Ageing in Place

Exploring social infrastructure that enables
Black, Asian, Minority and Ethnic
(BAME) communities to age in place.

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This project sought to understand how BAME-led organisations within Leicester city (Belgrave, Spinney Hills and Wycliffe) **engage with members** from their community and how this might have changed over time. It also explored **how individuals from BAME communities use places, organisations and services** for social contact and interaction.

15 qualitative interviews were carried out with South-Asian individuals aged 50 and over from BAME communities to identify and explore the places, organisations and services they use for social contact and interaction. Diary-based records were used as a prompt during the interviews to jog interviewees memory and to ensure that as many different types of social interaction were captured.

11 semi-structured interviews with BAME- led organisations located in Spinney Hills, Wycliffe and Belgrave local authority wards were also conducted to understand how these organisations engage with community members aged 50 and over, and how this might have changed over time.

This report includes the findings of the research collected by the Centre of BME Health. It outlines the following;
1. Local context.
2. BAME-Led organisations.
   a. Engagement with older people.
   b. Ways of working with other organisations.
3. Important social infrastructure for older members of BAME communities.

This report shows:

- Changes to the health of older BAME people has impacted on their increased need for service provision. They are experiencing multiple health conditions and a rise in social isolation and loneliness has exacerbated their needs for support and services.
- Decreases in social and health care support from families and public sector organisations has impacted on the increased level of social isolation and loneliness experienced by BAME elderly people.
- A reduction in sustained funding community organisations, has impacted significantly on the level of services BAME-led community organisation can provide for older BAME groups.
- Older BAME people face multiple disadvantages in accessing services due to decreased mobility, financial barriers, and limited provision of culturally competent services.
- South-Asian participants have strong bonding ties with members of their own ethnic and/or religious group. Bridging ties with others beyond this are weaker.
- Public sector organisations and commissioners need to enhance their bridging practices with older BAME people to improve the provision of inclusive services.

Local Context

Leicester is the largest city in the East Midlands (Public Health England, 2018) and is one of the most disadvantaged urban areas in England (Chattopadhyay, et al.,2019). It has a high level of deprivation, ranked 22nd out of 318 wards in the UK (ONS, Index of Multiple Deprivation, 2019). Income deprivation is relatively high, particularly for older people. Health outcomes in this region, are generally worse than the national average (Leicester City Clinical Commissioning Group, 2019; Public Health England, 2018). It is an ethnically diverse city with over 50% of the population identifying as Black, Minority and Ethnic (ONS, 2018). Areas around Spinney Hills, Belgrave and Highfields (now included in Wycliffe) are known, as the central hub for migration in Leicester. The sites where our research was conducted are located within these wards.

1 Belgrave

Belgrave is in the top 30% most deprived neighbourhoods in the country (ONS, 2019). The level of income deprivation for this area is relatively high, with elderly people being the most deprived. The majority of the local population are Asian, and the common religious affiliation is Hindu. The area is known locally as possessing a high number of Asian retail outlets and restaurants in one street, commonly referred to as the Golden Mile. It is also renowned for its Diwali celebration.

2 Spinney Hills

Spinney Hills is in top 30% most deprived neighbourhoods in the country (ONS, 2019). The level of income deprivation for this area is relatively high and this is particularly relevant for elderly people. (ONS, 2019). The local residents are predominantly ethnic minorities and the largest group, are of a South Asian ethnic minority background (ONS, 2011).

3 Wycliffe

Wycliffe is one of the most ethnically diverse areas of the city with the highest percentage of ethnic minority groups (ONS, 2012). It has the highest number of African-Caribbean residents in Leicester; however, British Asian people are still the largest ethnic group (Herbert, 2016). More recently, new arrivals from European countries have settled here (ONS, 2011). It is also in the top 30% most deprived neighbourhoods in the country and the level of income deprivation is high (ONS, 2019).

ENGAGEMENT WITH OLDER PEOPLE

1 Social isolation and marginalisation

All of the organisations provide **culturally-tailored services** for BAME members and visitors. Services provided include education and skills training, health awareness services, and social events. They empower elderly residents to participate in daily life by developing their educational and employability skills, their health and self-confidence. The services also aimed to **reduce social exclusion, isolation, and poor health**.

Dependency on external funding

2

All expressed a willingness to offer more of the existing services, that included lunch clubs, and health awareness sessions to improve health and well-being for their users. However, all of the organisations stated that **dependency on external funding was difficult to sustain.** Five organisations discussed **potential losses to their services if funding were to be cut.**

3 Changes in the health and social care needs of older BAME people

Changes in the health and social care needs of older BAME people are impacting on services provided . All organisations identified that these elderly people have **more than one health condition and this has risen dramatically** in recent years. Additionally, a **rise in social isolation and loneliness has exacerbated older people's needs for support and services.** All felt that **limited family networks and inadequate provision of culturally appropriate services** by health and social care organisations had impacted significantly on isolation and loneliness.

> *South Asian elders are increasingly experiencing social isolation due to the loss of loved ones and changes in the support provided by families. In response to this, the staff here have started to make donations to support the set-up of a luncheon group. Some of them attending haven't seen anyone for weeks ... so it allows them to meet other people.*

> " We know that they are likely to use groups or services run by us because they are familiar with us and we are more likely to meet their cultural and language needs. We often get calls from organisations asking, if we can take members because they don't offer English translation or suitable activities. "

WAYS OF WORKING

1 INFORMAL PARTNERSHIPS

Ways of working with other external voluntary and service organisations were relatively similar. They all worked informally with other organisations and did so to achieve as a collective. Organisations also felt that a lack of formalised referral process via GPs (such as social prescription) or engagement with external agencies created barriers in their service provision.

2 LOCAL DECISION MAKERS

All of the organisations wanted to influence local decision makers in the public sector to achieve more in their local area. However, they felt that doing "things in their own way" was important because they knew it works for their BAME beneficiaries.

3 METHODS OF ENGAGEMENT

All organisations successfully engage and reach BAME older people through word of mouth. Face-to-face interaction by staff team members, with friends and family and referrals by other organisations and social workers were used most often. Traditional forms of communication including leaflet distribution, telephone calling, text message and Whats app were also used. Community workers also visited BAME communities, festivals, radio stations, community events and faith centres.

4 CULTURALLY ACCEPTABLE PLACES

The types of places in which the organisations carried out their work were primarily BAME community-based venues that are perceived by BAME beneficiaries as culturally acceptable places. These environments allowed visitors to adhere to cultural, traditional and religious practices.

Demographic Info

The interviews were completed with 15 South Asian participants.

- **14** described their ethnicity as Indian and one as Asian from any other background.
- **60%** were males and 40% were females, all were aged 50 yrs and over.
- **53%** had existing health conditions such as Type 2 Diabetes and the majority were carers for family members.
- The majority identified their religious affiliation as **Hindu** (80%).

Social Contact

- Religious venues were visited daily by all of the participants, and were identified as being important for information and social contact with others. These sites commonly served as locations for health support, care delivery, and socialisation.
- Support groups, community organisations, centres and parks within their own communities were also identified by many of the participants as being important to them.

Communication

The dominant forms of communication used by all of the participants were the telephone and WhatsApp. All participants utilised these at least twice a day. Other forms of communications (Facebook, Twitter, Skype) were used less frequently, if at all.

SOCIAL CAPITAL

BONDING

The central type of social capital identified and valued by the participants was **bonding** (Bourdieu, 1986). This included strong supportive ties which occur within participant's religious and/or ethnic groups. This occurred frequently in religious venues that were perceived to be calming and relaxing spaces.

BRIDGING

Socialisation opportunities that created **bonding** occurred at religious venues but also support (carers) groups, parks and community centres or organisations they attended frequently. People, who they knew well, were those they met at these venues.

Opportunities for **bridging** with other ethnic or religious groups from different communities was infrequent for all participants (Bourdieu, 1986). They rarely visited places that afforded opportunities to develop bridging ties. Negative experiences of marginalisation in other non-culturally tailored health and social care services impacted on these **bridging** opportunities.

LINKING

Linking connections between those with different levels of power or status occurred for some participants in faith settings (Bourdieu, 1986). These venues connect people that may have similar views regarding faith and culture, but some move in different social classes and circles.

Linking ties were perceived by the BAME-led organisations, as being important for improving strategic outcomes, and for increasing the ability of culturally tailored and relevant services for older people from black and minority ethnic backgrounds.

CONCLUSION

Changes to the health of older BAME people has impacted on their increased need for service provision. All organisations felt these groups have multiple health conditions and a rise in **social isolation and loneliness** had exacerbated their needs for support and services. Decreases in social and health care support from families and public sector organisations has impacted on the increased level of social isolation and loneliness experienced by elderly people from black and minority ethnic backgrounds.

A r**eduction in sustained funding** for the community organisations, has impacted significantly on the level of services they can provide for these groups. The implementation of social prescribing in the NHS Long Term Plan (2019), needs to recognise the growing demand for services amongst these organisations and their capacity to deliver them (NHS England, 2019).

Older people from black and minority ethnic backgrounds face **multiple disadvantages** in accessing services due to decreased mobility, financial barriers, and limited provision of culturally competent services. Additionally, an increase in multi-morbidities amongst this group has augmented their demand for additional health and social care services.

South Asian BAME participants have strong **bonding** ties with members of their own ethnic and/or religious group. This is evidenced in their communication methods, as they regularly utilised Whats app and the telephone to contact members of their own communities.

Bridging ties with others beyond this are weaker. However, these forms of social bonding and relations amongst ethnic and/or religious groups shouldn't necessarily be perceived as having negative effects that lead to separation of 'cultures' and further marginalisation from services (Anthias, 2007). This report shows that public sector organisations and commissioners should enhance further their bridging practices with these older groups to **improve the provision of inclusive services** for older BAME people.

> *We need more funding to meet the growing demand for services amongst BAME older people in Leicester.*

RECOMMENDATIONS

- In accordance with the Public Services (Social Value) Act (2012), commissioners should be further encouraged to recognise the social value and its long-term community benefits that BAME-led community organisations provide. Development of a social value policy as part of the local Joint-Needs Assessment and commissioning strategies is advised. BAME-led community organisations should also further demonstrate their capabilities in delivering additional social value for older BAME people, in funding applications and tender bidding processes.

- Health and social care commissioners and policy makers should work in partnership with BAME-led community organisations to improve access to culturally competent and culturally- tailored mainstream services for older BAME people. Provision of more inclusive settings in which all older BAME groups feel included are recommended.

- Further public funding should be provided to support the sustained provision of services provided by BAME-led community organisations for older BAME people. Support should also be given to these organisations to consider alternative or additional income generation models to assist in the sustained provision of the services for BAME elderly people.

- Clinical Commissioning Groups should expand the use of social prescribing to BAME-led community organisations, for older BAME people, through the adequate allocation of funding. Support should also be provided for General Practitioners and other local agencies to identify these organisations, and to highlight the importance of culturally tailored services.

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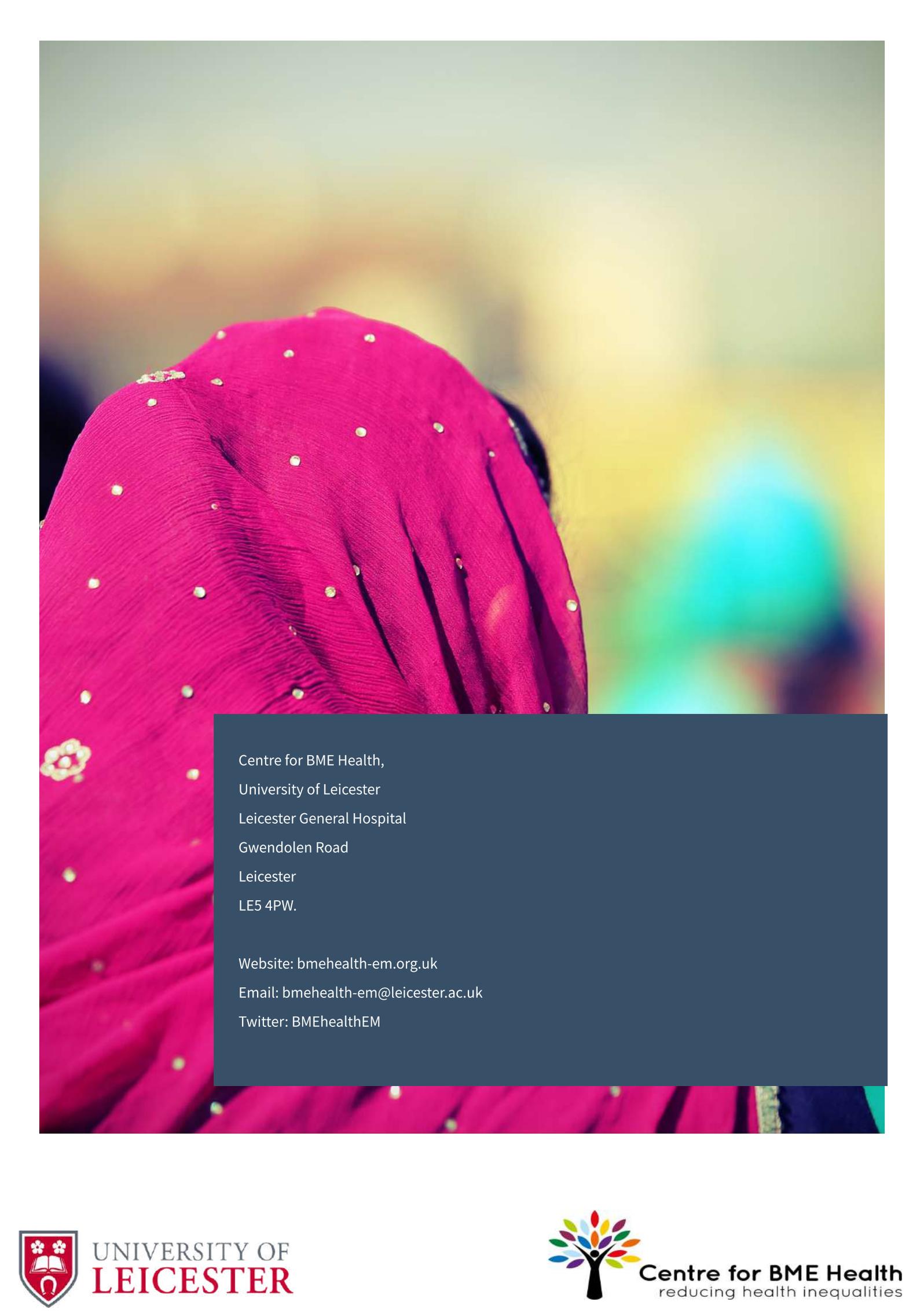
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