"Who Am I?"

Assessing and Delivering Culturally Appropriate Care in Lancashire

A Good Practice Guide

Lancashire County Council

Contents

SECTION TWO - Practice Issues

SECTION THREE - General Factors

SECTION FOUR - Legislation

SECTION FIVE - Information & Advice

SECTION SIX - Learning & Developing

Foreword

If a service is going to work well for someone it has to effectively respond to their particular needs, taking account of this and tailoring the response that is made.

This is true of any service but particularly the services we provide in Adult Social Care which are all about people and their needs. We want to be citizen centred in ensuring that what we do is driven by our customers experience and particular requirements.

This guidance is about making that work in practice for people from Black and Minority Ethnic backgrounds where we know we still have real issues about service take up.

Our job is to deliver services to people based on a thorough and joint understanding of their needs. This guidance will be an important toolkit in ensuring we get this right for all people within our communities.

Richard Jones

Executive Director of Adult and Community Services

I'm delighted to endorse this work which I believe will give frontline staff a better understanding of the issues that are important to people from the range of culturally diverse groups of people within the County. It is full of good information that can be dipped into as and when it's needed and I believe that this will result in staff feeling more confident when working with people from backgrounds that differ from their own.

Olive Carroll Director of Older People Services

I welcome the publication of this good practice guidance which provides care managers with a toolkit of information to help increase awareness and understanding of the diverse communities of Lancashire. It is essential that everyone has the same opportunity to access a range of relevant and appropriate services which take full account of their specific needs; offers them choice and control and enables them to achieve the outcomes they seek. Effective and confident care managers have a key role in ensuring that services are tailored to meet diverse needs, and this guidance will be of great value in supporting them in this role.

Steve Gross Director of Adult Services

A lot of work by a lot of people has gone into producing this very comprehensive guide. I am sure staff will find it very helpful in identifying how to meet the needs of people from black and minority ethnic groups. The message is whatever the individual's race, faith or culture if you're not clear how to meet their needs just ask them.

Blair McPherson Director of Community Services

Old Age Was a Million Years Away It Caught Up With Me Today

Left my homeland so long ago
What I was coming to
I did not know

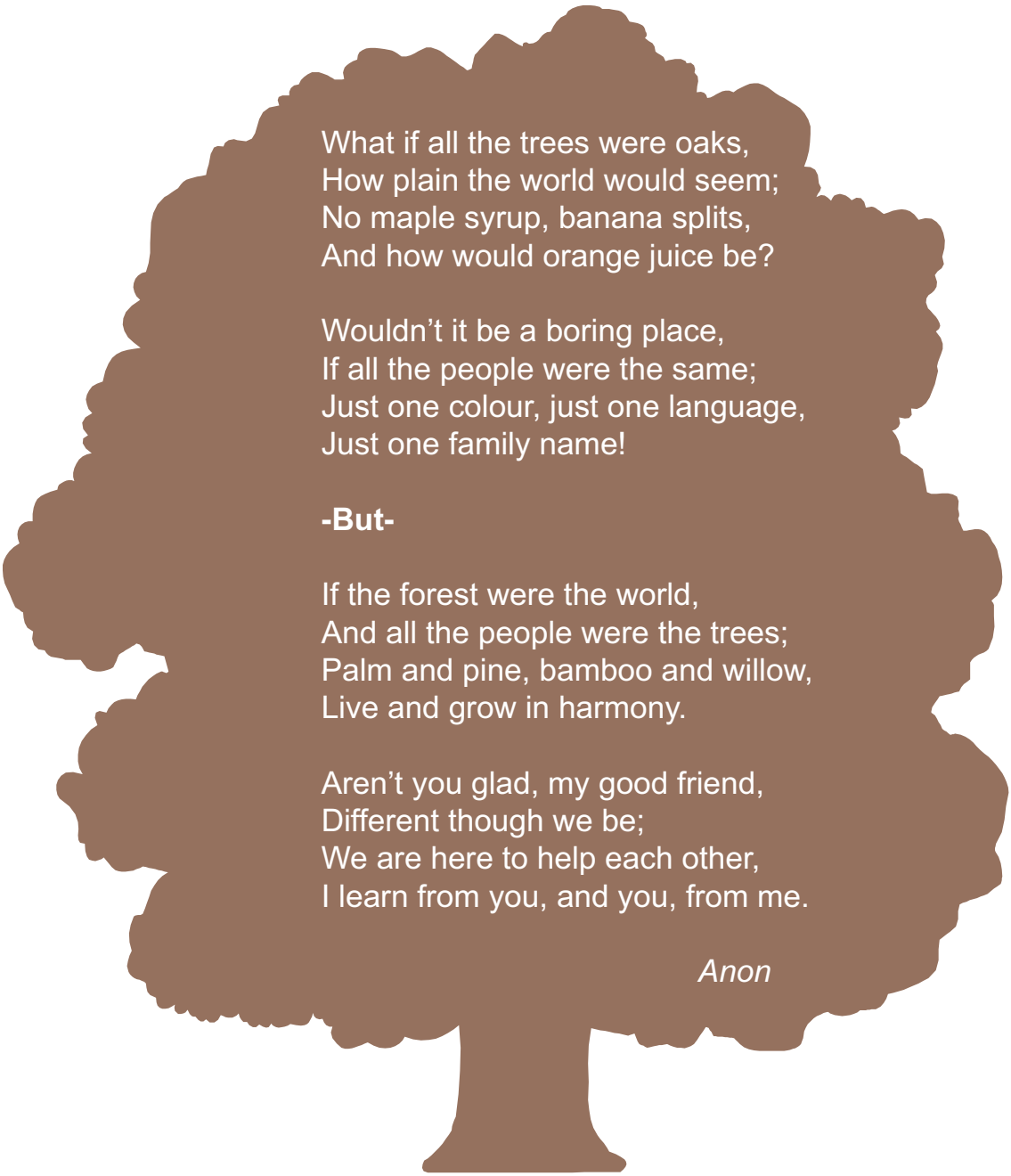
I had so many dreams so many plans
But as each day went by
They all began to fade

Pensions of consolation
Can't make ends meet
Can't afford to buy the food
I am accustomed to eat
If only the authorities would understand
That my needs and ways
Are different from the natives of this land

Separated from family and friends
Placed in a home where I can't relate
Where there is no respect - only hate.

Anon

If All the Trees Were Oaks



What if all the trees were oaks,
How plain the world would seem;
No maple syrup, banana splits,
And how would orange juice be?

Wouldn't it be a boring place,
If all the people were the same;
Just one colour, just one language,
Just one family name!

-But-

If the forest were the world,
And all the people were the trees;
Palm and pine, bamboo and willow,
Live and grow in harmony.

Aren't you glad, my good friend,
Different though we be;
We are here to help each other,
I learn from you, and you, from me.

Anon

SECTION ONE
Overview

Developing services for black and minority ethnic people

Over the years, concerns have been raised about inaccessible and inappropriate service provision to meet the needs of black and minority ethnic people. Also changes nationally in the demographic profile of the black and minority ethnic population have placed growing demands on the social care sector.

The Race Relations (Amendment) Act 2000 outlaws discrimination in employment, in the provision of goods or services and in all the activities of public bodies. This means policy makers and social care practitioners are required to give full consideration to issues of cultural and religious identity. Organisations must find ways of responding to the needs of black and minority ethnic people in ways that ***value diversity, respect human rights*** and promote independence.

This guidance is about good practice. As with all aspects of care management, the key is placing the person at the centre of our thinking and responding to their individual needs within the mainstream of all our work.

Race Equality - a mainstream issue for health & social care services

According to the Department of Heath, "**Mainstreaming** means automatically considering the race equality dimension in everything we do. Getting there involves equipping staff with the skills, knowledge, expertise and attitudes to do this, so that they take responsibility for this as part of their day to day professional practice".

Core Elements:

- Automatic inclusion in policy development
- Institutionalising new initiatives within routine practices
- Embedding in organisation and institutional culture
- Changing individual behaviours and attitudes

Mainstreaming is a key strategy to achieving race equality by building equality into all employment, service delivery and policy developments.

Mainstreaming complements specific initiatives that may be taken in response to individual needs and preferences, such as development of culturally specific services.

Mainstreaming involves long term universal change so that race equality issues are considered as a matter of course. Race equality can not be bolted on to policies and programmes; it needs to be built in from the beginning. By building equality into every part of the policy and decision making process, **Mainstreaming** makes race equality everyone's responsibility.

Position and Changes to Lancashire's Assessment Process

The White Paper, *Our health, our care, our say: a new direction for community services* (January 2006)

The White Paper confirms the vision that was set out in the Green Paper 'Independence, Wellbeing and Choice' for the future of adult social care. It will drive us forward for the next 10 years and will influence how services are delivered and developed locally.

The White Paper set a new direction for social care and community health services with four main goals:

- Better prevention and early intervention for improved health, independence and well-being;
- More choice and a stronger voice for individuals and communities;
- Tackling inequalities and improving access to services; and
- More support for people with long-term needs.

As the proposals in the White Paper are developed and implemented, the effect that these changes will have in the delivery of services will be assessed for a wide range of population groupings including black and minority ethnic groups.

One of the key themes for Lancashire is how we enable people to play a fuller part in society and to have control and choice over their lives. We have a real responsibility to accept this challenge in response to the expectations of the government, the public and the changing demographics of our society. A skilled and knowledgeable work force is fundamental to this agenda.

Single Assessment Process (SAP)

The Single Assessment Process (SAP) was introduced in the National Service Framework for Older People (2001), Standard 2: person centred care. This standard aims to ensure that the NHS and social care services treat older people as individuals and enable them to make choices about their own care. It is a locally agreed joint approach to assessing and planning to meet the health and social care needs of older people.

SAP provides us with a consistent 'person centred' framework within which older people and their carer's needs are assessed and subsequent care co-ordinated. SAP is divided into contact and overview assessments which may lead onto a specialist assessment.

While central Government has a crucial role to play in empowering and enabling local communities, many of the detailed solutions must be found and implemented at local level in response to the diverse needs of the local population. In Lancashire the overview assessment includes clear reference to cultural issues as part of this assessment process.

The Single Assessment Process is increasingly being used as a framework for delivering services to other adults requiring care, not just older people. Government policy documents are promoting SAP as a model for a national **Common Assessment Framework (CAF)** to deliver the benefits of a holistic needs assessment for all adults.

The Common Assessment Framework (CAF)

The White Paper, *Our health, our care, our say: a new direction for community services* (January 2006), proposes a Common Assessment Framework for Adults to be developed. The aim of adopting a common framework is to remove the artificial boundary of 'older age' and provide continuity of a person centred approach throughout adult life geared towards self-determination and planning for independence. This will include black and minority ethnic groups as well as the population as a whole.

Developing a Strategic Approach to Prevention for Adults with Lower Level Needs

The White Paper sets out an ambitious set of actions for change that cut across primary and community health care, social care and services provided by the independent sector and voluntary, community and faith sector. In particular, the paper focuses on the need for a shift from acute services to prevention at all levels and states that there needs to be a greater focus on prevention and the early use of low-level support services.

The Government's vision is underpinned by a raft of reports from statutory bodies which acknowledge the importance of preventative work. Policy documents highlight the impact of demographics on potential future demand for services and the failure of existing systems to adequately promote independence and to enable people to maintain their quality of life. In Lancashire data confirms that there will be an increase in the population of people from black and minority ethnic communities.

The participation of people in social, cultural, religious and leisure activities in terms of quality of life can contribute to improved health, reduced crime, cohesive communities and reduced loneliness.

The Adult and Community Services Directorate has undertaken a project to establish a multi-agency strategic approach to preventative services for adults with lower level needs in Lancashire.

The findings confirm that black and minority ethnic groups are under represented in take up of low level preventative services. A multi-agency strategic framework for services for people with lower level needs will be published. This will set out the way in which agencies will work together to improve co-ordination around services to all groups of people with lower level needs.

FACS – Fair Access to Care Services

In May 2002, the Department of Health (DH) issued statutory guidance to councils called, ***Fair Access to Care Services - Guidance on Eligibility Criteria for Adult Social Care***. This guidance provided a framework for determining eligibility for all adult social care services. Councils were required to revise their eligibility criteria to ensure greater consistency across the country on how decisions were made about whether people receive services or not.

The Eligibility Criteria for Lancashire is used for all adult service users to ensure services are offered on a fair and consistent basis. For those individuals who are not eligible for services from the Directorate and have lower level needs, information on access to other services is provided to assist in the assessment of individuals for whom a preventative approach would be beneficial.

The development of this guidance

This guidance is written in response to a service audit and gap analysis undertaken by Older People Services in relation to services for black and minority ethnic people in 2006.

The project was initiated to examine the existing service provision for black and minority ethnic older people in Lancashire and to consider how well assessment and care management services across the county engaged with older people from these communities. This was approached by:

- auditing the existing service provision for black and minority ethnic older people in Lancashire using the Department of Health's audit tool, ***Developing services for minority ethnic older people: the audit tool;***
- determining the standard of practice within assessment and care management for black and ethnic minority older people by co-ordinating a case file audit which involved operational staff; and

- seeking information from service users about their experience of involvement with the department.

Issues highlighted included:

- Staff do not always feel confident when dealing with service users from black and minority ethnic communities.

"I have a fear of being perceived as 'racist' when family views differ" - Social Worker.

- Lack of availability of culturally appropriate services make it difficult for staff to feel assured that they can provide services when needs are identified.
- Communication and information is not always delivered in a format that service users are able to understand.

"I can't understand the care plan" – Service User.

- The case file audit highlighted a number of issues relating to the function and recording of assessment and care management information.
- There is a lack of awareness among black and minority ethnic communities of the availability of support from the directorate.
- Trust seemed to be a key issue for service users and their families in terms of service provision and finance information.
- Carers' issues were significant and female relatives continued to provide support when services were not perceived to be appropriate.

Furthermore, research has also highlighted that the proportion of black and minority ethnic people in the population is growing.

- This trend is reflected in Lancashire as in other areas of the country, where the numbers of black and minority ethnic people are increasing.
- The population is likely to rise inline with the last census figures for Lancashire in 2001 which saw an increase in the black and minority population of 1.8%. Current data for Lancashire will not available until the next census in 2011.

Consideration, therefore, needs to be given to the appropriateness of current service provision in order to ensure that there are suitable, culturally sensitive services with sufficient capacity to meet projected numbers of service users.

Nothing New!

The project findings mirrored and reinforced the same gaps in services as those highlighted in other local and national studies.

A Social Services Inspectorate (SSI) report entitled, ***They look after their own, don't they? (1998)*** undertook an inspection of community care services for black and minority ethnic older people in 8 local authorities.

The inspection evaluated the extent to which Social Services Department (SSD) arrangements for planning and delivering community care services appropriately addressed these needs. It concluded:

"Overall, we found that there was a genuine attempt being made to ensure that services to minority ethnic older people were relevant and accessible. There were some good examples of practice and service delivery.

However the variety of services available offering choice to black elders was limited and the eurocentric nature of service provision meant many black elders had difficulty in having their needs met."

They look after their own, don't they?
Department of Health, 1998

In Lancashire, the 'Social Care Project' was commissioned in August 2000 and ran until March 2003. This work was piloted to identify the social care needs of the local black and minority ethnic communities in Accrington.

In line with similar national findings it was apparent that some members of the public had a negative perception of Social Services as they were perceived as,

"Not being able to deliver culturally, religiously and linguistically appropriate support".

Social Care Project Accrington – Audit Report October 2002

SECTION TWO
Practice Issues

Key Definitions

This section contains words or phrases commonly encountered. One of the obstacles many of us face when discussing race and ethnicity is that different people often place quite different meanings on the words and phrases.

Sometimes there are no clear, straightforward or universally-accepted definitions of these terms, which is perhaps one reason why misunderstandings and misconceptions so frequently occur. Meanings of particular terms can also change over time for a number of reasons.

This document has not attempted to define all terms of reference, but serves as a guide for staff.

Black is a term increasingly used by people of African-Caribbean, Asian and African origins to express their common identity. Always ask people how they want to be described. In this guide, the term "black and minority ethnic" is used with a view to being all-inclusive.

Dual or mixed heritage, or dual or mixed origin, are terms used to describe people whose parents or grandparents belong(ed) to more than one **ethnic group** (see below). It also refers to those who have been brought up cross-culturally. This includes black or Asian children brought up in white households, and vice versa. **The preferred terminology is "mixed heritage"**.

Ethnic group: people who share (some of these) characteristics such as language, history, culture, upbringing, religion, nationality, geographical and ancestral origins and place (DH, October 2001). This provides the group with a distinct identity as seen both by themselves and by others. Everybody belongs to an ethnic group. Therefore "majority ethnic group" means white British people. Minority ethnic groups or communities are distinguished in some way from the majority – by language, skin colour, religion, country or origin, customs and values.

Oppression may be experienced by an individual or group. It refers to keeping the person under by coercion and the use of cruelty or injustice. Group oppression is the systematic mistreatment of one group by another group, or by society as a whole.

Prejudice means pre-judging without having the correct information on which to make a judgement. It leads to irrational preferences and decisions. Racial prejudice means pre-judging on grounds of colour, nationality, or national or ethnic origin.

Race is a term to avoid, since we all belong to the Human Race. However, it is hard to avoid it!

Racism is the conscious or unconscious belief that an individual or group is inherently superior to another person or group solely on grounds of colour, national or ethnic origin.

Stereotyping means making judgements about people based on the group they belong to, without seeing them as individuals first.

Racial discrimination may be either direct or indirect. The Race Relations (Amendment) Act 2000 uses these definitions:

> **Direct discrimination** occurs when a person (including a company or a public authority), on racial grounds, treats someone less favourably than others in similar circumstances. Racial grounds are grounds of colour, race, nationality (including citizenship) or ethnic or national origin.
>
> **Indirect discrimination** occurs when a condition or requirement which is applied equally to everyone can be met by a considerably smaller proportion of people from a particular racial group, and it is to their disadvantage because they cannot comply with it. The condition or requirement will be unlawful unless it can be justified on non-racial grounds.

Victimisation occurs when a person is treated less favourably than others for having made, or supported, a complaint of discrimination. (Commission for Racial Equality, 2001)

REFERENCES TO ETHNIC ORIGIN

African:

This is often used to describe black people from Africa, but again, individuals often prefer to identify with their country of origin and will use Nigerian, Somali, etc.

African-Caribbean:

This is often used as a general term to describe black people from the Caribbean and, as such, is not wrong. The word "African" coming before "Caribbean" symbolises the connection of the Caribbean people to African ancestors brought to the islands by the slave trade. There are distinct differences in cultures between people of African background and those born in, or who are descendants of people from, the Caribbean islands. Some African-Caribbean people prefer to identify with their island of origin, eg Jamaican, Trinidadian, etc. ***Afro-Caribbean*** is used less and is gradually being replaced by ***African-Caribbean***. The term 'West Indian' is a historical term not usually considered appropriate except in titles such as "West Indies cricket team". Those who are settled in Britain may wish to be known as British African-Caribbean.

Asian:

This is a general term; it is acceptable, although it is very imprecise. Many people prefer to be identified in terms of their national origin (eg Indian, Pakistani, Mauritian), region of origin (eg Bangali), or religion (eg Sikh, Hindu). Terms such as South Asian or South Eastern Asian are sometimes used, but many people may not be clear as to what you mean. Refer to people by their country of origin, such as Vietnamese, Malaysian, etc, when this is known, and you will reduce the risk of giving offence, however innocently. Those who are settled in Britain may wish to be known as British Pakistanis, or British Asians.

Black:
Under the Commission for Racial equality guidelines, the term 'black' refers to African, African-Caribbean, Asian, Chinese and other ethnic minority people.

Black-British:
This is often seen on official documentation, when racial identity is an issue. Many people, particularly young people, will refer to themselves as black British. In addition, some will classify themselves as black Welsh or black Scottish.

British:
This is about citizenship, and does not directly relate to ethnic or racial origin. Nearly everyone born in Britain has British citizenship, regardless of colour or ethnicity, and the term should not be used as a synonym for 'white'.

Coloured:
This is not acceptable – all skin tones are a colour. Many people find it offensive. Although this term was in common usage some years ago, it is now used less often, and has been replaced by 'black'.

Non-white:
Many people find this term deeply offensive, as its origins relate to apartheid, and its use implies white supremacy, or at the very least, that "white" is the norm or "normal". It should be avoided.

Half-caste:
The use of the term half-caste was widely used until recent times. It is now regarded as offensive by many people due to its origins within the Hindu Caste System, in which being half-caste could mean social exclusion for the individual concerned.

Mixed race:
This is generally accepted, but can sometimes have negative connotations. An alternative is 'mixed heritage'. The term 'multi-racial' may also be used, for example as in reference to a 'multi-racial household'. Mixed cultural heritage is increasingly used in educational circles. There is growing preference for using the phrase "mixed heritage" rather than "dual heritage".

GOOD PRACTICE GUIDANCE:
THE CARE MANAGEMENT PROCESS

In common with good practice in assessment for all people, the following key principles form the foundations upon which the guidance is built:

Dignity

- Listening and hearing what is being said

  "The social worker was very sensitive to my cultural needs – I was very satisfied" - Service User.

- Respecting and promoting dignity at every intervention
- Taking a holistic approach to assessment and care planning
- Designing individually tailored care plans
- Promoting and encouraging a greater degree of individual control.

Choice

- Needs-led responsive services

  "I don't think the worker really understood my needs" - Service User.

- Promoting choice by offering a range of alternatives.

Participation

- Empowerment of individuals and communities:
  - individuals playing an active role in identifying their own needs and ways of meeting them; and
  - communities encouraged to participate in service development and delivery.

Respect

- Listen and endeavour to understand individual values, views, opinions and preferences.

  "Having someone understand me and speak my language helped me a lot - I will return to social services in the future for more help" – Service User.

MAIN MESSAGES AND HOW TO USE THE GUIDE

The following information is intended to provide guidance and preparation for working with black and minority ethnic people and their carers. It is not intended to be prescriptive, more to help individuals consider some of the issues that the service user may face.

This guide has one over-riding message:

NEVER MAKE ASSUMPTIONS - ALWAYS ASK IF UNSURE

We are all different, whatever our background. It is therefore crucial to ascertain the needs and wishes of each individual.

- The following information and advice is not exhaustive nor is it intended to be prescriptive.
- It is a tool designed to help practitioners incorporate a holistic approach to assessment and care planning.
- It is vital that practitioners practice from a sound base of knowledge, skills and awareness of anti-discriminatory and anti-racist practice. Only then can culturally competent care be used to positively impact the services offered to black and minority ethnic people and their carers.
- The guide should be used to complement existing procedures, policies and legislation on working with black and minority ethnic people and their carers.
- It seeks to increase awareness and understanding whilst providing vital insights into how services can be adapted to meet diverse needs.
- It is a guide that is aimed at helping staff by offering:

    - good practice guidance on the care management process;
    - valuable cultural information;
    - resource information; and
    - support and direction for practitioners in culturally competent practice.

- Staff have a vital role in identifying gaps in service design and provision, and in highlighting good practice examples.
- The services offered need to be creative, flexible and innovative.
- Staff need to negotiate and advocate on behalf of clients in ensuring appropriate service responses.

STAGE ONE

SCREENING AND REFERRAL

We as a service should:

- Incorporate issues of race, culture, religion and language throughout the care management process.

  "I was very pleased with how the social worker assessed my mother" – Carer.

- Consider the eligibility criteria and any impact it may have on black and minority ethnic people.
- Promote culturally appropriate services to generate referrals and turn 'need' into 'demand'.
- Recognise that word of mouth is often a powerful means of communication. The written word cannot be relied upon as the main form of communication when promoting services.

  "I had difficulty understanding the information on the help that was available" – Carer.

- Use interpreting, translation and 'bi-lingual advocacy' services where appropriate to facilitate good communication and build trust. This should include for example Braille, sign language and other forms of linguistic communication.
- Understand how personal views about the family, community and growing old may infringe upon those from different backgrounds and perspectives.
- Demonstrate an understanding of how family dynamics can be different due to cultural backgrounds, and how this may have an impact upon service users and their carers.

  "The worker didn't understand why I wanted my family to care for me" - Service User.

- Be aware that perceptions, expectations and understanding of services will differ across cultures. Therefore it is important that the screening or referral process is sensitive, and also empowering and enabling to service users/carers.
- Challenge discriminatory practice and assumptions such as 'services are available to anyone who asks or is in need', 'communities look after their own' and 'I operate a colour blind approach'.

STAGE TWO

ASSESSMENT

We as a service should:

- Clarify the individual's perceptions and expectations of the service and how these are impacted by religious, cultural and linguistic needs.

  “He had no cultural awareness” – Service User.
- Listen to the individual's own use of English and try to use words within their vocabulary.
- Give the client/carer a 'voice' to find out what is important to the individual client. Realise that the way you see life is not necessarily how others see it.
- Be aware that adopting a 'colour blind approach' implies that all service users have the same needs and should therefore be treated the same. This approach views diverse or different needs negatively and expects black and minority ethnic service users to 'fit - in' with Eurocentric services.
- Work positively with community support systems, networks and resources including interpreting, translation and advocacy services.

  “It was very helpful being put in touch with Age Concern” – Carer.
- Recognise that religion can maintain and strengthen communities, and be a pillar of support at times of illness, trauma, loss, bereavement, tragedy or other significant life experiences.
- Develop an understanding of how racism, discrimination and oppression can impact upon individuals’ lives and opportunities.
- Empower and enable service users/carers to make informed decisions through information that is clearly understood, eg explaining what an assessment involves and checking out that the information given has been understood.

  “So many people came to assess me – I didn’t know who the social worker was” – Service User.
- See diversity as positive by building upon the experiences of working with black and minority ethnic service users and carers.

  “Very happy with services. We have been able to go away as a family for a few days” – Carer.

- Recognise the possible effect that displacement and trauma may have upon the assessment process, especially relevant when working with asylum seekers and refugees.
- Recognise, respect and value the contributions made by black and minority ethnic people in society, eg reminiscence can give people from diverse backgrounds an opportunity to share and celebrate their backgrounds and lives.
- Work with contracting and commissioning to ensure choices can be offered to black and minority ethnic people.

"I was given vouchers but couldn't use them, my mother won't have anyone else care for her" – Carer.

- Identify service shortfalls to help influence service planning and service development.
- Ensure holistic assessments give consideration to:
  - Culture
  - Traditions, rituals, customs, ceremonies
  - Historical background
  - Service user's biography
  - Individual's identity
  - Values, beliefs
  - Religious belief
  - Dress, appearance, diet
  - Family dynamics, roles, relationships
  - Community involvement
  - Interests and hobbies
  - Rites of Passage
  - Festivals, national days
  - Death, dying and bereavement
  - Community resources, networks and support systems etc.

KEY QUESTIONS FOR EVERYONE

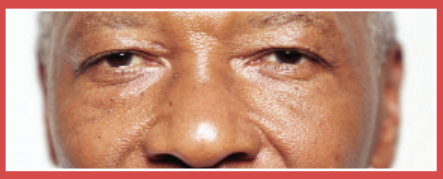
Considerations:

Social factors affecting social services intervention

- Ascertain from the service user and family what are their perceptions, concepts and expectations of the service?
- How is care organised within the family?
- What are the different relationships and roles and how may they be affected by changing lifestyles, eg role of older people in the home and inter-generational issues?
- What are the local resources, contacts, relationships and networks and what relevance do they have to the family?
- What are the cultural differences in hobbies, interests and pastimes?
- How do issues of poverty within black and minority ethnic communities affect life choices and experiences?

Mental health/emotional factors

- How may loneliness, isolation, conflict, changing roles and relationships impact on the lives of black and minority ethnic people and their carers?
- What factors may affect an individual who is growing old away from their family and friends and their country of origin?
- How may behaviour and cultural differences about disability, mental health, sickness and increasing dependency on others differ?
- How may loss of independence be communicated differently?
- What cultural and religious factors may affect dealing with death, dying and bereavement across cultures?
- How may an understanding of an individual's cultural heritage promote positive self-identity and self-esteem?
- How can reminiscence work be used as a vital resource in celebrating diversity and acknowledging the contribution of different communities in Britain?



Religious needs

- To what extent does religion and spirituality impact upon individuals' values, morals, ethics, beliefs, diet and dress?
- What are the local places of worship and how can any contact with these be sustained?

Carers needs/significant others

- What conflicts/dilemmas may exist for black and minority ethnic people and their carers in not being able to offer care within the home or community?
- Recognise the cultural aspect of the caring role among black and minority ethnic communities.
- How may feelings of guilt, abandonment and shame be communicated across different cultures?
- Recognise vulnerability to abuse for both service users and carers.

"I've only been out once in 8 months as I can't leave my mother alone" – Carer.

STAGE THREE

CARE PLANNING

We as a service should:

- Establish a relationship of trust, respect and understanding so that the whole process of change has integrity.
- Use appropriate language, terms and concepts to ensure service users understand what services are, eg 'domiciliary care'.
- Use trained interpreters and advocates where required to ensure effective communication.

"Some of the carers spoke a different dialect to my mother so neither they nor my mother could understand each other" – Carer.

- Empower service users/carers to ask questions about the process and services on offer to ensure they acknowledge the impact of any potential service restrictions.
- Offer a 'needs led service' that is innovative, flexible and sensitive, eg a care worker learning essential phrases of a language to help the service user in receiving personal care.
- Learn from the service user and/or their family about daily care routine, eg how to assist in dressing the person appropriately, or helping to tie a turban.

"I had different carers each day and had to explain each time what they had to do" – Service User.

- Work with the residential home or carer to ease transition from family home, eg ensuring that culturally diverse possessions/decor are not just confined to the service users personal space but are also extended to communal areas.
- Address each individual's basic needs around personal care, diet/food, dress, social and religious needs in a culturally specific way so that the outcomes of care planning are flexible. Simple practical changes to standard services can often have a great impact on the quality and appropriateness of a service offered to black and minority ethnic people.
- Understand how specific health problems affect certain communities like hypertension, coronary heart disease, depression, arthritis, diabetes, strokes, sickle cell anaemia, etc.
- Understand how the individual/family can be affected by pain, illness and general poor health, eg how pain may be manifested and how there may be cultural differences in coping with a disability and mental health problems.

STAGE FOUR
IMPLEMENTING A CARE PLAN

We as a service should:

- Make simple changes to standard care practice, eg supporting care staff in making alternative arrangements for the practical care.
- Ensure practical care is delivered in a culturally sensitive way, eg learning to do hair in a different style, application of skin or hair creams, allowing service users to wash in a culturally appropriate way. This may involve asking the family of the service user for help in meeting needs sensitively and appropriately.
- Help to reduce social isolation and marginalisation of service users who move into residential homes to ease their transition, eg ensuring that the individual can bring in personal belongings/possessions that help them feel more comfortable in their immediate and wider surroundings.
- Help residential home owners to visibly portray positive images of diversity, through decor and policy statements which promote value and respect difference.

STAGE FIVE

MONITOR AND REVIEW

We as a service should:

- Monitor services effectively to evidence good and bad practice.
- Work in partnership and consultation with community groups to ensure needs are being met. This would also help to overcome barriers and ensure that services were comprehensive.
- Ensure that all communities are aware of the complaints procedure and how to access it. The fear of retribution felt by people from black and minority ethnic backgrounds can affect their willingness to make demands on services or to use the complaints procedure. Informal processes of complaint should also be made available.
- Incorporate ethnic monitoring into all care management processes to ensure equality of services for all.
- Hold regular reviews to ensure progress.

"It has made a big difference having the right support" – Carer.

- Avoid 'pathologising' or blaming service users by actually questioning why service users are labelled or stereotyped as 'difficult'. This will help to find out the real problem or cause of 'difficulty being presented'.
- Ensure the individual's basic needs are being met in a culturally appropriate way.
- Ensure that information about 'Safeguarding Adults' is available in understandable formats and that service users and carers know how to get help if abuse is an issue for them.

Carers Assessment

Empower and Enable

- Carers should be made aware of their rights to an independent assessment. Allow carers to express their views and ensure that these are recorded as part of the assessment.
- Carers should be kept involved and informed at all stages of the care management process.

- Staff have a crucial role in empowering and enabling carers.
- Services offered need to be flexible, creative and innovative, enhancing carers' choices.

"I wasn't allowed to attend day care with my mother to help her settle, so she won't go" – Carer.

A co-ordinated multi-agency approach in assessments

- Services should be flexible and diverse, eg working with issues of mental health and learning disability may require culturally sensitive counselling and alternative therapies.

Carers right to choice

Opportunities to take a break, domiciliary care and other support services need to reflect variety and diversity.

"Having help has made my life much easier" – Carer.

- Where carers are unhappy about the service offered they should have information and access to complaint procedures.

Service limitations

- Carers should be made aware of the existing limitations of offering culturally appropriate services.
- Decision making processes should be informed and as clear as possible, so that carers feel enabled and empowered in making decisions.
- Carers should be made aware of any support services available within and outside their immediate community.
- Trained interpreters and advocates should be used to ensure objectivity, confidentiality and fairness.
- Develop an awareness of differing family dynamics. It is important to gain an insight into how roles and relationships within different cultural contexts can affect attitude and behaviour, eg staff need to be aware of how family conflicts need to be managed within often strained and difficult situations.

Considerations for Managers

- Evaluate the impact of racism, discrimination and oppression in the lives of black and minority people and their carers. This is the bedrock of all culturally competent practice.

- Recognise how referrals should reflect a diverse range of local community needs.

"Referral information can sometimes be poor" – Team Manager.

- Establish a screening/evaluation process to identify and promote good practice.
- Profile local communities to ensure diversity is built into the service planning process. Build upon trust within black and minority ethnic communities as a key to the take up of services.
- Understand how supply can affect demand for services from black and minority ethnic communities. The lack of appropriate services can mean that members of the community do not use the services.
- Use team meetings/briefs to promote an understanding of diversity and to highlight training and support needs.
- Make sufficient efforts to help maintain the financial viability of any black and minority ethnic service providers that may be available.
- Supplement care in residential placements with culturally appropriate activities, eg attending a day centre or bringing in a specific service.
- Take responsibility in highlighting gaps in service design, provision and delivery.
- Adopt a more innovative, creative and flexible approach to services offered, eg in the use of direct payments provision.
- Recognise how ethnic monitoring is vital to track the uptake of services. This information should provide data which can help to plan services and identify under represented groups.
- Plan for new services on a multi–agency basis to avoid duplication and to ensure that services are comprehensive.
- Ensure that service shortfalls are communicated to commissioners to influence the contracting of services.
- Actively influence service monitoring standards (for review visits by contracting, and inspection and registration) to ensure that such services are culturally competent.
- Use this document as an integral part of your staff development from induction through to supervision, appraisal and review.

SECTION THREE
General Factors

Cross Cultural Understanding

Be aware of the individual's beliefs and wishes, never make assumptions, and always ask.

The following are just some areas that need to be considered in assessment processes and in residential placements.

Worship - Prayer

Ascertain prayer needs:

- times of prayer
- space for praying
- suitable clothing
- where and how prayers need to be made, eg Muslims pray facing Mecca
- religious objects or symbols needed for prayer eg, holy book, head covering, rosary beads, incense
- also be aware of important festival dates within particular religions for eg Important dates in the traditional Ukrainian calendar are Christmas and New Year. These are still based on the old Julian calendar. Christmas Eve is 6 January, New Year's day 14 January.
- older generation Polish Catholics will consider Easter to be more important than Christmas. This involves:
  - going to confession before Easter
  - eating blessed food on the eve of Easter
  - followed by going to Catholic Mass and taking communion on Easter Sunday.

Religious objects or symbols

These should be treated with respect and should not be removed without consent.

Some examples of religious objects or symbols:

- Prayer mat
- Prayer book
- Head covering, eg turban, veil, skull caps, scarves
- Holy beads, rosary
- Objects worn on the body eg Five K's of Sikhism
- Washing facilities, eg Muslim people may wish to wash before prayer.

Jewellery

For some people this can be very symbolic therefore it is important to be sensitive. Jewellery like wedding rings, necklaces, bracelets should not be removed without prior consent from the individual or their family.

Skin Care

Skin can differ in texture, type and colour requiring specific creams and lotions and oils. It is therefore important to find out about individual skin care needs.

Skin care can be a reflection of the care given and can have a crucial effect on an individual's self-confidence and self-esteem. Poorly cared for skin can be prone to other problems like chapping, excessive dryness and lesions.

Hair Care

It is also important to be aware that there are differences in hair care needs.

Service users should be enabled to share personal needs, choices, wishes and preferences.

It is important to be aware that hair may be worn in different ways and assistance maybe needed in this.

Some examples:

- **Guti** - hair worn in a small bun at the top of the head. Often worn beneath a turban. This is often covered with a small handkerchief, which is kept in place with an elastic band.
- **Joora** (bun) - hair worn in a particular way and may sometimes be covered by having a veil on top of the head.
- **Choti** - plait in the hair.
- Some Muslim women will wear a headscarf or dupatta to cover their head and others will just have it on their shoulder.
- Some Muslim men will wear a cap on their head.
- Certain hair creams and oils may be needed to care for hair. Coconut or Almond oil is massaged into the hair and the hair is then either plaited, made into a bun or just tied back. It is important to be aware of where these can be bought. It may be important to consult family members for advice or information.

- Details of local suppliers and hairstylists should be kept.
- Certain religions do not allow hair to be cut, eg Sikh and Muslim women may be happy to have their hair washed but not cut during any hairdressing sessions in a residential home.
- Jewish women may wish to wear a wig or have their hair covered.

Personal Care

What is considered to be good hygiene varies amongst individuals and cultures. It is therefore important to check out the individual's needs and wishes.

Some examples:

- Preference to wash in running water
- Bathing/washing by same gender staff
- Use of bidet, wet wipes or water bottle in toilet.

Food and Diet

Individuals may have specific dietary needs resulting from their religious beliefs. Not all people from one faith may follow the same dietary rules therefore…

ALWAYS ASK AND DO NOT ASSUME.

General points to be aware of:

- Muslims do not eat pork and all meat must be 'Halal'
- Sikhs generally do not eat beef and may be vegetarian
- Hindus do not eat beef and may also be vegetarian
- Rastafarians may be vegetarian
- Jewish people only eat meat that is 'Kosher'
- Ukraine and Polish people may celebrate Christmas Eve with a feast of 12 meatless dishes.

Eating habits

Individuals may have different preferences for the way they eat.

Using hands may be preferred to cutlery or different utensils may be used, eg the use of chop-sticks or specially designed eating aids.

Individuals may observe the right hand/left hand rule of hygiene in which the left hand is used for personal cleaning and therefore not used to eat with.

Modesty, Privacy and Appearance

It is important that people are given a choice in how they dress. Everyone has different preferences for what is comfortable and appropriate to them.

It is important to consider whether a client wishes to:

- Cover parts of the body
- Cover their head with a veil
- Wear salwar kameez or kurta pyjama (tunic and trousers worn with scarf for women)
- Jewish women may wish to wear a wig or cover their heads
- Jewish men sometimes wear a kippah/yarmulkah or hat.

Gender differences may vary across cultures, eg men and women may prefer separate facilities.

Different expectations, values, beliefs, preferences and wishes will all influence sexual behaviour and conduct. It is therefore vital to ascertain individual wishes in a culturally appropriate and sensitive manner.

Family

Family relationships and concepts of family may also vary across cultures, eg within traditional extended families terms like 'uncle','aunt','cousin' may be used to describe relationships with 'unrelated' people.

Marriage

Some families, mainly those from South Asia, will expect to arrange their children's marriages. Marriage is seen as a contract between two families rather than between individuals. In most cases nowadays, the young people themselves will be consulted and will be able to make a choice from amongst a number of "candidates". There are many positive aspects to arranged marriages – family support, clear expectations of each partner, a low divorce rate – which white British people may not always recognise. Families from South Asia are especially likely to arrange marriages for their young men and women.

Forced marriages, however, are illegal and not supported by any religion. Forced marriage may be dealt with via child protection, domestic violence, or Safeguarding procedures, depending on the circumstances and age of the victim.

Mediation, reconciliation, and family counselling as a response to forced marriage can be extremely dangerous. Social workers undertaking these activities may unwittingly increase the young person's vulnerability and place them in danger. (DH et al., 2004)

Please refer to the practice guide produced jointly by the Department of Health with a range of other bodies in 2004 for further guidance on this subject (link below).

Young people and vulnerable adults facing forced marriage: Practice Guidance for Social Workers

Gender differences

Family duties and responsibilities, roles within a family, processes of decision making within families, and values and beliefs about relationships and sexual conduct will all be unique to different communities and families. It is therefore advisable to seek insight into these issues, particularly if working within situations of family conflict.

Verbal communication

Accent, pronunciation, jargon, slang, humour, tone of voice, intonation will all differ across cultures. It is important to gain an insight into how cross-cultural communication can be affected by what is said, how it is said and the message intended and received.

Non-verbal communication

Use of gestures, body language, eye contact, gaze, touch, smell, appearance and dress can all give messages. It is important to be aware of how our perceptions and understanding of certain things can be different across cultures. How we see things may not be how others see them.

Symbolism

Uniform, religious items, wedding rings, certain colours, flags, national symbols etc., can all mean different things to different people. It is important to be aware of this without making assumptions.

Space, time and proximity

Comfort areas regarding touch, body space, gestures can all hold certain meaning, eg extending sympathy through touch, embrace or hugging may be subject to misinterpretation. It is important to check things out, where possible, to avoid discomfort or embarrassment. People in stress or trauma or in grief may not be able to say how they feel.

Collective/individual approach to community

Within some cultures the community is structured around the collective as opposed to the individual, eg it may be expected that people will remain at home and be cared for by family. This can cause tensions when changing family circumstances, roles and responsibilities which mean that this is no longer possible and perceived duties are not undertaken. The family or individual may be conscious of community stigma, issues of confidentiality and feelings of being 'judged'.

Attitude and behaviour

It is important to remember that our own attitude affects our behaviour and that this will in turn affect the attitude and behaviour of others. As professionals, staff have a responsibility to ensure that they do not allow personal stereotypes, assumptions and prejudices to affect their attitude and behaviour towards others.

Some general points to consider:

- Reactions to death, dying and bereavement will vary according to each individual, their family beliefs, religious and cultural background, and their life experiences.
- Staff need to understand the different reactions to grief and loss. This will help them to distinguish between normal and abnormal responses to grief within a cross cultural context.
- Individuals and their families should be asked about their wishes in the event of death in a sensitive and informal way. This information should form part of the holistic assessment and should be carefully and clearly recorded.
- Certain procedures, rites of passage and ceremonies may need to be undertaken by family or religious leaders or priests when someone is dying or has died. It is important to be aware of this prior to someone dying, to avoid insensitivity and inappropriate questions or reactions at the time of death or bereavement.
- Ascertain the best means of communication to ensure that the information you have is correct, eg whether the individual wishes to be cremated or buried.
- Bereavement is dealt with in different ways. Some cultures may grieve more openly and the period of mourning may vary from weeks to months. It is important to know what to expect to avoid insensitivity and awkwardness.
- In certain Indian traditions people sit on the floor when someone has died and the floor is covered in white sheets. Men and women may also be segregated.
- Pictures of the deceased may be displayed, with a flame lit, until the funeral takes place, and a garland of flowers placed around the photo.

- Women from Indian cultures may express their grief through crying, screaming and embracing each other.
- Certain colours are worn to denote loss and the death of a loved one. Some Indian cultures wear white, whilst some Muslim cultures wear black.
- Women in certain Indian cultures who are widowed may go through traditional observances or customs. Older women for example may wear pastel and light colours only.
- Widowed women may not wear certain traditional symbols which denote marriage, eg 'bindi' on the forehead, 'sindoor' (red colour in hair parting).
- The death of a person may mean that there are distinct roles and responsibilities within the family that need to be observed. Ask relatives if there are any specific requirements which need to be made following death. Where there are no relatives or friends to assist in this process it is important to remember for example:
  - When a Jewish or Muslim person dies, the body must not be washed.
  - The head of a Muslim person should be turned towards the right shoulder.
  - Some Jewish families may ask to stay with the body over the 24 hours prior to the funeral taking place.

- Post Mortems should not be carried out unless absolutely necessary. It is vital that the family is made aware of this need.

Cross-cultural understanding - naming systems

- Names are an important part of our identity and so it is important to get names right. It is also important not to change or abbreviate names which we are unfamiliar with and find difficulty in pronouncing.
- Many people do not use the western naming system.
- It is important to check which name is the family name and in which order names are used.
- It is also important to be aware that some people who are not born in the UK may not know the actual date on which they were born. Birth certificates and marriage certificates may also not be available.

Sikh Names

- Personal names can be common to both sexes, eg Inderjit, Gurmeet, Baljit.
- Religious name - the gender of an individual can be distinguished from the use of Kaur - meaning 'princess' which refers to females and Singh - meaning 'lion' which refers to males.
- A family name may be used in addition to or in place of Singh or Kaur.

Hindu Names

- All members of the family share one surname. An individual may have one or two personal names.
- Personal names can distinguish between genders.
- Kumar (male) and Kumari (female) may be added to personal names. Other suffixes may be used in personal names to mean sister 'ben' and brother 'bhai'.

Muslim Names

- A person may be known by several names.
- The personal name may not be the first name used.
- When Muslim women marry, some may not change their names.
- Children do not necessarily have their father's name.
- Certain titles may be added to names to show respect, e.g. Bibi or Begum for women.
- Men usually have a religious name and a personal name. The religious name should not be used alone, eg Mr Yusef Ali should not be referred to as Mr Ali but Mr Yusef Ali.

Chinese Names

- The surname comes first and is followed by the personal name. In English, these appear as two separate words.
- Some Chinese people may have adopted the UK system of naming.
- Some examples of common Chinese names:
  Ai Ling, See Lai, Soh Choo, Han - **Female**.
  Tze Jung, Tong, Teck Lee, Seng - **Male**.
  Tan, Gh, Wong, Lee Choos - **Surnames**.

Polish Names

Native Polish surnames, just as surnames of other Slavonic nations, can be roughly divided into 3 main groups:

- those derived from original nicknames, as names of animals, trees, things, professions;
- those derived from the Christian name or profession of the father; or
- those derived from names of towns, villages, regions, etc.

Marta Deb**ska** - **Female**
Jacek Kwasniew**ski** - **Male**

Living in Lancashire

Some general factors to consider:

- **Migration** - and how it affects life, family relationships and lifestyles. Lancashire has had an influx of Eastern European people who have settled in the east of the county. The Portuguese community in west Lancashire has significantly increased and is now settled in Tarleton.
- **Social isolation, marginalisation and alienation** may mean certain communities become neglected by service providers and therefore more vulnerable.
- **A lack of appropriate, accessible and culturally sensitive services** may result in people being confined in the home. This can place additional strain on their carers. In crisis situations, the individual's right to an appropriate and sensitive service offering them choice can be denied.
- **Changes in family structures,** a breakdown in relationships and smaller family units can have a significant affect on the care of people in the family home, eg the realities of working, having a young family and making practical care arrangements for a family member may prove difficult, and place a strain on carers.
- **The realisation** that it is not possible to return 'home' in old age and that the reality of growing old and dying in Britain is a real one.

Mental Health

Some general factors to consider:

Research undertaken for the Department of Health (DH, 2003) showed that black and minority ethnic people are more likely to experience:

- problems accessing services;
- lower satisfaction with services;
- cultural and language barriers in assessments;
- lower GP involvement in care;
- inadequate community-based crisis care;
- lower involvement of service users, family and carers;
- inadequate support for black community initiatives;
- an aversive pathway into mental health services:
  - higher compulsory admission rates to hospital;
  - higher involvement in legal system and forensic settings;
  - higher rates of transfer to medium and high secure facilities;
- higher voluntary admission to hospital;
- lower satisfaction with hospital care;
- lower effectiveness of hospital treatment;
- longer stays in hospital;
- higher rates of readmission to hospital;
- less likelihood of having social care/psychological needs addressed within care planning/treatment processes;
- more severe and coercive treatments;
- lower access to talking treatments; and/or
- stigma.

These experiences lead to lack of trust in mental health services by black and minority ethnic people. They are, therefore, likely to delay asking for help – which in turn makes it more likely that they will only enter the system when there is a crisis.

Older Peoples' Mental Health

Along with the points previously highlighted mental health can be affected when older people experience feelings of:

- Guilt, or being a 'burden'
- Abandonment
- Isolation
- Fear about being left alone or not being cared for as they expected or hoped
- Frustration
- Depression
- Stigma
- Loss, eg not being able to visit relatives or friends 'back home' particularly at times of bereavement, lost contact, issues of safety for refugee communities where family and relatives have been displaced in war.

- Changing roles and responsibilities in the family may mean that perceptions, expectations about caring duties or responsibilities change. This may cause conflict and/or a break down of communication within the family.
- Health issues and certain illnesses are more prevalent within black and minority ethnic communities. These include:
  - Hypertension
  - Sickle Cell Anaemia and Thalasseima
  - Coronary Heart Disease
  - Diabetes
  - Rickets and Arthritis
  - Alcohol Abuse.

SECTION FOUR
Legislation

Equality & Diversity - Legislation

Welcome to our legislation page where we profile some of the Government Acts & Bills of an equality and diversity nature. Please click on the links for further information.

Link to Legislation	Description
Equality Act 2006	The main provision of the Act is the establishment of a single Commission for Equality and Human Rights by 2007. The Act introduced a positive duty on public sector bodies to promote equality of opportunity between women and men and eliminate discrimination on the grounds of sex, religion or belief.
Immigration, Asylum and Nationality Act 2006	This Act implements and makes provision about immigration, asylum and nationality and for connected purposes.
Strong and Prosperous Communities: The Local Government White Paper 2006	The aim of this White Paper is to give local people and local communities more influence and power to improve their lives. It is about creating strong, prosperous communities and delivering better public services through a rebalancing of the relationship between central government, local government and local people.

Link to Legislation	Description
Our Health, Our Care, Our Say (2005)	Sets out a vision to provide people with good quality social care and NHS services in the communities in which they live.
Carers Equal Opportunities Act 2004	The Carers (Equal Opportunities) Act ensures that carers are able to take up opportunities that people without caring responsibilities often take for granted. For example, working, studying or leisure activities.
The Equality Standard for Local Government (2001)	The Equality Standard for Local Government in services and employment in England is designed to ensure that local authorities consider gender, race and disability equality issues at all levels of council policy and practice. The Equality Standard is a framework to help local authorities introduce a comprehensive and systematic approach to dealing with equality issues. The focus is on achieving equality in service provision and removing barriers to access. The Standard helps local authorities meet their obligations under law and integrates equality policies and objectives with Best Value. There are 5 levels that local authorities can aspire to. Lancashire is currently at level 3.

Link to Legislation	Description
The NHS Plan: a plan for investment, a plan for reform (2000)	The document sets out how increased funding and reform aim to redress geographical inequalities, improve service standards, and extend patient choice.
Race Relations (Amendment) Act 2000	This Act placed a statutory obligation on all public bodies to develop a race equality policy and action plan; it imposes on local authorities a duty to promote racial equality and good race relations. It gives the Commission for Racial Equality powers to enforce specific duties imposed on public authorities. It is obligatory under this Act for all local authorities to produce a Race Equality Scheme. These corporately examine public services and identify any service inequalities. It must establish a plan to address these gaps.
Race Equality Duty 2000	This duty aims to make the promotion of race equality central to the way public authorities work. The authorities must have due regard to the need to eliminate unlawful racial discrimination; to promote equality of opportunity and good relations between people of different racial groups.

Link to Legislation	Description
Human Rights Act 1998	This Act applies directly to public authorities and incorporates the European Convention on Human Rights into UK law.
Modern Local Government: in touch with the people 1998	'Best Value' - a systematic approach to continuous improvement in the performance of functions by public service organisations. It required each council to review all services against quality and cost.
Modernising Social Services 1998	National objectives were set which were aligned and built upon local 'Best Value' arrangements. The performance assessment framework (PAF) consisted of indicators of performance which included indicators for race and equality for local authorities.
Carers (Services) Recognition Act 1996	This Act gives carers the right to ask the local authority for an assessment of the care that they provide.
NHS and Community Care Act 1990	Recognition that black and minority ethnic people have particular needs and services should be sensitive to these needs offering choice, competence, participation, respect for individuality and flexibility.

Link to Legislation	Description
Mental Health Act 1983	'The Code of Practice' gives guidance on how the Act should be applied. It refers to patients being interviewed in a 'suitable manner' when the use of the Act is being considered.
Race Relations Act 1976	This Act prohibits discrimination on racial grounds in the areas of employment, education, and the provision of goods, facilities and services and premises.

Other relevant legislation to consider:

- Racial and Religious Hatred Act 2006
- Mental Capacity Act 2005
- Carers and Disabled Children Act 2000
- Mental Health Patients in the Community Act 1995
- Disability Discrimination Act 1995
- Registered Homes (Amendment) Act 1991
- Housing Act 1989
- Disabled Persons Act 1986
- Chronically Sick and Disabled Person Act 1970.

Directory of Services and Organisations within Lancashire for Black and Minority Ethnic People

Name of Organisation	Address	Telephone Number	Brief Description
Age Concern	Arkwright House Stoneygate Preston PR1 3XT	01772 552850	Provides advice on housing, advocacy, information, health care and social activities.
Age Concern	Walton Lane Community Centre Leeds Road Nelson BB9 8RW	01282 447030	Offers day centre activities and a carer support group.
Age Concern (Ghar se Ghar)	24-26 Whalley Road	01254 871010	Provides a day care service to people over 55yrs from a BME background.
Al-Ansar Welfare Education	157 Garstang Road Preston PR2 3BH	01772 716060	Provides Islamic education and advice on social and welfare issues.
Alzheimers Society	West Wing Derby House Lytham Road Fulwood Preston PR2 8JF	01772 788700	Provides support to people with dementia and their carers
Apna Ghar	Portland Street Community Centre Portland Street Accrington BB5 1RH	01254 301501	The project aims to create volunteering opportunities for ethnic minority people in the field of food preparation and hospitality.

Name of Organisation	Address	Telephone Number	Brief Description
Ashiana (Age Concern)	21 Daneshouse Road Burnley BB10 1AT	01282 413372	BME day care, luncheon clubs, meals-on-wheels.
Awaaz Asian Women's Group	69 Park Road Accrington BB5 1BX	01254 352589	Aims to help young women build their confidence, enhance self-esteem and support them into further training, education and employment.
Bangladesh Welfare Association (Burnley & Pendle)	66 Belford Street Burnley BB12 0DF	01282 450269	Services offered include social, community and youth development projects, over 50's and luncheon club.
Carers Link County Asian Carers Forum	Link House 23 King Street Accrington BB5 1PR	012544 387444	BME carer support. Offers home visits, respite activities, training and drop-ins.
Caribbean Women's Forum	Caribbean Club Canute Street Preston PR1 1PL	01772 655118	Responds to the needs of the African Caribbean community.
Catherine Beckett Community Centre	Deepdale Road Preston PR1 5AR	01772 556546	Provides a wide range of services to the community. Plans to develop a luncheon club.

Name of Organisation	Address	Telephone Number	Brief Description
Catholic Caring Services	218 Tulketh Road Ashton-on-Ribble Preston PR2 1ES	01772 732313	Provides support to develop new skills and meet people.
Community Advice Centre (Hyndburn BC)	Town Hall (First Floor), Broadway Accrington BB5 1LA	01254 380 and 115, 172 144	Established for 18 years. Provides advice to the Asian Community.
Danehouse Community Centre	Brougham Street Burnley	01282 831963	Offers a wide-range of community based activities.
East Lancashire Deaf Society	28a Keirby Walk Burnley BB11 2DE	01282 839180	Works with BME deaf people to improve access to services and facilities. Raises awareness of deaf people, promotes independence and provides information.
Gujarat Hindu Society	South Meadow Road Preston PR1 8JN	01772 253912	Provides religious and cultural support and training courses, advocacy and information. Luncheon Club for people over the age of 50yrs and day services for older people are provided. For the day care provision Social Services assessment is required.

Name of Organisation	Address	Telephone Number	Brief Description
Gujarat Muslim Welfare Society	72 Coniston Road Fulwood Preston PR2 8AY	01772 791600	Promotes health, social integration and education and a luncheon club.
Gujarati Sunni Muslim Community Centre	14 Eldon Street Preston PR1 7YE	01772 562298	Provides religious education.
Hyndburn Cultural Association	Scaitcliff Community Centre Hannah Street Accrington BB5 0QX	01254 386285	Offers a Job Club for people from the Kashmiri and Bangladeshi community giving advice and information on employment and training. Also provides a luncheon club for BME older people in Accrington.
Ithaad Community Development Trust	Ithaad Community Development Trust	01282 611104	The project will pilot a 'meals on wheels' service for elderly Asian people. The service will be run by local unemployed Asian females and they will receive training in Food Hygiene, Health & Safety, Moving and Handling, First Aid and Social Enterprise Skills.
Jamaica National Association	97 Fishwick View Preston PR1 4QS	01772 654020	Provides social and welfare support.

Name of Organisation	Address	Telephone Number	Brief Description
Jinnah Community Development Trust	St. James Parish Hall 2 Brougham St Burnley BB12 0AS	01282 423296	Provides a BME men's luncheon club and advice to the community.
Lancashire County Council Interpretation & Translation Service	Adult & Community Services Directorate PO Box 162 East Cliff Preston PR1 3EA	01772 534420	The interpretation and translation service was set up to help people from minority ethnic communities who do not speak English as a first language to access Social Services.
Lancaster - Polish Centre	Nelson Street Lancaster LA1 1PT	01524 39820	The centre offers practical advice and guidance on recruitment, translation services, English classes (Fri & Sun), and is connected to the church which offers regular Polish masses.
Preston Monserrat and Friends Association	3 Ash Grove Preston PR1 5QY	01772 653681	Provides advice and guidance, organises trips and provides opportunities for socialising.
Nguzo Saba Centre	16-18 Derby Street Preston PR1 1DT	01772 883733	Provides support, advocacy, information, courses, luncheon clubs, and social activities for the African Caribbean community.

Name of Organisation	Address	Telephone Number	Brief Description
Pendle Pakistan Welfare Association	23-25 Market Square Nelson BB9 7LP	01282 603616	Advice and guidance on benefits, pension credit, immigration, housing, education etc.
Portland Street Community Centre Partnership	Portland Street Accrington BB5 1RH	01254 301501	Advice and information on healthy activities, support to Asian women and a male carers' group.
Preston and District Chinese Association	C/O Great Times Chinese Restaurant Lancastria House Lancaster Road Preston PR1 2QH	01772 250173	Offers support and guidance to members of the Chinese community. Services include a Chinese Christian Sunday School and activities/social events for Chinese families in particular and elders of the community.
Preston and Western Lancashire Racial Equality Council	The Annexe Preston Town Hall Lancaster Road Preston PR1 2RL	01772 906870	Preston & Western Lancashire Racial Equality Council was established in 1968 and it assists anyone who believes they may have been discriminated against due to their race.
Preston Carers Centre	28 Church Street Preston	01772 200173	Provides advice and support for BME carers.
Preston Muslim Forum	185 Deepdale Road Preston PR1 6LJ	01772 889000	Advocacy, guidance, counselling, interview advice and training.

Name of Organisation	Address	Telephone Number	Brief Description
Pukar Disability Resource Centre	3-5 Oakham Road Preston PR1 3XP	01772 822700	Provides counselling, socialising, courses for physically disabled people, information, and advocacy. Provides support for carers of disabled people in Preston and sorrounding areas.
Sahara in Preston	48 Fishwick Parade	01772 702090	Services for BME women. Provides advocacy, information, employment training, personal development and social activities. Provides support and counselling for women victims of domestic violence.
Sikh Cultural Association	144 Watling Street Road Preston PR2 8AH	01772 700180	Promotes cultural heritage and community cohesion.
Telugu Community Association	28 St Mary Street Preston PR1 5LN	01772 798512	Provides religious services and advocacy for people from Andhra Pradesh.
Unity Community Centre	5-6 Shephard Street Preston PR1 3YD	01772 906422	Provides luncheon club and transport to over 60's (Tuesday & Wednesday).

List of advocacy organisations

Advocacy West Lancs	01695 579666
Preston Advocacy	01772 524469
East Lancs Advocacy	01254 301030
N-Compass (formerly Fylde & Wyre Advocacy)	01253 781301
Lancaster Advocacy	01524 841845
Chorley & South Ribble Advocacy	01772 490131

Additional Websites

Lancashire County Council Grants for Growth Projects
http://www.lancashire.gov.uk/grants%5Ffor%5Fgrowth/

Buddhist temples
www.meditateinlancs.org.uk/

Christian churches
www.churchnet.org.uk/

Mosques
www.lancashiremosques.com

Hindu temples
http://www.ghspreston.co.uk/

Sikh Guardwaras
http://allaboutsikhs.com/gurudwaras/gurud_91.htm

Lancashire Forum of Faiths
http://www.lancs-faith-forum.org.uk/

Preston Faith Forum
http://www.prescap.co.uk/Faith%20Forum%20website%2016,3,05/Index.htm

Help for Carers
Link to Carers contact

Developing Technology to Improve Service Delivery to BME communities

Telecare is an integrated system that can monitor the service user and aspects of their home environment. It is based around an electronic “home hub” that is connected to the telephone line and is capable of making emergency calls to a monitoring centre that is manned 24 hours a day or, if desired, the calls could be directed to a family member, friend or neighbour. The home hub is radio linked within the home to a selection of sensors that are chosen to meet the individual needs of the service user. These sensors include:

1. Automatic fall detectors
2. Smoke detectors
3. Heat detectors
4. Carbon Monoxide detectors
5. Floor detectors
6. Natural Gas detectors
7. Wander alarms
8. Bed/chair occupancy monitors
9. Extreme low temperature monitors
10. Bogus caller/panic alarms.

One of the advantages of considering the use of the Telecare service, especially when dealing with certain parts of the BME community, is the fact that, to a large degree, it is culturally neutral and provides reassurance and support without regular visits from unknown carers.

There is a visiting response service provided with all packages of Telecare as a safety net to ensure that when an alarm call is made there is a suitable response if no service user nominated responder is available.

The Telecare equipment will be supplied free of charge if the service user is over 65 and has a FACS banding of moderate or above. It can also be commissioned by PDSI, MH and LD teams within Adult & Community Services. There is a monitoring charge which can be joined with the general costs of a package of care. If the potential Telecare service user does not wish to receive a social care assessment then the service is available on a fully self funding basis.

For more detailed information and contact details please go to
http://lccintranet/acs/olderpeople/projects/telecare.asp

The Role of the Service Development Officers

There are four Service Development Officers (SDOs) who work as part of the Strategic Development Unit. They cover the following areas (which all have predominantly large BME communities):

- Pendle
- Burnley & Rossendale
- Hyndburn & Ribble Valley
- Preston

Their role involves raising awareness of the Directorate within black and minority ethnic communities, increasing capacity of organisations to run effectively and developing services in partnership with the VCF sector organisations. A 'BME Social Care Consultation Forum' has been developed in the areas mentioned above to engage with local organisations on social care issues. The Service Development Officers (SDO) also work with their local networks including health partners and can offer advice and guidance on relevant contacts for your area.

For more information on the role of the SDOs, or to get in touch with them, please contact the Strategic Development Unit on **01772 534388**.

SECTION SIX
Learning & Development

Case Exercises

The brief summaries outlined below are examples of cases that have been dealt with by Assessment and Care Management teams. Names have been altered to ensure confidentiality.

1. Mrs Begum is physically disabled and is housebound. She lives with her son and his wife. Mrs Begum only communicates in the Punjabi language. She has medical problems that restrict her mobility and so is unable to carry out any household tasks and the majority of personal care tasks.

   All care was being provided by her daughter-in law. Her daughter-in-law became pregnant, but continued to provide all care until she went into labour. Mrs Begum had no other support networks and struggled to manage without her daughter-in-law's assistance. Mrs Begum requires a Halal diet and spends each Friday afternoon in prayer.

2. Mrs Bibi is an older person who is wheelchair bound and lives on her own. She speaks no English and has no family around her to provide any support. She is very isolated although her neighbours provide some meals during the week. Mrs Bibi became very ill and was referred to the Directorate by her GP.

3. Miriam Ahmed has physical and learning disabilities. She is unable to do anything for herself and is totally reliant on her sister who is her main carer. The family will not allow external people to come into the home and care for Miriam. Both Miriam and her sister are very isolated.

Think about the information you have read and, either as a team or independently, consider:

- The cultural factors that would influence how you would assess the needs of these individuals. How do you evidence this in your work?
- What possible impact would a service user/carer experience if cultural factors were not addressed during the assessment process?

- Are there any constraints that prevent you or your team from providing culturally competent services? If so, separate these into individual and organisational constraints.
- What would enable you or your team to improve service delivery? Again, consider these from your own personal perspective and for the Directorate.
- Could this information be used to inform your personal development and team/service plans?

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