

OVERVIEW AND SCRUTINY BOARD

2 JULY 2013

**SOCIAL CARE AND ADULT SERVICES SCRUTINY PANEL
FINAL REPORT**

**BME COMMUNITIES: ACCESS TO SOCIAL CARE
SERVICES**

PURPOSE OF THE REPORT

1. To present the findings of the Social Care and Adult Services Scrutiny Panel's review on BME Communities: access to social care services.

BACKGROUND

2. Research findings from a range of health and social care settings indicate that despite efforts to improve engagement, people from Black and Minority Ethnic (BME) communities continue to encounter disadvantage and discrimination in seeking the care to which they are entitled. Given the diverse ethnic profile of Middlesbrough's population and the concerns raised by Middlesbrough's BME Councillors on the accessibility of adult social care services the panel opted to undertake a review on this issue.

TERMS OF REFERENCE OF THE SCRUTINY INVESTIGATION

3. The panel concentrated their investigation on the following terms of reference:
 - (a) To gain an understanding of the make-up of Middlesbrough's population and how the town's BME population has changed since the last census was undertaken in 2001.
 - (b) To examine the provision of social care services to Middlesbrough's BME community, as well as the barriers experienced by the BME community in accessing mainstream services.
 - (c) To consider whether Middlesbrough's BME population is under represented in its receipt of social care services.

- (d) To consider what impact the introduction of the 'personalisation' agenda has had on the uptake of services by the BME community.
- (e) To examine whether the Council is providing the same level of support to carers within the BME community as the non-BME community.

METHODS OF INVESTIGATION

- 4. The panel investigated this topic over the course of five meetings held on 31 January, 28 February, 12 March, 4 April and 2 May 2013. A panel meeting held on 6 June 2013, considered a draft final report. A Scrutiny Support Officer from Legal and Democratic Services co-ordinated and arranged the submission of written and oral evidence and arranged witnesses for the investigation. Meetings administration, including preparation of agenda and minutes, was undertaken by a Governance Officer from Legal and Democratic Services.
- 5. A record of discussions at panel meetings, including agenda, minutes and reports, is available from the Council's Eagenda committee management system, which can be accessed via the Council's website at www.middlesbrough.gov.uk.
- 6. This report has been compiled on the basis of information submitted to the scrutiny panel by the Council's Department of Wellbeing Care and Learning, Aapna Service Limited, Tees Valley Asian Welfare Forum, MVDA, Becon, Humanah C.I.C and a number of BME Councillors.

MEMBERSHIP OF THE PANEL

- 7. The membership of the Panel was as detailed below:

Councillor J Sharrocks (Chair), Councillor F McIntyre (Vice Chair), Councillors D Davison, E Dryden, T Harvey, W Hawthorne, P Purvis, M Saunders and J A Walker.

THE SCRUTINY PANEL'S FINDINGS

- 8. The scrutiny panel's findings in respect of each of the terms of reference are set out below.

TERM OF REFERENCE: To gain an understanding of the make-up of Middlesbrough's population and how the town's BME population has changed since the last census was undertaken in 2001.

- 9. In undertaking this review the panel was keen to gain an understanding of the make-up of Middlesbrough's population and how the town's BME population has changed since the last census was undertaken in 2001. The definition of Black and Minority Ethnic (BME) refers to people who do not define themselves as being White using the 2011 census definitions.
- 10. The panel was informed that the latest population figures from the 2011 census evidence that 11.8% of Middlesbrough's population is from the BME community – a total of 16,357 people. This represents a significant increase on the 2001 census, which evidenced a BME population of 6.3%.

11. Detailed below is a breakdown of the 2011 census data on ethnicity in respect of Middlesbrough's BME community.

Middlesbrough BME Community – 2011

Group	Count	% of BME Community	% of Middlesbrough Population
Asian/Asian British; Pakistani	6,811	41.64%	4.92%
Asian/Asian British; Indian	1,477	9.03%	1.07%
Black/African/Caribbean/Black British; African	1,470	8.99%	1.06%
Asian/Asian British; Other Asian	1,332	8.14%	0.96%
Other Ethnic Group; Arab	950	5.81%	0.69%
Mixed/Multiple Ethnic Groups; White and Asian	904	5.53%	0.65%
Asian/Asian British; Chinese	904	5.53%	0.65%
Other Ethnic Group; Any Other Ethnic Group	546	3.34%	0.39%
Mixed/Multiple Ethnic Groups; White and Black Caribbean	541	3.31%	0.39%
Mixed/Multiple Ethnic Groups; Other Mixed	465	2.84%	0.34%
Mixed/Multiple Ethnic Groups; White and Black African	452	2.76%	0.33%
Asian/Asian British; Bangladeshi	244	1.49%	0.18%
Black/African/Caribbean/Black British; Other Black	169	1.03%	0.12%
Black/African/Caribbean/Black British; Caribbean	92	0.56%	0.07%
Total	16,357	100.00%	11.82%

12. Tees Valley Unlimited has undertaken some detailed work on the changes across the Tees Valley between the 2001 and 2011 census. In a report entitled 'Changes between 2001 and 2011 Census' the following information is presented:-

- Middlesbrough has the highest BME population in respect of all the Tees Valley authorities and at 11.8% Middlesbrough's BME population is quite close to the England & Wales figure of 15%.
- Though all non-white groups have grown, it is the growth of the Asian group that is most significant. In Middlesbrough this group has grown from 4.6% in 2001 to 7.2% in 2011 and now exceeds the England & Wales average of 6.8%.
- The proportion of residents born outside the UK or EU has risen in all boroughs except Redcar & Cleveland, though by far the biggest rise has been in Middlesbrough. Middlesbrough has seen an increase from 3.3% to 6.2% although the figure is still below the national average of 9%.
- The percentage of people saying that they are Christian has fallen in all boroughs. In Middlesbrough the number of Christians has fallen from 76.8% to 63.2%.
- Regarding other religions, the most significant change locally has been for Muslims, whose numbers have increased in all boroughs. However, the great majority of the increase has been in Middlesbrough, which has seen an increase from 4.2% to 7%.
- Middlesbrough now has a higher proportion of Muslims than the country as a whole (4.8%). The rest of the Tees Valley has a somewhat lower proportion.

13. From the analysis undertaken by Tees Valley Unlimited it is evident that there have been a number of significant changes in the make-up of Middlesbrough's BME population between 2001 and 2011.

14. The panel was also interested to gain some further information on the number / percentage of older people in Middlesbrough (over the age of 65) who are from the BME community.
15. Following liaison with the Council's Partnership Manager the panel was advised at the time that evidence on this issue was considered that the breakdown of ethnicity by age from the 2011 census data for Middlesbrough was not available. The most up to date information from the Office for National Statistics on ethnicity by age (ONS – June 2009) was therefore presented to the panel. It was noted that according to the 2009 estimation 17.6% of Middlesbrough's population was aged 65 (men) / 60 (women) and over. This equated to 24,000 people. However, only an estimated 700 (0.5% of the town's total population) were from the BME community.¹
16. Given that the estimated number of older people in the community BME in Middlesbrough, as of 2009, represented such a small proportion of the town's overall population it was agreed that this review should not focus solely on the needs of older people in the BME community, which had been the panel's original intention. Instead this review seeks to examine more generally how the Council is engaging with the BME community in terms of providing information about the availability of adult social care services, as well as examining whether current service provision is adequately meeting the needs of the BME community.
17. In undertaking this review it has also been of interest to the panel to find out more about where people from different communities have settled in the town and whether there have been any significant changes in Middlesbrough's ward demographics between 2001 and 2011.
18. Information on the ethnicity by ward data from the 2011 census was requested and a copy is attached at Appendix 1. In comparing the ethnicity by ward data it is evident that certain wards in Middlesbrough have a much higher BME population than others. The five wards with the highest non-white population in 2011 are the same as in 2001, as detailed below.

	2001 ethnic origin % non-white	2011 ethnic origin % non-white
University	36.4%	48.09%
Middlehaven	22.6%	37.75%
Gresham	15.6%	28.25%
Linthorpe	10.5%	20.86%
Park	10.5%	19.4%

19. The panel noted that Middlesbrough's BME population remains predominately concentrated in the town centre wards, particularly University and Middlehaven, with the exception of an increase in the non-white population in Kadar ward, which has seen an increase from 5.5% in 2001 to 11.5% in 2011.
20. Since the panel completed its evidence gathering on this topic the Office for National Statistics has released the 2011 census data, which shows a breakdown of

¹ Area: Middlesbrough (Local Authority) Resident Population Estimates by Ethnic Group (June 2009), All Persons (Estimate figures)

ethnicity by age. The data highlights that in 2011 14.9% of Middlesbrough's population were aged 65 and over. This equates to 20,691 people. A total of 606 people (0.44% of the town's population) were from the BME community. An extract from the data released by the Office for National Statistics is detailed below.

Group	Count	Age 0-17	% of Middlesbrough Population
All categories; Ethnic Group	138,412	31,750	22.9%
White: total	122,055	26,024	18.8%
BME: total	16,357	5,726	4.1%

Group	Count	Age 18-64	% of Middlesbrough Population
All categories; Ethnic Group	138,412	85,971	62.1%
White: total	122,055	75,946	54.9%
BME: total	16,357	10,025	7.2%

Group	Count	Age 65 and over	% of Middlesbrough Population
All categories; Ethnic Group	138,412	20,691	14.95%
White: total	122,055	20,085	14.51%
BME: total	16,357	606	0.44%

TERM OF REFERENCE: To examine the provision of social care services to Middlesbrough's BME community, as well as the barriers experienced by the BME community in accessing mainstream services.

21. In undertaking this review the panel was keen to gain the views of a number of key stakeholders on the experience of Middlesbrough's BME community in accessing social care services. In the first instance Members of the panel requested that contact be made with the town's elected BME Councillors to obtain their views on this issue.
22. The BME Councillors contacted expressed a number of views and a summary is provided below.

Older People Services

23. There is a tendency for the old stereotype of "BME communities tend to look after their own" to be put forward as an explanation as to why older people in the BME community do not access certain types of service provision yet this is a myth. The panel was advised that younger people in the BME are moving out of the family home, are working full time and as their parents are getting older they are unable to fully meet their care needs. However, there are a number of cultural and language barriers that prevent older people in the BME community accessing services. This is particularly the case for Asian ladies from Muslim backgrounds for whom language is a real barrier and often they are left at home feeling vulnerable and marginalised. It was stated that services for the BME community should be part of mainstream service provision and that a person's cultural, religious and language needs should be taken into account when services are developed. However, it would seem that owing to the low number of older people in Middlesbrough's BME community that

this is at present not the case in respect of commissioned home care and residential care provision.

24. There is also a feeling that where services do exist they are very hard to access. Specialist organisations including Aapna Services Ltd and the Tees Valley Asian Welfare Forum have highlighted issues for their organisations, with which the Council could provide assistance, for example in securing suitable premises. An improved dialogue and better channel of communication between the Council and BME organisations in the town could also be developed.
25. Social care provision and the services on offer for older people in the BME community in Middlesbrough's care homes is an issue that should be considered by the panel. In 2012 a 140 page colour brochure was sent to all Councillors detailing the care home provision that is available to older people in Middlesbrough and yet there is no mention in the brochure of any specific BME services on offer and this should be addressed. Similarly an in-depth Carers brochure was also published by the Council but again it contains very limited information on the services that are available, which are specifically designed to meet the needs of the BME community.
26. A concern was also expressed that Linthorpe has one of the largest populations of older people in the BME community living in the ward and yet there are no targeted facilities for them to access. In addition it was suggested that they maybe some value in the panel examining what services or support the BME network currently provides to older people in the BME community in Middlesbrough.
27. The panel was informed that one of the concerns for the Hindu community is the impact of the cuts on services, which are currently provided by the Hindu Cultural Centre on Westbourne Grove. The centre offers day care provision for the elderly and disabled and undertakes work for the Council and NHS. The centre provides a range of activities including keep fit classes, relaxation sessions, healthy living groups, outings and opportunities for prayer, as well as Asian meals. The centre has a minibus and provides transport for older people in the Hindu community, which enables them to attend the centre. The services available to older people also provide an opportunity for family members to have a break from their caring responsibilities. Previously the centre's management committee did receive some financial assistance from the Council, however last year the centre's funding was cut and this year all funding has been withdrawn. The centre is now entirely reliant on donations and the centre's management committee is concerned about future funding arrangements.
28. It was noted by the panel that North Ormesby Ward, in which the Hindu Cultural Centre is located, has recently secured £1m Big Lottery Funding and there is the potential to secure some funding for the centre from this funding source. The Council's Community Regeneration Manager is working with the Chair of the centre's management committee to explore this possibility as well as other avenues of funding.

Learning Disability Services

29. A number of adults and children in the Pakistani community rely on the learning disability services provided by the Council and other agencies in the town and it appears that people are very pleased with the services on offer.

Mental Health Services

30. The view was expressed that the use of external interpreters in the delivery of mental health services is ineffective, as they have no experience of mental health issues and it can be frustrating for service users to deal with personal and sensitive issues, which then become 'lost in translation.' Often different interpreters are used for the same service user and the interpreters provided do not necessarily show respect or empathy for the individual's situation. Mental health services do not have the capacity, as part of mainstream service provision, to effectively meet the needs of the BME community and the provision of an interpretation service is viewed as an add-on.

Carers

31. The support available to carers in the BME community is a further issue that should be considered by the panel, as at present the Council is not doing enough to identify carers in the BME community who are in need of support.
32. The recruitment of foster carers from the BME was also raised and the view expressed that there is a need for a targeted campaign to be undertaken in Middlesbrough to attract people in the BME community to become foster carers for the Council.

TERM OF REFERENCE: To consider whether Middlesbrough's BME population is under represented in its receipt of social care services.

33. The Assistant Director of Adult Social Care was invited to attend a meeting of the panel to provide Members with some background information in relation to this review topic. Detailed information was requested in respect of the following:-
- How older people in the BME community in need of social care support are identified?
 - What services are available for older people / individuals with learning disabilities in the BME community and how well these services are accessed?
 - What impact has the introduction of the 'personalisation' agenda had on the uptake of services by the BME community?
34. The panel was advised that the Council has a statutory responsibility for meeting any eligible social care needs identified through an assessment of an individual's needs. The document used to record such needs is the Care Needs Record (CNR).
35. Within the CNR there are a total of 11 types of need considered. Within their domains, needs arising from an individual's cultural beliefs and background are considered routinely and in addition there are specific issues associated with language that are considered within the Communicating With Others domain
36. Members were advised that a total of 414 people from the BME community are in receipt of social care services. Of these, 280 are aged under 65 and 134 are aged over 65. This represents 6.4% of all those in receipt of social care services (6,505 people). Comparative figures for the number of people in receipt of social care services from the non-BME community were subsequently requested. It has been

advised that 6074 people from the non-BME community are in receipt of social care services. Of these, 2589 are aged under 65 and 3485 are aged over 65. In addition a further 17 people over the age of 65 are in receipt of social care services. However, their ethnicity is not recorded.

37. Having established from the 2011 census data that 20,085 people in Middlesbrough aged 65 and over are from the non BME-community the provision of social care services to 3,485 people highlights that approximately 17% of the non-BME community over the age of 65 are accessing social care services. The 2011 census data also indicated that 606 people resident in Middlesbrough aged 65 and over are from the BME community. The provision of social care services to 134 people highlights that approximately 22% of people aged 65 from the BME community over the age of 65 are accessing social care services.
38. A breakdown of the social care service received by the 414 people in the BME community was provided and is shown below. It shows that:
- Personal budget rates are much higher in the BME community.
 - Residential and nursing rates are much lower in the BME community.
 - Telecare and commissioned personal care is less in the BME community.
 - Social Work Support is much higher in the BME community.

	No BME	%	No Non-BME	%
Adaptations	195	47.0	3,253	53.4
Day Care	35	8.4	478	7.8
Residential / Nursing	13	3.1	517	8.5
Personal Budget	121	29.2	1,283	21.1
Domiciliary Care	47	11.4	906	14.9
Telecare	12	2.9	318	5.2
Social Work Support	147	35.5	1,199	19.7

39. The Panel was advised that the Department of Wellbeing, Care and Learning acknowledge that in relation to the provision of residential / nursing care, as well as commissioned personal care (i.e. Domiciliary Care) further work is needed in order to fully meet the cultural service requirements of the BME community.
40. With regard to the social care services provided to people in the BME community (aged 18-64), as well as the non-BME community the following breakdown was provided:

	BME	Non-BME
With mental health problems	88	856
With learning disabilities	68	541
With physical disabilities	20	1083
With no main disability identified	104	42
Vulnerable	0	67
Total	280	2589

41. Having again established from the 2011 census data that 75,946 people in Middlesbrough (aged 18-64) are from the non-BME community the provision of

social care services to 2,589 people highlights that approximately 3.4% of the non-BME community (aged 18-64) are accessing social care services. The 2011 census data also indicated that 10,025 people resident in Middlesbrough (aged 18-64) are from the BME community. The provision of social care services to 280 people highlights that approximately 2.8% of people (aged 18-64) from the BME community are accessing social care services.

42. Given that the 2011 census data figures showing a breakdown of ethnicity by age for Middlesbrough were only released by the Office for National Statistics on 16 May 2013 the panel has undertaken the above analysis since those figures were released. Prior to that point it had been extremely difficult for the panel to assess whether the BME community was under-represented in its receipt of social care services, as the panel had no real evidence on which to reach a judgment.
43. The panel has, however, been reassured by the statistical evidence highlighted above that the BME community in Middlesbrough (aged 18-64) and (65 and over) are accessing social care services on a par with the non-BME community, although it is evident that certain types of service provision are accessed to a greater, as well as to a lesser degree by the town's BME community when compared to the non-BME community. With regard to whether the same level of support is currently provided to carers in Middlesbrough's BME community as the non-BME community a number of issues are apparent. These issues are documented elsewhere in the report.
44. The panel had requested information on the social care services available specifically for the BME community (aged 18 to 64) and it was advised that ethnicity and improving BME services were specific target areas of improvement in the Government's Valuing People agenda for people with learning disabilities (2001). In order to improve services for people with learning disabilities in the BME community a temporary specialist BME development post was created. This post focused upon raising awareness in the community of the support available, promoting direct payments, improving access to service users and supporting carers.
45. The BME development worker had been very successful in engaging the BME community enabling the Department of Wellbeing, Care and Learning to better understand the needs of the BME community and put in place services to meet those needs.
46. The panel was provided with an overview of the range of services available to the BME community in Middlesbrough as follows:-
 - **Aapna Day Service** was established in 2001 specifically to meet the needs of people with a learning disability in the BME community. It is staffed with some care workers from the BME community, and provides day-time activities, both building based and in the community. The centre has capacity for up to 12 people to attend a day. However, due to a diminishing demand for the service and service users accessing other culturally sensitive services, the opening hours have been reduced from 5 days a week to 3 days a week.
 - **Meath Street (Tees Valley Asian Welfare Forum (TVAWF))** provides a range of support for carers and people from the BME community with mental health problems. The resource provides advice and information in relation to benefits,

counselling support, day service activities and relaxation therapies.

- **The Milan Group** is a support resource for women in the BME community. The Group provides support and information in respect of leisure and therapeutic activities. The group also provide access to advocacy service and through a bilingual CAB female worker. Fifty people currently access this service.
- **The Aapna Carers Support Group** provides support for BME carers of people with disabilities. The group has representation from across the community and provides information and advice on all aspects of personal budgets.
- **The Asian Deaf Ladies Group** provides support for people from the BME community who are either deaf themselves or have a deaf family member. The group provides support to carers, teaches sign language and provides information on deaf issues.
- **The Transitions Team** works with young people from the age of 14 with learning disabilities to begin to planning how their needs will be met into adulthood. It was highlighted that this work is proving very successful and more young people with learning disabilities and autism from the BME community are going to college, and using some of their personal budget to share transport.

TERM OF REFERENCE: To consider what impact the introduction of the ‘personalisation’ agenda has had on the uptake of services by the BME community.

47. The panel was informed that the introduction of personal budgets has also allowed for greater flexibility of service provision and for personal support to be provided by friends and relatives where appropriate. It was noted that this has been important in maintaining culturally sensitive service provision in the BME community. A breakdown of the community resources currently accessed by people in the BME community using a personal budget was provided as follows:-

Personal Assistant via BME Community – friend / relative etc	29
Agency Support	15
Community Groups	11
Asian Social Group	4
Short Breaks / respite	3
Backstreet Theatre	2
Transport costs	5
Commissioned service (Home Care)	19

48. It is also anticipated that in the future there will be a further increase in the use of personal budgets by the BME community and that this will most likely lead to a continued reduction in Council commissioned services. It was also acknowledged, however, that further work is needs to be undertaken for the department to ascertain whether the cultural offer the Council currently provides in terms of commissioned services for the BME community is meeting their needs.

49. During the course of the review reference was made to the services provided by the Tees Valley Asian Welfare Forum (TVAWF) based at Meath Street, as well as the support offered by the Milan Group and Aapna Carers Support Group. Following

receipt of this information Members of the panel expressed the view that they were keen to hear directly from those involved in providing social care support services to the BME community in Middlesbrough. In accordance with this request an invitation was extended to representatives from the above organisations to attend a panel meeting to assist in the panel's review.

Aapna Services Ltd

50. The representative from Aapna Services Ltd advised that she had previously worked as a Project Officer in the Council's Department of Social Care and part of her role had involved setting up a carers group for the BME community, known as Aapna Carers Support Group. In the first two to three years Middlesbrough Council and the PCT had funded the group but after that period Aapna started to become neglected. Owing to budgetary pressures at the Council the Project Officer post in which she had been employed had been at risk and she had therefore taken redundancy. Subsequently she re-established Aapna as a registered charity and limited company, known as Aapna Services Ltd.
51. The panel was advised that Aapna Services Ltd provide a wide range of social care support services for the BME community in Middlesbrough including services for older people, people with learning disabilities, physical disabilities, mental health needs, sensory impairment and early onset dementia. The services provided include day care, home care, respite care, a sitting service, advocacy support and general information / advice to the BME community. Aapna currently employs 10 paid members of staff, 3 of whom are carers in their own right.
52. It was noted that all staff employed by Aapna Services Ltd are bilingual and receive training to NVQ level 3 in care standards, in addition to statutory training. Referrals are received from Social Workers and appropriate care packages are arranged. For example, an individual may spend one day a week at the day centre, in addition to receiving a number of hours of home care support. The panel was informed that Aapna receives a significant number of requests for assistance from people in the BME community, as people are unsure where to go or who to approach for help. Aapna make numerous referrals to social services on behalf of individuals and also signposts people in the BME community to other organisations or Council departments that can assist with issues such as benefit advice / housing assistance.
53. In a response to a query from the panel it was advised that Aapna Services Ltd is based at the International Centre on Abingdon Road and was established in 2006. The services provided cover all areas of Middlesbrough and recipients of services range from those who live in the town centre area to those who live in Nunthorpe and Marton. It was advised that many women from the Muslim community access the day centre in order to have a break from their day to day routine and to help them not to feel so isolated.
54. The panel was advised that as a registered charity funding remains a constant threat and that Aapna no longer receives any funding from Middlesbrough Council. The organisation is constantly exploring other avenues of funding. However, in the current economic climate there is huge competition for resources. It was noted that at present the organisation's main source of income is from individual service user's personal budgets. It was also advised that Aapna operates an open door policy and

that in cases where an individual does not meet the FACS criteria the case is still be accepted and the individual is asked to pay a subsidised rate for the service.

55. In terms of the number of people accessing Aapna's day care provision it was advised that 35 women currently access the service. In addition between 9 and 11 women receive support through Aapna's mental health day care provision. It was noted that at present these services are only available for women, although consideration is being given to establishing a mental health day care service for men. The panel heard that Aapna initially received funding of £35k (£17,500 from the PCT and £17,500 from the Council) to establish day care provision for women in the BME community with mental health needs.

Learning Disability Services

56. The panel was informed that Aapna's learning disability day care service and home care services are available to both men and women and that Aapna appoints male and female care staff. In addition the organisation employs a number of volunteers and the organisation is approached by many people in the BME community who are looking for employment. When taking on volunteers all are subject to a DBS check (the Disclosure and Barring Service replaces the Criminal Records Bureau) and are then given the relevant training to bring them up to a level where they can take the organisation forward. It was advised that at present 4 young people are volunteering with Aapna, whereas 10 years ago young people in the BME community would not have considered a career in health and social care. It was also advised that the majority of service users accessing support from Aapna are from the Hindu, Bangladeshi and Pakistani community.

Carers Support Services

57. Reference was made to the Aapna Carers Support Group and it was advised that the group meets on a bi-monthly basis and there are generally five to twelve carers in attendance at any one time. The purpose of the support group is to help carers in the BME community access information about the carer support services available to them, how to access services such as respite care, to inform them of their rights as carers and to also advise them about the benefits to which they may be entitled. It was advised that the Council has a contract with Sanctuary Carr-Gomm to provide carer support services in Middlesbrough and that Aapna works closely with them to refer carers in the BME community to their organisation. However, it was highlighted that in designing mainstream carer support services the cultural requirements of the BME community have not been fully considered.
58. An example of the lack of understanding of the needs of the BME population is the provision of a caravan holiday in Scarborough for carers as respite care. The panel was advised that it is highly unlikely that anyone from the BME community would make use of such a facility and for a carer in the BME community having a day out to relax would be much more appropriate. Similarly, carer events and carer day trips have been held on Fridays, which is the designated day of prayer for most of the BME community. The view was expressed that there is a real need for the views of BME carers to be taken on board when designing carer support services.
59. Reference was made to the BME network and the panel queried whether Aapna receive any form of support from the network. It was advised that Aapna has

recently accessed IT support, which was offered to Aapna's learning disabilities group. The support provided enabled service users with learning disabilities to access a 10 week basic computer skills course free of charge. It was noted that the BME network has also put on training courses for Aapna staff and that Aapna continues to liaise with the BME network with regard to accessing other relevant courses.

60. Reference was made to the barriers facing the BME community in accessing mainstream service provision and it was stated that the two biggest issues are lack of knowledge about the services available and communication / language barriers. Finding out what number to ring, then wondering whether the person on the other end of the line will be able to communicate with them or whether they will be able to make themselves understood are real issues that affect an individual's confidence in approaching mainstream service providers. In addition, many of the leaflets advertising what services are available are in English, with a footnote that indicates the leaflet is also available in other languages on request. However, in order to understand whether the service advertised is what the individual requires they first need to be able to grasp in English what service is being advertised before then requesting that particular leaflet in the appropriate language. The languages advertised also tend to be restricted to mainstream BME languages such as Bengali and Arabic.
61. Another barrier in accessing mainstream services experienced by people in the BME community, particularly older Asian women, is illiteracy in their first language. The panel heard that during her time as a Project Officer at the Council this issue had been recognised and a proposal was put forward to produce a CD in different community languages in order to inform the BME community of the social care services available in the town. However, owing to a lack of funding this proposal was never taken forward.

Mental Health Services

62. In terms of mental health service provision the representative from Aapna advised that she had a lot of experience in working in Mental Health Services, as she had previously worked as a Mental Health Social Worker. One of the issues raised by the BME Councillors concerned issues in relation to the use of interpreters for BME mental health services users who have no experience of mental health issues. The panel heard that in an effort to address this issue Aapna had put together a service called 'Beside You', which sought to assist both BME service users and mental health professionals in undertaking assessments by assigning the same interpreter throughout an individual's care journey. The individual assigned would also possess the relevant cultural and religious knowledge, as well as an understanding of mental health issues. However, the development of this service has not been taken forward by Aapna, as Middlesbrough PCT had advised it already had a contract with Language Support Services for the provision of interpretation services.
63. A member of the panel made reference to the significant sum of money that was received by Middlesbrough PCT for the delivery of Talking Therapies in the town and it was queried as to whether any of that funding was used to specifically assist people in the BME community who may be suffering with anxiety or depression. Aapna advised that it had been aware of the funding awarded and had even spoken to the PCT commissioner about the possibility of having a trained Talking Therapy

Practitioner post assigned to the BME community. However, the PCT had advised that all Talking Therapy Practitioner posts would be subject to open recruitment and employed through MIND. Aapna is therefore aware of the services provided, although the services offered are not specifically designed for the BME community and the view was expressed that often the attitude adopted is that 'one size fits all'.

64. In terms of support services for older people in the BME community Aapna advised that the BME community do take the care of their elders very seriously. However, it is a myth that the BME community 'look after their own.' The demands facing young people in the BME community are the same as those facing the non-BME community. Young people are moving out of the family home, even moving to other areas of the country to find employment and they have no other choice but to leave the older person at home on their own.
65. Reference was made to the services provided by care homes in Middlesbrough and it was advised that the lack of bespoke support available to older people in the BME community who may need to move into a care home is an issue. It was noted that Aapna has previously been approached to provide a package of care designed to support a BME person living in a care home in terms of food preparation requirements, personal care and prayer facilities. However, no action was taken in respect of the quotation provided.
66. The panel queried as to whether there was any merit in the view that the low number of older people in the BME community resident in Middlesbrough is in part due to the fact that older people prefer to return to their home country to retire. Aapna expressed the view that there is a preference amongst older people in the BME community to go back to their home country once they no longer feel that their children need them. Whereas previously older people in the BME community were regarded as head of the household owing to changes in culture and the widening generation gap older people generally feel much happier to return to their routes and die in the place they were born.
67. The representative from the TVAWF advised that in her experience although some people in the BME community returned to their home country they often came back to the UK as they were unable to settle in their homeland.

Tees Valley Asian Welfare Forum (TVAWF)

68. The panel was advised that TVAWF is a registered company that provides support for older people, carers and people with mental health problems in the BME community. The range of support provided by TVAWF includes day care services, counselling support and relaxation therapies, as well as advice and information in relation to benefits and health and social care issues. It was advised that when the organisation was established in 2005 TVAWF received financial support from the Council, as it was recognised that there was a need for the development of bespoke support services for Middlesbrough's BME community.
69. It was noted that at present TVAWF is based at Meath Street Community Resource Centre, however the organisation is looking at the possibility of operating from a shared premises with Aapna in an effort to reduce overhead costs. The services provided by TVAWF are available to both men and women and the organisation currently employs 1 paid member of staff. In terms of generating income it was

advised that the only income TVAWF receives from the Council is via individual service user's personal budgets.

70. Reference was made to the mental health needs of the BME community and the panel was advised that in 2005 TVAWF (which had at the time had been known as the Sahara Project) was involved in a community engagement project to look at the Mental Health Service needs of Asian Women in Middlesbrough. The project was funded by the National Institute for Mental Health in England (NIMHE) and was supported by the University of Central Lancashire, as well as Middlesbrough Council and Tees, Esk and Wear Valley's NHS Trust.
71. The project sought to examine what mental health services and support Asian Women in Middlesbrough used and if those services were responsive to their needs. Questionnaires were used to gather the information and the researchers carried out 107 face to face interviews with South Asian women. A number of recommendations put forward in an effort to make mental health services in Middlesbrough more appropriate, accessible and culturally sensitive. However, TVAWF expressed the view that despite this project no significant improvements have resulted and the recommendations are still relevant. A copy of the Executive project summary, which details the recommendations put forward, is attached at Appendix 2.
72. In response to a query from the panel TVAWF and Aapna advised that neither organisation is represented on either Middlesbrough's Older Persons Partnership or Middlesbrough's Carers Improvement Partnership. The view was also expressed that the Council is not providing an appropriate level of support to carers in the BME community, as the BME community are not consulted in respect of the carer support services currently commissioned by the Council. Reference was also made to the awarding of grants via the Carers Small Grants Fund, which was undertaken by MVDA on behalf of the Council. The panel heard that despite Aapna delivering targeted carer support services to the BME community in Middlesbrough the organisation's application for grant funding was unsuccessful.
73. In terms of the respite provision currently available to carers in Middlesbrough the panel was advised that the Council has not commissioned any respite services that are specifically designed to meet the needs of BME carers. The view was expressed that there should be a small element of commissioned respite care that is allocated for BME carers, which is delivered by a BME organisation. BME organisations in Middlesbrough are aware of what BME carers are looking for in terms of respite, as well as how to meet the dietary, religious / cultural and language needs of BME carers.
74. Reference was made to the challenges facing both organisations in the current economic climate and it was stated that securing premises is the biggest issue facing Aapna and TVAWF, as rental costs for both organisations are at present extremely high. The panel was advised that Aapna is currently paying £17k per annum in rent to the International Centre and as the building is included in the Council's Community Asset Transfer (CAT) Scheme Aapna is also concerned that the rent will increase further in the future. It was advised that it would be of great benefit to both organisations if the Council could help them to acquire / lease a shared premise at a low cost, as it would enable them to deliver a wider and more diverse range of services for the benefit of Middlesbrough's BME community.

TERM OF REFERENCE: To examine whether the Council is providing the same level of support to carers in the BME community as the non-BME community.

75. Over the course of this review a number of issues have been raised in respect of the support available to BME carers. BME Councillors, Aapna Services Ltd and the Tees Valley Asian Welfare Forum all expressed the view that the Council is not providing the same level of support to carers in the BME community as the non-BME community.
76. It has also been stated that the cultural needs of carers in the BME community are not taken on board when developing carer services and that the respite provision currently available does not meet the needs of the BME community. For example, the organisation of carer day trips on a Friday excludes participation by the BME community and caravan breaks are not viewed as culturally appropriate. In light of these comments the panel expressed the view that it was keen to hear directly from the Department of Wellbeing, Care and Learning on the carer support services provided / commissioned by the Council and the uptake of services by BME carers in comparison to non-BME carers.
77. In accordance with the above, Colin Holt, Head of Assessment and Care Management and Maureen McKay, the Carer Services Co-ordinator were invited to attend a meeting of the panel to provide information in respect of this aspect of the panel's review.
78. An overview of the support services available to carers in Middlesbrough was requested. In response details of the various services that were provided to carers in Middlesbrough in 2012/13 was submitted to the panel. Along with details of the amount of social care and NHS funding committed to each service and the total number of carers who benefited from the services on offer. It was noted that a wide range of support services are available including overnight respite care, carer holiday breaks, holistic therapies, trips and outings and moving and handling courses. Specific support services are also available for people caring for someone with dementia or a long term neurological condition.
79. Given that the focus of this review is on access to services for the BME community the panel requested specific information on the number of BME carers that have benefited from the provision of carer support services in comparison to the number of non-BME carers that have accessed support. This information was provided for each of the services currently available to carers in Middlesbrough and a copy is attached at Appendix 3.
80. The information shows that:
- Carer assessments are lower in the BME community
 - Carer direct payments are much higher in the BME community.
 - Overnight respite breaks are much lower in the BME community.
 - Very few BME carers accessed the specific support services available to people caring for someone with dementia or a long term neurological condition.
 - Carer holiday breaks are lower in the BME community.

	Carer Assessments	Carer Direct Payments	Overnight Respite Breaks	Carer Holiday Breaks
Total	509	14	266	69
Non-BME	472	4	258	65
BME	37	10	8	4

81. In respect of carer direct payments it was advised that these are used to support carers by providing domestic support, driving lessons, support to attend the Milan Group or the Asian Deaf Ladies Group. A breakdown of the funding allocated to Carer Direct Payments in 2012/13 was provided as follows: -

Carers	Number of Carers	Cost of Carer Direct Payments
BME Carers	10	£14,590
Non-BME Carers	4	£5,568
Total	14	£20,158

82. In terms of carer holiday breaks the following support was provided to carers in Middlesbrough in 2012/13:

Carers	Number of Carers	Cost of Carer Holiday Breaks
BME Carers	4	£326
Non-BME Carers	65	£11,218
Total	69	£11,544

83. As the panel was also interested in gaining a sense of whether BME carers in Middlesbrough are underrepresented in accessing carer support services detailed information was requested from the Department of Wellbeing Care and Learning on the estimated number of BME carers in Middlesbrough and the proportion of BME carers that are accessing services in comparison to non-BME carers.
84. It was advised that although the department does not have any published information showing carers by ethnic group the following estimates have been derived from the recently published 2011 census data. These estimates assume that the same proportion of BME residents is reflected in the number of carers (i.e. the BME community represents 11.8% of Middlesbrough's population; it has therefore been assumed that 11.8% of carers are from the BME community.)
85. The data indicates that the estimated number of carers in Middlesbrough is as follows:-

- Estimated population of Middlesbrough (2013): 139,855
- Estimated number of carers in Middlesbrough (2013): 14,308
- Estimated number of BME carers in Middlesbrough (2013): 1,691
- Estimated number of non-BME carers in Middlesbrough (2013): 12,617

86. Based on these figures the number of BME and non-BME carers who have had a carer assessment/review with the relative percentage of the estimated carer population for that particular group is provided below:-

Carers Data	2010/11	2011/12	2012/2013
Total number of carers receiving assessment / review	863	1038	509
	6%	7%	4%
Number of non-BME carers receiving assessment / review	807	978	472
	7%	8%	4%
Number of BME carers receiving assessment / review	56	60	37
	3%	3%	2%

87. It is evident from the data submitted to the panel that the proportion of BME carers receiving a carer's assessment / review has for the last 3 years stood at around half the rate of the assessments / reviews undertaken for non-BME carers. In light of this fact the panel queried what efforts have been made by the department to raise awareness amongst the BME community of the support that is available to carers in Middlesbrough.
88. It was advised that the department has undertaken visits to the Hindu and Sikh Temples, as well as the Chinese Community Centre, and that information is also channelled through BME organisations such as the Milan Group. However, owing to language barriers it was advised that it is sometimes difficult for the department to know if the BME community has fully understood what carer services are available to them.
89. The point was also made that engagement activities are much more successful if the department liaises with an established link in the BME community. The importance of establishing robust BME community links was recognised by the panel and Members made reference to the fact that the Council has a number of BME Councillors who work closely with the BME community. The Council also employs Community Development Workers with experience and skills in respect of working with the BME community. The panel expressed the view that the department needs to use these links to ensure that the services provided to BME carers are acceptable in terms of meeting their cultural and religious needs.
90. It was also acknowledged by the department that no form of evaluation has been undertaken as to why the take up of some carer support services by the BME community is not as high as would be expected. It was stated that although the department is relatively successful in delivering services for BME service users there is a need for a piece of work to be undertaken in respect of developing carer support services to ensure that needs of BME carers are being met.
91. Members of the panel also commented on the significant drop in the overall number of carer assessments / reviews undertaken in 2012/13 (509) in comparison to those undertaken in 2011/12 (1038). It was stated that the apparent reduction has resulted from the introduction of a new IT system and the way in which carer assessments are now recorded. It was also highlighted that carers in Middlesbrough do benefit from the provision of additional services such as day care or sitting and

enabling services, which are provided to the service user, in an effort to give the carer a break. However, at present the cost of providing those services to support carers is not collated.

92. The panel queried whether any dedicated funding had been set aside to support BME carers and if so how this funding has been spent / allocated. The panel was informed that at the end of the financial year 2011/12 Middlesbrough PCT advised that they would provide Middlesbrough Council with £300,000 from funds they had received from the Department of Health to support carers to have a break. As it was not feasible for the Council to allocate this funding so near to the end of the financial year, the funding was transferred to MVDA to administer a Carers Small Grants Fund for 2012/13.

93. The funds were allocated as follows:

MVDA Administrative/Management/Development/Outreach Costs	£48,000
Unallocated funding still available	£126,053.97
Allocation for successful projects	£125,946.03

94. It was advised that two of the projects that received funding were focussed specifically on addressing the needs of BME carers.

- BECON: BME Carers Project was awarded £14,754
- Humanah Community Consortium CIC I'm Strong: Our Voice, Our Power, Our Rights was awarded £10,500

95. Members advised that they would be interested in hearing directly from the organisations involved in the delivery of both projects.

96. In response to a query from the panel with regard to the Carers Partnership it was advised that a number of different agencies are represented on the Partnership, however, there is no BME representation on the Partnership. It was acknowledged that the aim of the Carers Partnership is to improve services for all carers in Middlesbrough.

97. Reference was also made to the Learning Disability Partnership and it was noted that previously the BME development worker employed by the department would transport members of the BME community to meetings of the Partnership, however as the worker is no longer in post attendance by the BME community at Learning Disability Partnership meetings is intermittent.

Carers Small Grants Fund

98. The panel was keen to gain an overview of the projects undertaken via the Carer Small Grants Fund, as well as how the application process was administered. In accordance with this request an invitation was extended to the Council's Head of Commissioning and Business Support and MVDA's Strategic Development Manager to attend a meeting of the panel to provide information on this issue.

99. As two of the carers' projects allocated funding focussed specifically on addressing the needs of carers from the BME community Members of the panel also expressed the view that they were keen to hear directly from the organisations involved in the

delivery of these projects. An invitation was therefore extended to representatives from BECON and Humanah C.I.C to attend a panel meeting in order to assist the panel in its review.

100. In terms of the Carers Small Grants Fund the Council's Head of Commissioning and Business Support advised Members that at the end of the financial year 2011/12, NHS Middlesbrough allocated Middlesbrough Council £300,000 from funds it received from the Department of Health to support carers to have a break. Middlesbrough Council received the funding very late in the financial year (January 2012) but funding restrictions required that the funding had to be spent by March 2012.
101. It was explained that time constraints linked to procurement activity had prompted the Council to consider alternative options to utilising this funding to benefit carers in Middlesbrough. The restrictions placed on the funding provided an opportunity to build on previous discussions between Adult Social Care and MVDA about the use of a small grants fund to support voluntary and community sector organisations (VCOs) to meet the needs of carers through alternative initiatives to those currently available.
102. It was therefore agreed that the funding would be transferred to MVDA under a service level agreement to establish, develop and manage a Carers Small Grants Fund for VCOs in Middlesbrough. MVDA was commissioned by Adult Social Care to design the grants fund, which included the bidding process, evaluation criteria, ongoing monitoring and final evaluations. MVDA's costs for delivering this service were 16% of the total funding allocation, which the panel was advised was more cost efficient than usual commissioned service support costs, which generally range from 18 - 22%.
103. It was highlighted that one of the difficulties with the carer funding received from NHS Middlesbrough in 2011/12 was that the funding was non-recurring. As a result there was reluctance to invest the funding in the development of carers' services when there was no guarantee that a similar funding award would be received by the Council in the future. It was advised that the Council therefore made it clear in respect of the Carers Small Grants Fund that it did not want the funding to be allocated in situations where there would potentially be an expectation that the Council would continue to provide funding for projects beyond 2012/13. The funding was also not to be used to duplicate or supplement existing services.
104. It was noted that the Carers Small Grants Fund was therefore used to stimulate applications from local VCOs which would support the development of innovative projects to support carers to maintain or improve their health and well-being in line with the Middlesbrough Carers' Strategy. It was explained that each project was required to demonstrate how it would develop local services, sustain the project and/or share the learning following the initial grant and demonstrate added value (benefits beyond the immediate project).
105. As part of the criteria VCOs were eligible to apply for a grant award of up to £25,000, although it was envisaged that most of the grants would be for smaller amounts. MVDA circulated details of the Carers Small Grant Fund to all VCS organisations in Middlesbrough and also offered support to organisations to help develop their funding bids, as part of MVDA's capacity building service.

106. A panel was established by MVDA to consider all of the applications received. Members of the panel included representatives from local VCO's – both those who were 'experts' in carers issues, and those who had had experience of participating in similar grants panels through MVDA in the past. There were also representatives from Middlesbrough Council (Adult Social Care) and the Middlesbrough Carers Partnership on the panel. Each application was considered in detail in line with agreed criteria and a decision was then taken as to whether a grant was to be awarded or not. It was noted that MVDA was accountable to the Middlesbrough Carers Partnership for the delivery of the Carers Small Grant Fund.
107. MVDA's Strategic Development Manager advised that at the outset it had been envisaged that the fund would be oversubscribed. However, despite facilitating two rounds whereby VCO's could submit applications for grant funding only 15 project applications were received. Of those 11 applications were approved and the total amount of funding awarded was £139,946 (out of £252,000 available, therefore leaving an under spend of £112,054). It was noted that two of the projects that received funding were BME specific projects and that 20.5 per cent of the total funding awarded (£28,754) was allocated to the two BME projects. One of the four unsuccessful applications was from a BME organisation. The panel was advised that all unsuccessful applications were given feedback as to why their application had not been successful and where possible were directed to other sources of potential funding.
108. It was noted that all projects were originally expected to complete their activities on 31 March 2013. However, a number of projects had requested an extension for a period of up to six months. Following discussion between MVDA and Adult Social Care these requests have been approved. One of the BME specific projects (BECON) has also been provided with additional funding, and six of the projects completed their activities on 31 March 2013.
109. The panel was informed that all of the organisations who received funding through the Carers Small Grants Fund were required to submit a written evaluation report to MVDA on the outcome / progress of their project by May 2013. In addition, the Carers Partnership has approved the use of the £112,054 under-spend from 2012/13 for use in 2013/14.

2012/2013 Allocation

110. The panel was advised that the Council has secured further funding of £964,000 from NHS Middlesbrough to support carers in 2012/13. The funding was received in February 2013 with the requirement that the funding be spent by March 2013. It was noted that a proportion of the funding has been utilised to ensure an appropriate contribution is made from health to core services, in order to secure the sustainability of services for carers.
111. As part of the 2012/13 funding allocation £312,000 has also been provided to MVDA under similar arrangements to that of the 2011/12 allocation. It was stated that along with the under spend referred to above this will create opportunities to continue to fund services through the Small Carers Grant Fund, as well as create opportunities for new initiatives to be developed. A proportion of the funding will also

be used to develop a fully accessible on-line advice service for all carers in Middlesbrough and this will be explored further throughout 2013/14.

112. The panel was informed that NHS Middlesbrough has placed restrictions on how the funding is to be spent, highlighting that it has to be spent on the requirement below:

“following a joint assessment of local needs, which should be published with plans, PCT clusters need to agree policies, plans and budgets with local authorities and voluntary groups to support carers, where possible using direct payments and personal budgets.”

In addition the amount being spent on carers’ breaks and an indicative number of breaks provided had to be published on the CCG website by 30 September 2012. Any small grant project would also need to evidence the number of short breaks delivered in accordance with PCT requirements.

113. Reference was also made to the new Care and Support Bill and the fact that the landscape for carer support services will change over the next 12 to 18 months, as carers become eligible to receive a personal budget. It was advised that although at present carers assessments are undertaken there is not necessarily a financial allocation associated with the level of need identified for the carer in the same way a financial allocation is awarded to a service user based on the individual’s assessed level of need. It was acknowledged that the majority of carers’ services are delivered by the VCS and that the VCS will have a valuable role to play, along with the Carers Partnership, in developing a carer resource allocation system.

114. The importance of the VCS in providing intelligence to the Council in respect of carers’ needs was also emphasised and it was highlighted that although the Council is responsible for undertaking carer needs assessments it is VCS organisations who specialise in meeting carers needs and are best placed to offer support to individuals in putting together a carer’s support plan. It was also noted that often when a carer’s assessment is undertaken the outcome is for information / advice to be provided and VCS organisations currently provide this type of support. In some cases some form of respite provision is also arranged to enable carers to have time-off from their caring responsibilities. However, as many forms of respite provision such as sitting services and day care services are financed via the service user’s personal budget / direct payment these forms of support are not recorded for statistical purposes as a carer support service. It is therefore difficult for the Council to demonstrate the full range of support currently provided to carers in Middlesbrough.

115. The view was expressed by the Council’s Head of Commissioning and Business Support that there is a substantial amount of money in the health and social care system at a local level that is intended for carers, which is not benefiting carers to full effect. It was stated that both health and social care services in Middlesbrough need to consider what can be achieved collectively, which is of a recurring nature, as commissioners are limited in what can be achieved through the receipt of annual and non-recurring funding awards. It was stated that discussions have started with the Clinical Commissioning Group (CCG) on the future funding arrangements for carer support services in Middlesbrough and Adult Social Care is optimistic that progress can be made on this issue.

116. Reference was made to the way in which the funding for carer services has been received by the Council from the PCT in recent years and it was questioned as to what arrangements are now in place to fund carer services following the establishment of CCG's. The Council's Head of Commissioning and Business Support advised that at present it is unclear whether the funding available to CCG's for the provision of carers' support services is recurring and if the funding is ring-fenced specifically for carers. Efforts are being made to obtain this information from the North East Commissioning Service (NECS) and the Council is currently awaiting a response on this issue. The point was raised that in terms of commissioning services the CCG has published a clear and credible plan based on information taken from the Joint Strategic Needs Assessment (JSNA) and it was queried as to what information is included in the JSNA in respect of the needs of carers in Middlesbrough.
117. The Council's Head of Commissioning and Business Support acknowledged that the information the Council has on carers is extremely limited. It was noted that the lack of data and intelligence in respect of the health and well-being of carers in Middlesbrough is one of the biggest gaps in the JSNA. Reference was also made to Middlesbrough's Carers Strategy (2009-2019) and it was acknowledged that the data contained within the strategy in relation to carers is also very limited.
118. The panel was reminded that there is some evidence to indicate that carers from the BME community prefer to access direct payments in comparison to the other forms of carer support services currently on offer. It is also noted that the feedback received from the two BME specific projects, which have received funding through the Carers Small Grants Fund, will assist the Council in identifying the service requirements of BME carers. It was acknowledged that the Council always seeks to provide universal services, although accepts that there is also a need for more bespoke / specialist service provision.

Middlesbrough Carers Improvement Partnership

119. Over the course of this review the panel was advised that a decision had been taken by Middlesbrough Carers Improvement Partnership not to have a specific BME representative appointed. Members of the panel queried why this decision had been taken. The Council's Head of Commissioning and Business Support circulated a copy of the minutes of the Carers Improvement Partnership, held on 15 May 2012, when the issue of representation from BME communities on the Partnership was discussed. The minutes stated that the group had agreed that this was not required as each agency would adequately ensure that they would include issues affecting BME carers as needed. It was also advised that the number of people attending the meetings had increased and the Partnership was trying to streamline its membership.
120. The Chief Executive of BECON advised the panel that a request to attend a meeting of the Carers Improvement Partnership had been made by BECON, as part of the work the organisation has undertaken on the BME carers' project. The view was also expressed by both BECON and Humanah that a representative from the BME community would be more effective in articulating the needs of BME carers at Carer Partnership meetings than non-BME carer agencies. The Council's Head of Commissioning and Business Support advised that the Carers Partnership is

currently reviewing its membership. Members expressed the view that it was right for the Partnership to review its membership in terms of representation from BME and marginalised communities.

BME Carer Projects - BECON

121. The panel was advised that BECON was established in 2000 and is a region wide race equality organisation operating across the North East of England. BECON's vision is to create:

“a society that creates equal life chances for Black and Minority Ethnic (BME) people and people living in deprived areas leading to a society that is racially and socially just.”

122. In September 2012 BECON submitted a successful application to Middlesbrough Carers Small Grant Fund for £14,754 to develop a new project focussed on BME Carers in Middlesbrough. The project sought to utilise community engagement / development workers to engage with diverse BME communities by:

- Identifying carers within the BME community who required support and assistance
- Undertaking outreach work to places of worship
- Establishing contact and cascading information through established networks
- Engaging with BME communities taking account of cultural, language and religious considerations
- Undertaking interviews with carers and their families within community venues and / or at the homes of carers

123. In the period November 2012 to March 2013 BECON's BME Carer Project supported a total of 78 people. The beneficiaries of the support offered were as follows;

- 30 carers – 83% hidden
- 48 cared for
- 43% of carers required interpretation
- 90% of carers first language was not English
- 26% of carers Middle Eastern heritage
- 23% of carers Asian Heritage
- 23% of carers African Heritage
- 16% of carers Chinese Heritage
- 63% Muslim carers
- 16% Christian carers
- 10% Buddhist carers

124. The panel was provided with a detailed breakdown of the project beneficiary data, which documented the illnesses experienced by those being cared by a family member or friend. These included facial cancer, Parkinson's disease, arthritis, diabetes, autism and alcohol addiction, as well as a number of other medical conditions. Alongside this information an individual's ethnicity, religion and first language was also recorded. The diverse range of beneficiaries from the project was evident and included carers, as well as people being cared for, of Middle

Eastern, African, Chinese and Asian origin. The proportion of carers requiring interpretation at 43 per cent is noteworthy, as is the fact that for 90 per cent of the carers identified via this project English was not their first language.

125. The Chief Executive of BECON advised the panel that without the outreach work undertaken as part of this project, identifying hidden BME carers in the community would not be possible. In order to engage with the BME community BECON staff had undertaken visits to community venues, various places of worship and North Ormesby market. A number of home visits had also been undertaken. It was advised that less than 5 per cent of the referrals BECON received had been in the form of written referrals and that the majority of the work had been undertaken through community engagement activity. It was also advised that a number of the carers identified through the project were from people seeking asylum, who are not necessarily recognised within health and social care systems.
126. In terms of connecting with individuals in the BME community the point was made that when appointing staff to undertake this project the Chief Executive of BECON appointed a female and a male member of staff, as it is important to the BME community that staff are gender specific. It was also highlighted that although 5 of the 30 carers identified were already known to Adult Social Care services some of were still unaware of the universal carer support services provided in Middlesbrough by groups such as Sanctuary Carr-Gomm and Mind.
127. Reference was made to the availability of the BME carer leaflets produced by BECON in other languages. The panel was advised that BECON did not have the resources available to produce their literature in all languages. However, the outreach work undertaken had addressed this issue, as the staff employed by BECON could communicate directly with service users/carers in their own language.
128. The Chief Executive of BECON also advised that in terms of his organisation's work the BME carers' project has been a very short scale project, although it is a project which he hopes will help shape and influence future service delivery. It was stated that as an organisation BECON is fully supportive of universal service provision. However, there is still a need for more targeted provision. For example, in terms of the services that are on offer for carers, such as stress relaxation therapy, carers in the BME community would benefit from this provision in the same way as carers in the non-BME community would benefit. However, there is a need to ensure that the service is being delivered in a way that guarantees carers in the BME community can confidently approach and access the service.
129. It was also advised that during discussions with carers in the Chinese community they had expressed the view that they would be interested in accessing carer activities such as day trips. However, the day trips on offer would need to be culturally appropriate. For example, a trip to the Chinese Centre in Manchester would be of interest. The view was expressed that with any sort of carer support service that is provided or commissioned by the Council thought needs to be given as to how tuned in that service is to the needs of the community.
130. The Chief Executive of BECON circulated details of 4 confidential case studies where a hidden carer had received assistance from BECON in order to access the appropriate services and support they required. It was evident from the cases

presented that a number of barriers prevent people in the BME community from accessing services. These include language, a lack of awareness of the services provided by both statutory and voluntary agencies, a lack of culturally appropriate services, difficulties in recruiting BME personal assistants and a shortage of BME home care agency staff / male home care agency workers.

131. It was also advised that in respect of the “personalisation” agenda and the introduction of personal budgets there remains a huge knowledge gap in the BME community. The Chief Executive of BECON also made a plea to the Council’s commissioners that when the Council commissions home care services from private providers it needs to impress upon those providers that the Council has a duty to meet the cultural and religious needs of service users.
132. It is still the case that the home care providers commissioned by the Council lack the ability to meet the cultural/religious/language needs of BME service users. The view also expressed that the Council’s commissioners should also explore alternative options and give consideration to the possibility of commissioning home care support services from a BME led organisation. It was stated that families should not be in a position at a time when they are in need of social care support to find that issues in respect of having their everyday needs met by the preferred providers have not been resolved. It was noted that BECON is particularly keen to see progress on this issue.
133. Reference was also made to the perceived preference of the BME community to employ personal assistants. It was stated that it should not be assumed that the BME community prefer to employ personal assistants as oppose to receive support from a home care provider. It may simply be the case that the employment of a personal assistant is seen as the only option when the Council’s preferred providers are not in a position to fully meet the needs of BME service users. The Council’s Head of Commissioning and Business Support acknowledged that home care providers have reported major problems in the recruitment of care workers from the BME community.
134. A member of the panel expressed the view that local BME infrastructure organisations, home care providers and the Council’s Adult Social Care commissioners need to work collectively to address any recruitment issues in order to ensure that the needs of BME services users can be fully met. The Chief Executive of BECON acknowledged that that there is a need for local BME organisations to work collaboratively with each another, as well as with the local authority. It was advised that BECON is currently working with Aapna Ltd and Tees Valley Asian Welfare Forum (TVAWF) to put forward some proposals to the local authority, as well as to establish a BME community hub where all three organisations could be based.
135. Reference was made to a policy paper produced by BECON in March 2013 entitled ‘Black and Minority Ethnic Elders and Adult Social Care in the North East.’ This piece of work sought to assess the adult social care policies of two local authorities in the North East - Middlesbrough Council and Gateshead Council. A number of issues are raised in the report, which are relevant to the panel’s review and extracts from the report are detailed below.

Information and Advice / Awareness of Services

136. “Participants in the Tees Valley Chinese Community Centre in Middlesbrough said that this was the first time that they were aware that they had received comprehensive information about the social care system, the availability of Chinese translations and the assessment capital cut off levels before a person has to contribute to the cost of social care.”

“In all of the interviews and focus groups held with BME community members, it was clear that the efforts being made to inform them about the adult care services available to them were not working.”

“As a separate exercise a telephone call was made to the number given to obtaining translations of the publicity information on social care produced by Middlesbrough Council. The response received was helpful but indicated that there were not many, if any, requests for translated information, particularly in Chinese. It is clear that the lack of awareness of the availability of information results in a low uptake.

“There is the challenge that some people from South Asian communities may not be literate in their community language.”

Service Provision

“A key part of the service provision received by the different BME groups in Middlesbrough, particularly for South Asian communities was the fact that there were five workers within the system who were themselves from ethnic minority communities. This enabled them to play a number of roles such as information and advice provider, translator, advocate and general encourager of uptake of mainstream services. They also played a role in supporting the development of specific services targeted at older BME people. However, it seems that with the pressure on budgets within the council four of them are no longer employed within the Council or have changed roles in a way that has taken them away from providing support to specific communities.”

“The South Asian Women’s focus group was clear that the difficulties they had in understanding forms, challenging decisions or gaining access to services were resolved by contact with BME workers.”

“During interviews with BME workers, the lack of awareness of service provision was identified as an issue with black and minority ethnic communities.”

Personal Assistants

“A number of the interviewees acknowledged difficulty (sic) in recruiting Personal Assistants from black and minority ethnic communities.”

“Many of the Chinese community members in Middlesbrough didn’t receive personal budgets and were cared for by family members, who, they felt had their own pressures to deal with.”

137. Finally, reference was also made to a BME health engagement event facilitated by BECON and Humanah on 21 March 2013. It was noted that the event provided a

platform for health and social care service providers in Middlesbrough to engage with the BME community about the range of services available in the town and details of how to access those services. The event also offered the opportunity to collate information about the health and social care needs of Middlesbrough's diverse BME communities. Over 25 different health and social care agencies were represented and over 100 people from the BME community attended. The event was widely publicised via day centres, community centres, mosques and the Chinese Community Centre. Visits by BECON and Humanah staff were undertaken to each of these venues to encourage members of the BME community to attend the event.

138. The panel heard that the community engagement event had been organised at the specific request of Middlesbrough NHS Trust and that a report on the findings / outcomes of the event had been forwarded to the Director of Public Health. It was stated that there is a general recognition amongst many mainstream organisations that they are somewhat distanced from the BME community. The view was expressed that this is also an issue for the Council and that the Council needs to look at its engagement / communication strategy with the BME community.

Humanah C.I.C – BME Carer's Project: I'm Strong, Our Voice, Our Power, Our Rights....

139. The panel was advised that Humanah C.I.C is a social enterprise and community organisation that was created in June 2010 and is based in Middlesbrough. The organisation aims to work with marginalised and disengaged people from different social and cultural backgrounds including asylum seekers, refugees, international students, other migrants and the mainstream British community by delivering creative and innovative activities aided by community projects.
140. The "I'm Strong, Our Voice, Our Power, Our Rights" project was a 5 month research project, which received £14,000 of funding from the Carers' Small Grant Fund. The aim of the project was to assess the multiple and complex needs and barriers facing 'hidden' or 'unpaid' BME carers in addition to providing appropriate respite activities or community courses designed to shape and fit the needs of individual BME carers and their families.
141. It was noted that project workers employed by Humanah had actively engaged with a variety of BME carers in Middlesbrough via focus groups, questionnaires, public forums, case studies and liaising with other organisations. A documentary DVD and BME specific training pack for carers and key workers across health, social care and the VCS to raise awareness of issues facing carers in the BME community had also been developed. The panel was provided with the opportunity to view the DVD and hear from BME carers and their families about the impact that their caring responsibilities had on their everyday lives.
142. A number of key issues faced by BME carers were highlighted as follows;
- Care is an expectation of family members;
 - Lack of will to be identified as a carer;
 - Poor command of oral and written English;
 - Illiteracy in first language amongst older carers;

- Discrimination from their own community especially for illnesses that a stigma attached to them for example, HIV/Aids and Mental Health;
- Lack of emotional support;
- Feeling of isolation, marginalised and pushed aside;
- Lack of respite time due to cultural expectations and demands;
- Lack of cultural awareness and understanding in health/social care organisations;
- Inconsistency in advice provided by health and social care providers;
- Irregularities in appointments with the same doctor or health care worker;
- A lack of verbal explanation of medical problems and care issues from doctors and care workers, but more focus on giving leaflets to carers;
- Lack of services to support BME carers who are in employment;
- Lack of services to support families as well as carers;

143. It was noted that through the project Humanah has worked hard to identify carers who would otherwise miss out on services, for example asylum seekers and the gypsy community. Reference was again made to the barriers preventing people from accessing support and it was advised that people who are subject to immigration control, such as asylum seekers and refugees, are less likely to seek support due to a fear that it will affect their application to remain in the UK even though they have a real need for help and support. Similarly, illnesses that have a stigma attached prevent people from accessing services. It was stated that a Muslim man, for example, who is alcohol dependent would be highly unlikely to access support from Alcoholics Anonymous, owing to his religion and background.
144. The panel also heard that as part of the project a new community carer hub has been opened at Broadcasting House in Middlesbrough where respite, leisure and beauty facilities are provided in an effort to enable carers to have a life of their own alongside their caring role. It was advised that through the project Humanah has looked at some of the issues facing young carers and it was noted that there are many young people in the BME community in Middlesbrough, who have a lot of caring responsibilities at home and yet do not access any form of support. Humanah has sought to address this issue through intense engagement in activities.
145. It was highlighted that another key issue in the BME community, particularly in Asian and African cultures, is that there appears to be a reliance on female rather than male carers. The provision of care is considered as an activity or gender expression for females and is not a role undertaken by men.

CONCLUSIONS

146. Based on evidence given throughout the investigation the panel concluded:
- a) That with regard to Middlesbrough's BME population there has been a significant number of changes in the last 10 years. Yet somewhat surprisingly despite the town's BME population having increased from 6.3% in 2001 to 11.8% in 2011 the number of older people (aged 65 and over) from the BME community who are resident in the town remains extremely low, representing only 0.4% of the town's overall population.

- b) Over the course of this review concerns have been expressed in terms of the accessibility of social care services for older people in the BME community from a number of sources. It is apparent from the evidence gathered that although older people in the BME community are not under-represented in their overall receipt of social care services compared to the non-BME community. There are issues around older people in the BME community accessing certain types of social care provision including nursing / residential care, commissioned domiciliary care and Telecare.
- c) It has been emphasised by members of the BME community throughout this review that a stereotypical view is often held by many in the non-BME community that the “BME community look after their own” older people but the panel has been informed that this is a myth. The BME community is facing the same challenges as the non-BME community in providing care for older people and in cases where residential / nursing care or domiciliary care is required the Council must ensure that private providers it commissions to deliver these services, as part of mainstream provision, are in a position to fully meet the cultural requirements of BME service users.
- d) It is evident that the introduction of the ‘personalisation agenda’ has resulted in a greater uptake of personal budgets by the BME community in comparison to the non-BME community. However, the point has been made that although this may appear to suggest that the BME community has a preference for personal budgets it may also indicate that BME service users feel that they have no choice, other than to use a personal budget to employ a personal assistant, as the commissioned services on offer are not able to fully meet their care needs.
- e) The panel is of the view that further consideration needs to be given to the above issue and an assessment undertaken as to whether the domiciliary care currently commissioned by the Council is adequately meeting the needs of BME service users or whether there is a need for the Council to commission an element of domiciliary care from a BME specific provider. The panel is keen to see the Council’s commissioners, current domiciliary care providers and BME organisations in the town work collectively to address this issue.
- f) With regard to nursing / residential care information on the services available to BME services users / families who may potentially need this form of support should be highlighted in the residential care brochure published by the Council. The panel acknowledges that owing to the very low number of older people in the BME community in Middlesbrough the provision of mainstream service provision in terms of nursing / residential care, which fully meets the cultural needs of the BME community maybe a difficult issue to address. However, the panel maintains the view that further work is required to ensure that the BME community is aware of the support and services that are available to them if nursing / residential care is required.
- g) An area of concern for the panel in terms of the accessibility of services for the BME community is the fact that the Council is currently not providing the same level of support to carers from the BME community as the non-BME community. Proportionally the number of BME carers accessing a carer’s assessment is half that of the non-BME community and this has been the case for at least the last three years. The panel has also heard from a number of BME organisations /

representatives that the mainstream carer support services and in particular the carer breaks / respite provision currently available is failing to meet the cultural needs of the BME community. It has been acknowledged by the department of Wellbeing, Care and Learning that further work is needed in this area and it is envisaged that the recent BME project work undertaken by BECON and Humanah will assist the department in improving carer services for BME carers. The panel is keen to see how the learning from both of these projects is taken forward by the department over the next year. The panel is also of the view that a BME specific organisation should be commissioned to deliver respite services to BME carers to ensure that their needs can be fully met.

- h) The issue of BME representation on Middlesbrough's Carers Improvement Partnership is a further issue. The panel is firmly of the view that there is a need for a BME representative to be appointed to the Carers Partnership to ensure that the BME community has a voice on this forum. In questioning the representation of the BME community on Middlesbrough's Carers Improvement Partnership the panel has also questioned its own membership and the membership of the Council's Executive, and whether at present either body is truly representative of the community it services. There are no BME Councillors on the Social Care and Adult Services Scrutiny Panel or the Council's Executive and the panel is of the view that this is an issue that should be addressed.
- i) It is evident that a significant amount of funding has been received by the department of social care from health in recent years to support carers in Middlesbrough. In 2012/13 £964,000 of funding was received by the local authority and yet due to the fact that this funding has repeatedly been awarded very late in the financial year and on an annual basis, with no indication that it will be reoccurring, it has not been used to best effect to develop carer support services in Middlesbrough. This is an issue of concern for the panel and although the panel has been advised that clarification has been sought from the Clinical Commissioning Group (CCG) on future funding arrangements the panel is keen to ensure that the department of Wellbeing, Care and Learning and the CCG work collectively to ensure that future carer funding is used to best effect to support all carers in Middlesbrough.
- j) There are gaps in the published intelligence on the health needs of carers in Middlesbrough's Joint Strategic Needs Assessment (JSNA). The panel is keen to see progress on this issue. The panel is also of the view that the data / intelligence included in Middlesbrough's Carers Strategy should be refreshed in light of the recently published census data.
- k) The panel recognised the importance of undertaking outreach work in order to identify hidden carers in the BME community. There is a need to employ BME staff to undertake this role in order to provide support, advice, information and assistance whilst taking into account cultural, language and religious needs.
- l) In terms of mental health services, the panel heard that mainstream service provision does not have the capacity to effectively meet the specific/differing needs of the BME community. There is a need for interpreters to possess relevant cultural and religious knowledge, as well as an understanding of mental health issues. There is a need for targeted provision.

- m) Particular issues facing the BME community in accessing mainstream service provision are communication and language barriers. Although leaflets advertising social care services are available in different languages, concern was conveyed as to how the BME community would be aware that translated material could be requested. The panel was advised that there are few requests for translated material and it was suggested that a lack of awareness results in low uptake. Concerns were raised as to the time taken for translated documentation to be made available and that the languages advertised tend to be restricted.
- n) There is a need to support voluntary and community sector BME organisations in the town to deliver social care services for the benefit of the town's BME population. The importance of establishing robust BME community links was recognised by the panel and Members. The panel expressed the view that the Department of Wellbeing, Care and Learning, and the MVDA need to use these links to ensure that the services provided to the BME community are acceptable in terms of meeting their cultural and religious needs. A partnership approach, and improved dialogue, is required between the department, the MVDA and BME organisations.

RECOMMENDATIONS

147. That the Social Care and Adult Services Scrutiny Panel recommends to the Executive:

- a) That an assessment is undertaken by the Department of Wellbeing, Care and Learning to examine whether the domiciliary care currently commissioned by the Council is adequately meeting the cultural needs of BME service users or whether there is a need for the Council to commission an element of domiciliary care from a BME specific provider.
- b) That information on the services and support available to BME services users / families who may require residential / nursing care be highlighted in the residential care brochure published by the Council and that the brochure be made available in community languages to local BME organisations.
- c) That a proportion of the funding received from health for the provision of carer support services / carer breaks be used to commission an element of carer support services from a BME specific organisation to ensure that the needs of BME carers are fully met.
- d) That a BME representative be appointed to the Carers Partnership to ensure that the BME community has a voice on this forum (the Executive should also note that the Social Care and Adult Services Scrutiny Panel intends to appoint a representative from the BME community, as a co-opted member to the panel).
- e) That the outreach work undertaken by BECON and Humanah to identify hidden carers in the BME community be taken forward by the Department of Wellbeing, Care and Learning and that sustained efforts be made to increase the number of BME carers in Middlesbrough who are accessing a carers assessment and benefiting from the carer support services on offer.
- f) That the Department of Wellbeing, Care and Learning, in conjunction with the CCG (Clinical Commissioning Group), develop joint arrangements and a project

plan in order to determine how future funding of carer support services in Middlesbrough will be utilised and sustained. An update report on these arrangements should be submitted to the panel at the earliest opportunity.

- g) That a partnership approach between the Department of Wellbeing, Care and Learning, the MVDA and the voluntary and community sector BME organisations, delivering social care support services for the benefit of the town's BME population, be developed and an improved dialogue established.
- h) That the MVDA actively seeks to provide development support and secure funding for VCS organisations that are looking to provide social care support services to the BME community. The panel expressed a view that there is a lack of evidence to suggest that the MVDA is currently providing the appropriate support and assistance to develop social care services for the BME population.
- i) That the data / intelligence detailed in Middlesbrough's Carers Strategy be updated and that the information on the health needs of carers available for inclusion in Middlesbrough's Joint Strategic Needs Assessment (JSNA) be reported to the panel at the earliest opportunity.
- j) That the recommendations put forward by the Sahara Project in respect of the provision of mental health services for South Asian Women in Middlesbrough be revisited by the Department of Wellbeing, Care and Learning and the Tees, Esk and Wear Valley's NHS Trust. A joint report on the progress made against each of the recommendations is to be submitted to the panel and provided to the Tees Valley Asian Welfare Forum (TVAWF).

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Rifaat Raja – Tees Valley Asian Welfare Forum
Dr Rashida Ahmed – Tees Valley Asian Welfare Forum
Abdul Khan - BECON
William Meli – Humanah C.I.C.
Councillors Biswas, Hanif and Rehman

BACKGROUND PAPERS

149. The following sources were consulted or referred to in preparing this report:

- Report to and minutes of the Social Care and Adult Services Scrutiny Panel Meetings held on 31 January, 28 February, 12 March, 4 April and 2 May 2013.

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