Department of Health

*Developing Services for
Minority Ethnic Older People:
The Audit Tool*

Practice guidance for councils with social services responsibilities, in support of 'From Lip Service to Real Service' (Department of Health, 2001)

May 2002

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Acknowledgements

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Introduction

Both the National Service Framework for Older People (Department of Health, 2001) and the Race Relations (Amendment) Act 2000 aim to improve standards of care for older people, providing them with services free from discrimination.

In this context this audit tool has been prepared by the Department of Health to act as practice guidance for all councils with social services responsibilities, and other local stakeholders aiming to improve services for minority ethnic older people. It supports the publication 'From Lip Service to Real Service', published by the Department in November 2001 (this publication was the first product of Department of Health's 'Developing Services for Black Older People' project). The audit tool includes a diagnostic questionnaire and an action plan template, both of which are a positive step to real service changes for minority ethnic older people.

The audit tool is intended for use by lead council officers for social care for older people, and a number of *key stakeholders* that the Department of Health strongly suggests be involved in the overall process. The key stakeholders include: councils with housing responsibilities, local NHS, local voluntary organisation with interests in minority ethnic older people, individual users and representatives of minority ethnic older people, and local providers of social care services.

For the rest of this guidance councils with social services responsibilities are referred to as councils.

The attached diagnostic questionnaire allows councils, along with key stakeholders, to examine and review their current service arrangements for minority ethnic older people. It is not a pass/fail checklist; rather, it is a simple but effective way of assessing the adequacy of the help offered to minority ethnic older people, and to initiate thinking about areas where further progress is needed.

The diagnostic questionnaire is structured around four major sections that cover fundamental issues associated with improving services for minority ethnic older people. The sections are: (1) understanding minority ethnic older people's issues, (2) Minority older people and access, (3) services, and (4) providing a suitable workforce.

As well as using the audit tool, councils may wish to continue using the Commission for Racial Equality Standards ('Racial Equality Means Equality: a standard for racial equality for local government', CRE 1995) for more detailed analysis.

Other Services

Although when using the audit tool councils should involve other agencies and interested parties, the tool has been specifically developed for use in social care, based on several authoritative studies.

However, the tool may be readily adapted for use by other agencies – such as the NHS and housing authorities – and local agencies are encouraged to explore this possibility.

Terminology

This audit tool has been developed specifically for use with those visible minority ethnic communities of African, Asian, Caribbean, Chinese, Filipino, and Vietnamese descent living in the United Kingdom. The audit tool can also be applied to a range of other minority ethnic communities such as those of Irish, South American, Gypsy, Arab, Jewish, or Eastern European descent.

Completing the diagnostic questionnaire

For this audit tool to be successful it is essential that a diagnostic questionnaire, based on both a council view and a stakeholder view, should be completed. In practice the final answers in this diagnostic questionnaire should be based on a consensus view reached during discussion and negotiation with key stakeholders about the real state of services. The Department of Health emphasises that for the audit to be successful, and for a constructive plan for action to result, the council should not complete it without consulting and involving relevant stakeholders.

To complete the diagnostic questionnaire successfully there are two basic approaches that councils can take:
- The first approach entails arranging for the council and other stakeholders to fill out the diagnostic questionnaire on an individual basis. Then a meeting is arranged, bringing together the stakeholders and council. At this meeting the council and the stakeholders discuss their individual answers and complete a final diagnostic questionnaire based on both a common view.
- The second approach entails arranging a meeting with relevant council officers and stakeholders to complete the diagnostic questionnaire together. At the meeting questions and answers can be discussed, and final answers based on a consensus view reached.

For either approach it may not be possible to arrive at a common or consensus view. Where there are markedly different views, this should be indicated in the comment boxes provided.

To complete the diagnostic questionnaire one of the following codes (1 to 5) have to be entered into the corresponding code box for each question. The codes are simply a measure for recording the extent to which the council fulfils the criteria. The answer to each question should be indicated by only using one code.

1   **Yes, or almost yes**
2   **To a great extent**
3   **To a moderate extent**
4   **To some extent**
5   **No, or almost no**

In addition to any differences of view, the comment boxes may be used to include any notes such as evidence of service delivery and effectiveness, and policy formation and impact, that maybe helpful to the council and the other stakeholders when discussing the questions and filling out the action plan.

Interpreting the results

Interpretation and evaluation of the answers generated through using the diagnostic questionnaire is an essential part of the process, as this will enable councils and other stakeholders to complete an action plan. The answers can be interpreted in terms of three bands.

- **Lower band:** if councils find they are using codes '3','4' or '5' for the majority of questions in any of the sections, this strongly indicates that a service gap exists and the council urgently need to address these areas.
- **Middle band:** where there is more of a balance between the '3-5' and '1-2' codes the council should pinpoint particular aspects that need to be improved to raise the overall standard.
- **Upper band:** where the council answers '1' or '2' to the majority of questions the council should highlight areas of good practice and make efforts to maintain these while seeking out any possible innovations that may lead to further improvements.

The aim is to tackle issues that will result in improvements in services for minority ethnic older people. The long-term aim for all councils is to have developed services to the standard of the upper band for all sections. However it is up to the council along with the stakeholders to decide what is the best way to achieve this. The council may decide that the sections that score lowest are not necessarily tackled first – they may prioritise areas that provide momentum for the whole project, and seek to agree what actions will lead to the most positive change. The repeated and regular use of the audit tool over time will ensure that action is monitored, and longer-term developments are identified and progressed.

Processes, outputs and outcomes

Many of the questions in the diagnostic questionnaire relate to service processes (such as the way people's needs are assessed and the information they are given) and outputs (such as the type of service and whether services are culturally sensitive), rather than to outcomes (that is, whether people's needs are met through their contact with the council). However, this does not diminish the power of the audit tool, as the processes and outputs included in the diagnostic questionnaire are all associated with positive outcomes.

At the local level, councils and their partners are encouraged to supplement information from the audit tool with evaluations of outcomes for both majority and minority ethnic older people in contact with, or in receipt of, social services.

Constructing an action plan

Following analysis and interpretation of the audit results councils, along with other stakeholders, should draw up an action plan. The action plan should address the issues of greatest concern and/or areas where the greatest progress can be made.

An action plan template is included along with the diagnostic questionnaire. To complete the action plan for each of the four sections addressed in the audit, the council with other stakeholders should:

- **Identify problems, issues and service gaps** that need to be addressed.
- **Prioritise and specify actions** the council is going to take to address service problems.
- **Identify relevant stakeholders** for all issues being addressed and discuss how they are going to be involved in taking the action forward.
- **Estimate the time scale,** stating when actions/outcomes will be initiated/achieved.
- **Identify expected outcomes** stating the expected result of the actions.

Review

The use of the audit tool will be limited if it is applied only once. After the first results are considered and action proposed, councils and stakeholders should agree when and how they will use the audit tool to review progress in implementing the action plan, ensure that developments are sustained, and identify new and developing issues. Reviews should be conducted in the same way that it is recommended original audits are conducted.
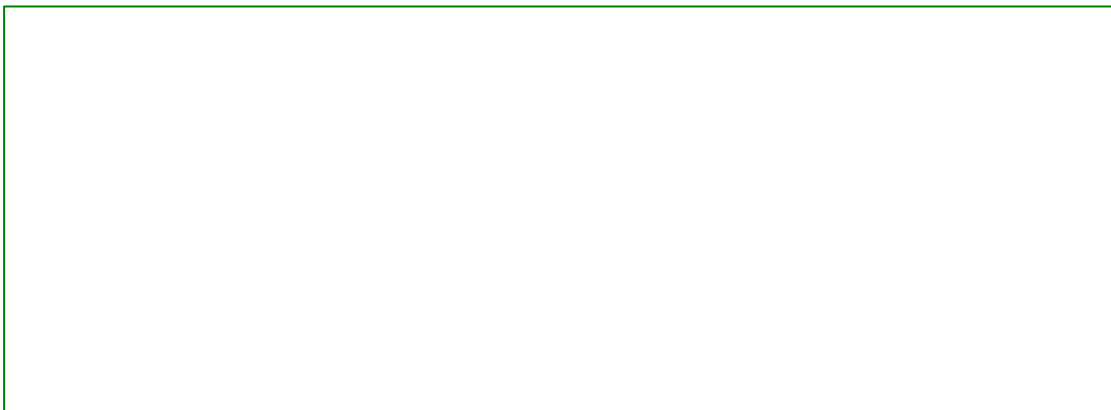
Monitoring

Although the audit tool is issued as practice guidance, the Department of Health will take a strong interest in its use, particularly with regard to the implementation of the NSF for Older People and the Race Relations (Amendment) Act 2000, as mentioned above, and the Single Assessment Process and Fair Access to Care Services (both to be published in 2002). In the first instance, the Department will review the use of the tool through its routine monitoring and inspection functions.

Preliminary question

Before going on to complete the diagnostic questionnaire it is essential councils and stakeholders write down all the minority ethnic communities within the locality, whatever the size, in Box A below. Please bear in mind the above reference to terminology when answering the questions. It is essential that these minority ethnic communities be held firmly in mind, as they will be referred to throughout the diagnostic questionnaire.

Box A

Section 1: Understanding minority ethnic older people's issues

1.1 Understanding the communities you serve

1. Does the council have access to detailed, complete and up-to-date demographic and needs-related data on older people for all the groups listed in *Box A*?

2. Specifically does the council know for each minority ethnic community listed in *Box A*:

   a. the number of older people within the locality?

   b. the proportion who are referred (either by themselves or each other)?

   c. the proportion who receive a community care assessment (in line with section 47 of the NHS Community Care Act 1990)?

   d. the proportion who receive specific services (including home care, day care and residential care)?

3. Does the council know how their needs might develop over the forthcoming years?

4. Is the council aware of current service gaps and any that might emerge?

5. Does the council have a plan to address changing needs and bridge service gaps?

1.2 Consulting and involving stakeholders

1. When reviewing and developing services for minority ethnic older people does the council have mechanisms in place to routinely consult with:

   a. individuals and groups from the communities listed in *Box A*?

   b. minority ethnic voluntary organisations?

   c. faith-based organisations?

   d. other local voluntary organisations? (e.g. Age Concern, local Race Equality Council)
   (See Note 1)

2. With reference to the consultation with the people and bodies listed in *question 1.2.1*:

   a. is the process of consultation clearly defined and structured?

   b. is prompt feedback given to all participants involved, with explanations of decisions taken?

   c. have significant changes to services resulted from this consultation?

A reminder of the answer codes:
1 Yes, or almost yes   2 To a great extent   3 To a moderate extent   4 To some extent   5 No, or almost no

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1.3 Comments on understanding minority ethnic older people's issues

Section 2: Minority older people and access

2.1 Providing users with information on access, assessment and services

1. Does the council make information on access, assessment and services available to the older people in the communities listed in *Box A* in the following mediums:

   a. leaflets?

   b. audio?

   c. video?

   d. conferences?

   e. events?

   f. tv, radio, internet, and other broadcast media?

   g. other?

2. For each of the mediums utilised is the information presented in a way that acknowledges the differing cultures and languages of all the communities:

   a. leaflets?

   b. audio?

   c. video?

   d. conferences?

   e. events?

   f. tv, radio, internet, and other broadcast media?

   g. other?

3. Does the information reach all the older people it needs to?

2.2 Assessing the needs of users

1. Are assessment scales used during the assessment process free from racial and cultural bias?

2. To assist minority ethnic older people during assessment and other care processes, are professional bi- and multi-lingual practitioners readily available as:

   a. translators?

   b. interpreters?

   (See Note 2)

3. To further assist minority ethnic older people during assessment and other care processes, are independent and professional bi- and multi-lingual practitioners readily available as advocates? (See Note 2)

4. When individual minority ethnic older people receive a care plan is it in a format they can understand?

A reminder of the answer codes:
1 Yes, or almost yes   2 To a great extent   3 To a moderate extent   4 To some extent   5 No, or almost no

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2.3 Facilitating access

1.   Does the council:

   a.   have a routine means of effectively responding to phone calls from people whose first language is not English. ☐

   b.   have local offices and outreach sites within local neighbourhoods where the communities listed in *Box A* are prevalent? ☐

   c.   have a routine means of contacting people from these communities who otherwise might not seek help with problems? ☐

   d.   work with voluntary organisations and other organisations to outreach to people from these communities? ☐

2.4 Eligibility criteria for adult social care

1.   Do the council's eligibility criteria exclude race and culture when determining which older people require help? (See Note 3) ☐

2.   Does the eligibility criteria exclude issues of whether people live alone or with others? (See Note 4) ☐

3.   Does the council routinely check to ensure its eligibility criteria do not unfairly discriminate against any of the communities listed in *Box A*? ☐

2.5 Comments on users accessing your service

A reminder of the answer codes:
1 Yes, or almost yes   2 To a great extent   3 To a moderate extent   4 To some extent   5 No, or almost no

Section 3: Services

3.1 Commissioning services

1. For the older people in the communities listed in *Box A* does the council have a clear idea of:

    a. the types of services they need?

    b. the volume of services required?

    c. service quality to meet assessed needs?

    d. service price to meet assessed needs?

    e. the number, location and quality of care providers?

    f. how current supply can be improved to better match the needs of users?

    g. which current services are to be decommissioned?

2. Does the council's written commissioning strategy make explicit reference to services for minority ethnic older people?

3. If so, has the commissioning strategy:

    a. been based on the consultation and involvement of minority ethnic older people?

    b. been agreed with relevant voluntary agencies and community groups?

    c. incorporated a good understanding of the market and included discussion with care providers?

    d. taken a long-term view of developing appropriate services to meet changing needs?

    e. set targets and established ways of monitoring whether these have been achieved?

    f. set out purchasing intentions in the form of extra services the council needs and those it plans to reduce?

4. Does the council know what proportion of its actual expenditure on older people goes on minority ethnic older people?

5. Does the council seek to ensure all service provision for older people is responsive to the needs of minority ethnic older people? (See Note 5)

6. Does the council seek to integrate service provision for all order people rather than develop services for minority ethnic older people as routine? (see Note 5)

7. Within the last 3 years has the council undertaken initiatives to stimulate the number of minority ethnic voluntary and private care providers?

A reminder of the answer codes:
1 Yes, or almost yes   2 To a great extent   3 To a moderate extent   4 To some extent   5 No, or almost no

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3.2 Service development and delivery

1. Is service development and delivery based on the council's understanding, knowledge, communication, consultation and experience of the local minority ethnic community?

2. Does the council deliver or commission *home care* services for minority ethnic older people to take appropriate account of:
   a. dietary preferences?
   b. preferred languages?
   c. religious practice?
   d. gender?
   e. other cultural norms?

3. Does the council deliver or commission *day care* services for minority ethnic older people to take appropriate account of:
   a. dietary preferences?
   b. preferred languages?
   c. religious practice?
   d. gender?
   e. other cultural norms?

4. Does the council deliver or commission *residential care* services for minority ethnic older people to take appropriate account of:
   a. dietary preferences?
   b. preferred languages?
   c. religious practice?
   d. gender?
   e. other cultural norms?

5. Have services been confirmed as accessible and appropriate by minority ethnic older users, for example by survey, for:
   a. home care?
   b. day care?
   c. residential care?

3.3 Reviewing services

1. Does the council set and monitor quality standards for statutory, voluntary and private care providers to ensure services are sensitive to race and culture?

2. Is the complaints procedure clear and accessible to minority ethnic older people?

A reminder of the answer codes:
1 Yes, or almost yes   2 To a great extent   3 To a moderate extent   4 To some extent   5 No, or almost no

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3.4 Links to other services and agendas

1. Does the council make every effort to ensure that the following services are provided locally for minority ethnic older people:

    a. home care?

    b. day care?

    c. residential care?

2. Where local services cannot meet the needs of its users does the council utilise specialist providers in neighbouring areas?

3. Does the council share good practice ideas with other councils, agencies, and providers with respect to minority ethnic older people?

3.5 Comments on services

A reminder of the answer codes:
1 Yes, or almost yes   2 To a great extent   3 To a moderate extent   4 To some extent   5 No, or almost no

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Section 4: Providing a suitable workforce

4.1 Workforce recruitment

1. Does the proportion of people from minority ethnic communities in the council's social services workforce broadly reflect the proportion from the minority ethnic communities listed in *Box A* in the general population, in each of the following groups:

    a. managerial? ☐

    b. professional? ☐

    c. care staff? ☐

    d. administrative? ☐

    e. developmental/support staff? ☐

4.2 Workforce practice

1. Are all council practitioners, working in the settings listed below, competent and supported to respond appropriately to the needs of minority ethnic older people:

    a. home care? ☐

    b. day care? ☐

    c. residential care? ☐

    d. care management/social work? ☐

2. Apart from staff recruited to work with specific minority ethnic communities, do the council's minority ethnic practitioners work with both minority ethnic and white older people to the same extent? (See Note 6) ☐

4.3 Comments on providing a suitable workforce

A reminder of the answer codes:
1 Yes, or almost yes   2 To a great extent   3 To a moderate extent   4 To some extent   5 No, or almost no

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Action Plan Template

An action plan template is included along with the diagnostic questionnaire. To complete the action plan for each of the 4 sections addressed in the audit, the council with other stakeholders should:

- **Identify problems, issues and service gaps** that need to be addressed.
- **Prioritise and specify actions** the council is going to take to address service problems.
- **Identify relevant stakeholders** for all issues being addressed and discuss how they are going to be involved.
- **Estimate the time scale,** stating when actions/outcomes will be initiated/achieved.
- **Identify expected outcomes** stating the expected result of the actions.

	Problems, issues,	Action	Stakeholders	Time scale	Outcomes gaps
1. Understanding					
2. Access					
3. Services					
4. Workforce					

The council, in discussion with local stakeholders, should set a date for using the audit tool to review progress in implementing action and take stock of new or developing issues.

NOTES

1. There are no questions about liaison with NHS and other statutory agencies as much of this type of activity is a statutory requirement. It is anticipated that councils will also have various method of liaising with independent providers of local social care services, in accordance with "Building capacity and partnership in care" (Department of Health, 2001).

2. It is the Department of Health's view that translation and interpretation is best provided by accredited professionals. The role of an advocate is a specialism in its own right and should ideally be provided by professionals who are independent of both the council and the older person.

3. Factors of race and culture may be associated with how needs have arisen, and may be important in how needs are addressed. However, eligibility criteria should focus solely on needs.

4. People's living arrangements may be associated with how needs have arisen, and may be important in how needs are addressed. However, eligibility criteria should focus solely on needs, and assumptions should not be made on the impact of living arrangements on needs.

5. While it may be useful in some circumstances to develop separate services for different minority ethnic communities, it is the Department of Health's view that services should be integrated and capable of meeting needs of people from all communities.

6. While it is useful in some circumstances for minority ethnic practitioners to work with minority ethnic service users, this should not be developed into an organisational norm; both minority ethnic and white staff should work with both minority ethnic and white service users.