

Better
Housing
Briefing

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**Meeting the
sheltered and
extra care
housing needs
of black and
minority ethnic
older people**

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Key messages

- 1 There are increasing numbers of black and minority ethnic (BME) elders whose needs must be addressed by service providers
- 2 Research carried out into the housing-related needs of black and minority ethnic elders has been coming up with consistent findings and making consistent recommendations over the past twenty-four years, which have, at best, been only partly implemented
- 3 Much of the emphasis to date on meeting the housing and related needs of black and minority ethnic elders has lain in the provision of ethnic-specific bricks and mortar, particularly sheltered accommodation. There has, however, been a comparative lack of provision of ethnic-specific extra care accommodation
- 4 Given the current emphasis on community cohesion, and a perceived antipathy to solutions that are viewed as addressing the needs of one community alone, consideration should be given to how best to meet specific needs within a mixed environment
- 5 There is a clear need for a range of possible solutions to an individual's housing problems, and for awareness of these solutions to be raised so that people can make an informed choice.

Introduction

Nearly a quarter of a century ago, Age Concern and Help the Aged Housing Trust produced a report called *Housing for Ethnic Elders* containing a range of recommendations for addressing 'housing and related problems among elders in ethnic minorities'. One of these was that 'housing associations should be encouraged to undertake the development of special provision [for "ethnic elders"]' (Age Concern and Help the Aged Housing Trust, 1984, p. 12). In 1993 the Federation of Black Housing Organisations (FBHO) published *Housing Black and Minority Ethnic Elders*, which again highlighted the need to develop 'special schemes for black and other minority ethnic elders, dependent on local need' (Jeffery and Seager, 1993, p. 45). The following year, Anchor Housing published *The Numbers Game: Black and minority ethnic elders and sheltered accommodation* (Jones, 1994). Like the Age Concern and FBHO reports, this contained recommendations on areas such as staffing, lettings, access policies and types of provision. One of the recommendations made was that 'the aim should be to extend the range of choices available to black and minority ethnic elders, not to push them in a direction in which they may not want to go' (Jones, 1994, p. 25). Subsequent reports (Patel, 1999; Patel *et al.*, forthcoming) have echoed many of the recommendations of these earlier reports.

Government policy for the older population underlines the importance of good accommodation and services. The need to ensure that there is a range of accommodation options and services so that all older people can exercise informed choice is also stressed in Government policy: see, for example, *Quality and Choice for Older People's Housing* (DH and DTLR, 2001), the Department of Health Green Paper *Independence, Well Being and Choice* (DH, 2005) and *Excluded Older People* (SEU, 2005).

There is clear evidence, however (Patel, 1999; Jones, 2006), that much of the response from mainstream providers to the identified housing-related needs of BME elders has been limited, with an emphasis particularly on the provision of sheltered schemes targeted at particular ethnic groups. Less emphasis has been given to addressing housing needs within existing (or sheltered but non ethnic-specific) housing, or to meeting the need for

extra care (see below). For example, Jeffery and Seager (1993, p. 35) noted that, with some exceptions (notably schemes and advice centres run by black-led organisations), *'the vast majority of these schemes comprise sheltered housing units rather than support services'*. The response of mainstream providers can thus be said to have fallen short of the needs and aspirations of an increasingly diverse older population.

A growing population

1

The 2001 Census found that white groups have an older age structure than other ethnic groups, although *'Progressive ageing of the non-White ethnic groups is anticipated in the future'* (ONS, 2004). Further, the age structure differs between non-White groups, with Black Caribbeans having the largest proportion of people aged sixty-five and over (11 per cent). Indeed, the twin facts that BME elders do not form a homogeneous group (Mkandla, 2003), and that the different BME communities have different age profiles (Katbamna and Matthews, 2007), cannot be over-stressed.

In 1991, 17 per cent of people from white backgrounds were of pensionable age, compared with only 3 per cent from BME groups. Traditionally, therefore, it has been easier to ignore the specific needs of BME elders (particularly in areas with smaller than average BME populations), because they have (in percentage terms at least) formed a small minority. Although this proportion has stayed fairly constant for white groups in the UK, there has been a marked increase in BME elders: to around 7 per cent of the total population in 2001. This will increase again in the next decade, as a further 12 per cent of people from BME groups, who are currently aged between forty-five and sixty-four years, become pensioners (Jones, 2006). The Policy Research Institute on Ageing and Ethnicity (PRIAE) has described this growth in the number of BME elders as a *'time bomb'* for policy makers (Patel, 2004, p. 10).

Local information from the 2001 Census regarding the age and ethnicity of the population is easily available to service providers: see either individual local authority websites or National Statistics Online.

Key lessons learned so far

2

Research carried out to date has been remarkably consistent in its findings (see, for example, Age Concern and Help the Aged Housing Trust, 1984; Jeffery and Seager, 1993; Jones, 1994; Bright, 1996; Mkandla, 2003; Patel *et al.*, forthcoming). Key issues that have emerged include:

- ¥ lack of awareness or understanding among BME elders of housing options;
- ¥ lack of appropriate promotional material;
- ¥ lack of understanding among service providers of specific religious and/or cultural needs;

Resources 1

The Housing and Older People Development Group has produced a CD-ROM called *AT HOME* (Audit Tool for Housing and related services for Older Minority Ethnic people), designed to help ensure that housing and related services take account of the needs of BME elders. The toolkit is intended to provide a way to assess the current housing situation of BME elders, identify gaps in services, policy and practice, and provide potential solutions for filling those gaps. The toolkit contains six separate modules:

Module 1:

BME older people's experiences and views of housing and housing-related support

Module 2:

Understanding the communities served

Module 3:

Commissioning services

Module 4:

Information provision and access to services

Module 5:

Monitoring and reviewing BME older people's housing services

Module 6:

Links to other services and agendas

The toolkit is available at:

<http://hopdev.housingcare.org/downloads/kbase/at-home-audit-tool.pdf>

- ¥ lack of staff with appropriate language skills and/or cultural knowledge;
- ¥ inconsistent allocation policies between service providers;
- ¥ scheme location (e.g. the importance of being near community facilities such as shops selling appropriate foodstuffs, and places of worship);
- ¥ issues regarding inappropriate design of accommodation;
- ¥ non evidence-based assumptions made by service providers regarding what individual preferences will be;
- ¥ the need to involve BME elders in the service-development process.

From the research carried out to date, certain key (and very basic) actions uniformly emerge as essential for service providers. These include:

- ¥ assessing what need is out there: improving monitoring systems, carrying out research;
- ¥ raising awareness of services available (thereby potentially boosting service take-up): outreach, promotion, translation and use of various media;
- ¥ employing staff from diverse ethnic groups;
- ¥ involving BME communities either directly as service providers or as part of the service-development process;
- ¥ involving potential service users (e.g. working with BME elders groups), so that services are tailor-made to meet their aspirations and needs;
- ¥ training staff: for example, in legislation, cultural awareness, equal opportunities, and anti-discrimination practice;
- ¥ incorporating cultural and/or religious requirements into service design and delivery;
- ¥ implementing clear policies and codes of practice.

3 Beyond sheltered accommodation

A lot of time and money has been spent both researching the sheltered housing needs of BME older people and building specialist sheltered accommodation which aims to address those needs. Although such action is commendable, it should be pointed out that this is only a partial approach to meeting the housing-related needs of BME older people. Most people will grow older within their own home, although measures to help with staying put are beyond the scope of this paper. One question that is often asked by those living in sheltered accommodation is *'what will happen to me when I can no longer cope here?'* (Jones, 2006, p. 4). One potential answer to this question lies in the provision of extra care housing.

Extra care housing has been defined as *'a concept rather than a housing type that covers a range of specialist housing models'* (Housing LIN, 2004, p. 1). The purpose of extra care housing is primarily to enable people to age in place. Consequently, it should have: *'design features that encourage ageing in place, help people to self-care for longer and promote independent living ... It is also used as a base for providing intermediate care, rehab services, day centre activities, ageing well and keep fit, floating support for older people living nearby who need a bit of help and for community based teams of domiciliary care and health workers providing therapy and nursing'* (Housing LIN, 2004, p. 1). A key difference between extra care and residential care is that extra care housing is housing first. That is, it is not an institution and people live in their own homes.

If one looks at the Chinese community alone, some ten sheltered schemes targeted at that community can be identified, in locations from Plymouth in south-west England to Newcastle in the north-east. If one looks, however, at extra care provision, no such provision exists for this community. Indeed, data provided by the Elderly Accommodation Counsel in 2006 (Jones, 2006) identified only twelve extra care schemes in England that were reportedly primarily targeted at BME communities. This represents at best 427 units of extra care accommodation nationally, with half the schemes identified being located in the West Midlands. It must, however, be stressed that not all these units are necessarily occupied by BME older people and also, conversely, that not all mainstream (i.e. not specifically targeted at a BME group) accommodation will be occupied by white older people alone (for evidence of this see, for example, Jones, 1994).

As some researchers (e.g. Patel and Traynor, 2006) have noted, demand from BME elders for extra care housing is likely to increase significantly over the next twenty years. This is due to the predicted increase in the numbers of BME elders, coupled with measures to increase awareness of and improve access to this type of accommodation. Research into the provision of extra care for older people from BME communities is, however, with a few notable exceptions (Jones, 2006; Patel and Traynor, 2006), conspicuous largely by its absence. Indeed, a literature review of housing with care carried out for the Joseph Rowntree Foundation (Croucher *et al.*, 2006) identified the lack of information regarding how well different models of housing with care work for older people from different ethnic groups as a gap in the evidence base.

Meeting needs in diverse settings: some examples of good practice

4

The Government has laid great emphasis on the community cohesion agenda, but this has been accompanied by a perceived antipathy to solutions that are viewed as addressing the needs of one community alone. A strong argument can still be made for ethnic-specific provision (e.g. Patel and Traynor, 2006), although it should never be assumed that just because someone is from a particular ethnic group they will automatically want to live exclusively with others from that group (Mkandla, 2003). Realistically, consideration needs to be given to how best to meet specific needs within a more mixed environment.

A number of examples can be identified of different ways of addressing BME housing with care needs within specialist housing provision.

(a) Provision targeting a specific group: Sonali Gardens, Tower Hamlets – EPIC Trust

Sonali Gardens is an extra care scheme for Bangladeshi and other Asian elders in Tower Hamlets, providing thirty one-bedroom and ten two-bedroom flats (Housing LIN, 2005; Jones, 2006; Patel and Traynor, 2006). There is a combined extra care and day care scheme whose component parts are as integrated as possible. It is located in a ward where nearly half the population is of Bangladeshi or other South Asian origin. Eighty per cent of staff speak one of the three main community languages: Urdu, Sylheti or Bangla. The building's architecture and furnishings reflect Asian cultures. Facilities are also culturally sensitive: for example, facilities for men and women to meet separately, and a prayer room.

Lessons learned from developing this scheme include:

- ¥ Care not provided by the family is an unfamiliar concept for Bangladeshi and other South Asian elders. Consequently, take-up was slow initially, despite a six-month marketing exercise.
- ¥ Supporting People funding is too narrowly focused to encompass wider cultural provisions easily.

Resources 2

Useful sources of information include the following.

Population data

Ageing & Ethnicity in England: A demographic profile of BME older people in England. Downloadable from: www.ageconcern.org.uk/AgeConcern/bme_policy_reports.asp

Extra care/housing with care

Beyond Sheltered Accommodation: A review of extra care housing and care home provision for BME elders. Available free of charge by emailing Age Concern's Research and Development Unit (Lullyn.Tavares@ace.org.uk), or downloadable direct from Housing LIN at: <http://icn.csip.org.uk/housing/index.cfm?pid=528&catalogueContentID=1744>

Developing Extra Care Housing for BME Elders. Downloadable from: <http://icn.csip.org.uk/index.cfm?pid=462&catalogueContentID=1640> Or from: www.priae.org/docs/PRIAE%20BME%20Extra%20Care%20Housing%20Report.pdf

Housing with Care Embracing Diversity. A DVD looking at housing with care (March 2006) (25 minutes). Ask for a free copy by emailing housing@csip.org.uk (Note: out of stock at the time of writing).

Embracing Diversity CD-Rom: companion to the *Embracing Diversity* DVD listed above. Ask for a free copy by emailing housing@csip.org.uk

Care & Repair

Should I Stay or Should I Go? Issues for black and minority ethnic elders. Downloadable from: www.careandrepairengland.org.uk/sisosig/downloads/bmeelders.pdf

General

Ageing Matters, Ethnic Concerns Black and Minority Ethnic Elderly Care: Perspectives on long-term care. Both available to download from: www.priae.org/publications.htm

(b) Ethnically mixed provision: Bradley Court, Huddersfield – Methodist Homes Housing Association

Bradley Court is a purpose-built development of forty-six flats (twenty-two for couples, twenty-four for single occupation) near the centre of Huddersfield (Jones, 2006; Patel and Traynor, 2006). The scheme is intended to include a mix of African-Caribbean and white older people, the aim being that 50 per cent of tenants will be African-Caribbean. This mix is felt to work very well, with tenants joining in together. Examples of how the scheme seeks to address the needs of the different communities include:

- ¥ The dining room offers a choice of African-Caribbean and non-African-Caribbean dishes.
- ¥ The hairdressing service includes African-Caribbean hair care.
- ¥ Worship: four denominations of church visit the scheme.
- ¥ Care services are provided through Unique Care (formerly Caribcare) in conjunction with Social Services.
- ¥ Staffing and management of the scheme are provided by both BME and white staff.

(c) Meeting minority needs within a majority setting: Colliers Gardens, Bristol – Brunelcare

Brunelcare has developed a fifty-flat Sheltered/Very Sheltered (VSH) housing scheme in Bristol (Jones, 2006). One wing of the scheme (20 per cent of the flats: ten in total) has been targeted at Chinese elders. Eight of these were to be for Sheltered, and two for Very Sheltered (i.e. extra care). However, it did not prove possible to fill the two Very Sheltered flats with extra care qualifiers, so they are now being let to Chinese elders as Sheltered. This is an innovative way of seeking to meet the needs of a specific BME community within an ethnically mixed setting.

5 Housing options

The provision of sheltered accommodation, extra care accommodation or, indeed, care homes will only ever address the housing needs of a proportion of older people (regardless of their ethnicity). As mentioned earlier, many will choose to live in (or have no option but to live in) their existing accommodation. From the limited research carried out so far, a number of examples of good practice can be identified (see, for instance, Jones, 2006). These include:

- ¥ *The London Borough of Tower Hamlets*, which has culturally and ethnically specific home care services catering for the diverse BME groups within the Borough, with an emphasis on BME services.
- ¥ *Trident Housing*, which provides a domiciliary care service, based in a sheltered housing scheme for Chinese older people, but additionally serving older people (including non-Chinese older people) outside of the scheme.
- ¥ *Bristol City Council Neighbourhood and Housing*, which provides a range of services, over and above sheltered housing provision, to support older people living independently in the community. These services include financial support to the local Care & Repair service, and floating support services (under the Supporting People funding programme) to older people living in both sheltered and non-sheltered accommodation. Most BME older people had little knowledge of the services provided (with the exception of the Care & Repair service), and consequently, there seemed to be relatively low use of community health and home care services. The Council therefore identified the scope for many more outreach services to be made available to BME (and other) older people, in partnership with BME voluntary sector groups. These should also be used as a channel for future improved information, and advice on options, to BME elders.

In 2005, Care & Repair published *Should I Stay or Should I Go? Issues for black and minority ethnic elders*, which is a summary of the findings of the evaluation of pilot local housing options advice services for older people. It is of particular relevance for the provision of housing and related services to BME elders.

Conclusion

Although the examples given largely concern extra care provision, the need for a range of solutions to meet the housing-related needs of BME elders has been highlighted by recent research into the needs of South Asian older people, which notes that: *'Where culturally appropriate sheltered housing schemes are not feasible or viable there is merit in exploring the suitability of giving targeted support to South Asian elders in non-culturally appropriate housing schemes'* (Patel *et al.*, forthcoming).

This mirrors the findings of one of the recommendations detailed by Age Concern, namely that while *'consideration must be given to making completely separate provision for ethnic elders of particular groups when this is requested'*, parallel to this *'it may be possible to mix groups within one scheme. What is important is that special consideration should be given to the particular needs of the potential occupiers'* (Age Concern and Help the Aged Housing Trust, 1984, p. 13).

Ultimately, both service providers and the communities they serve need to be realists. Extra care schemes targeted specifically at meeting the needs of BME elders are unlikely to multiply in number at a rate that will meet growing need for such accommodation. Putting financial implications to one side, this is hardly likely to be popular given the current emphasis on community cohesion and inclusion. Also, extra care will not be the universal solution to the housing-related problems of older people, regardless of which community they belong to.

The emphasis must be on informed choice, within an environment in which the options available are flexible and meet individual needs. Key questions that need to be addressed by policy makers and service providers are *'How can the needs of BME older people best be addressed within existing/planned non ethnicity-specific schemes'* and *'How can we ensure that strategies adopted to help older people to carry on living in their own homes (including the use of assistive technology) include older people from BME communities?'* Drawing on the wealth of research carried out in the last twenty-five years would be a good start.

Resources 3

Useful websites include:

BMESpark

www.bmespark.org.uk

BMESpark is a subscription-based resource focusing on Supporting People services for black and minority ethnic communities.

Housing Learning & Improvement Network (Housing LIN)

<http://icn.csip.org.uk/housing>

Housing LIN is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable people.

Joseph Rowntree Foundation

www.jrf.org.uk

This website has details of research funded by the Joseph Rowntree Foundation, including reports on housing, health, social care, older people, ethnicity, and disability.

Policy Research Institute on Ageing and Ethnicity

www.priae.org

PRIAE's vision is to make a difference towards an improved quality of life for all black and minority ethnic elders. It does this by producing clear information, focused studies with targeted policy and service developments, and engaging minority elders and organisations.

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