will both strengthen the relationship and improve services for BME older people, and prepare both sides for other partnership work in the future.

8. Accept service limitations and keep expectations realistic.
Statutory services are rarely perfect or complete, often as a result of funding limitations, so it is important that leaders of community groups understand what is available and are willing to work within the limits of the service, though they may also wish to campaign for change. This helps to manage members’ expectations, and BME older people will be more likely to continue engagement with statutory service providers.

9. The partnership and its service will evolve over time.
The Benefits Team started out running weekly sessions at ISC, which are now every two to three weeks. This has been a natural evolution, and the relationship of trust remains.

Outcomes
ISC and the Benefits Team were both pleased with the outcomes from the work. Not only had many individuals benefited from additional income to improve their quality of life, but ISC and the Benefits Team had both worked together very effectively, had adapted their services, learnt a lot and had built a strong working relationship with each other. As a result:

- There is a higher take-up of benefits among the target community.
- ISC would be happy to work with any other statutory service provider, based on this positive experience with the Benefits Team.
- The Benefits Team feel that they learnt much from the experience, and have started to apply this to building partnerships with other BME groups.
- There is greater confidence, increased trust and stronger relationships between many members of the local Somali community and the Benefits Team.
• There is a greater likelihood of BME group members having the confidence to approach other statutory services.

“Islington Somali Community was pleased to be approached by Age Concern Islington to do some joint work with Islington’s Benefits Team. We worked together closely with the Benefits Team, and found them very co-operative. We have built a strong working relationship together, which we hope will continue into the future.”

Yussuf Ahmed, Co-ordinator, Islington Somali Community

For further details of the work with the Islington Benefits Team and for ideas on making a service accessible, see Age Concern Islington’s Open Access Report and Recommendations on our website:

Chapter Five
Top Tips

Here we summarise the main points from this guide. For more detail, and for further tips, see Chapters Two, Three and Four.

Statutory agencies – see Chapter Two

1. Treat ethnic monitoring not as a luxury or an extra, but as a necessary tool for any organisation seeking to improve service delivery.

2. Ethnic monitoring data must be used by the individuals who actually have day-to-day responsibility for improving access to the services, as this will also give them the incentive to collect the data accurately.

3. Ethnic monitoring data must be reviewed regularly and compared with the local population in order to identify sections of the population that are not being adequately served. Corrective outreach action must then be taken.

4. Ensure that services are physically accessible, dispersed around the borough where necessary, easily accessible by public transport and well signposted.

5. Choose carefully the outreach session setting for comfort and convenience of target audience, e.g. at a location that they already use, or provide transport.

6. Provide a client with assistance and accompaniment to a meeting or appointment, if needed.

7. Statutory agencies should give clear instructions on the time people need to arrive for appointments, and what will happen if they don’t.

8. Avoid the use of automated telephone systems.

9. Always provide a landline alternative for 0800 or 0845 numbers, as many older BME people only use mobiles, from which these numbers are very expensive.

10. Consider the best places to distribute information and leaflets in order to reach certain BME groups. Take them to community groups, etc, and explain them.
11. Check quarterly that distributed information is well stocked and up-to-date.

12. Encourage word-of-mouth distribution of information, for example by giving ‘Bring a Friend’ incentives or giving a leaflet to pass on to a neighbour.

13. Visit groups to draw their attention to information on services, and to explain it to them in greater detail.

14. Work with community group leaders before you plan an event or service for BME older people, and let them help you plan.

15. Establish standard documents and style guides, using 12 point font (minimum) and clear, consistent styles and layouts on all written communications, and ensure that staff follow them.

16. Train frontline staff in communicating slowly and clearly.

17. Train frontline staff in arranging events with people who have visual and hearing impairments.

18. Set up a Document Review Group of older BME clients who can advise how best to phrase leaflets and standard letters.

19. It is often better to have a general communication that is in clear, simple English, rather than numerous translations that are never used. Translation is generally only worthwhile if accompanied by a targeted distribution campaign to the relevant audience.

20. A professional interpreter should always be offered if language may be a problem.

21. Pay community workers and interpreters small amounts to recruit BME attendees to events. Be willing to pay a community worker to interpret at an event, rather than expect them to do it as part of their job.

22. If working with an interpreter, check with the interpreter on the pace of speech that they and the client/s are comfortable with.

23. Communications about services should show them as welcoming to all, simple to use, be clear on whether a facility is free, and include easy-to-follow contact details. They should include pictures of people of different ethnic groups, both staff and service users.

24. Use word of mouth and community outreach (e.g. to pubs, or places of worship), and advertise in the local media, community facilities and local businesses, to attract older BME people to your events.
25. Encourage potential attendees by offering incentives, such as free food and refreshments, prizes and information on benefits and services. Select the food and prizes with the composition of the group in mind.

26. Make essential information stand out, and do not overload the intended audience with material.

27. If the event is being organised to gather people’s views, ensure that decisions taken on the basis of their comments are fed back to them.

28. Speakers at events attended by BME groups should tailor the content and delivery style to this audience. Pacing speech, and allowing a short pause after a sentence or long clause, will better enable the audience to mentally translate and follow what is said.

29. To reach socially excluded groups, be prepared to use outreach techniques and attend events at which BME communities are likely to be present.

30. Try to bring several services together when reaching out to communities at special events, as BME older people are often excluded from more than one of these services.

31. Recruit to frontline services staff who are willing to take the time to listen to older BME community members to find out the information they need.

32. Ensure that a service has sufficient numbers of staff to allow equal opportunities to access a service for those with, for example, sensory difficulties, or limited knowledge of English, who may require a little more time.

33. Ensure that frontline staff training is regularly refreshed, includes in-depth diversity training on age-related issues, and involves input from older BME clients on the issues facing them in daily life.

34. Money spent on training and supporting staff saves money downstream by reducing complaints and consequent demands on other statutory services, and promotes take-up of services.

35. BME groups’ confidence in the service is likely to be better if the staff reflect local diversity. However, all frontline staff, irrespective of ethnicity, need to be able to speak clear, plain English.

36. Set qualitative targets for staff, incorporating client feedback, and support this with discussions with management.

37. **Kindness really is key!** The kindness, patience and effectiveness of staff have been shown to be more important to BME groups than any other aspect of the service.
Community groups – see Chapter Three

1. For help and support for your group in your local authority area, contact the infrastructure organisation (also sometimes called a CVS), the Council and networks of other voluntary organisations.

2. Use local and national sources of information to learn about free or cheap training for staff, volunteers and trustees, or how to formally complain about services.

3. Search actively for information on local support and services, and from sources such as the internet, the library, your MP, your Council, local Councillors, your Primary Care Trust (local NHS) and your CVS.

4. Founding members may not be the best long-term managers of a group. Founders should not be reluctant to give up a role on a group’s management committee if their own talents would be more effective in another aspect of group development (for example, mentoring or training).

5. Plan to support your older members; they may be low in number at present, but their numbers will grow.

6. Do not be negative about other community groups. You may need to set aside historical or recent differences in order to do this if you come from an area of the world that is in conflict.

7. Be willing to work with other voluntary and community groups and consider joint funding applications for joint work, for example on older people’s issues, so that you can broaden your expertise.

8. Make suggestions to statutory services about changes that they could make that would make it easier for your members to use their service.

9. Groups themselves must be ready to adapt their practices (for example, in collecting the required monitoring information) in order to convince funders and other agencies that they are effective.

10. Share expertise with members and newcomers, both through printed material and regular get-togethers where people can talk.

11. Raise awareness of available services, and encourage members who do not immediately see the value of these services to reconsider their point of view.

12. Pair members up so that one speaks up for another at meetings, as most people are more outspoken on behalf of someone else than they are for themselves.
13. Increase members’ confidence levels (for example, by encouraging them to improve their English language skills, or training and workshops on how to cope in different situations) so that they feel able to make points, or request information and assistance from services.

14. Community groups have a role to play in advising people of the importance of arriving at places punctually.

15. Accept that, in order to make use of the services available, group members may have to adapt their way of doing things (for example, by disclosing savings or income to claim benefits).

16. Ensure that any discriminatory views that may be held by some members are not allowed to harm your services for your community, nor harm your members’ ability to make use of statutory services.

17. Encourage members to discuss with professionals issues with which they need assistance but which traditionally are not discussed within their community. This may include personal health or financial matters.

**Working together – see Chapter Four**

1. Respond positively to approaches from other parties, even if the approach does not seem that promising.

2. If you cannot accept an invitation, explain why this is, and look for opportunities to meet and discuss the possibility of other joint work.

3. Treat an initial meeting or event as a trial run, and accept that it may take some time to develop a productive collaboration.

4. Before your first joint event, book a meeting together for a short while after the event to discuss what you have both learnt, and what you will both do differently next time.

5. Act as an advocate within your service or group, promoting joint work with other parties.

6. When producing leaflets or presenting a service, include positive feedback from BME community members.

7. Approach any joint work positively, with the belief that the partner service or community is well-intentioned and committed to making the relationship work.

8. Inviting a member of your partner’s organisation onto your trustee board or steering group will give everyone greater insight into how the other party operates, and will improve capacity for future work.
9. Take advantage of the fact that non-BME groups can act as a bridge to encourage joint work between statutory services and BME groups.
Appendix 1
Resources for BME communities

This appendix lists resources that could be useful to BME community groups and their members. Most of these resources are specifically designed for use by BME communities. Age Concern Islington has put this list of resources together, and the information is correct as far as possible. These should not be treated as recommendations; it is for users to determine if they are useful to them.

The appendix is organised thematically, in the following sections:

1. Specialist support for BME groups and members

2. ‘Jargon-busting’ websites – resources for understanding specialist terms

3. Advice and information, including in community languages

4. Learning or improving English

Please note: If you are reading this appendix online, then you can either click on any live link that you see, or copy and paste the website address into your computer address bar.

1. Specialist support for BME groups and members

The Basis Project – support to refugee community organisations to help them manage, develop and sustain their work.

- The Basis Project, Refugee Council, 240–250 Ferndale Road, London SW9 8BB. Email: basis@refugeecouncil.org.uk. Website: http://www.thebasisproject.org.uk

BAMER outreach project – a Human Resources Advice and Support Project for Black, Asian, Minority Ethnic and Refugee (BAMER) Voluntary and Community Organisations in London.
• BAMER, c/o London Voluntary Service Council Website: www.lvsc.org.uk BAMER Outreach Officer Tel: 020 7700 8124

BME Elders Forum – working for black and minority ethnic elders in England by influencing policy and services. BME Elders Forum newsletters can be found on Age Concern England’s website at www.ageconcern.org.uk/AgeConcern/bme_news.asp

• To join the newsletter mailing list or to get information on becoming a member of the Forum, contact: Lullyn Tavares, Administration and Projects Officer, email: Lullyn.Tavares@ace.org.uk. Tel: 020 8765 7467

Council of Ethnic Minority Voluntary Sector Organisations (CEMVO) – for Britain’s minority ethnic voluntary and community sector. Work includes research, promoting volunteering, providing training and consultancy.

• CEMVO, Boardman House, 64 Broadway, Stratford, London E15 1NG. Tel: 020 8432 0200. Email: enquiries@cemvo.org.uk Website: www.cemvo.org.uk

Directgov Website: the official Government website for UK citizens. Aims to enable easy access to public services. Wide range of useful information and relevant website links covering most aspects of living in the UK (e.g. education, employment, benefits, travel, leisure, crime and the law, health, citizens rights).

• Website: www.direct.gov.uk

The Ethnic Minority Foundation (EMF) – services include: assisting local organisations with office space, meeting facilities and ICT resources; research into the needs of minority ethnic communities; awarding grants to minority ethnic individuals and organisations who strive to help their communities.

• Ethnic Minority Foundation, Forbes House, 9 Artillery Lane, London E1 7LP. Tel: 020 7426 8950. Fax: 020 7426 8429. Email: enquiries@ethnicminorityfund.org.uk Website: www.ethnicminorityfund.org.uk/

Evelyn Oldfield Unit – offers technical and support services for refugee community organisations in London and the regions. Training, advice and consultancy.

• Evelyn Oldfield Unit, The Resource Centre, 3rd Floor, 356 Holloway Road, London N7 6PA. Tel: 020 7700 0100 ext 226. Email:
The National Council for Voluntary Organisations (NCVO) – advice and support to voluntary sector organisations. Can provide information on wide range of issues including human resources issues (e.g. employment of staff) and organisational financial management.

- NCVO, Regent's Wharf, 8 All Saints Street, London N1 9RL. Tel: 020 7713 6161. Email: ncvo@ncvo-vol.org.uk Website: www.ncvo-vol.org.uk Helpdesk Freephone: 0800 2 798 798. Textphone: 0800 01 88 111 (minicom). Email: helpdesk@askncvo.org.uk

Migrant Organisations Development Agency (MODA) – for migrant and minority ethnic community organisations across London. Includes free weekly information bulletin on a range of topics, including training and funding.

- MODA, 1 Mark Street, Stratford, London E15 4GY. Tel: 020 8555 8948. Email: info@moda.org.uk Website: www.moda.org.uk

Migrants Resource Centre – includes legal advice, and free information, advice and guidance to migrants, asylum seekers and refugees on learning and employment opportunities.

- Migrant Resource Centre, 24 Churton Street, London SW1V 2LP. Tel: 020 7834 2505; Legal Advice Team 0845 241 0961 (ring for appointment and drop-in advice details, or see website). Website: www.migrantsresourcecentre.org.uk

The Refugee Council – range of services for refugees and asylum seekers, including information, advice and training for individuals, and capacity-building for groups.

- The Refugee Council, 240–250 Ferndale Road, London SW9 8BB. Tel: 020 7346 6700. Advice lines: 020 7346 6777 (London), 0113 386 2210 (Yorkshire and Humberside), 01473 297900 (East of England), 0121 234 1950 (West Midlands). Website: www.refugeecouncil.org.uk
2. ‘Jargon-busting’ websites

‘Jargon’ means words that have a special meaning when used in connection with a specific activity or profession. The jargon might either be an unusual word, or, quite often, a common word that takes on a specific meaning when used in a particular context. Jargon can be useful shorthand for those who know the word and use it on a regular basis, but it can also confuse and exclude those who don’t. Those running community groups may find it useful to learn some of the more common jargon.

There a number of ‘jargon-busting’ websites that seek to explain a range of relevant terms. This section gives some sources of information, set out by topic.

Finances
The Financial Services Authority has a range of free online publications (covering areas such as money, saving and investing, buying a home, pensions and retirement options) which all include a ‘jargon-buster’ page. www.moneymadeclear.fsa.gov.uk/publications

For financial terms such as ‘gross’, ‘hedge fund’ and ‘negative equity’, try ‘This Is Money’ from Associated Newspapers Limited: www.thisismoney.co.uk/jargon

Funders
For terms such as ‘outcomes’, ‘outputs’ and ‘milestone’, try the Charities Aid Foundation (CAF) website page at www.cafonline.org/Default.aspx?page=7589
The NCVO site covers terms such as ‘tendering’, ‘social enterprise’ and ‘overhead costs’: www.ncvo-vol.org.uk/sfp/?id=3622

Governmental jargon buster
For terms such as ‘best practice’, ‘key decisions’ and ‘neighbourhood renewal’, try the IDeA website at www.idea.gov.uk/idk/core/page.do?pageId=10 On the Faithworks website, the sort of terms explained include: ‘accountable body’, ‘benchmarking’, ‘core costs’ and ‘procurement’): www.faithworks.info/index.asp (click on ‘Politics’, then ‘Government Jargon Buster’).

Health and social services
For terms such as ‘bedblocking’, ‘self-assessment’, and ‘service charge’, try the Guardian newspaper online at http://society.guardian.co.uk/glossary

Housing tenancies
For terms such as ‘co-operative’, ‘absentee landlord’ and ‘estate-based management’ try the Tenants Participation Advisory Service (TPAS) site at www.tpas.org.uk/sub_page.asp?id=0&nameCat=Jargon
Information and communication technology
For terms such as ‘adaptive hardware’ and ‘Adobe reader’, try the ICT Hub Knowledgebase, delivered by the London Advice Services Alliance at www.ictknowledgebase.org.uk/index.php?id=46
Terms including ‘macro’, ‘memory’ and ‘webcam’ can be found on the British Broadcasting Corporation’s (BBC) website at www.bbc.co.uk/webwise/course/jargon/a.shtml

Learning and skills
For terms like ‘adult learning grant’, ‘achievement rates’ and ‘accreditation of prior learning’ visit www.lsc.gov.uk/Jargonbuster

3. Advice and information, including in community languages
This section gives sources for advice and information, set out by topic.

Careers and employment advice
The Careers Advice Service (a free national service from the government) website gives information on:

- top tips on finding a job;
- how to write a CV;
- how to assess your skills and interests;
- how to get help with childcare;
- the cost of learning;
- help with reading, writing and maths;
- how to fill in application forms; and
- interview skills.

There are also sections specifically for people with disabilities, returning to work, dealing with redundancy, lone parents, and explanations about hundreds of job profiles. Website: www.careersadvice.direct.gov.uk

The Careers Advice Service also has advisors to talk to over the telephone who speak:

- Gujarati tel: 0800 093 1119
- Punjabi tel: 0800 093 1333
- Somali tel: 0800 093 1555
- Sylheti tel: 0800 093 1444
- Urdu tel: 0800 093 1118
• Farsi tel: 0800 093 1116
• Polish tel: 0800 093 1114
• French tel: 0800 093 1115
• English tel: 0800 100 900

Lines are open Monday to Friday, 9.00 a.m.–5.00 p.m. (Punjabi and Urdu: 9.00 a.m.–8.00 p.m.). Calls are free from landlines.

**Jobcentre Plus** is part of the Department for Work and Pensions. It provides help and advice on jobs and training for people who can work, and financial help (e.g. through benefits) for those who cannot work. Look under ‘Job Centres’ in the local telephone directory to find your local Jobcentre Plus office.

Also see the website [www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk) for information and help, including the publication, ‘Find your way back to work Job Kit: Practical help and advice when applying for jobs’. The Job Kit can be found at [http://www.jobcentreplus.gov.uk/JCP/stellent/groups/jcp/documents/sitestudio/dev_015519.pdf](http://www.jobcentreplus.gov.uk/JCP/stellent/groups/jcp/documents/sitestudio/dev_015519.pdf)

**Nextstep** is another government service that offers free face-to-face help and personal support about training, learning and work and careers for anyone over the age of 20.

To find your local Nextstep office, see the Direct Government website at [http://nextstep.direct.gov.uk/](http://nextstep.direct.gov.uk/) or speak to a careers advisor (telephone numbers as above).

**Health, self-help and daily living information**

Some national disability organisations include information in a range of languages on their website.

For example, **Arthritis Care**, for those who have osteo or rheumatoid arthritis and their families and friends, has information in Arabic, Bengali, Gujarati, Hindi, Mandarin, Polish, and Welsh, and includes audio sound track as well as written information: [www.arthritiscare.org.uk/PublicationsandResources/Languages](http://www.arthritiscare.org.uk/PublicationsandResources/Languages)

**The Alzheimer's Society** website, for those with dementia, their families and friends, has a booklet on dementia entitled ‘Worried about your memory?’ which is available in Arabic, Bengali, Chinese, Gujarati, Punjabi, Urdu, Polish, Welsh, Tamil, Somali, and French: [www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=52](http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=52)

The Alzheimer's Society national telephone helpline can also arrange a simultaneous language translation service, available within minutes of your call. Ring 0845 300 0336, say the English word for the language you wish to use, plus give your name and your telephone number in English, hang up and wait to be called back.
For **care homes, care agencies and community care** (services provided in your own home such as meals on wheels and having a care worker) see the website of the Commission for Social Care Inspection (CSCI). CSCI regulates all adult social care services in England.

CSCI’s website includes sections on choosing the right social care service in Polish, Bengali, Chinese, Gujarati, Punjabi and Urdu: [www.csci.org.uk/system_pages/get_help_using_this_site/languages.aspx](http://www.csci.org.uk/system_pages/get_help_using_this_site/languages.aspx) (or the ‘information in other languages’ link at the bottom of the home page of [www.csci.org.uk](http://www.csci.org.uk)).

**Diabetes UK** is another organisation which can help with information and advice in community languages. Its website ([www.diabetes.org.uk](http://www.diabetes.org.uk)) includes information on diabetes in Arabic, Bengali, Chinese, Gujarati, Hindi, Punjabi, Somali, Urdu and Welsh.

### LOCAL LIBRARIES – A GREAT RESOURCE AVAILABLE TO ALL LOCAL PEOPLE

Most libraries now offer computers and internet access, allowing you to use the internet during opening hours to look at resources and organisations such as the ones shown in this section. Library staff will often help you to use the computer if you need assistance.

The library will also have a wide range of books, magazines, newspapers, spoken word cassettes, music, DVDs (e.g. films, TV shows) which you can borrow. Or you can read in the library.

Most libraries will also have materials in various community languages. If they don’t have what you want in stock, ask the staff if they can order it for you.

Some services at the library are free, such as borrowing books, so long as you return or renew them by the right date, or reading at the library. Other services, such as borrowing CDs and DVDs or having a session on the computer, may have a small charge. If you want to borrow an item, then you will need to register (for free) with the library, which usually involves filling in a form and providing evidence of where you live, such as a recent bill. Library staff will help you with this and with using the library.
General information on your rights
The CAB (Citizens Advice Bureau) website has sections in Bengali, Chinese, Gujarati, Punjabi, and Urdu each covering a wide range of topics (such as benefits, employment, debt, health, housing, consumer affairs, travel and civil rights). As at the time of writing, the sections in Czech, Estonian, Hungarian, Latvian, Lithuanian, Polish, Slovak, and Slovian only cover information on employment. Click on the ‘translated information’ section on the home page (www.adviceguide.org.uk/index/languages) or go direct to www.adviceguide.org.uk/index/languages.htm

Multikulti is a project managed by the London Advice Service Alliance (LASA) offering information, advice, guidance and learning materials in community languages. It has a wide range of online information sheets on various topics (e.g. housing, etc) which can be translated from English into 12 languages at a click – Albanian, Arabic, Bengali, Chinese, Farsi, French, Gujarati, Portuguese, Somali, Spanish, Turkish and Urdu. Website: www.multikulti.org.uk

4. Learning or improving English

Although there are translations and interpreters available for some things you might want or need, being able to speak and read in English will make life easier and help you or your members make the most of life in Britain.

Adult Education and Community Learning classes
These are held locally for local residents, and they offer a varied range of courses to improve skills and life opportunities. Courses are held in various local centres and are often low cost or even free, or may be offered at reduced prices to people on low incomes.

Courses include basic computer skills, literacy and numeracy skills, personal development, and ESOL courses. For further information, contact your local Adult and Community Learning Service or Centre (details on the local Council website and in the local telephone directory and local libraries).

ESOL courses (English for Speakers of Other Languages)
ESOL courses cover speaking and listening in English, reading and writing, vocabulary, and punctuation and grammar, with courses at different levels to suit different needs and abilities. Many are available free, paid for by the government. You can find a course through the Direct Gov website directory: www.direct.gov.uk/en/EducationAndLearning/AdultLearning/index.htm, or speak to one of the Careers Advice Service advisors listed above (various languages spoken as shown).
English language colleges and schools
These tend to be more expensive and more academic than local adult education or ESOL classes. Details of some colleges and schools can be found at www.studyabroadinternational.com

Free help to learn English via the internet
The British Council website has a section called ‘Learn English Central’ which provides English language practice for everyone, but especially for adult learners and teenagers. It includes word games, stories, cartoons, poems, and articles in audio as well as in writing. Website: www.britishcouncil.org/central

The BBC website has a free Learning English section as part of its World Service: www.bbc.co.uk/worldservice/learningenglish It includes sections on ‘Watch and listen’ (music, pictures and stories), ‘News’ (looking at words covered in various news items), ‘Talk about English’ (which features ‘Private lives, a simple feature series in which ordinary people talk about themselves and how they experience everyday life in Britain’), an interactive series (you can vote on the correct answer, as well as read and listen to the text) called ‘The Flatmates’, and also ‘Business English’.

There is also a BBC Learning English course just for Chinese-speaking people at www.bbc.co.uk/china/learningenglish

The BBC website has a section for improving general reading and writing skills: www.bbc.co.uk/skillswise It includes practical tasks such as skills for listening to telephone messages and following instructions. It also includes sections on words for specific jobs, such as childcare, retail (shops), carpentry (working with wood), catering (providing food), electrics, and plumbing.

Another section on the BBC website is called ‘RaW (Reading and Writing): a guide to developing better reading and writing skills’ at www.bbc.co.uk/raw RaW is for anyone to use, but has a special focus on families, making it particularly useful for those who would like to support their children’s English, or read to them, for example. RaW also has a free and confidential helpline to offer help on improving reading and writing skills: 0800 0150 950.

Learning skills
See the Direct Gov website for useful information, contact details and website links at www.direct.gov.uk/en/EducationAndLearning/AdultLearning/ImprovingYourSkills/DG_10037437

Numeracy – understanding and using numbers
The BBC website also has a section for improving numeracy skills: www.bbc.co.uk/skillswise This includes practice in areas such as reading timetables, calculations with money, multiplying, dividing, adding, fractions, and handling data.
Paying for resources (such as DVDs, audio books, etc)

Many courses and resources using tapes, DVDs, audio books, etc, are available over the internet or in some bookstores for people to learn at home or at a community centre at their own pace. Search on the internet for ‘English as a foreign language’ for a range of suggestions, or try www.rosetastone.co.uk, www.linguaphone.co.uk, www.lingualearn.co.uk and www.eurolingua.com

Various resources may be available more cheaply if they are second-hand (used) or slightly damaged in some way. Try typing in ‘learn English’ or ‘English as a foreign language’ into the search bar on the internet, e.g. via www.amazon.co.uk or www.ebay.co.uk. Local libraries should also have some items available to borrow, perhaps for a small fee.
Appendix 2
Useful organisations and resources for general use

This Appendix lists some national and London-wide organisations and highlights some resources that may be of use to organisations working with or providing services for BME older people. Even those resources targeted at BME people may be used by other organisations, e.g. NHS organisations could use the Black Health Agency video that introduces immigrants to the NHS. This appendix is arranged in alphabetical order by organisation.

Action for Social Integration
Works to ‘fill the gap that exists in advancing the conditions for economic, social and cultural integration of refugees, black and minority ethnic communities who have difficulties in integrating in the UK society’.

Areas of work include informing mainstream services how to meet the needs of refugees and black and minority ethnic communities.

- Action for Social Integration, 1st Floor, 36 The Market Square, London N9 0TZ. Tel: 020 8803 6161. Email: info@afsi.org.uk. Website: www.afsi.org.uk

Age Concern England
A national organisation campaigning on behalf of older people. Publishes, for example, ‘Communicating with Diverse Audiences: A practical guide to producing translated materials in appropriate languages and formats for people from minority ethnic communities’.

www.ageconcern.org.uk/AgeConcern/Documents/Communicating_with_Diverse_Audiences.pdf

- Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Tel: 020 8765 7200. Website: www.ageconcern.org.uk/AgeConcern/Documents/Communicating_with_Diverse_Audiences.pdf
- Public Helpline: 0800 00 99 66

BAMER outreach project (c/o London Voluntary Service Council)
A human resources advice and support project for Black, Asian, Minority Ethnic and Refugee (BAMER) Voluntary and Community Organisations in London.
Offers advice, training, model documents (such as employment contracts), and help with policies, procedures and good practice. Has an online ‘Essential Employment Menu’ which covers key human resources topics.

- www.lvsc.org.uk/Templates/information.asp?NodeId=97392&i1PNID=90016&i2PNID=90165 for the Employment Menu guide
- BAMER Outreach Officer 020 7700 8124

The Basis Project
An England-wide service giving one-to-one support to refugee community organisations (RCOs) to help them manage, develop and sustain their work.

Offers information, products and toolkits, one-to-one support, group training, networking opportunities and seminars. Online toolkits include financial management, fundraising and governance.

- The Basis Project, Refugee Council, 240–250 Ferndale Road, London SW9 8BB. Email: basis@refugeecouncil.org.uk. Website: www.thebasisproject.org.uk

The Black Health Agency
A charity dedicated to supporting people from BME and other marginalised communities to improve their health and wellbeing through a range of services.

Includes an online ‘How to Use the NHS’ video for new immigrants, available in various languages, covering key issues in using the NHS including entitlement, using the GP as gateway to services, registration, time-keeping if given an appointment, and repeat prescriptions.

- 464 Chester Road, Manchester M16 9HE. Tel: 0845 450 4247. Website: www.blackhealthagency.org.uk

BME Elders Forum
Aims for change and improvements in the lives of BME elders in England by influencing policy and services, and by ensuring the voices of older people from BME communities are heard.

Current and past BME Elders Forum newsletters covering a range of issues can be found on Age Concern England’s website at www.ageconcern.org.uk/AgeConcern/bme_news.asp

- To join the BME Elders Forum’s newsletter mailing list, or to get information on becoming a member of the forum, contact: Lullyn Tavares, Administration and Projects Officer, email: Lullyn.Tavares@ace.org.uk. Tel: 020 8765 7467
Carers UK
A national organisation working for carers of all backgrounds.


- 20 Great Dover Street, London SE1 4LX. Carersline: 0808 808 7777. Tel: 020 7378 4999. Website: www.carersuk.org/Home

Centre for Policy on Ageing (CPA)
An independent centre focusing on the wide-ranging needs of older people. Aims to inform and influence service providers about issues affecting older age groups, stimulate awareness of the needs of older people and encourage the spread of good practice.

CPA’s website contains details of a range of research projects, including ‘Single Assessment Process (SAP) – Black and Minority Ethnic Elders’, www.cpa.org.uk/sap/sap_ethnicminorities_list.html

- CPA, 25–31 Ironmonger Row, London EC1V. Tel: 020 7553 6500. Email: cpa@cpa.org.uk. Website: www.cpa.org.uk

Commission for Racial Equality
Now part of the Equality and Human Rights Commission (see below).

Commission for Social Care Inspection (CSCI)
Regulates, inspects and reviews all adult social care services in the public, private and voluntary sectors in England.

Includes recent good practice bulletin, ‘Providing Appropriate Services for Black and Minority Ethnic People’ to help service providers address equality and diversity matters: www.csci.org.uk/about_us/publications/bme_bulletin.aspx

- CSCI, 33 Greycoat Street, London SW1P 2QF. Helpline: 0845 015 0120. Tel: 020 7979 2000. Email: enquiries@csci.gsi.gov.uk. Website: www.csci.org.uk

Common Good Research Unit, Central Office of Information
Common Good Research is a programme focusing on key target audiences for government communications campaigns. Although the site is mainly a resource for government departments, other public sector, voluntary or private organisations may be eligible to register to use the resource on request.

One section of the website explores social and cultural factors that impact on communications with ethnic minority communities, and gives guidance on effective strategies.
Council of Ethnic Minority Voluntary Organisations (CEMVO)
A national organisation providing services and support to minority ethnic voluntary sector organisations and communities.

Work includes research, promoting volunteering, providing training and consultancy.

- Council of Ethnic Minority Voluntary Organisations (CEMVO), Boardman House, 64 Broadway, London E15 1NG. Tel: 020 8432 0200. Email: enquiries@cemvo.org.uk. Website: www.cemvo.org.uk

The Equality and Diversity Forum (EDF)
A network of national organisations committed to equal opportunities, social justice, good community relations, respect for human rights and an end to discrimination based on age, disability, gender and gender identity, race, religion or belief, and sexual orientation.

- The Equality and Diversity Forum, 207–221 Pentonville Road, London N1 9UZ. Tel: 020 7843 1597. Email: info@edf.org.uk. Website: www.edf.org.uk

Equality and Human Rights Commission
This body has taken over responsibility from the Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission for promoting racial, disability and gender equality in Britain. It gives information and guidance on discrimination and human rights issues in England, Wales and Scotland. In limited circumstances, will help people to take discrimination claims to a court or tribunal.

- Equality and Human Rights Commission, Helpline: 0845 604 6610 (England), 0845 604 5510 (Scotland), 0845 604 8810 (Wales). Textphone: 0845 604 6620 (England), 0845 604 5520 (Scotland), 0845 604 8820 (Wales). Email: info@equalityhumanrights.com. Website: www.equalityhumanrights.com

The Ethnic Minority Foundation
Works towards a society where individuals can fulfil their potential regardless of their background, and where there are equal opportunities for all.

Services include: assisting local organisations with office space, meeting facilities and ICT resources; research into the needs of minority ethnic communities to inform public policy and improve service delivery; awarding
grants to minority ethnic individuals and organisations who strive to help their communities.

- Ethnic Minority Foundation, Forbes House, 9 Artillery Lane, London E1 7LP. Tel: 020 7426 8950. Fax: 020 7426 8429. Email: enquiries@ethnicminorityfund.org.uk. Website: www.ethnicminorityfund.org.uk

Ethnicity and Health Specialist Library
Part of the NHS National Library for Health. Incorporates the best electronically available evidence for improved practice in the health treatment of people from ethnic minorities, including guidance on the design of health care services for diverse ethnic groups.

- www.library.nhs.uk/ethnicity

Evelyn Oldfield Unit
Offers technical and support services for refugee community organisations in London and the regions. Includes training, advice and consultancy, and encourages co-operation between refugee community organisations.

- Evelyn Oldfield Unit, The Resource Centre, 3rd Floor, 356 Holloway Road, London N7 6PA. Tel: 020 7700 8213. Email: administrator@evelynoldfield.co.uk. Website: www.evelynoldfield.co.uk

HARP – Health for Asylum Seekers and Refugees Portal
Made up of three websites developed in collaboration with and for health professionals working with asylum seekers and refugees in the UK. Information, practical tools and articles written by health care professionals, NGOs (non-governmental organisations), academics and research bodies, both in the UK and other countries.

- Website: www.harpweb.org.uk Includes a leaflet explaining how the NHS works, available in 35 languages (in ‘Vital Resources’ section);
- www.communicate-health.org.uk/card – for multi-lingual appointment card;
- www.mentalhealth.harpweb.org.uk for health professionals assisting asylum seekers and refugees with mental health issues.

Improvement and Development Agency (IDeA)
Works for the improvement of local government. Website includes latest good practice ideas and online discussion forums, and has ‘Equality and Diversity’ and ‘Test your Plain English’ sections (under ‘Knowledge’ tab).

- Tel: 020 7296 6880. Email: ihelp@idea.gov.uk. Website: www.idea.gov.uk
Institute for Public Policy Research (ippr)

- ippr, 30–32 Southampton Street, London WC2E 7RA. Tel: 020 7470 6100. Fax: 020 7470 6111. Website: [www.ippr.org](http://www.ippr.org)

Institute of Translation & Interpreting
Professional association for translators and interpreters, translation and interpreting companies, and educational bodies teaching translation and interpreting.

Includes a directory of interpreters and translators on their website, or telephone for details.

- Institute of Translation & Interpreting, Fortuna House, South Fifth Street, Milton Keynes MK9 2EU. Tel: 01908 325 250. Fax: 01908 325 259. Email: [info@iti.org.uk](mailto:info@iti.org.uk) Website: [www.iti.org.uk](http://www.iti.org.uk)

The King’s Fund
A health service research body. Has a range of publications including ‘Ethnic Elders’, [www.kingsfund.org.uk/health_topics/black_and.html](http://www.kingsfund.org.uk/health_topics/black_and.html) – see ‘Reading List’.

Its current programme of work includes looking into inequities in access to care experienced by black and minority ethnic groups and, longer term, analysing the practical efforts by the NHS to improve access to health care for BME groups.

- The King’s Fund, 11–13 Cavendish Square, London W1G 0AN. Tel: 020 7307 2400. Website: [www.kingsfund.org.uk/health_topics/black_and.html](http://www.kingsfund.org.uk/health_topics/black_and.html)

London Voluntary Service Council (LVSC)
Brings London voluntary and community sector organisations together to learn and share best practice and to create a co-ordinated voice to influence policy makers.

Provides briefings (including ‘Black and Minority Ethnic Communities and Primary Care’), information on management and funding, advice and support for voluntary and community groups, topical e-bulletins and short training courses.

- LVSC, 356 Holloway Road, London N7 6PA. Tel: 020 7700 8107. Fax: 020 7700 8108. Website: [www.lvsc.org.uk](http://www.lvsc.org.uk)
Migrant Organisations’ Development Agency (MODA)
Aims to inform, support and give a voice to migrant and minority ethnic community organisations across London.

Resources include a weekly email information bulletin available on free subscription.

- MODA, 1 Mark Street, Stratford, London E15 4GY. Tel: 020 8555 8948. Email: info@moda.org.uk Website: www.moda.org.uk

Migrants Resource Centre
Works to effect social justice and change to enable migrants and refugees to fully participate in society.

Resources include legal advice, and free information, advice and guidance to migrants, asylum seekers and refugees on learning and employment opportunities.

- Migrants Resource Centre, 24 Churton Street, London SW1V 2LP. Tel: 020 7834 2505; Legal Advice Team – 0845 241 0961 (ring for appointment and drop-in advice details, or see website). Website: www.migrantsresourcecentre.org.uk

Multikulti
A project managed by LASA (London Advice Service Alliance) offering information, advice, guidance and learning materials in community languages.

Includes a range of online information sheets on various topics which can be translated online from English into 12 languages at a click: Albanian, Arabic, Bengali, Chinese, Farsi, French, Gujerati, Portuguese, Somali, Spanish, Turkish and Urdu.

- Multikulti Project, LASA, Universal House, 88/94 Wentworth Street, London E1 7SA. Tel: 020 7426 4470. Website: www.multikulti.org.uk

The National Council for Voluntary Organisations (NCVO)
Provides information, advice and support to voluntary sector organisations. NCVO’s HelpDesk is a free telephone, email or textphone service for anyone involved in the voluntary sector, whether as a volunteer, paid worker or trustee. They can provide information on a wide range of issues including human resources issues and organisational financial management.

- NCVO, Regent's Wharf, 8 All Saints Street, London N1 9RL. Tel: 020 7713 6161. Fax: 020 7713 6300. Email: ncvo@ncvo-vol.org.uk Website: www.ncvo-vol.org.uk
- Helpdesk Freephone: 0800 2 798 798. Textphone: 0800 01 88 111 (minicom). Email: helpdesk@askncvo.org.uk
RESOURCES FOR OTHER VOLUNTARY SECTOR ORGANISATIONS

This *Going the Extra Mile* guide has been written for statutory services and BME voluntary and community sector organisations, and does not dwell on the role of non-BME organisations. Some resources that might be particularly helpful to non-BME organisations include:


‘Understanding, Accepting and Valuing Each Other’ (by CEMVO). A guide about religion and belief, written for non-BME voluntary and community sector employers, and covering sections such as ‘Good Practice’ (e.g. policies, service provision, dress codes, recruitment and selection, dietary needs, training, holidays, terms and conditions, etc) and ‘Religions and Beliefs’ (useful information on the main religions and beliefs, covering e.g. basic beliefs, main festivals, diet, customs and practices, etc). [www.cemvo.org.uk/downloads/publications/Understanding_Accepting_and_Valuing_Each_Other.pdf](http://www.cemvo.org.uk/downloads/publications/Understanding_Accepting_and_Valuing_Each_Other.pdf)

‘A Guide to Equality and Diversity in the Third Sector’ (by OLMEC) – Covers areas such as conducting equality audits, self-assessment tools, monitoring, human rights, public sector duties, and the equality strands (race, religion and belief, age, disability, sexual orientation, gender and gender identity). Web address: [www.olmec-ec.org.uk](http://www.olmec-ec.org.uk) and look under ‘Publications’.

National Institute of Adult Continuing Education (NIACE)

Exists to encourage more adults to engage in learning of all kinds. Publications include: *Cultural diversity – responding to the learning needs of older people from black and minority ethnic communities*, by J. Soulsby (2003), available free.

- Renaissance House, 20 Princess Road West, Leicester LE1 6TP. Tel: 0116 204 4200. Email: enquiries@niace.org.uk Website: [www.niace.org.uk](http://www.niace.org.uk)
- [www.niace.org.uk/bpln](http://www.niace.org.uk/bpln) for the Black Practitioners and Learners’ Network website)

Plain English Campaign

Works to help organisations ensure that their public information is as clear as possible.

Has a series of guides available free of charge on its website including: ‘How to write in plain English’, [www.plainenglish.co.uk/howto.pdf](http://www.plainenglish.co.uk/howto.pdf)
• Plain English Campaign, PO Box 3, New Mills, High Peak, SK22 4QP. Tel: 01663 744409 (for all enquiries). Fax: 01663 747038. Email: info@plainenglish.co.uk. Website: www.plainenglish.co.uk

Policy Research Institute on Ageing and Ethnicity (PRIAE)
Works to improve the quality of life of BME elders in the UK and Europe. Specialises in income, health, social care, housing, and citizenship. Work includes research, information, training and consultancy. Publications include: ‘Ageing and Ethnic Diversity in the UK: A policy digest’: www.priae.org/docs/PRIA Eleafletproof2.pdf

PRIAE runs the Policy Forum on Ageing and Ethnicity, which brings together policymakers, BME elders, voluntary organisations and a range of stakeholders to develop innovative solutions to some of the key policy challenges affecting BME elders.

• PRIAE, 31–32 Park Row, Leeds LS1 5JD. Tel: 0113 285 5990. Email: info@priae.org Website: www.priae.org

Race Equality Foundation
Aims to improve health and social care services provision for BME communities.

Ran a three-year Department of Health funded project on ‘Partnerships for better health and care for black and minority ethnic communities’, www.reu.org.uk/health/partnerships.asp

• Race Equality Foundation, Unit 35 Kings Exchange, Tileyard Road, London N7 9AH. Tel: 0207 619 6220. Fax: 0207 619 6230. Website: www.raceequalityfoundation.org.uk

Race for Health
Department of Health-funded, NHS-based programme that works with Primary Care Trusts to drive forward improvements in health for people from BME backgrounds.

• Race for Health, Mauldeth House, Mauldeth Road West, Manchester M21 7RL. Tel: 0161 861 2284. Email: enquiries@raceforhealth.org Website: www.raceforhealth.org

Race on the Agenda (ROTA)
Aims to increase the capacity of Black, Asian and Minority Ethnic (BAME) organisations and strengthen the voice of BAME communities through increased civic engagement and participation in society.

Includes briefings such as ‘Narrowing the Gap: Removing the barriers and delivering health equality for all’, available by contacting ROTA.
• ROTA, Unit 101 Cremer Business Centre, 37 Cremer Street, London E28HD. Tel: 020 7729 1310. Fax: 020 7739 6712. Email: rota@rota.org.uk  Website: www.rota.org.uk

Refugee Council
Provides a range of services for refugees and asylum seekers, including information, advice and training for individuals, and capacity-building for groups.

Publications include: ‘Doing It for Ourselves’ – an information pack for refugee community organisations on how to set up and manage a community organisation: www.refugeecouncil.org.uk/practice/eshop/doing.htm

• Refugee Council, 240–250 Ferndale Road, London SW9 8BB. Tel: 020 7346 6700
• Advice lines: 020 7346 6777 (London)
0113 386 2210 (Yorkshire and Humberside)
01473 297 900 (East of England)
0121 234 1950 (West Midlands)
• Website: www.refugeecouncil.org.uk

Refugees in Effective & Active Partnership (REAP)
Aims to empower refugees and asylum seekers to reach their full potential and rebuild their lives within the UK. Works with other agencies to provide advice and support services for refugees, asylum seekers, their communities and organisations that support them.

• REAP, Key House, High Street, Yiewsley, Middlesex UB7 7BQ. Tel: 01895 441 530. Email: enquiries@reap.org.uk. Website: www.reap.org.uk

Social Care Institute for Excellence (SCIE)
National organisation working to improve social care services for adults and children in the United Kingdom, including by spreading knowledge about good practice.

Publications include: ‘Report 14: Doing it for themselves: participation and black and minority ethic service users’, looking at some of the reasons for the exclusion of BME service users from participation programmes, with recommendations. www.creatingexcellence.org.uk/ceimages/Participation report14.pdf

• Social Care Institute for Excellence, Goldings House, 2 Hay's Lane, London SE1 2HB. Telephone: 020 7089 6840. Textphone: 020 7089 6893. Fax: 020 7089 6841. Email: info@scie.org.uk  Website: www.scie.org.uk
UK Centre for Evidence in Ethnicity, Health and Diversity

Located in the Warwick Medical School and in The Mary Seacole Research Centre at De Montfort University, Leicester, the main role of the Centre is to undertake new research and also to identify, assess and disseminate evidence in the multidisciplinary field of ethnicity and health. It provides research findings that can help user organisations in health, social care and other sectors to develop ethnically sensitive, appropriate and cost-effective services and policies.

- Website: www.ethnic-health.org.uk
Appendix 3
An example of monitoring data collected

MONITORING INFORMATION COLLECTED BY AGE CONCERN ISLINGTON’S ADVICE AND CASEWORK SERVICE

Ethnic background of clients (self-described)

74% from Black and Minority Ethnic Groups
of which (rounded figures):
24% Black British
11% Black African
  4% Somali
  2% Eritrean
  2% Ghanaian
  1% Kenyan
  1% Nigerian
  1% ‘African’
11% Irish
8% Black Caribbean
5% Indian
4% Bangladeshi
4% Mauritian
2% Greek
1% South American
1% Ukrainian
1% Jewish
1% Italian

26% White British

Mother tongue
67% English
33% Other languages, including Greek, Tigre, Somali, Hindi, Bengali, Urdu, Spanish, Ukrainian, French, Sylheti, Gaelic, Kenyan, Italian, and Hebrew
Percentage of clients with disabilities
82% Physical Disability
12% Mental
6% Sensory
5% Learning
2% Addiction
0% Had none or didn’t answer

Other exclusion issues
100% Needed help with forms (due to literacy or language issues)
93% Were on a low income
4% Had been charged with a criminal offence at some stage
0% None of these or didn’t complete this section

Gender of clients: 54% Male 46% Female

Age of clients
15% 55–59 years old
49% 60–70 years old
25% 71–80 years old
9% 81–90 years old
2% 90+
Appendix 4
Sample letters

Like many councils, Islington Council has been working to improve the quality of its communications. We include here two sample communications, together with a short commentary. The contrasts are striking.

The first letter, on the next page, is a recent example of the sort of letter sent out by Islington Council in 2008 to inform a client about the result of an appeal made against a decision on Housing Benefit or Council Tax Benefit. The letter is well spaced out and clear, using a simple font of adequate size. It clearly sets out the dates of the appeal and the decision that the appeal concerned, and is clear on what the new decision is. It also highlights what the possible next steps are. This sort of communication will be understood by many readers. See Chapter Two, page 23 for information on Islington Council’s Write First Time programme.

The second letter, on the subsequent page, is a much older example of a letter sent by Islington Council some years ago concerning a change in benefit entitlement following a change of circumstance. Although it makes a good attempt to explain the situation, it is quite difficult to follow. The small, complex typeface (9.5pt Courier) and the failure to break up a very long paragraph make it even harder to understand. These various difficulties caused the client to bring this letter to Age Concern Islington to seek our help in understanding it.

The ongoing work by councils, including Islington Council, to try and produce letters and other communications that are clear and easy to read is very welcome.
Dear Title Surname

Your Housing Benefit and / or Council Tax Benefit appeal

Thank you for your appeal which we received on ***Date2***.
You have appealed against our decision made on ***Date3***.

We have looked at this decision again and have decided it was wrong. The new decision is shown below. Because the new decision was in your favour, we have stopped your appeal.

The new decision:

• ****************

Reasons for the decision:

• ****************

If you want to know more about this decision, or if you think the decision is wrong, you must write to us within one month of the date of this letter.

You can either:

• ask for an explanation of the decision
• ask us to look again at the decision
• appeal against the decision

You must sign an appeal and tell us which decision you are appealing against, and the reasons why you are appealing.

If you appeal against the decision, the tribunals’ service will hear your appeal.

If you return this letter with your reply we can process your details faster.

Yours sincerely

Name Surname
Benefits Officer, Islington Council

If you would like this document in large print or Braille, audiotape or in another language, please telephone 020 7527 2000.
SAMPLE OF A LETTER SENT BY ISLINGTON COUNCIL IN 2004 AND NO LONGER USED

Dear

As a result of change in circumstances your claim for benefit has been re-assessed from April 2004, and your new entitlements are as follows:

Housing Benefit

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Gross Rent</th>
<th>Benefit</th>
<th>Net Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Apr 2004</td>
<td></td>
<td>73.85</td>
<td>28.58</td>
<td>45,27</td>
</tr>
</tbody>
</table>

Council Tax Benefit

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Eligible CTAX Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Apr 2004</td>
<td></td>
<td>14.79</td>
</tr>
</tbody>
</table>

Your entitlement will be paid to your Council Tax account. You will be sent a revised bill in the near future.

The details of how your benefit has been worked out are shown in the enclosed calculation sheets.

If you think this decision is wrong you must write to us WITHIN 1 MONTH of the date on this letter. You can ask us to look at the decision again or appeal against it. To help you decide whether the decision is wrong, you can also ask for an explanation first, and if you have asked for a written explanation, the 1 month will be extended by the time we take to send this. If you ask us to look at the decision again and we don’t change it, we will write to you and give you another month to appeal. If you appeal and we don’t change the decision in your favour, we will send your appeal to the Appeals Service who will decide it at a tribunal. The tribunal is made up of people who are not from the council. Appeals must be signed by you, giving the reasons and the decision you’re appealing against.

If you are a tenant and your landlord is to receive your housing benefit payments direct, we can decide at any time, to reduce your housing benefit payments to your landlord. This will be because your landlord has not repaid housing benefits payments they have received for other tenants, which they are not entitled to. This is in accordance with Section 16 of the Social Security Administration (Fraud) Act 1997.

If this happens, you will not have lost your housing benefit entitlement. The Housing Benefit (Recovery of Overpayments) Regulations 1997 states that your rent liability will have to be paid to the full value of your housing benefit entitlement. This means that your landlord will have to credit your rent account with the same amount of benefit you were entitled to, prior to the reduction.

Yours sincerely
Appendix 5
Checklist for local authorities, from the European Services for Elders from Ethnic Minorities Project

Leeds City Council led a three-year European project called SEEM: ‘Services for Elders from Ethnic Minorities’. The project, which ran from December 2002 to December 2005, was funded by the European Commission under the ‘Community Action Programme to Combat Social Exclusion’.

John England, Deputy Director of Leeds Adult Social Services, who chaired the SEEM project, has kindly given permission for the following checklist for local authorities to be reproduced in this guide. The full SEEM documents can be found at www.leeds.gov.uk/seem/docs.html

The Partners in the SEEM project were:

- **Leeds, UK:** Leeds City Council, Social Services (local authority, lead organisation); Leeds Black Elders Association (NGO – non-governmental organisation); Leeds Older People’s Forum (NGO);
- **Dortmund, Germany:** City of Dortmund (local authority); Verein fuer internationale Freundschaften e.V. (NGO); Forschungsgesellschaft fuer Gerontologie e.V. (academic institute);
- **Gothenburg, Sweden:** City of Gothenburg (local authority);
- **Lille, France:** City of Lille (local authority);
- **Gent, Belgium:** Province of East Flanders (regional authority) Department for Minorities;
- **Bucharest, Romania:** M.A.T.C.A.-2000 Foundation (NGO); Geron Foundation (NGO).

The SEEM project received funding from the European Commission. The following extract reflects the author’s view and the Commission is not liable for any use that may be made of the information contained therein.
Good Practice Checklist for local authorities responsible for social services and other stakeholders

Understanding the needs of minority ethnic elders

- Are you aware that the number of minority ethnic elders will rise rapidly over the next 10 years?
- Do you have detailed, complete and up-to-date demographic and needs-related data on minority ethnic elders?
- Have you thought about commissioning specific research to find out more about the needs of minority ethnic groups and their elders?
- Have you consulted up-to-date and relevant literature and research institutions which focus on minority ethnic elders and their needs?
- Do you take into account that different minority ethnic groups are themselves very diverse and have different needs?
- Are you aware that women and men from ethnic minority groups and their elders may require different services?
- Do you take into account minority ethnic elders’ different expectations and cultural backgrounds when asking them about their needs?

Consulting and involving minority ethnic elders and their organisations

- Are you actively encouraging minority ethnic elders to speak for themselves?
- Are minority ethnic elders themselves properly consulted and involved in planning and developing their services?
- Have you developed mechanisms for regular contact with minority ethnic groups and their organisations?
- Is there an umbrella organisation in place linking minority ethnic organisations at local level?
- Are you in contact with other public services such as health, housing or pension services to make sure the needs of minority ethnic elders are met?
- Is there a forum in place where elders can express their needs and views on a regular basis?
- Do you make sure that their views are communicated to all management levels and departments in your organisation?
- Are your consultation processes clearly defined and structured?
- Do you have an Action Plan defining aims and strategies to improve health and social care for minority ethnic elders for the next year and more?
• Are you informing minority ethnic elders on a regular basis how services have been improved for them because of their contribution?

**Communication and Information**

• Do minority ethnic elders know how to access information about services?

• Is information provided in a variety of local community languages, styles and formats?

• Do you work together with translators and interpreters so that minority ethnic elders can express their needs in their mother tongue?

• Have you identified leaders within the communities themselves (such as religious leaders) who can help to disseminate information about services?

• Do you use formal and informal networks and contacts to spread knowledge and encourage people to take up services?

• Are you actively trying to get in touch with minority ethnic elders through personal contacts?

**Service Delivery**

• Is there training in place for health and social care staff on the cultures and expectations of minority ethnic elders?

• Do you have minority ethnic staff working in your organisation or your team?

• Are there clear career paths, development opportunities and additional support for minority ethnic health and social care staff?

• Do you actively support and develop minority ethnic voluntary sector organisations, so that they can help plan and deliver services?

• Do you consider all minority ethnic groups when planning and delivering services?

• Do you deliver appropriate home-based support for minority ethnic elders?

• Do you deliver appropriate day care services for minority ethnic elders?

• Do you deliver appropriate residential nursing care and respite care for minority ethnic elders?

• Have services been confirmed as accessible and appropriate by minority ethnic elders through service-user surveys and questionnaires?
Including the specific needs of minority ethnic elders in policy and strategy development

- Are you taking specific measures to improve services for minority ethnic elders at a local level?

- Does your policy development process include explicit mechanisms to ensure that gaps in service provision for minority ethnic elders do not arise?

- Are the specific needs of minority ethnic elders explicitly included in local planning documents?

- Do you actively promote the development of services for minority ethnic elders at all management levels within your organisation?

- Are representatives from minority ethnic groups involved in decision-making at local, regional and national level?

Evaluation

- Do you regularly evaluate service provision for minority ethnic elders?

- Do you take into account the fact that minority ethnic elders might not be used to being asked about their views about services?

- Does your organisation set and monitor quality standards to ensure services are sensitive to race, gender and culture?

- Is there a clear and accessible complaints procedure in place for minority ethnic elders?

Sustainability

- Are you aware that developing sustainable services for minority ethnic elders is a long-term task requiring the continuous and active support of all involved parties?

- Are you aware that extra resources are needed to ensure that quality services for minority ethnic elders can be developed?

Links to other services and agendas

- Do you share your good practice with other local authorities, agencies, and providers?

- Do you try to influence political institutions to ensure the inclusion of minority ethnic elders in all aspects of civic life?
Appendix 6
Age Concern Islington – an introduction

Age Concern Islington is a local charity run by and for local older people of all backgrounds and beliefs. Age Concern Islington believes that all older people have a right to be treated with respect, to choose how they live their lives, and to make a full contribution to society. Age Concern Islington provides support and opportunities for older people in Islington to make the most of later life, to help them cope with what life may throw at them, and to realise their goals.

Age Concern Islington works with around 5,000 older people a year. Around 50% of our clients are from Black, Minority and Ethnic (BME) backgrounds and 40%-50% have a disability or long-term condition. Through our work with local groups and organisations, our reach is even wider. Turnover is around £1 million a year.

As a user-led organisation, the Board predominantly comprises older people, and the input of diverse older people is actively sought through a variety of means, including through steering groups, suggestion boxes, surveys, and an advisory group to the Board. Age Concern Islington is a very diverse organisation providing support and opportunities for a wide range of local older people, both directly and through working with other organisations.

The needs of older people in Islington are varied, but the main issues concerning local older people include: isolation and lack of social contact; money worries; housing problems; health and disability; language and cultural issues; difficulties dealing with statutory authorities; fear of crime; transport inadequacies; and, not being listened to or treated with respect.

To help to address these issues, Age Concern Islington seeks to offer various work streams, through funding from a wide range of funding bodies, and undertakes work contracted by statutory bodies that meets the charity’s objectives.
The main work streams are:

- **social inclusion and support work with marginalised individuals** to help them resolve difficulties, escape poverty, access mainstream support and services, etc;

- **active ageing work** to promote physical and mental wellbeing and active community engagement;

- **capacity-building work with BME** and other groups to help them support their older populations;

- **day care** for frail older people, coupled with support, activities and involvement for more active older people, in mixed community centres of older people;

- **campaigning and influencing work** to improve the lived environment and the extent and quality of statutory and other services available to older people.

The specific activities that Age Concern Islington currently undertakes or has recently undertaken include:

- advice and support on access and inclusion issues for individuals in need. This ranges from benefits and housing issues to family problems. This is provided both in English and in some community languages;

- Home from Hospital service for people discharged from hospital, to prevent readmissions to hospital and to help people regain their independence;

- benefits take-up service in partnership with Islington Council’s benefits team (for new benefit claims only);

- ‘Message in a Bottle’ service, working with NHS Islington to help people to store key information in their fridge for use in an emergency;

- capacity-building work with BME and refugee groups, helping them to understand the needs of their older clients and the services already available to them, and to apply for funds for new work, where relevant;

- making small grants to individuals and to local voluntary groups;

- running two Centres, Drovers and Sotheby Mews, for a mixture of active and frail older people, offering fun, friendship, day care for the more frail, and a wide range of activities, education, and support;
• in partnership with Age Concern Camden, developing support work with older lesbians, gay men and bisexuals, including an IT user group for gay men at our Sotheby Mews Centre;

• hosting at our Centres various community groups such as Caribbean Pensioners and Friends, Turkish Elders Group, and Asian Elders Group;

• chairing the Islington Older People’s Network of voluntary organisations to help spread best practice and collect input and feedback to statutory bodies (this work is unfunded, so is subject to resource constraints);

• volunteering support and training for volunteers, particularly older people, which was awarded Exemplar status by the Department of Health;

• working with University College London Hospital (UCLH) to improve hospital care for older people, including a focus group of older people assessing the meaning of ‘Dignity in Care’ through the arts;

• dance classes (from Egyptian to Quadrille) at a variety of venues around the borough, including our two Centres, including two classes in partnership with Sadler’s Wells;

• inter-generational work, such as placing older volunteers with schools, and working with local partners such as the London Symphony Orchestra (LSO) and Islington Arts & Media School (IAMS) to hold inter-generational cultural events, including a community opera;

• enabling older people to contribute to consultations by statutory bodies (this work is largely unfunded, so is subject to resource constraints);

• running a Quality of Care Reviewers scheme, under which trained volunteers surveyed Care Home residents and recipients of home care on their quality of life and experience of care, with feedback provided to the Council;

• offering insurance and other services designed with older people in mind, through partnership with Age Concern Enterprises (this activity is regulated by the Financial Services Authority);

• giving advice and support to older people seeking employment or training;

• ensuring that issues affecting older people are heard on more than 30 local committees and networks etc through our participation in them, including the Islington Strategic Partnership Board (this work is largely unfunded, so is subject to resource constraints);
• our well-known Voice and Choice project. This project trains and supports older people to have their say on things that matter to them is currently suspended while we seek match funding to enable us to re-start it. Voice and Choice was awarded Beacon Status by Home Office assessors for its work with refugees.

Established in 1963 and incorporated in 1995, Age Concern Islington is a local charity run by and for local older people, with 90% of its Board members being older people themselves, and 40% from BME communities. The 30 staff (22 full-time equivalents) and nearly 100 volunteers are similarly diverse. Age Concern Islington belongs to a network of Age Concerns around the country, known as the Age Concern Federation, meeting the Quality Counts quality assurance standard required for membership of this network.

Charity number: 1045623   Company number: 3039668