**Report to
Age Concern England**

**Information and advice needs of black
and minority ethnic older people in
England**

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2. ACE commissioned research to inform the location and design of the pilot projects. The research consisted of a literature review on the needs of BME older people, a statistical summary of different communities in England, focus groups with BME older people, interviews with information and advice practitioners.

Findings from the research

3. **Health and social care:** some BME groups are at a higher risk of certain health conditions than their white counterparts, and BME older people are more likely to report poor health. However, in spite of the use and awareness of GPs and hospital services, take-up of some health care such as the district nurse and social care services tends to be lower amongst BME older people than it is for the overall older population. Although some older people from particular ethnic groups may live in multi-generational households, their relatives may not be able to provide for all their care needs. Caring is often met by informal carers who may not be aware of the support that older people are entitled to. The focus groups confirmed that one of the most important issues for them is a greater awareness of their entitlements to social care, especially access to direct payments and to aids and adaptations. Although family members may be caring for them, they realise that they, and their carers, may be entitled to additional services which would enhance their quality of life. For those living on their own, aid call schemes, help in the home and care and repair schemes would be useful.

4. **Income and benefits advice:** BME pensioners tend to have lower incomes than white people and are less likely to be receiving an occupational pension. Older people from some ethnic groups face a higher risk of poverty mainly because of their employment history and nature of employment. However, take- up of benefits entitlements may be low because of language barriers, concerns about the impact of claiming on residency status, difficulties of not having a national insurance number, plus ignorance about the benefits system and apprehension about contact with statutory service providers. Benefits advice and debt counselling given by trusted people in the voluntary and community sector are thus very important services to help raise income. However, the focus groups revealed that knowledge of entitlements differed according to the function of the community group. A group of Asian older people facilitated by Age Concern Coventry were able to tap into the specialist advice offered by an Asian advice worker, and from him into all the advice offered by Age Concern. A group of African Caribbean people knew there were entitlements, but did not appreciate why these might differ according to individual circumstances. Other groups who did not have specialist advice available were unaware of the possibilities open to them. This brings home the importance of linking

BME older people into services which specialise in the entitlements of older people and which are therefore able to keep up-to-date with changes in entitlements.

5.   **Housing:** the structure of housing differs between ethnic groups: lone pensioner households are more common amongst Irish and Caribbean older people, whereas many South Asians live in multi-generational households. However, some participants in the focus groups also want to know housing options such as eligibility for social housing or sheltered accommodation. There is a role for the voluntary and community sector to give advice about housing options.

6.   **Education, training and employment:** there are considerable barriers preventing easy access to education and training for BME older people including age discrimination, difficulty of learning new skills, lack of literacy in a first language and/or low level of proficiency in English, and lack of confidence in accessing training in mixed age classes. As regards employment, there is little or no research into how well Jobcentre Plus's New Deal for 50+ helps BME older people to access jobs. The delivery of these services themselves is as great, or greater, a barrier to access than an awareness of how to access them. Thus information and advice services aimed at training and employment would have to be well aware of the appropriateness of the service offer to BME older people.

7.   **Transport:** participants in the focus groups raised issues to do with difficulties with transport, and the unreliability of specialist transport services. The information element to this mainly revolved around the new free entitlement to local bus services across England. Information about the entitlement was publicised by transport operators, but it was not entirely clear what constituted a 'local' bus service.

Information and advice

8.   **Information:** it was generally agreed that while simple basic information can be useful to raise awareness of entitlements, especially if it is translated into community languages, more complex information should be used in conjunction with an advice worker who is able to explain terminology and how entitlements might vary according to personal circumstances.

9.   Key **advice issues** arising from the consultations on the use of advice include:

- Lunch clubs and social groups are excellent venues for raising the awareness of the sorts of independent advice that can be given, especially through a programme of outside speakers. However, workers' contacts and own knowledge of external agencies varies.
- The organisers of these groups are also able to do elementary form filling and translating, although they do not have the time or resources to act as unpaid interpreters at meetings.
- Some people need access to independent specialist advice for their individual circumstances, but are not always getting it. Organisers of social groups are sometimes able to refer people on to specialist advisors, but these opportunities are not always taken up.
- There is an issue of how people who do not access these social groups hear of their entitlements and gain access to advice.
- There is a need for ongoing casework for people's changing circumstances.
- Specialist advisors themselves need to have links to other advisors such as other organisations that undertake representation at appeals if they are not able to do this themselves. They also need to be aware of changes in legislation and

entitlements such as the recent extension to the free bus pass and the extended period of time for which one is able to claim one's pension credit during a temporary stay abroad.

- Above all, there need to be strong links forged between BME community group workers and specialist mainstream advice services such as Help the Aged, Age Concern and the Citizens Advice to raise the take up of these services by BME older people who may otherwise not be confident to use these specialist services.

Good practice

10.	Interviews with a range of advice giving organisations, including local Age Concerns and BME projects demonstrated good practice around targeted information and advice to BME communities. It was concluded that the key aspects to be considered when running a targeted information and advice service were:

- Knowledge and awareness of the ethnic profile of the area, the community groups that operate within in, and the specific needs of different communities
- Links between organisations providing generic information and advice to older people and BME community organisations
- Links between voluntary organisations and statutory service providers
- Capacity to deliver high quality information and advice services
- Provision of interpretation in relevant languages whether that is through interpretation facilities or, better still the use of advice workers speaking mother tongue languages and who are able to explain some of the English terminology in their own language
- Above all, a strategy or clear pathway of levels of information and advice so that workers are clear about the boundaries between information, general advice, case work and legal advice

The pilot projects

11.	The research was used to select case study areas to explore the feasibility of running pilot projects in those areas. Potential pilot areas were chosen using criteria to ensure each pilot should target a different BME group in different locations, including at least one semi-rural and an inner city location. Furthermore there should be a mix of established and emerging groups including refugees, European migrants, and a group where there is no written language or where people tend not to use it.

The research will be used to help ACE decide:

- the areas of information and advice that might be provided in the pilot phase
- how to develop capacity of voluntary and community organisations, including local Age Concerns to provide information and advice
- where the pilots should be located
- to help develop models for the pilots

12.	In developing the design for the pilots the following should be considered:

- What constitutes success?
- What might be able to be produced within the scope of the project
- Building on what works is important
- Evaluation must be considered at the design stage (linking to a consideration of what constitutes success

- The pilot should contribute to developing an engagement strategy for BME community groups which looks at the links between the various levels of information and advice and seeks to coordinate generic information and advice services with those provided by BME groups
- Sustainability must be considered throughout the pilot. As part of a sustainability strategy, links between community organisations and mainstream advice services should be created and sustained. Mainstream advice services should be encouraged to see this as part of their continuing strategy to promote race equality internally and externally. In this way the work will not end when the pilot ends.

1. Introduction

1.1 Background

Age Concern's Community Support UK project aims to work with local Age Concerns and the voluntary and community sector across the UK to help them meet a high quality standard in the delivery of information and advice to older people. The project is being delivered jointly by Age Concern England, Age Concern Scotland, Age Concern Cymru and Age Concern Northern Ireland, with Age Concern England focusing on how the voluntary and community sector in England can improve the provision of advice to black and minority ethnic (BME) elders. As part of ACE's project, it is anticipated that pilot projects will be designed and run in different areas of the country to test what works in supporting the voluntary and community sector to improve the provision of information and advice to BME older people.

The objective of this research report is to inform the future direction of the Community Support England project by exploring:

- the areas of information and advice that might be provided in the pilot phase
- how to develop capacity of voluntary and community organisations, including local Age Concerns to provide information and advice
- where the pilots should be located
- to help needed to develop models for the pilots

1.2 Methodology

The research looks at the information and advice needs of older BME people, including issues regarding accessing advice. It identifies BME communities, considers what their advice needs are, identifying the predominant issues, problems or subjects that affect the communities. It identifies issues concerning accessing and acting on the advice. The research also considers information and advice guidance and good practice appropriate to BME clients which can be used in predominately non information and advice providing voluntary and community organisations.

The methodology consisted of:

- a review of the existing literature on the needs of BME older people with the purpose of informing what an information and advice service targeted at BME older people would look like

- a brief statistical summary of different communities in England to inform the selection of the pilot projects

- four focus groups of BME older people to explore their needs and use of information and advice

- interviews with information and advice practitioners (see Appendix 1) to discuss good practice and barriers to meeting the needs of BME older people, together with a meeting with ACE's Minority Ethnic Network, a network of practitioners involved in BME information and advice projects

- case studies in four different locations to look at the information and advice needs of specific communities and to ascertain what information and advice they were receiving and the gaps in provision

1.3   Structure of the report

The structure of the report is as follows:

- Chapter 2: background statistics of BME older people in England
- Chapter 3: general information on what is entailed in giving information and advice, and in particular how best to specify a BME specific information and advice service
- Chapter 4: the information and advice needs of BME older people relating to various areas of service provision
- Chapter 5: the needs of BME older people: findings from the focus groups
- Chapter 6: provision of information and advice to BME older people: barriers and good practice
- Chapter 7: next steps for the Community Support England project

2. Background statistics

2.1 Overall statistics

According to the 2001 Census, the population of England and Wales aged 60 and over was predominantly White British 92.93%. The table below gives numbers of people for each ethnic group who were over 60 at the time of the Census. It also gives the proportion of each ethnic group who are over 60. The third column gives the proportion of the over 60s from each ethnic group of the total population in England and Wales.

	Total number over 60	% of ethnic group who are over 60	% over 60s of total over 60s population
White British	10,090,044	22.16	92.93
Irish	218,167	33.99	2.01
Other White	188,934	14.04	1.74
White and Black Caribbean	7,558	3.18	0.07
White and Black African	2,565	3.25	0.02
White and Asian	9,392	4.97	0.09
Other mixed	7,654	4.92	0.07
Indian	105,896	10.21	0.98
Pakistani	47,341	6.62	0.44
Bangladeshi	16,466	5.86	0.15
Other Asian	19,747	8.18	0.18
Black Caribbean	91.353	16.20	0.84
Black African	19,451	4.06	0.18
Other Black	4,519	4.70	0.04
Chinese	17,797	7.84	0.16
Other Ethnic Group	10,644	4.84	0.10
TOTAL	**10,857,528**	**20.86**	**100.00**

The Indian and Black Caribbean groups have a higher proportion than other non-White groups of people in the 50-60 age groups. Indeed BME groups will become a growing proportion of the older population as the overall population ages in the next 10-15 years. This has major implications for policy and practice development.

2.2 Profiles and communications issues for specific groups

Appendix 2 gives a brief background on specific black and minority ethnic communities in England. People are, of course, individuals with their own history and set of beliefs and values. The information is not meant to be used to stereotype people from different communities. However, some of the issues described in these brief descriptions may be helpful in targeting communication appropriately. Factual information comes from the Office for National Statistics mid 2005 population estimates and the 2001 Census. The cultural information, which mainly focuses on language and communication, comes from the National Centre for Languages[1].

2.3 Case Studies

The intention of the community profiles was to help select areas to test out the potential for further involvement as a pilot area. The Community Support England project steering committee developed criteria to select areas:

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[1] The National Centre for Languages, *Engaging marginalised communities* (CILT, undated)

- ensure each pilot targets a different BME group
- ensure, as much as possible, a geographic spread of pilots
- ensure a mix of established and new BME groups
- choose a refugee group
- choose a group of European migrants
- choose a group were either there is no written language or people tend not to be able to use it
- choose a rurally based population (or at least try to avoid having all inner city populations)

Based on the statistics and information presented in the first research report, seven areas were selected, two of which were back-ups in case initial contact failed. The five areas that were finally selected as case studies were:

- Somali community in Manchester (recent refugee community, no recent written language)
- Polish community in Birmingham (established population of European migrants)
- Bangladeshi population in Luton (Asian sub continent, established population, in a less obvious location; focus on women's issues)
- Mixed BME population in Lewisham (established and recent communities, including Black African Caribbean)
- Muslim population in Oxfordshire (semi-rural area)

The case studies involved interviews with BME groups from the communities concerned, older people's groups such as Help the Aged and the local Age Concern, and other advice agencies such as CAB and/or the local authority advice service. The format used in the case studies is:

- Background to the community
- Needs of the community
- Information and advice needs
- Information and advice provision
- Community groups and activities
- Addressing information and advice needs
- List of consultees

3.   A targeted information and advice service

3.1   The case for targeted information and advice

There is a need for Information and advice to be provided for older people because:

- It is fundamental in enabling older people to receive the services they require
- It helps them to retain independence and remain in control of their lives
- It is a vital means for effective involvement and empowerment to change services

Information and advice needs to be targeted to older people because:

- Retirement may bring about a reduction in income
- Older age may mean a decline in health and a need for both medical and social care
- There may be changes in housing and living arrangements
- Ageism exists in the wider population and older people need to be informed and empowered to overcome this

Black and Minority Ethnic older people often have additional needs and the information and advice may need to be targeted to those needs:

- They may be more isolated from mainstream services because of lack of awareness and inappropriate services
- There is evidence, especially for refugees, of premature aging
- There may be language barriers to accessing information and advice in English
- There are other specific issues relating to needs, for example health needs arising from a propensity to certain diseases amongst different ethnic groups; different household structures leading to different social care needs; lower incomes amongst some BME groups; additional needs arising from their status as migrants; the need or desire to be living near or socialising with their own communities etc.

3.2   Definitions

Information is the communication of facts, knowledge and ideas and is usually delivered through visual and aural means (leaflets, pamphlets, DVDs, the media). It can also be delivered personally through community and outreach workers or service providers themselves.

Advice constitutes setting out choices and recommendations on a course of action and is delivered personally through, for examples, telephone help-lines and face to face contact.

Advocacy can involve people making a case for themselves and advancing their own interests, or it can involve representing others and supporting them to secure their own entitlements. The principles of advocacy are important to set the context of the research, but the pilot projects will be concentrating on information and advice.

3.3 Use of information and advice

A study of older people's views of information, advice and advocacy in Slough[2], where there is a concentration of people of Indian origin, found that older people readily identified advice services, but were less likely to recognise information as a service in its own right. Yet information is the first step to finding help and making the best choices: from information about health and social care to information about local tradesmen. Information can be used in its own right to inform choices, and/or can be used as a signpost to further services: advice services or direct to a service provider.

Information and advice, particularly on welfare benefits and welfare services, are of vital importance for BME older people who are over-represented amongst the poorest pensioners in Britain due to the higher levels of long-term unemployment and/or insecure and poorly paid work leading to inadequate pension provision. Billions of pounds of state welfare benefits are unclaimed by older people in the UK; thus knowledge about both means-tested and non means-tested state benefits is important. Furthermore, BME people aged over 60 years of age have a lower uptake of health and social services than their white counterparts and have relatively little knowledge of welfare services, with correspondingly limited use[3]. In addition, a consideration of gender is of importance in many BME communities. For example, some BME women may be disadvantaged as regards their pension entitlement as they may be dependent on their husband, or may have worked in the informal economy where their bosses did not declare their wages for tax purposes. These women would have no independent claim to a pension entitlement and this, together with English language difficulties, lack of information on the welfare system or access to advice, makes them very vulnerable.

There are a number of information and advice projects targeting BME elders managed by older people's voluntary organisations such as local Age Concerns, Help the Aged and Citizens Advice Bureaux. In addition some local councils offer a benefits information and advice service targeting BME communities. There are now some evaluation reports emerging from the work of local projects working to increase benefits take-up. For example, a mid-term evaluation of a three year dedicated Ethnic Minority Welfare Rights Service for older people in Newcastle found that there was a 113% increase in benefits enquiries in 2005 and a further increase of 209% during the first eight months of 2006. Over that period 20 month period the total amount obtained was £366,754 in annualised benefit gains with a further £55,302 in backdated benefits[4].

3.4 Principles and themes

A report for the Joseph Rowntree Foundation on information, advice and advocacy for older people[5] refers to four over-arching principles for information, advice and advocacy services:

- **Independence:** information, and in particular, advice should be independent and impartial of the service being offered.

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[2] A Quinn, A Snowling and P Denicolo, *Older people's perspectives: devising information, advice and advocacy services* (JRF, 2003)
[3] J Butt and A O'Neil, *Let's Move On: Black and Minority Ethnic older people's views on research findings* (JRF, 2004)
[4] S Moffat and J Mackintosh, "*It makes a huge difference": evaluating welfare rights advice for ethnic minority older people in Newcastle upon Tyne* (Institute of Health and Society, Newcastle University, 2006)
[5] A Dunning, *Information, advice and advocacy for older people* (JRF, 2005)

- **Empowerment:** information and advice can help ensure that older people are aware of their circumstances and options as well as the services and support they can take to lead an independent life.
- **Inclusion:** advice and advocacy are ways of supporting older people to become involved in decision-making and community life
- **Citizenship:** information, advice and advocacy is necessary so that older people can exercise their rights and entitlements as residents

In providing information and advice services the author refers to a number of key themes which are set out in more detail in the following paragraphs:

- Accessibility
- Independence
- Involvement
- Strategy
- Outcome orientated

3.5 Accessibility

BME older people do not find some mainstream services easy to access for the following reasons:

Availability: there is not much information targeted specifically at BME older people, hence the importance of Age Concern England's new programme. All too often leaflets and DVDs are produced without a clear idea of how they will be distributed and by whom. A distribution strategy should be developed which should include who they should be distributed by and in what way. How should a community centre distribute leaflets for greatest effect? Should a community worker point them out to individuals, or should they just be available in a rack for people to pick up? The distribution strategy should also make it clear what information is targeted at clients and what is targeted at advisors as the detail of the content and the way information is laid out will differ according to the audience.

Awareness: BME older people may know of a direct service provider but may not know how to access them, or they may not be aware of the service at all. Furthermore they may not know of the existence of information and advice that can help them access direct services. Age Concern's programme should be facilitating the links between statutory, private and voluntary providers of direct services (health, housing, finance etc), voluntary and statutory organisations providing independent advice for older people, and BME community organisations.

Appropriateness of impersonal information: in designing information for specific groups a number of issues need to be considered:

- *Language:* information should be in a language BME older people understand. Translation into other languages can be useful, but can also be problematic as people may not be literate. For example, the Bangladeshi community in England mainly comes from the Sylhet district; Sylheti is a dialect of Bengali for which there is no written script. The DWP, for example, has developed a standard for translation based on community size and literacy both in English and mother tongue, geographic location and socio-economic factors. Based on this it has devised a tiered approach to translation. A central tier of translated and bilingual information (leaflets, audio/DVD) would be available for the largest most widely spread communities to be distributed centrally, a virtual tier of web-based

translated material to be available for smaller but widely spread communities, and an on-demand tier where information would be translated locally into any language on demand.

- *Terminology:* other languages may not necessarily have an appropriate term for English terms so straight translation becomes meaningless. Some terms have several meanings so that an interpreter would need to know which is the correct one given the context. Anecdotal information from our consultees indicates that translated material is most effective when accompanied by talks, so that the written material is used as a reference.

- *Media:* however, putting information on a website may not be useful for older BME people who may not be used to using the internet. Too often organisations put information on a website without any thought about how it is to be accessed or how they should disseminate it. Even when information is uploaded clients still need to know it is there.

- *Relevance:* not all information may be initially 'wanted' – it may seem irrelevant or not specific to particular communities. The tip here is to make it relevant, interesting and targeted to people's real lives.

- *Appropriate content:* many leaflets contain too much information which can be confusing, and yet may not contain the very facts that people need. For example refugees may want very basic facts on where to go for medical support such as how to access GPs, when it is appropriate to go for A and E services. But they might then want to know how to approach these services when they get there. This points to the need for different levels of information, starting with basic information which is able to be followed up by more detailed information.

- *Informing choices:* that said, the information should not be too simple and should avoid only signposting clients to a particular service or services. The information should be laid out in such a way as to inform people's choices and give them pointers as to what they should be looking for in a service.

- *Accessibility for disabled people:* information should be designed to be accessible to people with different disabilities. Much information is available in different formats to cover people with sensory disabilities, but often does not include people with learning difficulties. People with mental health problems may require targeted and sensitive information. This requires thought about specific requirements, but before expensive formats are produced care should be taken in thinking about how they should be distributed.

- *Culture:* culturally appropriate material is of great importance, and any information should be tested before it is published. Account must be taken about people's beliefs and values, as well as their history of settlement in this country, if information is to be targeted successfully at certain communities. For example, some financial services may not be acceptable to Muslims. Most South Asian communities may have difficulties accepting that some women may need information on drug or alcohol problems.

Summary: whatever impersonal information is chosen it is vital to plan who the target audience is (end user or advisor) and the purpose of the information (is it information about a product or is a signposting leaflet?) and then design the content

and language accordingly. The community profiles in Appendix 2 give some information about the languages spoken and read.

Appropriateness of personal information and advice: there is a debate about whether information and advice should be provided generically, such as by local branches of Citizens Advice and Age Concern, or by a provider targeting specific communities. The Slough survey found that both were desirable in different circumstances or according to different needs. The advantage of services specialising in topics of concern to older people is that they are able to give specialist advice on complex issues such as financial inclusion, pension credit, whereas community advisors could provide general advice, assess needs and signpost to specialist providers. Obviously all generic services should be able to respond in culturally appropriate ways.

3.6   Independence

It is important that information and, in particular advice services, are independent from service providers and do not signpost to one particular provider when there may be options. For example, the older people interviewed in Slough valued independent information and advice above information provided by a particular service provider. The trustworthiness of the provider to give independent advice and a choice of options, rather than signposting to a particular provider or option, was of paramount importance. Thus in implementing an advice service, care should be taken to market it as an independent entity even though a direct service may be provided by the same organisation.

3.7   Involvement

Information and advice services should be enabling, offering choices for older people, rather than telling them what to do. As far as possible BME older people should be involved in defining the information and advice service by asking them what they need and how information and advice should be provided. Client feedback is also important. If possible BME older people should be involved in running the service too.

3.8   Strategy

Provision of information and advice to BME older people should fit into an overall local strategic framework. Information and advice provision in a local area should consist of coordinated services working across both generic and specialist services and with service providers.

3.9   Outcome oriented

In specifying an information and advice service it is important to think about how the service will provide outcomes rather than targets. A framework for reporting outcomes that is quoted in Age Concern England's own research on outcomes of information and advice services for older people[6] is reproduced below[7].

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[6] P Robson and S Ali, *Bridging the gaps: the outcomes of information and advice services for older people and assessment of unmet need* (Age Concern England, 2006?)

[7] S Bhavani, *A practical guide to outcomes for advice* (Advice Services Alliance, 2005)

Type of Outcome	Examples
Advice outcomes	• Got client attendance allowance • Client received pension credit
Client outcomes	• Client has improved confidence • Client in better health
Legal and policy outcomes	• Change to social services translation and interpretation policy • Improved administration of pension credit • Prevention of abuse of power by state, employers, landlords etc
Community outcomes	• Less financial exclusion • Higher take-up of benefits by older people

3.10 Standards

This research is to be used to help Age Concern England to develop its Community Support programme to support the voluntary and community sector to improve the provision of information and advice to BME elders. We recommend that a set of service features or standards is used to specify any pilot provision that is developed as part of this programme. As it is highly likely that the pilots will deliver varying levels of information and advice a modular approach to standards/practice should be adopted. Such modular approaches already exist in standards such as the Community Legal Service Quality Mark or Age Concern's Quality Counts.

All pilot projects should be able to demonstrate that they:

• demonstrate technical competence in their area of information and/or advice and have agreed and documented procedures for dealing with client's information and advice enquiries
• ensure that all staff providing information or advice are appropriately trained and supervised
• are able to offer support in the clients' first language (or support other local advice providers to do so)
• provide information and advice that is culturally appropriate
• involve BME elders in the specification and running of the service
• offer information and advice independent of any frontline service
• keep accurate and appropriate client records
• ensure the confidentiality of all client information
• effectively manage potential conflict of interest
• ensure that they keep accurate and up to date information and advice resources
• gather and monitor client feedback to ensure appropriateness of information and sign posting
• complement other local information and advice services and frontline services

In addition pilot projects offering advice services should be able to demonstrate that they:
• are holistic in their approach, undertaking a comprehensive investigation of all aspects of someone's situation
• treat clients with respect, building a relationship with the client
• provide outreach services/home visits if possible/appropriate
• only provide advice to the level of their competence and where ever possible ensure appropriate referral to specialist advice
• set up monitoring systems to capture outcomes
• specify and report on outcomes

To ensure the quality of policies and procedures pilots should make use of existing resources available for the Legal Services Commission (regarding the Quality Mark) and Age Concern England (e.g. Signpost to Success and the Information and Advice How to Guide).

The following chapter will help to flesh out these service features as they look at the particular issues of concern to BME elders.

4. Issues of concern to black and minority ethnic older people

4.1 Introduction

This section outlines some of the key issues relating to the service needs of BME older people. Although there is a lack of national research on the particular needs of these communities, this section gives a good indication of the topics for which it is important to provide information and advice to BME elders and illustrates issues to explore through the pilot projects. Many of the issues relate to lack of, or appropriateness of, service provision which information and advice can do little about. However, certain needs can be met by appropriate information and advice to increase awareness of existing services and to enable older people to make their own choices. Bullet points at the end of each section point out where information and advice would be useful.

4.2 Health needs

A useful literature survey was conducted as part of a Joseph Rowntree Foundation study that looked at BME older people's views on research[8]. It pointed out that older people from ethnic minorities were more likely than white people to report poor health and more likely to say that an illness or injury has restricted their activity in the past two weeks[9]. Analysis of the 2001 Census shows that almost 50% of people aged 65 and over in England were restricted by limiting long-term illness, the rates for Asian and Black older people were higher 60% and 54% respectively).

After standardising for age, South Asian and Black Caribbean people are at increased risk of diabetes, coronary heart disease, arthritis, stroke and respiratory disorders, predisposing them to higher levels of limiting long-term illness than the general population, and an increased likelihood of disability in later life. This is likely to lead to an increased risk of dependency on others for care and support at an earlier age than their contemporaries in the general population[10].

Smoking is related to a higher risk of illness and premature death. Self-reported cigarette smoking prevalence amongst men was higher for Bangladeshi, Irish, Pakistani, and Black African than men in the general population, and higher for Irish and Black Caribbean women than females in the general population.

There was also some evidence that this experience of physical ill health may be accompanied by a particular risk of suffering from dementia; for example, Caribbean older people are likely to suffer from higher rates of multi-infarct dementia[11].

The same study found that while levels of depression amongst Caribbean BME elders were comparable to those of white people it was suggested that a lack of social contact with relatives was associated more with depression among Caribbean elders than among the white population. Other studies have shown that different communities experience mental health issues in different ways. Statistics show that

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[8] J Butt and A O'Neil, *Let's Move On: Black and Minority Ethnic older people's views on research findings* (JRF, 2004)

[9] M Evandrou, *Ethnic inequalities in health in later life*, Health Statistics Quarterly, No 8, pp 20-8 (the Stationery Office, 2000)

[10] S Katbamna and R Matthews, *Ageing and ethnicity in England* (Age Concern England, 2007)

[11] C F McCracken et al, *Prevalence of dementia and depression among elderly people in black and ethnic minorities* in British Journal of Psychiatry, Vol 171, pp 269-73 (1997)

Asian women have a higher suicide rate than the national average for women[12]. Refugees in particular commonly suffer from disorders such as depression, suicide and post traumatic stress, but experience barriers to accessing services. A report by South London and Maudsley NHS Trust on services for older refugees and asylum seekers pointed out that older patients with post traumatic stress disorder would benefit from psychotherapy, but language problems prohibit this from being provided[13].

The Refugee Council's research on the needs on Older Refugees in the UK[14] emphasises the importance of health services being accessible in the client's home language and also in a culturally appropriate manner. This is especially important for women: advice on sexual health, the menopause and cancer screening, for example, must be provided in a way that is sensitive to their cultures. It is therefore important that any information and advice on health services is able to assure women that services will be provided in a sensitive way in order to encourage take-up.

The JRF literature review cites original research demonstrating lack of knowledge and under-use of social care services by BME older people, and reveals that the picture in relation to health services is similar. For example, in spite of a high incidence of GP consultations, the vast majority of Asian and Caribbean older people had never seen a health visitor or district nurse[15].

In terms of information and advice needs it will be important that BME older people have access to information and advice in their first language on:

• local health and social care services
• campaigns and services to increase physical activity and fitness[16]
• services that might help counter isolation and depression, which could include education, sport and social facilities

4.3   Social care

Family structure and household size varies considerably across different ethnic groups which has implication for social relationships in later life. The proportion of pensioner households ranges from 2% of Bangladeshi households to 27% of white Irish households (2001 Census). Of the non-white ethnic groups, Black Caribbeans are the most likely to live in households which only contain pensioner (13%). The proportion of multi-generational households containing two generations of adults is much higher amongst South Asian communities than other communities, although it will be interesting to see in the 2011 Census how far this is still the case. However, it should not be assumed that the younger generation is always a source of support for their older relatives, nor able to provide for all the care needs[17]. Although more likely to live in large households, this does not mean that they are always housed well or are actively involved in household life[18]. Although some of this research is more than

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[12] M Wilson, *Black women and mental health: working towards inclusive mental health services* in Feminist Review, 68 pp 34-51 (2001)

[13] South London and Maudsley NHS Trust, *Report on the needs and gaps within services for asylum seekers and refugees* (SLAM, 2001)

[14] Refugee Council, *Older refugees in the UK: a literature review* (Refugee Council, 2006)

[15] K Blakemore, *Health and illness among the elderly of minority ethnic groups living in Birmingham* in Health Trends, Vol 14, pp 69-72 (1982)

[16] The Active for Life Campaign produced a useful set of guidelines Promoting physical activity with black and minority ethnic groups (Active for Life, undated)

[17] S Fenton, *Aging minorities: black people as they grow old in Britain* (Commission for Racial Equality, 1987)

[18] J Barker, *Black and Asian Old People in Britain* (Age Concern Surrey Research Unit, 1984)

ten years old, we found through our focus groups (see Chapter 5) that these findings still appear to valid.   The importance of community organisations providing open access social care facilities is paramount for BME and refugee elders. These provide opportunities for the dissemination of information and advice services on a wide range of matters.

Caring is often met by informal carers from black and minority ethnic communities, but these in turn need their own support. The lack of support and isolation of BME carers is particularly exacerbated by communication difficulties, the lack of appropriate service provision, greater poverty, bad housing and racism[19].

- Information and advice needs of carers would be similar to those for BME older people (health, housing, finance etc) so that they are able to act as a conduit for information for BME older people.
- Carers would particularly benefit from being part of a support network which would enable them to share and receive information and advice.

4.4   Income and benefits advice

Research by the Joseph Rowntree Foundation found that rates of poverty were highest for Bangladeshi, Pakistanis and Black Africans, and also higher than average for other minority ethnic groups. Poverty amongst pensioners was found in roughly the same order, with, for example, Pakistani pensioners being poorer than Indian and Caribbean pensioners, who in turn are poorer than white pensioners[20].

Black and minority older people are less likely to be receiving occupational pensions because employers in some of the sectors where they are more likely to work do not have occupational pension schemes. They are also less likely to be able to afford private pension schemes. South Asian pensioners are less likely to be receiving the state earnings related pension, and while Caribbean pensioners are likely to be in receipt of the state earnings related pension, the amount they receive is on average lower than the amount that white pensioners receive[21]. South Asian and Caribbean pensioner households are also more likely to be dependent on means-tested benefits that their white counterparts. Again this research is ten years old and we understand that there is upcoming research on this issue which should be available in the summer of 2008.

Recent attention has focused on the role of wealth accumulation through home ownership by older people, but little is known about the extent to which housing equity can be used to shore up the standard of living and health care for BME older people[22].

There are wide variations in income distribution across BME groups. Specific minorities face higher risks of poverty because of their employment history, larger household size or other factors. The JRF research found that Bangladeshis had the highest poverty levels for most measures, closely followed by Pakistanis. One study

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[19] Y Gunaratnum, *Asian carers* in Carelink, Vol 11, No 6, p 3 (1990)

[20] L Platt, *Poverty and ethnicity in the UK* (JRF, 2007)

[21] R Berthoud, *The incomes of ethnic minorities* (Institute of Social and Economic Research, 1998)

[22] S Katbamna, *Perspectives on aging and financial planning for old age in South Asian communities* (Nuffield Community Care Studies Unit, University of Leicester, 2004)

of BME older people in deprived areas found that 77% of Somalis were living in poverty[23].

Benefits take-up and debt counselling are therefore two very important services for BME older people. Research conducted on behalf of the Department for Work and Pensions[24] found that there were barriers to benefits take-up for BME older people, including language barriers, concerns about the impact of claiming on residency status, and difficulties arising from not having a national insurance number (this particularly affected Asian women). Other barriers that were more prominent amongst BME older people, but which also affect older people from all communities, were literacy problems, ignorance about the benefits system and apprehension about contact with statutory service providers. Recommendations arising from the research have implications for how information and advice on benefits is delivered and included:

- A specific strategy aimed at understanding each community in an area. This would be based on an understanding of the key conduits (mainly community organisations) into each community
- Partnership working between the DWP, the local authority and the voluntary and community sector
- Outreach and face-to-face provision of advice
- Language specific help lines and the use of community specific media
- Voluntary sector resourcing
- Addressing the need to reach isolated BME older people

4.5 Housing

There is little in the literature on the housing needs of BME older people. Pensioner households are more common amongst Irish and Caribbean older people, whereas many South Asians live in multi-generational households. According to the 2001 Census owner occupancy amongst Indians and Pakistanis is higher than the rate amongst the white population. The Bangladeshis and all Black communities are more likely to live in social housing than other ethnic groups, and Chinese and other non-white groups are more likely to live in private rented accommodation. Both the type of tenure and likelihood of living alone, in a two pensioner household, or in a multi-generational household will influence the particular needs of communities. For example those living in private rented accommodation, as well as social housing, may have problems with landlords ranging from communication difficulties to racist intimidation[25], while those living in multi-generational households may have complex and unidentified needs such as adaptations in the house, care needs etc. In the focus groups we did find examples of people living with family members who actually wanted access to their own social housing but did not know how to go about getting advice.

An evaluation of the Housing Associations' Charitable Trust's (hact) Older People's programme[26] points out that many BME and refugee elders remain unaware of, and

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[23] T Scharf, C Phillipson and A E Smith, *Poverty and social exclusion: experience of older people from black and minority ethnic groups in deprived areas* in *Growing older in a black and minority ethnic group,* A Walker and S Northmore (eds) (ACE & Growing Older Programme, 2004)

[24] H Barnard and N Pettigrew, *Delivering benefits and services for black and minority ethnic older people* (DWP, 2003)

[25] Help the Aged, *Who do we trust: review of the housing advice needs of black and ethnic elders* (Help the Aged, 2004)

[26] Moira Riseborough and Peter Fletcher Associates, *Towards and aging society: summary of the final evaluation report of hact's Older People's Programme* (hact, 2007)

hidden from, mainstream service providers. Many housing providers continue to make assumptions about BME and refugee elders, resulting in poorly targeted services, which, when not used, are then assumed to not be needed.

The housing information advice needs of BME and refugee elders would include:

- Access to sheltered accommodation
- Access to specialist providers of supported housing to refugees and to BME elders
- Rights and responsibilities of housing tenants
- Information on maintenance including the Care and Repair service
- Countering racial harassment

With regard to information and advice on housing, hact's Older People's Programme evaluation pointed out:

- the critical role of small voluntary organisations, including refugee community organisations, in bridging the divide between older people themselves and housing providers
- the importance of using the language of the BME older person's choice to engage and involve BME older people in evaluating housing services

4.6 Education, and training and employment

Little information is available on the educational and training needs of BME elders and older refugees, but there is a problem with the fact that free courses within adult and community education focus on training and employment issues whereas leisure courses can attract hefty fees. Older refugees in particular face barriers in accessing ESOL classes including general assumptions about older people's difficulties in learning new languages and skills, lack of literacy in their first language, speaking a first language which is uncommon in the UK, insufficient confidence to attend classes with young learners.

There is almost no literature on BME older people's access to employment. However, with the new age discrimination regulations that prohibit discrimination based on age, this issue should be coming to the fore. Jobcentre Plus's New Deal for 50+ exists to help older people to access training and employment but there is little evidence on how well this is accessed by BME people or refugees.

- Information and advice services can do little to overcome the considerable barriers faced by BME older people who want to access training and employment, but can signpost clients to available provision. However, it would be very important first to check out that provision to ascertain its appropriateness for older BME participants.

4.6 Conclusion

This desk based research can be used in the pilot phase as a basis for:

- setting standards for information and advice projects supporting BME elders
- selecting service areas for which to provide information and advice e.g. welfare advice, information on housing choices
- further developing a needs-based information and advice service for specific communities

5. The information and advice needs of black and minority ethnic older people

5.1 Introduction

This chapter summarises findings from four focus groups of Black and Minority Ethnic older people, organised by BME community groups or Age Concern Minority Ethnic projects. It also incorporates findings from a meeting held with ACE's Minority Ethnic Network, a group of Age Concern practitioners in local Age Concerns who provide services for and with BME older people. The four focus groups were held with groups of:

- Vietnamese older people in Birmingham (Vietnamese Development Centre)
- African Caribbean people in Dudley (New Testament Association)
- Iraqi women in Westminster, London (British Arab Resource Centre)
- Asian men in Coventry (Age Concern, Coventry)

These groups were chosen to represent different BME communities. However, even within one focus group participants will always have different experiences based on their needs, characteristics and family circumstances. Thus one cannot generalise the statements made across all BME communities. The focus groups were meant to supplement the desk research by giving personal experiences, rather than being statistically valid. There were some communities who may have been in the UK for much of their adult life, and others who came from a refugee background. The participants in the groups had different levels of English knowledge: the African Caribbean group spoke English as a first language; and some of the South Asian group had a high proficiency in English. We worked through interpreters for the Vietnamese group and Iraqi group. The groups had different access to specialist information and advice. Most of the members of the group turned to their community group as a first port of call for general information and advice, and were often reliant on community development workers to help them take up that advice. Others, such as the Asian group in Coventry were able to gain instant access to the specialist advice given by the Asian advice worker and through him, to all the advisors at Age Concern Coventry. All were dependent on their community workers and advisors, suggesting that those members of their community who were not in touch with community groups would be extremely disadvantaged.

The aim of this part of the research was to explore what information and advice services BME older people were already using and what information and advice would better enable them to access services.

5.2 Use and non-use of public services

We began by asking people what services they already use and barriers they face in accessing services, to enable us to see where information and advice might help to increase take up. The use of public services appeared to be quite limited because the majority of people we talked to were isolated by ill health, lack of transport and lack of a good command of English. The social groups where we met the older people are particularly important as a means of social contact, information, and, in some cases healthy exercise. Many of the participants said this was their first port of call for any information and advice.

The primary care practice was the most commonly accessed public service and, although not an information and advice need, a common complaint was the lack of

respect given by the GP towards older people. People said they had been told: *"You are ill because you are old and that is to be expected,"* which left them with the feeling that there was nothing to be done and they had to suffer in silence. People were also concerned about the lack of monitoring for repeat prescriptions and felt that the GP did not regularly monitor the medication for side effects.   Another problem related to some GPs who did not like to give more than 4 weeks medication at a time, which was awkward if people were travelling overseas for more than a month. They needed help to explain to the doctor how long they are going for and whether it was possible to buy the medicine overseas. Barriers to accessing the GP were language needs and transport. Reliance on family members was common, but not all of our consultees had family members, and had to rely on friends or public transport.

Visiting the hospital was the other most commonly accessed public service. Similar barriers were mentioned; parking at the hospital was mentioned as a particular barrier in that they had to pay for this even if they have a blue badge. In addition, a number of people said that they had appointment letters that they did not get translated in time and so missed their appointment which meant that the next appointment was delayed for six months.

Access to social care appeared to be limited. This could be an advice and information need in terms of the awareness of such services as direct payments (especially the possibility of members of the extended family benefiting from direct payments) and access to aids and adaptations. In some cases the social clubs we visited brought people in to talk about these which was deemed to be a great help. However, awareness of these services was not sufficient to enable most people to take these up as they needed to understand more about the criteria for applying successfully.

Likewise access to support in living at home was not in general taken up, for example aid call schemes, safety in the home, care and repair schemes. There was a lack of awareness as to what these schemes were and how to access them.

Access to housing was mentioned as a need by some people who did not know how to go about getting on the housing list. One person told us how she wanted to live alone as she did not get on with her daughter but was afraid to raise this with her daughter and did not know how to go about finding housing for herself. Others told us of their inadequate housing, for example damp housing, and the need to apply for a social housing move. Inadequate housing and living conditions seemed to be something that was causing depression. The Minority Ethnic Network workers told us that they believed there was a need for BME older people to have independent advice on housing options, including access to social housing, sheltered accommodation and residential care etc.).

People did not tend to use leisure services. Indeed the clubs we visited were often the only contact people had outside their families, and welcomed the opportunity for activities such as day trips out and for exercise classes. Lack of knowledge of other local leisure opportunities may be a barrier, but it is more likely that consultees feel more comfortable with trips and activities organised specifically for them in the context of the lunch club, and may not use other local opportunities.

Information and advice is of course a service in its own right, for example benefits advice, financial advice and indeed information about how to access services. We take up this in the next section.

We recognise that better use and provision of information and advice services is not always the solution to a better take up of public services e.g. it will not solve barriers such as lack of transport and lack of cultural awareness of service providers, but below we look at how information and advice is used and how it could be improved.

5.3   Use of information

Information can be useful simply to raise awareness of what is available. Most, but not all, of the lunch clubs provided a useful information service by bringing in speakers to raise awareness of, for example direct payments, occupational therapy and aids and adaptations. For example the New Testament Association group had seen a video on Direct Payment that had been produced by Age Concern and now had some understanding of this that would be reinforced at a future session. Many workers were happy to provide basic information but less happy to provide advice, which they believed should be left to specialists.

Although most participants in the focus groups were aware of transport options such as Ring and Ride and the free bus pass scheme, they did not always know how to access such services. In many cases information from the public service was insufficient to enable people to use the service and further information was needed. For example, in one focus group we had a discussion on the new availability of local bus services to cover the whole of England, but were unsure what constitutes a 'local bus service'; the leaflet was unclear on this aspect. The worker himself was going to the transport provider to clarify this point, and would then be able to pass on this information to his clients.

Some participants wanted basic advice on what was available as regards emergency care and safety in the home. The Vietnamese group, for example wanted to know about panic alarms and emergency telephone numbers. These are of course available, but the group did not know how to access them. The Vietnamese group also wanted to know about safety in the home as they were concerned about a spate of burglaries that seemed to be specifically targeting Vietnamese elders. They wanted to know if there were resources to make their homes more secure, but appeared reluctant to contact the police directly – interpreting was an issue here.

Basic knowledge about entitlements, especially entitlements to benefits was lacking in most groups, except within the group of Asian elders who had been using the services of the Age Concern Coventry's information and advice officer for Asian communities.

People who read English fluently did use printed leaflets, and where information was translated they found it helpful as it made them aware of their entitlements. The older Asian men had examples of the new bus pass information for example. However, most of our consultees tended not to rely on printed information but on workers to interpret and to tell them more about how to access services. Some of the more isolated groups, such as the Iraqi women did not tend to use leaflets at all, relying almost totally on word of mouth. Indeed it seems that the less social contact outside the family a person has, the less information was sought, with the result that people are probably not gaining all they could out of available opportunities. Some of the older and more isolated people also found information confusing, even when given by a talk or by a family member, and did not know how to act on it. Further face to face advice and advocacy is necessary in these cases.

There is a need to know about changes in legislation, such as the extension (from October 2008) from a four week to 13 week period when people can claim their pension credit when overseas, and the extension to the coverage of free bus passes.

Thus we found barriers to using information included:

- Information given by services themselves often lacked clarity e.g. the travel pass eligibility.
- Where new services, or extensions to services become available there needs to be an awareness campaign and possibly further explanation
- Information was often not translated into community languages, or when it was it was not always able to convey the exact meaning of English terms if they did not exist in the community language.
- Some people cannot read their mother tongue, or their mother tongue is not a written language.
- Some people do not know to look for information even when it is available: *"We don't know what we don't know".* They need contact with a person knowledgeable about what opportunities might be available and appropriate for them.
- In addition, even when people have sufficient information about their opportunities, they need further encouragement to take these up.
- Some form of action on the information may be needed, regardless of whether the information is printed or personally given i.e. information provision, however good, is not enough.

For these reasons, information often needs to be accompanied by further discussion about the opportunities it presents, and/or by advice.

5.4   Use of advice

Barriers such as not being aware of one's precise entitlements and not understanding the system can be overcome by the use of advice workers. Assistance ranges from help with filling in forms and translating letters to specialist advice on access to personal entitlements and debt counselling. Some of the workers at the groups we visited assisted in the former but, with the exception of Age Concern Coventry's Asian information and advice worker, did not (and quite rightly) undertake the specialist advice. Instead, they were able to refer people; however, the referrals were not always taken up if it meant travelling to a different place. Most people we talked in the focus groups (with the obvious exception of Age Concern Coventry) had not used the services of their local Age Concern, Help the Aged or CAB, but some had the experience of trying to claim benefits directly.

Most of the lunch club workers organised regular talks from outside agencies to explain things like Direct Payments and entitlements to aids and adaptations. However, we felt that some of the workers would benefit from more knowledge themselves on how to organise a relevant programme of speakers. In some cases we felt that there was a missed opportunity for making contact with specialist advice workers and public agencies. We feel this is particularly important since one of the main barriers to accessing advice was that people did not know what and who to ask; this point links to accessing information.

All people were aware that there may be some entitlement to benefits such as pension credit and/or housing benefit. Consultees at the New Testament Association, for example, were even aware that there are several billions of pounds

of unclaimed benefits (the actual figure is between 3 to 4.5 billion pounds). However, many of their experiences in directly trying to claim what they believed to be their entitlements were negative and they felt that they often go through long processes to be told that they are not entitled to anything. They had a number of concerns that put them off applying on their own, for example:

"We know what is available but when we go through it someone tells us we are not entitled."

"People are not interested to apply as they've been there before and don't get anything."

Another concern was the amount of personal questions they were asked in order to see whether they were entitled to anything. Of particular gall to some people was the need for officials to know if they have a bank account and how much money they have in it. One woman said: *"I have a bank but I walk by it as I have nothing in it."* Another said: *"They strip you naked and you don't get nothing."*

These comments illustrate the need for independent specialist advice before people start claiming their entitlements, to avoid disappointment, and to help with any appeals. Advice workers told us that it is very common for people to think they were entitled to the same as a friend, but when the individual case is assessed this may turn out not to be the case. However, there are of course cases when people are turned down from their rightful entitlements, in which case it takes a specialist worker, and sometimes a solicitor, to undertake the appeal. The use of independent advice workers (Age Concern, CAB) was low within the groups we consulted with, which is surely a cause for concern. Those, particularly in Coventry, who had such advice had successful results, for example in getting attendance allowance for a disabled wife or a new pension credit claim.

The focus group in Coventry particularly brought home to us the need for ongoing case work for some people. Examples of changes in circumstances were given. One is that someone needed to know if the entitlement for disability living allowance changed when one reached retirement age. Another question that was raised was about whether a will in this country leaving land or property in another country is valid. Other more poignant examples were given of people known to the advice worker who were here in this country as dependents and had no recourse to public funds. However, the domestic and economic circumstances of their relatives may change (separation, redundancy, more children) leaving them unable to cope with supporting their dependents.

Some people had debt problems, and the workers we talked to in the course of this research also mentioned the need for financial advice and debt counselling. One person we talked to had rent arrears. We heard of other cases where people had lost their pensions when companies had become insolvent. One money advice worker told us he was getting an increasing number of referrals from people who do not speak fluent English and finds it very difficult to work out a financial strategy for clients with debt problems without an interpreter.

5.5   Key issues in obtaining advice

Key advice issues arising from our consultations on the use of advice include:

- Lunch clubs and social groups are excellent venues for raising the awareness of the sorts of independent advice that can be given, especially through a

    programme of outside speakers. However, workers' contacts and own knowledge of external agencies varies.

- The organisers of these groups are also able to do elementary form filling and translating, although they do not have the time or resources to act as unpaid interpreters at meetings.
- Some people need access to independent specialist advice for their individual circumstances, but are not always getting it. Organisers of social groups are sometimes able to refer people on to specialist advisors, but these opportunities are not always taken up.
- There is an issue of how people who do not access these social groups hear of their entitlements and gain access to advice.
- There is a need for ongoing casework for people's changing circumstances.
- Specialist advisors themselves need to have links to other advisors such as other organisations that undertake representation at appeals if they are not able to do this themselves. They also need to be aware of changes in legislation and entitlements such as the recent extension to the free bus pass and the extended period of time for which one is able to claim one's pension credit.
- Above all, there need to be strong links forged between BME community group workers and specialist mainstream advice services such as Help the Aged, Age Concern and the CAB to raise the take up of these services by BME older people who may otherwise not be confident to use these specialist services.

5.6   Conclusion

The focus groups and other discussions with BME older people confirm that the main information and advice needs are around benefits entitlements and help in the home, whether help to find and pay for carers or to help with basis home maintenance. Advocacy in health matters when visiting the doctor or hospital appears to be important to some people. One person told us of debt problems, but this sort of personal problem did not emerge in the focus groups because people do not generally like to talk about personal financial matters in public. When discussing the needs of Somali older people in Manchester, the workers told us that financial and debt problems, particularly with bills was a growing concern. Access to information about transport options was also mentioned frequently.

Access to interpretation facilities is crucial for many of the groups, except the African Caribbean group. It was put to us that while people may be able communicate quite well in English, and to understand every day language, they find the complex language required when accessing advice needs interpretation in their mother tongue. BME older people appear to be less likely to act upon written information, partly because of language difficulties and partly because of the unfamiliarity of what is on offer. We believe therefore that face to face advice is necessary to close any gap between the take up rate of benefits between BME and white older people.

Access to mainstream advice from organisations such as Age Concern, Help the Aged and the CAB is extremely limited where these organisations do not have a specific BME project such as in Age Concern Coventry. Most of the people we spoke to thought that their social group was their first port of call for information. Therefore if BME outreach projects have not been established a recommended approach would be to set up a systematic programme of information giving, followed up by one to one advice by an appropriate worker with the provision of interpretation facilities if necessary.

6. Provision of information and advice to BME communities

6.1 Introduction

This chapter summarises findings from interviews held with local Age Concerns and BME voluntary organisations that provide targeted information and advice to BME communities. It looks both at the role of the generic advice sector as well as the role of BME community groups in providing information and advice to their older clients.

Our interviewees emphasised the importance of making links between the generic advice sector that employs qualified specialist advisors and community organisations that target BME clients. Some of the larger BME organisations have a specialist information and advice service, but the small informal cultural associations tend not to. There was a concern expressed amongst advice providers that the workers in smaller community groups often provide informal advice services which may be out-of-date or inaccurate. A major issue for generic/mainstream older people's organisations, therefore, is how best to work with BME community groups. In the view of our interviewees generic organisations should have more links with the BME led community sector in order to:

- attract more BME people to use their services, whether that is signposting them to the specialist service, and/or providing the facilities for the specialist service to undertake information and advice work on an outreach basis
- work with BME organisations to build their capacity to signpost appropriately to specialist information and advice services, and/or provide first level information and advice themselves

6.2 Barriers to providing information and advice to BME individuals

There is certainly good practice where older people's organisations such as Age Concern and Help the Aged have targeted BME communities, but we identified a number of barriers which are similar to the ones identified in Age Concern London's research on information and advice services for BME older people[27]:

- Capacity, both in terms of staff and funding, is a problem. Many generic information and advice services for older people are not core funded; thus funding can be short-term, creating instability. This is particularly the case for specific BME projects within generic older people's organisations. As Age Concern London points out: *"Sustaining the project on a longer term basis is the most challenging issues for BME projects, even when the pilot project has proved to be successful and the evidence of needs is clear."*
- There can be a lack of knowledge of the profile of the BME older population, with statistics limited to major groups such as 'Asian', therefore not distinguishing between Indian, Pakistani and Bangladeshi. Smaller ethnic groups can get left off the radar of generic older people's organisations. We found this particularly to be the case for Polish older people.
- Knowledge of the existence of BME community groups is usually not comprehensive, particularly of the small informal social groups.
- Although some of our interviewees had experience of the different and specific information and advice needs of different ethnic groups, many did not.

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[27] Age Concern London. *Report of the Regional Development Project on Information and Advice Service for Black and Minority Ethnic Older People and their Informal Carers.*

- There was a view expressed by some organisations that they had already mainstreamed the service and that they get BME older people coming in. Therefore they did not see the advantages of working with the BME community sector, and there was a lack of a will to engage with this sector.
- A number of organisations said that lack of in-house interpretation skills was a considerable barrier. One organisation, for example could not afford the interpretation service run by the council, but could not find volunteer interpreters.
- However, it was pointed out that even interpreting can act as a barrier and that advice in mother tongue is often more effective since interpreting can slow things up. Advisors who can both communicate in the mother tongue and have experience in explaining complex entitlements, often when there are no actual words in the mother tongue, are essential with some communities.
- In some cases there are difficulties in recruiting BME volunteers.

Barriers also exist within BME led organisations, especially the small social groups:

- There can be a lack of facilities in which to provide information and advice, thus meaning that it is not provided as confidentially as it might be.
- Some organisations said that their communities would not want to talk about their personal business, especially financial, and that uptake of advice might be minimal. There can also be problems talking to someone from one's own community when the issue is sensitive, for example talking about alcohol abuse to a Muslim worker.
- A lack of trust and confidence was expressed in the local generic advice agency by some of the BME workers and groups we talked to. Therefore signposting and onward referrals could be a problem.
- Where there is trust, the BME organisation often prefers information and advice to be provided in-house by a specialist outreach sessional worker. However this does require intensive resources on the part of specialist information and advice provider who could not provide outreach facilities in every BME community group in its locality.
- Where community groups do offer information and advice, not all the advisors (usually part-time or volunteer advisors) within BME community groups operate under the Community Legal Services kite mark, and even where it is in place, it is likely to be for general advice rather than case work, and there may be no funding or facilities to update information.
- The BME community sector struggles to find funding for its core business and sometimes exists on small and short-term service level agreements from the local authority or primary care trust. In many cases front-line personal services such as care services, leisure and social activities are considered to be more of a priority than information and advice services.

6.3   Generic and BME organisations working in partnership

We found some good examples of local Age Concerns that work with BME community groups on an outreach basis to provide information and advice. Outreach workers pointed out to us the importance of having the option of giving information and advice at the Age Concern offices, and to undertake home visits, as well as outreach sessions at a community venue.

Age Concern Harrow

Age Concern Harrow offers an information and advice service to BME Elders through two part-time workers, one who targets the Asian communities and the other targeting other BME communities. They offer information and advice on benefits, health, housing, residential and nursing homes, leisure and social activities, and rights to legal services. The Asian worker makes weekly visits to eight groups and also undertakes information and advice with three GP practices. The worker can also provide home visits where necessary, and also follow-up work in the office, which some people prefer because they feel the setting is more confidential and private.

Age Concern Lewisham's outreach model emphasises the importance of building capacity in the BME community sector to provide information and advice. There appear to be fewer examples of this than one might have thought, most local Age Concerns appearing to retain their information and advice role in-house. This has advantages and disadvantages. An advantage is that quality is upheld, but it is an intensive service that requires considerable resources which are probably only going to be available in an area where there is a high proportion of BME older people. Another disadvantage is that it does not empower BME groups to enter the information and advice field.

Age Concern Lewisham

Age Concern Lewisham ran a two year project funded by the Department for Work and Pensions which ran from April 2005 to March 2007 and provided information and advice to older BME people through 5 BME community groups providing services to older people from their community. Additionally an open door outreach session was provided weekly in Deptford; an area of the borough with a high BME population. A full-time project worker based at Age Concern provided this service.

The groups were: Turkish, Vietnamese, Asian and two Tamil groups. They also worked with Somali elders through a community worker even though there is no specific Somali elders group at present. Some of the community groups were very small and informal and the worker worked in different ways with the groups. The community groups wanted very different things from the worker, for example some just wanted the outreach advice sessions; other clients needed home visits. The worker undertook some form of information and advice training with the groups and the work with the Turkish group continues today. This is more sustainable practice, given that this was a pilot project.

The BME information and advice worker at Age Concern North Staffordshire pointed out to us that outreach information and advice could be part of a wider BME community engagement strategy. Outreach sessions could be picking up issues such as isolation and vulnerability. Rarely do sessions cover just one issue, and the

need may be for referral onto other services, including other Age Concern services. The need for more advocacy was considered to be paramount.

Age Concern Islington has a BME Elders Project and Age Concern Coventry an Asian Information and Advice worker, but they do less outreach than they used to because they are well known (for example, Coventry's worker has been in post for eight years).

Information and advice can be provided to BME older people by means of information fairs which can give tasters of information and advice service providers in the area. Age Concern Oxfordshire recently ran an information fair targeting Asian older people in a sheltered housing scheme. Information on health was provided by a local primary care practice, housing benefits advice by the Council's Housing Department, safety information from the police and fire and rescue service, information about a local Carers' Support Project, as well as information about Age Concern's own services were all part of this well-attended fair.

Other events, such as talks by external speakers at lunch clubs run by BME community groups, are a common feature. However, the external programmes organised depend on the knowledge of the development worker. We feel there would be an opportunity to build the capacity of such development workers to provide more targeted signposting.

6.5   General capacity building with BME organisations

There are a few examples of local Age Concerns that offer capacity building to small BME community groups to set up services to older people. In Harrow, the worker finds herself giving informal capacity building help to the community groups themselves, not to provide advice, but to keep themselves afloat. Most of the groups are self financing, or they may get very small amounts of money. She feels that it is in Age Concern Harrow's interest to introduce them to funders and possible bidding opportunities, for example how to get apply to set up a yoga or keep fit class. If the community groups do not survive, a potential channel for BME older people to access quality information and advice will have been lost. The Iranian Association, operating in Hammersmith and Fulham, provides coaching for small informal refugee community organisations to help them to set themselves up with a constitution and to help them with funding applications.

Age Concern Islington

As part of the work of Age Concern Islington's BME Elders Project, a three year project funded by City Parochial is providing support to small BME community groups who are supporting older people. Age Concern Islington believes it is important to strengthen community services for older people throughout the borough. BME older people, and particularly older refugees are amongst the most vulnerable in society, and to successfully helping groups to obtain more funding for services will also serve as a route to their accessing Age Concern's services. The worker supports the organisations by:

- Helping them to look at the profile of older people from their community in the borough, the services they need and making the case for providing a particular service
- Helping them to improve their existing services
- Supporting their management committee to set up services where there is no paid worker. This can be helping them with their policies, helping them find volunteers, or obtaining re-conditioned computers.

The worker adds value to this project since she is a member of Islington's community chest panel and thus understands grant-making processes.

However, she points out that helping the very small and fairly informal groups to find funding for an information and advice project would be counter-productive as this sort of work is quite specialist for the stage they are at, requiring specialist quality procedures.

However, there appears to us to be a lack of examples where local Age Concerns formally build the capacity of BME organisations to signpost users appropriately to local advice and information services. There are some examples of packs of written material in various languages being prepared by local Age Concerns which can be used by BME community groups to signpost their users, but it is probably worth pursuing how this can be done in more of a structured way – basic training on how to use the pack, where the lines are drawn between signposting, giving information and giving advice – and above all some system for updating the information.

6.6   Using volunteers

A way to get information and advice out into the community is through trained volunteers. However, the ongoing training and supervision of volunteers in this specialised field is resource intensive. The BME community sector itself uses volunteers in many ways and in our case study field work we found that the idea of training volunteer information and advice, as well as advocacy workers, a popular one. The Bandhob Day Care project for older Bangladeshi people in Luton for example has trained several workers in health advocacy. The Centre for Equality and Diversity, previously Dudley Race Equality Council, is looking to work with the local Citizens Advice Bureau to develop a scheme to train volunteers to become information and advice workers to go into local groups to provide advice.

6.7   Linking with service providers

We came across several examples of local Age Concerns that worked in partnership with service providers in order to increase access of a wider group of BME older people to information and advice services, as well as more general services. Thus Age Concern Oxfordshire has built a link with a primary care practice in East Oxford which is mounting an awareness campaign on diabetes, targeting the Asian community.

Age Concern Liverpool's Health Advice and Benefits Team (HABIT)

HABIT is part of Age Concern Liverpool's Information and Advice Team, and although it operates over much of the city of Liverpool (thus it is not a BME specific project), it is operating part of the service in the Liverpool 8 district where a high proportion of the city's BME population lives. Operating through GP practices, and primarily targeting over 75 year olds, it creates an awareness of the links between poverty and ill health amongst health professionals, and offers an information and advice service either based at the practice or by appointment in the home. In fact most people are seen at home rather than in the practice. Patients are invited to get in touch with the project through a letter which is signed by the GP. HABIT was independently evaluated by Liverpool John Moores University in 2005[28]. Statistics in the report show that, between 2002-2005, 1633 people were helped directly,

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[28] Centre for Market Research Technologies, Faculty of Business and Law, *HABIT Evaluation* (Liverpool John Moores University, 2005)

with a further 4803 receiving quality information and advice. HABIT has generated £6.53 million extra income or benefits. It has had an enormous impact on those who have previously felt excluded (or were unaware of) traditional information and advice agencies: 93% of those helped through the project had never accessed an information or advice agency. It is an innovative partnership working project since it has enabled health professionals to be more aware of services that could be provided to their patients, and to be more confident to refer to the appropriate agency.

In the Liverpool 8 district Age Concern Liverpool agreed to target a lower age range. Originally the GPs were asked if HABIT could target BME groups at a lower age as it had been identified that some first generation BME communities experience a lower life expectancy than other groups. The GPs responded that poverty affected all their patients who suffered more ill health at a lower age, and there was a lower life expectancy for all communities living in Liverpool 8, compared to some of the more affluent areas of the city.

The letter, which is signed by the GP encouraging people to contact HABIT advertising what the service can offer, is translated into the appropriate language according to the patient profiling at the practice and is sent together with the English letter. BME people who could read and speak English said they appreciated this. HABIT also undertakes outreach in the community, and has had a poster campaign in different languages which invites people to ask someone who speaks English to make contact with HABIT to arrange an appointment for advice and an interpreting service.

6.8 Working with Carers

In the previous desk research which formed part of the research for Age Concern England's Community Support Project, BME carers were identified as having a low awareness of their own entitlements to benefit and the entitlements of those they cared for. There are examples of carers' support groups specifically targeting BME communities, such as an Asian Carers' Support group operating within Oxford Carers' Support Group, and a Carers' Support Group funded by Luton Social Services within the Bandhob Day Care service. Age Concern Liverpool participates in a partnership initiative: *Looking After Me* which attracts carers from a number of communities (not BME specific). This is a 6 week course designed to build up the confidence of carers to know their rights and entitlements and the services that they can use.

6.9 Consultation

Consultation on what the information and advice needs of BME older communities will need to be carried out to find out what sort of information and advice people need and how best to provide it. However, a word of caution is necessary, since many BME communities are becoming cynical about being consulted but nothing ever happening, a point that was emphasised in the previous desk research. Age Concern Liverpool is about to publish the findings of its consultation in the Liverpool 8 area entitled *We're all consulted out*. We await this with interest. However, that said, if a pilot project were to be set up it is important that adequate consultation is undertaken with both communities and the agencies to be involved.

One useful way to both consult and to promote awareness of existing information and advice services is through BME older people's forums.

Leicestershire and Rutland BME Elders Forum

The Leicestershire and Rutland BME Elders Forum, attended by about a dozen BME representatives from the voluntary and community sector, meets quarterly and acts as a consultative group for statutory authorities. Age Concern Leicestershire's BME information and advice worker attends the forum meetings and updates members on information and advice services. The representatives can make appointments for their members to give advice on a one to one basis.

6.10   Conclusion

This chapter has identified good practice in working with BME older people to provide accessible information and advice, but has also identified barriers which need to be overcome both by generic information and advice services and BME community groups. We conclude by identifying the key aspects that should be considered when managing and running an information and advice service targeted at BME older people. This list has been compiled from the fieldwork interviews, including a meeting with the Minority Ethnic Network.

- Knowledge and awareness of the ethnic profile of the area, the community groups that operate within in, and the specific needs of different communities
- Links between organisations providing generic information and advice to older people and BME community organisations
- Links between voluntary organisations and statutory service providers
- Capacity to deliver high quality information and advice services
- Provision of interpretation in relevant languages whether that is through interpretation facilities or, better still the use of advice workers speaking mother tongue languages
- And above all, a strategy or clear pathway of levels of information and advice so that workers are clear about the boundaries between information, general advice, case work and legal advice

The Community Support project is to focus on how the voluntary and community sector can improve the provision of advice to black and minority ethnic older people. There is not one package of support that will fit all the circumstances in all areas, but we have identified a menu of types of support which might promote the awareness and use of information and advice services to BME older people:

- Initiating a dialogue between generic information and advice agencies and BME groups on the profile of BME communities, their needs and how best to meet them – but only if this is a precursor to practical action
- Providing information and advice to BME groups by specialist information and advice services on an outreach basis
- Producing guides on existing information and advice services, targeted for BME older people and their community groups
- Developing a programme of events for BME community groups to promote information and advice services for older people
- Holding information and advice fairs to promote information and advice services for older people
- Generic information and advice providers providing a supervisory service on how an information and advice service might be set up within a BME community organisation

- Training and/or mentoring volunteer information and advice workers within BME community groups
- Helping BME community groups to stabilise and find funding for information and advice work in partnership with generic information and advice services

7. Next steps

7.1 Introduction

This research has summarised issues of concern to BME older people, and their information and advice needs. It has looked at good practice in the giving of information and advice to BME older people and it has investigated the potential for pilot projects in five different areas of England.

The information contained in this report will be useful for designing the pilot projects, although there is further work to be done to design what will work in each area. In particular it will help ACE decide:

• the areas of information and advice that might be provided in the pilot phase
• how to develop capacity of voluntary and community organisations, including local Age Concerns to provide information and advice
• where the pilots should be located
• to help develop models for the pilots

7.2 Design of pilots

In developing the design for the pilots the following should be considered:

• What constitutes success?
• What might be able to be produced within the scope of the project
• Building on what works is important
• Evaluation must be considered at the design stage (linking to a consideration of what constitutes success
• The pilot should contribute to developing an engagement strategy for BME community groups which looks at the links between the various levels of information and advice and seeks to coordinate generic information and advice services with those provided by BME groups
• Sustainability must be considered throughout the pilot. As part of a sustainability strategy, links between community organisations and mainstream advice services should be created and sustained. Mainstream advice services should be encouraged to see this as part of their continuing strategy to promote race equality internally and externally. In this way the work will not end when the pilot ends.

Appendix one: list of consultees

Fiona Barber, Age Concern Leicestershire and Rutland
Maria Vaccarello, Age Concern Liverpool
Valsa Kurian, Age Concern Harrow
Nila Ghafour, Age Concern North Staffs
Wai Ha Lam, Age Concern London
Mr Kaveh, Iranian Association
Sally Blackden, Slough Age Concern
Laura Marziale, Migrants Resource Centre
Shahida Qureshi, Rowshan Khanum, Peter Guinan, Age Concern Islington
Mahendra Soni, Age Concern Coventry
The British Arab Resource Centre
Melva Rodney, New Testament Association Dudley
Nga Do, Vietnamese Development Centre, Birmingham

Consultees from Age Concern Oxfordshire
Penny Thewlis: Deputy Chief Executive
Salma Sultana: Liaison Worker
Alice Runnicles: Director in Policy and Empowerment
Chris Witcher: Information and Advice Officer

Consultees in Luton
Nasrin Haq: Development Officer, Social Services Luton Borough Council
Jasmin Goni: Non-residential team, Benefits and Home Care, Social Services, Luton Borough Council
Shamsun Hoque: Bandhob Club
Sheikh Moheeuddin (Tipu): Centre for Youth and Community Development
Ray Sprigg: Money Advice Worker, Help the Aged
Julia Cornelius: Chief Executive, Citizens Advice, Luton
Colette McKeaveney, Director, Age Concern Luton

Consultees in Birmingham
Mrs Golya: Coordinator, Polish Elders' Club
Aftab Parwaz: Regional Development Officer, Help the Aged
Sharon McCabe: Age Concern Birmingham

Consultees in Manchester
George Knight: Regional Development Officer, Help the Aged
James Allan: Advice Worker, Manchester Refugee Support Network
Hassan Mohamed: Somali Advice Worker, Manchester City Council
Nasra Aden and Abdi Mohamed: Somali Golden Age Care Group
Hassan Adam, Mohamed Ishmail and Hanad Aidid: Greater Manchester Somali Senior Citizen Care
Ismail Hassan: Somali Elders Project

Consultees in Age Concern Lewisham
Brenda Bond: Chief Executive
Jeanne Wilson: Information and Advice Services Coordinator

Appendix two: Background to specific communities

Introduction

The following are small summaries of specific communities in England concentrated in particular locations. They give rough estimates of numbers and a little about the characteristics[29] of each community. This is not a comprehensive picture of all ethnic minority communities in England, but serves as background material to select communities with different characteristics where information and advice needs vary.

Bangladeshi communities

There are 324,300 Bangladeshis living in England (mid 2005 population estimates) comprising 0.64% of the population. In England and Wales 2001, 4% were between 50 and 60, and 7% over 60 compared to 13% and 21% of the overall population respectively.

Bangladeshis live in highly concentrated communities with by far the largest in Tower Hamlets. The five local authorities with the greatest numbers of Bangladeshis are: Tower Hamlets, Birmingham, Newham, Oldham and Luton.

Many older Bangladeshis in this country, particularly women, speak little or no English and frequently live within their own community with little contact with other ethnic groups. Sylhet is a dialect of Bengali, and does not have a written script. With low mother tongue and English literacy rates amongst the older generation, the use of outreach activity is core to successful engagement. Mosques and community centres could be a good way to reach the Bangladeshi community.

Chinese community

There are 347,000 people of Chinese ethnic origin living in England (mid 2005 population estimates) comprising 0.69% of the population. In England and Wales 2001, 8% were between 50 and 60, and 9% over 60 compared to 13% and 21% of the overall population respectively. The majority of Chinese people come from Hong Kong, and a proportion come from Malaysia and Vietnam. There is a growing number of migrants from mainland China.

The five local authorities with the greatest numbers of Chinese are: Birmingham, Manchester, Leeds, Barnet and Westminster.

Chinese people represent a relatively tightly-knit community who continue to place an emphasis upon maintaining their cultural identity. Literacy levels in English are quite high for established communities, but much lower for recent migrants. Cantonese is most commonly spoken amongst the older population. Classical Chinese is the written form of both Cantonese and Mandarin. Working with Chinese community groups would be the best way to provide information and advice for older Chinese people.

Indian community

The Indian community is the largest BME community in England. There are 1,215,400 Indians living in England (mid 2005 population estimates) comprising 2.41% of the population. In England and Wales 2001, 9% were between 50 and 60, and 11% over 60 compared to 13% and 21% of the overall population respectively. Half of British Indians are

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[29] Two sources of information can be found at ???

Sikhs from Punjab with about a third being Hindus from Gujarat; many of the latter migrated to East Africa before settling in Britain.

Of all the south Asian populations in Britain, those of Indian origin are most likely to mix with other ethnic groups in social life and work, yet there are sizeable concentrations in particular local authorities. The five local authorities with the greatest numbers of Indians are: Birmingham, Brent, Harrow, Ealing and Hounslow.

The mother tongue languages for older Indians are mainly Punjabi and Gujarati. Hindi mother tongue speakers are a comparative minority in England and tend to be middle class professionals who are also fluent and literate in English. Hindi, being the language of Bollywood, is understood by most Indian communities, but literacy levels in Hindi may be low. The media is a good place to target the Indian population as there are specialist radio and TV channels that broadcast in Indian languages. Zee TV has a wide coverage amongst Indians in England.

Pakistani community

There are 825,500 Pakistanis living in England (mid 2005 population estimates) comprising 1.64% of the population. In England and Wales in 2001, 4% were between 50 and 60, and 7% over 60 compared to 13% and 21% of the overall population respectively.

Pakistanis are highly concentrated geographically. The five local authorities with the greatest numbers of Pakistanis are: Birmingham, Bradford, Kirklees, Manchester, and Newham.

Family ties are important and older people often live with their extended family, although this should not be assumed to always be the case. Many older Pakistani women conduct their lives within their community without the need to speak English and their ability to speak and write English is quite low. The principle languages spoken are Urdu and Punjabi; however it is important to know that the written form of Punjabi is in the Gurmukhi script which is used by the Indian Sikh communities and not Pakistani Punjabis. Although there is specialist press, radio and TV which is accessible to the Pakistani population, probably the most effective means of communicating is through outreach and community groups.

Black African community[30]

There are 658.500 Black Africans living in England (mid 2005 population estimates) comprising 1.30% of the population. In England and Wales in 2001, 5% were between 50 and 60 and 7% over 60, compared to 13% and 21% of the overall population respectively. Black Africans are the fastest growing ethnic minority group; the population doubled in size between 1991 and 2001. Nigerians, Ghanaians and Somalis form the main largest communities within this group.

Black Africans are highly concentrated in London. The five local authorities with the greatest numbers of Black Africans are: Southwark, Newham, Hackney, Lambeth and Haringey.

English is the mother tongue of many Africans living in England, with French being the mother tongue of those from central and West Africa. While mainstream media might reach Black Africans, for older residents outreach through churches and community groups would be a better way of communicating.

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[30] 110,400 defined themselves as 'other' Black, comprising 0.22% of the population. Of these, 79% were born in Britain and it is therefore difficult to tell their ancestral origins.

Somali Community

The National Office for Statistics estimates that the Somali community in England was 81,000 in 2006. However community sources believe this to be an underestimate due to under reporting by the community. Estimates vary between 95,000 and 250,000 Somalis living in Great Britain[31].

The highest concentration of Somalis is in London with the largest group in Tower Hamlets; an estimate of some 8-12,000 has been given[32]. Outside London, it would appear that the largest Somali community is in Manchester, an estimate of about 5-6,000[33].

During the 19th and early 20th century Somali men came into the UK as seamen. In the 1950s some Somalis continued to come into the UK as economic migrants to take up employment in industry. Small communities emerged in Tower Hamlets, Sheffield and Manchester. In the 1980s with the degeneration of the Barre regime, culminating in the 1988 decimation of the North, Somali people fled as refugees to the Gulf states, the US and Europe. After the Barre's fall in 1991, the continued violence in the south drove many more out of Somalia in a second wave of migration.

The civil war resulted in a breakdown in the Somali educational structure, which has had an impact upon mother tongue and English literacy. Some older Somalis may have received a formal education, and are likely to have some understanding of English, but many of the older generation who came to Britain to work did not have formal education. However, both older and younger Somalis in England are likely to be illiterate in mother tongue; for older people this is because Somali has only been a written language since 1972, and for younger people it is because of the collapse of the educational system. Low mother tongue and English literacy levels reinforce the need for audio/visual communication and outreach.

Black Caribbean community

There are 590,400 Black Caribbeans living in England (mid 2005 population estimates) comprising 1.17% of the population. In England and Wales in 2001, 8% were between 50 and 60 and 17% over 60, compared to 13% and 21% of the overall population respectively – making it the BME group with the oldest age structure in England.

The five local authorities with the greatest numbers of Black Caribbeans are: Birmingham, Lewisham, Lambeth, Croydon and Brent.

The majority of Black Caribbeans in England are of Jamaican origin but the community comprises people from all the Caribbean islands. Mother tongue is mainly English. Of all the minority ethnic groups, Caribbeans would find mainstream literature in English accessible, but targeting older people through community centres would ensure the message is reinforced.

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[31] Hermione Harris, *The Somali community in the UK* (The Information Centre about Asylum and Refugees in the UK, 2004)

[32] Marianne Green, *Profiling refugees in Tower Hamlets to deduce their particular health needs and how best to meet them* (Tower Hamlets PCT, 2001)

[33] Cited in Hermione Harris, *The Somali community in the UK* (Information Centre about Asylum and Refugees in the UK, 2004)

Refugees and Asylum Seekers

Asylum seekers

At the end of September 2006 there were 11,590 asylum seekers receiving subsistence only support and 34,540 asylum seekers in NASS supported accommodation. the four regions with the greatest numbers of asylum seekers supported by NASS subsistence only and in NASS accommodation are Greater London (20.39%), Yorkshire and Humberside (16.91%), North West(14.4%) and the West Midlands (11.62%).

During the nine years from 1990 to 1998 the number of applications for asylum in the UK averaged around 33,700 a year. In 1999, the number of applications increased significantly to 71,160 and remained high in subsequent years, rising to 84,130 – the highest level ever – in 2002, before falling significantly to 49,405 in 2003 and 33960 in 2004 and 25,710 in 2005[34]. These figures do not include the dependents of asylum seekers: it is estimated that before 2001 most applicants for asylum did not have dependents. From 2002 to 2005 the number of dependents totalled 41,385.

Between 1998 and 2005, the number of applicants granted asylum in the UK (including reconsidered cases) and those with exceptional leave to remain, discretionary leave and humanitarian protection totalled 131,205.

It is not possible to give a precise age breakdown but the Refugee Council's literature review for the Older Refugee's Programme states that in 2004 Home Office statistics for asylum applicants showed that 3% of asylum applicants were over 50. This included more women than men. Older people can also submit applications as dependants with around 2% of dependant's applications coming from people over 50. People coming in as dependents do not have recourse to public funds which can be a problem if the sponsor's own economic circumstances changes due to unemployment, birth of children etc. This is a particularly vulnerable group of people as they may not have information about public services.

In the years 2000-2005 the top 10 main nationalities of asylum applicants are from Iraq (35870), Somalia (27,415), Afghanistan (21,380), Iran (21,140), China (17,610), Zimbabwe (16,230), Sri Lanka (15,035), Pakistan (13200), Turkey (12,910), Serbia and Montenegro (11565). In the last 3 years to 2005 people seeking asylum from the Democratic Republic of Congo totalled 4,095, and in 2005 1,760 from Eritrea and 1025 from Nigeria sought asylum.

Refugees

Sizing the refugee population is problematic. Cumulative totals of settlement figures are often used to estimate the size of the refugee population but this would not include the number who subsequently leave the UK and nor would it include the dependents of refugees joining those granted settlement through family reunion channels. The Office for National Statistics produced the following figures for 2006 from the Labour Force Survey.

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[34] E Peach and R Henson (updated by Sophie Wainwright) Key *statistics about asylum seeker applications in the UK* (ICAR, 2006)

Number of foreign born residents in England, 2006 (rounded to nearest 1000)		
Country	Number	Number over 50
Nigeria	122,000	17,000
Sri Lanka	100,000	29,000
Zimbabwe	98,000	10,000
Somalia	81,000	10,000
China	71,000	12,000
Iran	58,000	16,000
Iraq	47,000	9,000
Sudan	15,000	3,000
Congo	3,000	-

The refugee community is highly heterogeneous, but the need for basic information on their entitlements to housing, welfare benefits, education, training and employment etc is largely similar. Refugees need face-to-face contact, usually in their own language, to understand their entitlements. Moreover, often in order to act upon information and advice requires that refugees become motivated and confident. Thus advocacy by a third party is often needed. Refugee Community Organisations (RCOs) are the main source for refugees to find information, advice and advocacy about their needs, but are themselves fragile. Research undertaken for the Charities Evaluation Service[35] found that mainstream organisations, particularly in the dispersal areas outside London, were not geared up to meeting the basic information and advice needs of refugees, thus further over-burdening the under-resourced RCOs. Local RCOS are often too small to have specialist workers, say in housing or employment, and some workers lack the contacts to refer people on to appropriate mainstream provision. A fruitful avenue for Age Concern's Support Programme could therefore look at how mainstream organisations (both voluntary and statutory) might work together with an RCO (or a group of RCOs) to provide it/them with extra support to help the integration process, for example specialist advice on their own premises through an interpreter.

Polish migrants

The largest community from the accession countries is the Polish community, but there is an older established Polish community who came as refugees in 1939 when Germany and Communist Russia partitioned Poland. Many individuals survived war, occupation and labour camps before coming to Britain.

The Office for National Statistics has estimated that the number of foreign born Polish people in England in 2006 was 230,000, of whom 32,000 were over 50 (13.9%). The proportion of older Poles is highest in the West Midlands than in any other English region: there are 3,000 Polish people over 50 representing 17.6% of the total Polish population.

Many older Polish people live alone and may own their own homes. They may need basic help in the home and for shopping.

Language and accent can still be a barrier for older Poles trying to access services. Many may speak English but find that people from statutory agencies do not understand them on the telephone. They tend not to read English very well and may find leaflets unhelpful unless they were translated into Polish.

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[35] M Gameledin-Ashami, L Cooper and B Knight, *Refugee settlement: can communities cope?* (CES, 2002)

Travellers

The Friends, Families and Travellers website[36] cites Council of Europe figures for gypsies and travellers living in England. These are estimated to be around 300,000, with 200,000 living in houses and 100,000 in caravans. Gypsies and travellers consist of several distinct communities including: gypsies, Irish travellers, Scottish travellers, new travellers, and boat-dwellers.

The latest count of gypsy sites in England[37] gives a total of 4957 pitches in England. The counties with the most sites are Surrey, Kent, Hertford and Essex.

Friends, Families and Travellers run an Advice and Information Unit which has a national remit. This Unit also delivers a number of other advice projects. The issues affecting gypsies and travellers are extremely specific to those communities and any information and advice would best be carried out by a group already supporting gypsies and travellers.

Faith based communities

The 2001 census gave people the option of describing their faith.

71.7% of people in England stated their religion as Christian. 6% follow other religions:

- 3.1% is Muslim

- 1.1% is Hindu

- 0.7% is Sikh

- 0.5% is Jewish

- 0.3% is Buddhist

- 0.3% is of Other Religions

London has the highest proportion of:

- Muslims 8.5%

- Hindus 4.1%

- Jews 2.1%

- Buddhists 0.8%

- and people of other religions (other than Christian) 0.5%

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[36] www.gypsy-traveller.org
[37] Gypsy and traveller sites provided by local authorities and registered social landlords in England (Communities and Local Government, July 2007)

The Census religion question was voluntary, and 4,011,000 people chose not to answer it (7.7%)

It is important to know which beliefs amongst faith based communities might have an impact on information. Islamic Sharia law, for example, prohibits 'riba' or usury, which means the paying and receiving of interest for profit. The law is usually applied to excessive or unreasonable interest, but some Muslims believe it applies to all interest. This could mean that older Muslims regard information and advice on equity release schemes, pensions and debts in a different light from non Muslims.