1. Executive Summary

This report details the findings of a Research Project to identify the health and wellbeing needs of Perth & Kinross’ increasing older- aged minority ethnic, including Gypsy/Travellers, population, with a view to informing future service provision and commissioning and to addressing health inequalities. Research was commissioned by The Reshaping Care for Older People Change Fund and led by Third Sector organisations PKAVS Services for Minority Communities (MEAD) and Minority Ethnic Carers of People Project (MECOPP) with support from all Change Fund partners.

Research targeted 73 adults aged 50+ from minority ethnic communities living in Perth & Kinross, primarily Eastern European, Chinese, South Asian and Gypsy/Travellers. Research sought to understand individual awareness of and engagement with difference services; identify barriers to access; and capture people’s lived experiences of services. 48 participants also took part in Focus Groups.

90 staff from statutory and Third Sector providers completed a survey to gauge their current involvement and experience of working with minority ethnic communities locally. 51% indicated infrequent contact with minority ethnic older people and/or their families/ carers in their roles and 33% no contact.

Research found that service awareness levels in minority ethnic communities were highest around health services, with GP, Hospitals, Pharmacy, Dentist and Optician known by over 75%. Health services with lower recognition tended to be those not accessed directly by the public but via referral. The primary concern of people when accessing these services is that their medical needs are addressed; most responses indicated that this is happening. Common issues in health services were:

- Language difficulties and the need for interpreters, particularly in relation to GPs. People are still being asked to bring relatives to interpret. Individuals reported being given wrong medication as a result of no interpreting support.
• Perception of poor attitudes towards minority ethnic individuals, although this was also mixed with positive comment. Long-standing relationships with individual GPs were valued and individual attitude was cited as important in a person’s experience.

• A few people felt they were not properly listened to as the patient. It was also noted that sometimes things are understood different in ethnic minority communities.

Social Services including Welfare advice, Housing and Care homes were known to more than 50% of respondents, and Community alarm and Care at Home to over 40%. Awareness of their entitlement to access these services was low in Gypsy/Traveller responses.

The most widely recognised social service was Welfare benefits advice, with access often through language support from MEAD. Housing services received positive feedback in terms of experience however it was found that interpreting provision was sometimes inconsistent. Positive experiences were noted by all of the 22% who had accessed Housing Association support.

Awareness of Care at Home was relatively high but only one person reported using this service; this was deemed surprising given the age of the research group. For some minority ethnic communities there can be cultural difficulties in having non-family members looking after older relatives in the home. 16% identified themselves as unpaid Carers however only 1 person had accessed Carer Support services.

No respondents had used Self Directed Support. MECOPP has undertaken separate work surrounding uptake of SDS within minority ethnic communities and this corresponds with their findings, with a ‘suspicion’ of traditional Social Work services and a lack of knowledge about the possibility of using SDS to employ families being significant causal factors. Some Gypsy/Travellers noted that lunch clubs, day care and mental health services were not appropriate for their community.

The most recognised and used Third Sector services were minority ethnic advice and support services MEAD and MECOPP. All who accessed found the service beneficial and that their cultural needs were understood. Language was a key issue in enabling people to feel comfortable and access the service. This was also true of Advocacy Services.

Access to ESOL (English as a Second Language) support was cited a number of times and participants noted the positive atmosphere, quality of tutors and opportunity to learn with peers. It should be noted that a number of Gypsy/Travellers were concerned that health and social care literature offered to them was of little use or relevance due to literacy difficulties or use of jargon.

37% reported being in employment (including self-employment). Experiences of employment services highlight differences between voluntary sector provision, where
they felt treated fairly and supported, and public sector, where equalities awareness of staff and availability of interpreters were criticised.

Nearly 40% were involved in community lunch clubs or faith groups and 20% in leisure services, with all but one reporting benefits. A few people noted that leisure services did not sufficiently recognise cultural needs, such as women-only activities.

The research also considered social connectedness of minority ethnic older people. The majority reported feeling closest to immediate family, with some also noting community members or MEAD and MECOPP as being in their inner circles. 35% of respondents across all communities identified loneliness as an issue, with key factors ranging from illness or mobility to lack of family support or activities. 32% reported feeling isolated at some point in their lives; this rose to 56% in Gypsy/Traveller interviews, often due to accommodation. 75% of respondents aspired to live in their own home in later life. The Chinese community in particular noted a preference for their own sheltered housing or care home.

Across the research, four key barriers to service access emerged from both user and provider perspective:

Language: For individuals whose first language isn’t English or who may have literacy difficulties, the ‘bureaucratic’ language used in official documentation was highlighted strongly as a key barrier to access. Lack of offering and consistency in interpreting services was also noted. 93% of service providers were aware of how to access interpreting/translation services; while encouraging feedback, this is inconsistent with feedback from users that this is actually being offered.

Lack of awareness: Awareness of both availability of services and their entitlement them is variable and can be done to differences in understanding or not knowing how to access information. 47% of service providers noted that their service had not undertaken specific promotion to minority ethnic communities.

Attitude: Individual attitude of the provider can play an important part in a person’s experience of a service. Culture was noted as a barrier by a number of service providers, with 49% feeling they would benefit from Cultural Awareness Training.

Culturally specific services: It was identified that culture needs to be considered to improve service access. Some suggestions included Chinese Sheltered Housing or dedicated staff required to work with those from their own culture/ethnicity.

Having fully considered the research findings, the Steering Group recommends that:

Communication – A communication programme should be agreed across statutory agencies (Perth & Kinross Council and NHS Tayside), which clarifies the process for accessing Interpreting and Translation Services. Feedback on the customer experience after accessing services should be encouraged.
Training – A programme of cultural awareness training for staff in a front-line/customer facing role (including key decision-makers) should be embedded in key organisations.

Service Awareness – A short promotional video clip for 3-4 priority services across sectors should be produced and promoted online and via existing community groups.

Access – Options should be explored for a dedicated project targeted at bridging the gap to access to mainstream services. This should consider all aspects of the assessment process to the cultural, trust and language barriers identified at service delivery stage.

Engagement – Existing work by those projects that are known, trusted and already successful in engaging with local minority ethnic communities should continue to be supported. This includes MEAD, MECOPP, Ethnic Minorities Law Centre (EMLC) and English as a Second or other Language (ESOL) provision. Work should continue to further promote partnership work to enable on-going engagement around the specific issues identified in this research.

It is recommended that the final version of this report be submitted for approval to the Change Fund Board and for wider circulation and publication.

- EXTRACT FROM REPORT (PAGE 19)

6.4 Loneliness and Social Isolation

A section of the research also focussed on the social networks which individuals had and whether this impacted on their sense of loneliness or social isolation. This section summarises the responses to each individual question.

6.4.1. Who do you feel closest to?

The vast majority reported feeling closest to immediate family (husband, wife, children). 5 mentioned feeling closest to friends. For the Chinese, Eastern Europeans and Gypsy/Travellers many participants also regularly mentioned other members of their own community and/or community groups “Chinese Community Association”, “other Travellers”, “Polish shops”, “Cantonese opera”.

In response to who interviewees would contact in an emergency, again most participants said a member of their immediate family; although not always the same person they felt closest too. MEAD and MECOPP were also mentioned in response to both questions.

6.4.2. Do you feel lonely?
35% of respondents, across all communities, identified loneliness as an issue. Several people mentioned missing family and a perceived lack of support/understanding from family, others cited illness as a reason for reduced mobility. Other reasons included “language barrier”, “business failure” and a Gypsy/Traveller felt being “shut up in a house as that is not our way”. Those who reported feeling lonely most of the time or always may be at significant risk of mental health issues.

6.4.3. Do you feel isolated?

32% of respondents, across all communities said that they felt isolated at some point in their lives. In contrast to other communities however, 56% of Gypsy/Traveller interviewees said they felt isolated in some way, often this related to their accommodation. For example, 13%, all of whom lived on a council site, mentioned the “lack of a landline” or “internet”. Another person said “like on this site, I'm here and they think I am happy but I am hiding really on this private holiday site”. Others mentioned the way they feel treated by others – “the settled community don't mix and you are last to know anything”, “sometimes the way folk treat you” and “isolated from fair treatment”.

Those from other communities who said they felt isolated noted the following reasons:

- “Language made me feel isolated and local people too”
- “Lack of utilities”
- “Lack of help from services”
- “I felt like I was not needed and a burden for the country, all doors were closed for me”

6.4.4. At what age do you think older age begins in your community?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Total Respondents out of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>45+</td>
<td>1</td>
</tr>
<tr>
<td>50+</td>
<td>11</td>
</tr>
<tr>
<td>55+</td>
<td>1</td>
</tr>
<tr>
<td>60+</td>
<td>27</td>
</tr>
<tr>
<td>65+</td>
<td>5</td>
</tr>
<tr>
<td>70+</td>
<td>7</td>
</tr>
<tr>
<td>Depends on individual</td>
<td>21</td>
</tr>
</tbody>
</table>

90% of Chinese said 60+, Eastern European citizens gave mixed responses from 45+ to 70+, 57% of Gypsy/Travellers said “depends on the individual”, 26% said 70+ and the rest said 50+ or 60+, 35% of South Asians said 50+, 35% said 60+ and 30% “depends on individual”.

5
6.4.5. Where do you hope to live in later life?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Total Respondents out of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered housing</td>
<td>5</td>
</tr>
<tr>
<td>Chinese care home</td>
<td>3</td>
</tr>
<tr>
<td>Own home*</td>
<td>55</td>
</tr>
<tr>
<td>Care home*</td>
<td>1</td>
</tr>
<tr>
<td>Relative’s home</td>
<td>2</td>
</tr>
<tr>
<td>Country of origin</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
</tr>
</tbody>
</table>

*One person said own home and care home

Apart from specific comments by the Chinese community regarding their preference for their own sheltered housing or care home the other communities overwhelmingly stated that they hoped to be living in their own home in future.

<table>
<thead>
<tr>
<th>Community</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Europeans</td>
<td>80%</td>
</tr>
<tr>
<td>Gypsy/Travellers</td>
<td>91%</td>
</tr>
<tr>
<td>South Asians</td>
<td>85%</td>
</tr>
</tbody>
</table>

6.4.6. How would you manage social networks/personal care/transport/housework and shopping in the future?

Most respondents said “do it myself” or “with family/friends”. There were no significant differences between communities other than those noted below. In relation to housework in the future, 5 Chinese interviewees mentioned external services, 3 people mentioned a council worker and 2 said voluntary/charity, 1 South Asian person also said a council worker. Similarly in relation to shopping in the future 5 Chinese people said voluntary/charity. The other communities did not mention external support for shopping or housework.

For transport, 45% of Chinese said they would use public transport, compared to 40% Eastern Europeans, 35% South Asian. No Gypsy/Travellers mentioned public transport.

6.4.7. Any other services of benefit?

A few people mentioned improved language services, such as “face to face interpretation”, and most Chinese people mentioned the need for Chinese specific services such as sheltered accommodation (8 people).
ADDITIONAL INFORMATION SUPPLIED FOR THIS SUBMISSION:

The Physical/Mental Health section of the research report used the ‘Penumbra Wellbeing Wheel’ as an indicator of such areas as Mental Health, Purpose and direction, Personal network, Social network and Hope for the future. Participants were asked to mark themselves on each section of the wheel between 1 and 5, where 1 is poor, 3 is average and 5 is very good. Responses highlighted some key impacts of social isolation in the older-aged minority ethnic population in Perth and Kinross, for instance loneliness and ill health.

Where respondents were asked about their health, 5% indicated their Mental Health was poor, and 1% indicated their Physical Health was poor. In relation to Purpose and direction, 3% of respondents said this was poor, and 1% of respondents said their ‘Hope for the future’ was poor. Furthermore, 7% of respondents said their Social network was poor.

Helen MacKinnon
Perth and Kinross Association of Voluntary Service
3 March 2015