Developing Services for Black & Minority Ethnic Communities
Home Improvement Agencies (HIAs) play an important role in promoting independence for vulnerable people particularly those living in the private sector. As BME groups are more likely to live in substandard owner-occupied housing than other groups, HIAs have an enormous potential to improve their quality of life.

Equality and fairness are key elements of service delivery and therefore the provision of user-centred and responsive services are reliant on equal access by all sections of the community. Designing services in partnership with communities, particularly BME, is essential if they are to be effective in meeting their needs and expectations.

This guide is intended to be a practical and useful tool to help those working within health, housing and social services to take appropriate steps to implement Good Practice when providing services for BME people. The Good Practice contained within this publication, highlights the outstanding commitment by HIAs and Foundations to improve access, quality and outcomes for BME service users.

I am proud to have been involved in this project and wish Foundations every success in their continued work in improving access and services for BME service users.

Neera Tyagi
Supporting People Team
Leeds City Council

This document contains very useful guidance for agencies and service providers, in how to make their services more accessible to black and minority ethnic individuals.

HIAs provide services to older, disabled or vulnerable homeowners and private sector tenants. It is crucial that these high quality services are accessible by all community members. It can often be difficult for BME groups to access services, and in some cases, they may be unaware of what is available to them. We must recognise these difficulties and reach out to help those who may otherwise miss out on much needed help.

I am pleased to endorse this Good Practice Guide for Home Improvement Agencies and other similar service providers. I would like to take this opportunity to thank everyone that has been involved in pulling this publication together and achieving the success so far.

Munir Ahmed
Chief Executive
Ashiana Housing Association

This Good Practice Guide provides an important resource for the important challenge – central to the Supporting People vision – of ensuring that service design and delivery is sensitive and appropriate to the needs and wishes of all sectors of the population. I too am pleased to endorse the Guide, and would encourage providers and authorities across both the HIA and wider Supporting People sector to make every use of it. I would also like to thank Foundations and the wider Project Team and Steering Group for their hard work in its preparation and production.

Andrew Kean
Head of Client Groups and Delivery Structures
ODPM
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>1.1 Background</td>
<td>3</td>
</tr>
<tr>
<td>1.2 Why you need to reach BME Groups</td>
<td>3</td>
</tr>
<tr>
<td>2. Black &amp; Minority Ethnic Communities in Britain Today</td>
<td>5</td>
</tr>
<tr>
<td>2.1 Population Profiles</td>
<td>5</td>
</tr>
<tr>
<td>2.1.1 Population Size</td>
<td>5</td>
</tr>
<tr>
<td>2.1.2 Housing Needs and Aspirations</td>
<td>6</td>
</tr>
<tr>
<td>2.2 Health Profiles</td>
<td>7</td>
</tr>
<tr>
<td>3. Understanding Your Local Community</td>
<td>8</td>
</tr>
<tr>
<td>3.1 How to Profile your Local Population</td>
<td>8</td>
</tr>
<tr>
<td>3.2 Does your Client Profile reflect the Local Population?</td>
<td>9</td>
</tr>
<tr>
<td>4. Preparing to Deliver Services to BME Communities</td>
<td>10</td>
</tr>
<tr>
<td>4.1 Introduction</td>
<td>10</td>
</tr>
<tr>
<td>4.2 How to Access Local Community Organisations</td>
<td>10</td>
</tr>
<tr>
<td>4.3 Client Consultation</td>
<td>11</td>
</tr>
<tr>
<td>4.4 Addressing Staff Issues</td>
<td>13</td>
</tr>
<tr>
<td>5. Developing Effective Services</td>
<td>15</td>
</tr>
<tr>
<td>5.1 Equalities Policies and Codes of Practice</td>
<td>15</td>
</tr>
<tr>
<td>5.2 A Strategy and Action Plan</td>
<td>17</td>
</tr>
<tr>
<td>5.3 Record Keeping and Monitoring</td>
<td>17</td>
</tr>
<tr>
<td>5.4 Measuring Client Satisfaction</td>
<td>18</td>
</tr>
<tr>
<td>6. Improving Access to Your Service</td>
<td>19</td>
</tr>
<tr>
<td>6.1 How and Where to Advertise your Services</td>
<td>19</td>
</tr>
<tr>
<td>6.2 How to use Translators and Interpreters</td>
<td>20</td>
</tr>
<tr>
<td>7. Working with Clients and their Families</td>
<td>22</td>
</tr>
<tr>
<td>7.1 Introduction</td>
<td>22</td>
</tr>
<tr>
<td>7.2 Behaviour in your Client’s Home</td>
<td>23</td>
</tr>
<tr>
<td>7.3 Effective Client Assessment</td>
<td>23</td>
</tr>
<tr>
<td>8. Contractors Working in the Client’s Home</td>
<td>25</td>
</tr>
<tr>
<td>8.1 Introduction</td>
<td>25</td>
</tr>
<tr>
<td>8.2 Raising Awareness with Existing Contractors</td>
<td>25</td>
</tr>
<tr>
<td>8.3 Recruiting New Contractors from BME Communities</td>
<td>26</td>
</tr>
<tr>
<td>8.4 Promoting Equality Policies and Codes of Practice with your Contractors</td>
<td>26</td>
</tr>
<tr>
<td>9. Partnership Working</td>
<td>28</td>
</tr>
<tr>
<td>9.1 Introduction</td>
<td>28</td>
</tr>
<tr>
<td>9.2 Management Committee &amp; Advisory Board Representation</td>
<td>29</td>
</tr>
<tr>
<td>10. Quality Mark &amp; Continuous Improvement</td>
<td>30</td>
</tr>
<tr>
<td>11. Further Help</td>
<td>31</td>
</tr>
<tr>
<td>Appendices</td>
<td>32</td>
</tr>
<tr>
<td>Appendix A: Some Cultural Issues</td>
<td>32</td>
</tr>
<tr>
<td>Appendix B: Race Relations (Amendment) Act 2000 and the EC Article 13 Race Directive</td>
<td>34</td>
</tr>
<tr>
<td>Appendix C: Positive Action Training</td>
<td>35</td>
</tr>
<tr>
<td>Appendix D: QAF C1.4</td>
<td>37</td>
</tr>
<tr>
<td>Appendix E: BME Survey Results</td>
<td>40</td>
</tr>
<tr>
<td>Appendix F: Acknowledgments &amp; Thanks</td>
<td>43</td>
</tr>
<tr>
<td>References</td>
<td>44</td>
</tr>
</tbody>
</table>
1. Introduction

1.1 Background

The purpose of this guide is to provide a useful handbook for Home Improvement Agencies and other similar service providers. The focus of the guide is equality of service provision for Black and Minority Ethnic (BME) individuals. It provides information on how to ensure that your services are equally accessible to all community members, and that the quality of service is high, regardless of your client’s race, culture, religion or gender.

The term ‘Black and Minority Ethnic’, applies to visible and not so visible minority groups, whether by colour, race, religion, culture, ethnicity, nationality or national origins.

The needs and aspirations of different BME groups vary significantly and will continue to change as younger generations grow older.

Older and disabled people face many similar problems in their day to day lives. However, BME people face some unique problems. For example:

- A disproportionate number live in bad housing and poor neighbourhoods
- They are less likely to be aware of relevant services
- They may experience racial harassment

1.2 Why you need to reach BME groups

Most HIAs already deal with vulnerable groups of people, particularly the elderly and disabled. Agencies may have to find extra resources to target particular groups within the community. So, why is it important to ensure that services reach BME groups?

Firstly, BME groups may be most in need of services. There is a large amount of owner occupied housing in impoverished neighbourhoods, where owners cannot afford to redevelop their properties or to move. These areas tend to be where BME, particularly Pakistani, households are concentrated – see fig. 1, page 4. Such difficulties mainly affect urban areas, but BME households in rural areas cannot be ignored. In these areas, problems of isolation and the lack of support networks are the main issues facing BME groups.
Secondly, due to a range of factors, vulnerable BME people may not have access to the services that agencies and other similar bodies provide. These may include language and cultural barriers, lack of support services, literacy problems or just a simple lack of awareness that the service exists (Source: DTLR, 2001).

Finally, Supporting People and Best Value frameworks require agencies to demonstrate equality of access, and provide evidence that they are targeting services at all sectors of the community.
2. Black and Minority Ethnic Communities in Britain today

2.1 Population Profiles

The age profile and population size of each ethnic group in the UK are heavily influenced by the pattern of migration into this country. People migrating to Britain in the late 1940s and 1950s were mainly families from the Caribbean, as opposed to migrants arriving in the early 1960s, who were predominantly Indian and Pakistani males. The 1980s saw an increase in the number of Chinese, Bangladeshis and Black Africans entering the UK. Other minority groups entered the UK in smaller numbers (Source: DTLR, May 2002).

2.1.1 Population Size (Figure 2)

The UK population: By ethnic group, 2001/02

In 2001/02 the size of the minority ethnic population was 4.5 million or 7.6 per cent of the total population of the United Kingdom.

Indians were the largest minority group, followed by Pakistanis, Black Caribbeans, Black Africans, and those of Mixed ethnic backgrounds. The remaining minority ethnic groups each accounted for less than 0.7 per cent, but together accounted for a further 1.9 per cent of the UK population.

Ethnic group data was not collected on the Northern Ireland Census in 1991. However, in Great Britain, the minority ethnic population grew by 44 per cent between 1991 and 2001/02, from 3.1 million in 1991, to 4.5 million in 2001/02.

Just over half of the total minority ethnic population were Asians of Indian, Pakistani, Bangladeshi or other Asian origin. Just over a quarter of minority ethnic people described themselves as Black, i.e. Black Caribbean, Black African or Other Black. Eleven per cent of the minority ethnic population described their ethnic group as Mixed. Almost half of this group were from White and Black Caribbean backgrounds.

(Source: Social Focus in Brief, ONS, 2002).

<table>
<thead>
<tr>
<th>United Kingdom</th>
<th>Percentage of Total Population</th>
<th>Percentage of Minority Ethnic Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>92.2</td>
<td>na</td>
</tr>
<tr>
<td>Mixed</td>
<td>0.8</td>
<td>11.0</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>1.7</td>
<td>21.7</td>
</tr>
<tr>
<td>Pakistani</td>
<td>1.3</td>
<td>16.7</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0.5</td>
<td>6.1</td>
</tr>
<tr>
<td>Other Asian</td>
<td>0.4</td>
<td>5.7</td>
</tr>
<tr>
<td>Black or Black British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>1.0</td>
<td>13.6</td>
</tr>
<tr>
<td>Black African</td>
<td>0.9</td>
<td>12.0</td>
</tr>
<tr>
<td>Other Black</td>
<td>0.1</td>
<td>1.5</td>
</tr>
<tr>
<td>Chinese</td>
<td>0.3</td>
<td>4.2</td>
</tr>
<tr>
<td>Other</td>
<td>0.6</td>
<td>7.4</td>
</tr>
<tr>
<td>Not stated</td>
<td>0.2</td>
<td>na</td>
</tr>
<tr>
<td>All minority ethnic population</td>
<td>7.6</td>
<td>100.0</td>
</tr>
<tr>
<td>All population</td>
<td>100.0</td>
<td>na</td>
</tr>
</tbody>
</table>

Fig. 2
2.1.2 Housing Needs and Aspirations

The distribution of the minority ethnic population in England tends to be focused in and around urban areas, and in particular London. Estimates show that approximately half the ethnic population live in the Greater London area. The West Midlands, Yorkshire, North East and North West also have high concentrations of minority ethnic groups (Source: Housing Corporation, December 2002).

There are two contrasting trends to consider in analysing the household composition of ethnic minority elders. Most Caribbean people over 60 live in small households. In contrast, Indian and Bangladeshi elders are more likely to live in a larger multi-generational household.

Many of the first generation of Asian populations are now rapidly reaching retirement age, so it is disappointing to find that their expectations and aspirations are largely unexplored (Source: Chahal and Temple, 2000). In time, greater proportions of people above pensionable age will be from BME households. Service provision will increasingly have to respond to a more diverse population. What is evident, however, is that housing and social care provision amongst such groups is an important issue that needs consideration. Research has shown that more BME elders would use housing and social care provision if it was more accessible and appropriate to their social and cultural needs. (Source: DTLR, 2001)
2.2 Health Profiles

Certain BME groups are more prone to particular illnesses and diseases. Gender can also affect health levels. For example, there are a number of barriers to certain BME women exercising, which can lead to being overweight and unfit.

Health issues and illnesses more prevalent within Black and Minority Ethnic communities include:

- Hypertension
- Sickle Cell Anaemia and Thalasseima
- Coronary Heart Disease
- Diabetes
- Rickets and Arthritis
- Alcohol Abuse

Did you know?

- Asthma – Doncaster Health Needs Survey reported that Pakistani respondents were twice as likely to report having asthma compared to other ethnic minority groups living in the area.
- Coronary heart disease (CHD) and hypertension – women born in South Asia are 20% more likely to die of CHD than the ‘average’ population of women aged 20-70.
- People of Black African Caribbean origin are significantly more at risk of stroke and high blood pressure conditions and diabetes.
- Cancer – Bangladeshi men appear to be at high risk of gall bladder and liver cancers. High rates of mouth cancers are found in men and women of Bengali origin.
- Renal failure – the risk of requiring dialysis treatment among people of Asian origin is nearly fourteen times higher than for white groups.
- Tuberculosis (TB) – while relatively high rates of infection have been reported, it is not clear to what extent this represents ‘imported’ disease among migrants and visitors to the Indian subcontinent, poverty, some genetic susceptibility to non-respiratory forms of the disease, or poor housing conditions.
- Lower age of onset of disability in some ethnic minority communities.
- Bangladeshi elders are more likely to suffer from high levels of diabetes, heart disease, poor dental hygiene and stress.

(Source: Black and Minority Ethnic communities: Key Data, Housing Corporation, Dec 2001)

Good Practice Example

- Blackburn Health Authority developing a video in community languages, explaining what happens when you go into hospital.
- Within Bradford Health Authority improvements in privacy led to an increase in the number of Asian women using hospital gynaecological screening services.
3. Understanding Your Local Community

3.1 How to Profile your Local Population

In order to provide a service that is equally accessible to all, it is essential to establish the various local communities and their age, disability and health profiles. Some sources of information are:

- Your Local Authority – geographical areas have already been identified by most LAs for regeneration or the specific targeting of vulnerable groups. Try contacting their central policy and research department or seek advice from your existing contacts in Housing and Social Services.


- Deprivation Indices – available on the Neighbourhood Renewal Unit website www.neighbourhood.gov.uk/


- Audit Commission – wwwaudit-commission.gov.uk/CPA

There are limitations to individual data sources on BME communities which can cause difficulties in comparing data. For example, the Irish are covered by the Housing Corporation’s BME policy, whereas in other BME classifications the Irish are classed as ‘White’.

There is no consensus on what constitutes an ethnic group. Its composition will change over time, regardless of definition or measurement, depending on social and political developments. Ensure you try to keep up to date with national statistics data sources. Supporting People uses the following BME classifications:

<table>
<thead>
<tr>
<th>Supporting People category</th>
<th>MIS category</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>White</td>
</tr>
<tr>
<td>White Irish</td>
<td></td>
</tr>
<tr>
<td>White Other</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>Chinese</td>
</tr>
<tr>
<td>Mixed White &amp; Caribbean</td>
<td>Black Other</td>
</tr>
<tr>
<td>Mixed White &amp; Asian</td>
<td></td>
</tr>
<tr>
<td>Mixed White &amp; Black African</td>
<td></td>
</tr>
<tr>
<td>Mixed White &amp; Chinese</td>
<td>Other</td>
</tr>
<tr>
<td>Mixed Other</td>
<td>Other</td>
</tr>
<tr>
<td>Black or Black British Caribbean</td>
<td>Black (Caribbean)</td>
</tr>
<tr>
<td>Black or Black British African</td>
<td>Black (African)</td>
</tr>
<tr>
<td>Black or Black British Other</td>
<td>Black (Other)</td>
</tr>
<tr>
<td>Asian or Asian British Indian</td>
<td>Indian</td>
</tr>
<tr>
<td>Asian or Asian British Pakistani</td>
<td>Pakistani</td>
</tr>
<tr>
<td>Asian or Asian British Bangledeshi</td>
<td>Bangledeshi</td>
</tr>
<tr>
<td>Asian or Asian British Other</td>
<td>Other</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>
When looking at your local communities you will become aware of ethnic categories that are not reflected in the above listing, e.g. Greek Cypriots, Turkish Cypriots and people classed as asylum seekers. You may wish to create sub-divisions within these categories to reflect the true demographic make-up of your community.

3.2 Do your Client and Staff Profiles reflect the Local Population?

Having identified your local population profile, it is important to know whether you are serving the populations you might expect to serve. Look back at your recent caseload, and compare your current client group with the local figures, also find out what local community organisations and activities exist in your area.

The Pitfalls

- Don’t assume you know the local population and how well your services are meeting needs, without gathering data
- Don’t assume that if ethnic groups are integrated into the community, there is no need for measures to enhance access to your services
- Don’t assume that there is no need to address ethnic minority issues if the population is small

It is good practice to find out what are the most commonly used languages in your catchment area. Consider recruiting staff with relevant language skills rather than merely employing staff who reflect the ethnic profile of the local community.

Good Practice Example

Care & Repair (Leeds) Ltd have a female Punjabi Receptionist, a female Punjabi Caseworker, a female Black Caribbean Caseworker, a male Bengali speaking Caseworker, a female Black British Occupational Therapist and a female Mixed Race Falls Project Worker. The range of skills shared between these members of staff has contributed to establishing an accessible HIA, whose staff are able to effectively engage with the local BME communities.
4. Preparing to Deliver Services to BME Communities

4.1 Introduction

There are two key factors that affect the use of services – how they can be accessed and the nature of service provision itself. Once you are aware of the population profile, the next step is to access people who could benefit from your services in all sectors of the community.

Many older people do not access the support services available to them. Older people from BME communities are least likely to be aware of available services, and least likely to access them.

Some common barriers to services are:

- Lack of recognition by service providers of the range of communities, their heterogeneity and their needs. For example, small communities are often not identified in standard social surveys – Vietnamese is not an ethnic category recorded by the Census. Also, older people are not necessarily a homogenous group with similar needs. Needs may be different, or needs may be similar, but appropriate responses may need to be different. The assumption of homogeneity is particularly significant for those groups that are often combined into a single ‘Asian’ category (e.g. Indian, Pakistani, Bengali and Bangladeshi)

- Lack of motivation, incentive, or resources amongst providers to address the needs of BME communities

- Lack of translation and interpretation services which is often particularly important for the older generations

- Service providers’ failure or inability to take account of some religious or cultural norms. For example, Muslim women are more unlikely to engage in activities outside the home or communicate with men in public or private, for cultural reasons

- Reliance of providers on using written communication only, rather than looking at a range of options. For example, using local radio stations, making links with local community leaders or local groups where information can be passed on by word of mouth

- A cultural tradition in some communities of reliance on extended family and community

4.2 How to Access Local Community Organisations

There are approximately 5,500 BME organisations in England and Wales. These organisations offer a range of services to BME communities, often to those experiencing social and economic disadvantage (Source: bmeSpark, April 2003). The size of organisations varies considerably, but they often serve small neighbourhood or borough-sized areas. Services range from education and training to leisure activities and day care.

For those operating in rural areas, contact with religious and community groups may be an effective way of identifying isolated individuals. However, do not assume that these groups provide instant access to all sectors of BME communities. Those living in complete isolation may not be aware of the existence of local community groups. To access more excluded individuals, a range of promotional activities is needed, for example, advertising in local newspapers (see Chapter 6).
Preparing to Deliver Services to BME Communities

Making links with your local communities provides you with opportunities to raise awareness of your services, increase your awareness of issues relevant to your service and to seek the view of the community on how to encourage use of your services.

There are a number of ways to gain access to your local communities:

- If you do not know your local organisations, ask your Local Authority – most will have an ‘Equalities’ or ‘Race Equality’ or ‘Policy and Research’ section that will have this information
- Alternatively, ask your local Commission for Racial Equality or your local Citizens Advice Bureau
- Establish a simple link to these groups, which you can build on as your strategy develops. For example, they may have newsletters, websites or directories that you can link into
- Encourage membership of BME representatives on to your HIA management committee or Advisory Board
- Give out basic information on your services and consider meeting to discuss the key issues – raising awareness amongst potential clients, improving access to the service, and the nature of the service itself
- If you are recruiting, take the opportunity to review the job skills and experience required to meet the needs of the local communities. Consider where adverts will be seen, by minority populations both locally and nationally, where appropriate
- If you have the resources, consider which local groups you could have representation on
- Check whether there are local community funds that you could access in partnership with local community groups, to fund improved services to your client groups

You may find that the few community groups that do exist, do not necessarily regard themselves as being representative of a particular community (Source: McLeod, M et al, 2001). In addition, they may be unaware of the range of services provided by Local Authorities and Housing Associations.

**Good Practice Example**

Rochdale HIA recognised that local Pakistani councillors are respected figures within their predominantly Pakistani local community. They have, therefore, put effort into contacting the councillors and providing information about the HIA services. They have also invited councillors to training sessions on particular issues, most recently on the question of equity release as a source of funding works. They have visited councillors in their own homes, taken them on visits to clients’ homes and encouraged them to contact their local HIA. The councillors are now a powerful advocate of the service, and have helped the HIA reach more people in need within their community.

**4.3 Client Consultation**

Involving service users in planning and delivering services is important. It does not have to be complex and time consuming. What you can do will depend on the size and resources of your HIA. The ideas below start with the simplest, progressing to those requiring more resources.
What can you do?

- Put additional effort into getting broader feedback from your existing BME clients. Ask how they heard about you, why they think others from their community don’t approach you, and whether there are specific aspects of the service that they felt uncomfortable with, that might also put others off.
- Visit key people in local community organisations with a simple set of questions.
- Visit an existing gathering, such as a luncheon club or a community meeting. Describe your service and ask some specific questions about what would encourage people to approach you.
- Organise meetings with the help of local groups (Focus Groups or local User Panels). These can simply be to provide information and gather feedback on your service overall; or to ask views on a specific service or scheme; or to regularly monitor your performance.
- Run Open Days on particular services or issues for the local community.
- Organise formal Expectations and Customer Satisfaction Surveys.
- Organise ‘Mystery Shopper’ calls to your service.
- Provide training for service users to help them to participate on a meaningful, informed and equal basis. For example, training could be provided on background information about the HIA service, on meeting skills, or confidence building.

What will make your consultation more effective?

- Involving service users before decisions are made.
- Providing prompt and accurate feedback after consultation.
- Remembering that involvement is an ongoing process, and should be planned at a pace that suits those involved.
- Being clear about what you are asking people to contribute to, the limitations of the process, and how it will influence the way you plan your service.
- Keeping any background information simple and considering what should be provided in advance of any meeting.
- Keeping written and spoken language clear, without jargon and acronyms.
- Considering what support you can provide that will increase involvement. For example, transport, childcare, interpreting, personal assistance, level access.

Good Practice

Barnet Care & Repair’s Agency Manager developed a ‘Service User Discussion Paper for Hard to Reach Groups’ that includes a Consultation Toolbox. The Toolbox below was produced by the agency in conjunction with the Corporate Policy Unit at Barnet Local Authority:
Consultation Toolbox:

- Community profiling – using census info
- Focus groups and user panels
- Expectation and Satisfaction surveys and questionnaires
- One to one interviews with users
- Mystery shopper calls
- Group appraisal of present service performance
- Open days e.g. Osteoporosis day, Coping with winter, Accident Prevention etc.

(Source: Solomon, K.2002)

4.4 Addressing Staff Issues

An organisation that is aware of equalities issues and has given them a high profile in its daily work is more likely to become both visible and attractive to potential clients. So consider whether or not you have an aware and open organisation. Equal opportunities policies should exist and be integrated into the culture of the organisation (see Chapter 5). All staff should participate in race equality and awareness training, and Managers have a particular responsibility to ensure that personal stereotypes, assumptions and prejudices do not affect the attitude and behaviour of their staff.

Awareness Checklist

☐ Are senior staff taking the lead, showing commitment to providing culturally sensitive services and challenging racism, whether found amongst staff, clients or contractors?

☐ Have you discussed as a team how you could make your services more accessible?

☐ Have you considered the issue of gender for the different local BME groups, such as contact between male and female users and caseworkers? These relationships vary greatly between different religious and cultural beliefs, sects and philosophies

☐ Depending on the size of your organisation, could you make any staff time available to support local community initiatives, particularly in relation to older and disabled people?

Training Checklist

☐ Have you and your staff received any recent training on equalities generally, or Black and Minority Ethnic issues in particular?

☐ Was there any follow-up from the training to turn learning into practice, both by sharing insights and generating ideas for service improvements?
Good Practice Example

Black Country Housing has a corporate commitment to race equality. Part of this commitment is to ensure both its management board and staff is reflective of the communities it serves. This commitment is well reflected, with 17% of staff and 23% of managers coming from BME groups.

Good Practice Example

In order to overcome barriers to the recruitment and retention of BME staff members, South Staffordshire Housing Association implemented the following strategy:

- Set employment equality targets
- Identified barriers to representation
- Developed innovative recruitment and training initiatives, including annual training for all staff
- Challenged all within the organisation and those working with it to be responsible for their actions
- Established a mechanism to provide opportunities to regularly consult with BME staff
- Developed a positive action/mentoring programme to increase the number of staff, particularly at supervisory level, from BME communities
- Sought to arrange joint training on race equality with partner organisations
- Training should involve partners’ input.

Good Practice Example

Leicester City Council developed an audit tool for use by staff to enable them to examine their services step-by-step, identifying any unintentional discrimination against BME groups, asking questions such as “Are we pronouncing peoples’ names correctly?” The council has subsequently established a number of staff training courses to address gaps in knowledge or skills. They also recognised that for services to be effective, local needs had to be identified, and therefore actively encouraged the ethnic minority and voluntary sectors to become involved in the provision of all such services. The Sanatan Manvata day care service, for example, aims to fill service gaps for older Asian people. The management committee, whose members have direct experience of language difficulties, have ensured that the service encourages visitors to speak in their own language.

---

### Recruiting Checklist

- Do you consider what skills or experience in your HIA might improve the accessibility of your services?
- Do you advertise in places where your adverts are likely to be seen, making them attractive to BME candidates?
- Have you considered the gender balance of your team? This could be important for Muslim clients, for example, particularly when your service is delivered in their home.
5. Developing Effective Services

This chapter is about putting some structures in place to help you deliver effective services to BME communities. It covers Equalities Policies and Codes of Practice, Action Plans, measuring client satisfaction, record-keeping and monitoring.

5.1 Equalities Policies and Codes of Practice

It is important that all organisations have an equal opportunities and diversity policy. It is one tool in the effort to eliminate institutional racism from an organisation. It does not guarantee that the services offered are equally accessible and of the same quality, but it is a public statement of commitment to work towards this goal.

The Stephen Lawrence Enquiry defined institutional racism as “The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitude and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people” (Source: CRE, 1998).

How to develop an effective Equalities Policy

- Check whether you already have one! If you are operating within a Local Authority, Housing Association or Charity, your organisation should already have a policy. Check that you have a copy and review whether it is specific enough for your services
- Check out the Race Relations Act (2000) (see Appendix B). Under this Act public bodies have a legal duty to tackle unlawful discrimination and promote positive relationships
- Look at examples within the sector e.g., local housing associations, local authorities, etc
- Draft a policy, keeping it short and simple
- Seek the views of your local BME contacts, including for example your local Race Equality Council. Don’t forget that you can also seek the views of other experienced colleagues in the HIA sector

A Code of Practice can help overcome the possibility of any racist conduct, including racial harassment. Racial harassment occurs when an act of persecution concentrates on the race, colour or ethnic origin of a person.

A Code of Practice can:

- Help tease out what the policy means in relation to types of behaviour and relationships in an organisation
- Ensure the practical implications of the policy are properly communicated to all staff
- Share Good Practice
- Promote positive cultural change within your organisation
The Black Ethnic Minority Community Organisations Network (BECON) has produced a Code of Practice that seeks to promote equal rights, equal access and equal treatment for its staff and members amongst its advisors and associate members. The opening statement sets out their aims:

- To act respectfully towards each individual and group
- To promote the spirit of equality and opportunity
- To meet the terms of any anti-discrimination, race relations, equal opportunities and human rights legislation
- To ensure that no individual or group is placed at a disadvantage by requirements or conditions which could have adverse effects on a particular group and which cannot be shown to be justifiable
- To deal sensitively and positively with any issues of discrimination within the network as they arise

**TIP**

Equal opportunities is not just about treating everyone according to one acceptable standard, but also about treating everyone fairly according to their differing beliefs, cultural practices and personal preferences.

What do you want your Policy and Code of Practice to achieve?

These are some possible desired outcomes:

- People from all ethnic groups have equal access to services and to HIA decision-making processes
- BME communities are equally satisfied with the choices available and the quality of services they receive from the HIA
- Your workforce reflects the communities that you live and work in, with BME staff fairly represented at all employment levels
- Training, staff support mechanisms and career opportunities embrace staff diversity to meet the changing needs of staff
- Recruitment, support and retention practices contribute to increasing and sustaining the number of BME board members
- Any contractor, consultant or partner working with the HIA fully acknowledges the need to promote race equality and delivers its business to BME clients in a way that promotes race equality

**Useful guidance**

- Race Relations Act (1976)
- CRE Code of Practice in Rented Housing (1991)
- Race Relations Amendment Act (2000)
- Commission for Race Equality Code of Practice on Employment
- Housing Corporation Regulatory Code
5.2 A Strategy and Action Plan

You obviously need to consider your resources before putting an Action Plan together. A realistic view of what your agency can do to make services more accessible will result in a plan that is achievable.

To draft a strategy and/or action plan, keep it simple. There are two overarching objectives – to improve access and to improve client satisfaction. Within those:

- Base the plan on the information you have gathered so far
- Identify the issues or gaps in service provision that are of greatest concern initially
- Identify the areas where the greatest progress can be made
- Discuss what you are planning with stakeholders
- Identify what outcomes you want – how will your service change? These are your targets
- Identify actions that will achieve those outcomes, then choose those which are achievable
- Estimate the timescale, stating when actions/outcomes will be initiated/achieved
- Set a timetable for future reviews of progress

As an example, your main objective may be to have a client base that more closely resembles the pattern of need in the local population in 3 years’ time. In order to achieve that, your initial target may be to focus on the largest minority community in your area and learn from that experience. You can divide this one objective into several components using chapter headings of this guide as a starting point. As you reach out into the community, you will develop this and be able to add more detail.

5.3 Record Keeping and Monitoring

Monitoring is essential if you are to fully understand the effect of all your policies and plans on BME client groups. In order to monitor progress, you need to have a baseline – your starting point – and you need to keep records accurately and consistently.

In 2003, Foundations sought information from HIAs on their work with BME clients. Of the 89 HIAs that responded:

- All had equal opportunities policies
- However, most lacked detail in relation to ethnicity or culture, and the activities covered
- Most did not monitor the impact of their policies
- Few routinely maintained records of the ethnicity of their clients
- Few provided training or directed contractors to local training on BME or related issues
Foundations will regularly review the recording of ethnicity in the national Management Information System to ensure that it reflects current SP categories.

5.4 Measuring Client Satisfaction

Measuring client satisfaction is an important part of monitoring and evaluating of your services. It is obviously important within that to see whether different groups of clients are equally satisfied with your services, or whether there are differences across groups.

To help you gather useful information from clients:

- Make sure you are able to identify ethnic origin when analysing customer satisfaction. You must either be able to cross-reference to your earlier collection of ethnic origin information, or ask for it as part of your customer satisfaction enquiry.

- Include some open ended questions such as ‘what could we have done better?’

- Ask the client about their preferred way of providing you with feedback. For example, would they rather complete a form on their own, receive help filling in a form, or be asked the questions verbally?

To help you make best use of the information you gather:

- Analyse the feedback regularly, accurately and objectively. It is easy to collect information and forget to do anything with it.

- Use the feedback to set goals for improving future service delivery.

- Ensure complaints are kept, along with action taken and the final outcome.

- Look for particular issues on which to conduct further consultation with specific client groups.
6. Improving Access to Your Service

Research has shown that there is a lack of knowledge about public services generally amongst BME communities and that the problem is heightened by language difficulties (Source: DTLR, 2001). For example, between a fifth and a quarter of Indian, Pakistani, Bangladeshi and Chinese men do not speak English fluently. For women, figures are generally higher – for example up to 60% of Bangladeshi woman do not speak English fluently (Source: Housing Corporation, 2001).

The key issues in improving access, therefore, are how and where you advertise your services, and your ability to cross language barriers.

6.1 How and Where to Advertise your Services

- Ensure your office is a good advertisement for your services – accessible and well signed
- Consider producing simple leaflets and posters (see ‘How to use Translators and Interpreters below)
- Consider advertising in your local BME press, local radio and community newspapers
- Visit and arrange to leave promotional literature at:
  - GP surgeries
  - Post Offices
  - Hospitals
  - Community Centres
  - Luncheon Clubs
  - Places of worship (Mosques, Temples, Gudwara)
  - Statutory and non statutory organisations
  - Housing Departments
  - Voluntary sector organisations

HIAs who have encouraged members of staff to go out into the community to meet with potential clients have received a positive response.

Good Practice Example

Mr M is an elderly gentleman, who attended his Pakistani Welfare Association on the day that staff from the local HIA were delivering a presentation. The presentation was delivered by the HIA Manager with a translation provided by a Community Interpreter. Mr M approached the Technical Officer at the end of the presentation and asked for a visit to carry out a security audit on his property, particularly his front door, as he wanted a chain fitted. A comprehensive property audit was carried out, which found that his front door was in very poor condition, therefore no additional security measures could be fitted. An assessment was carried out and, as Mr M was over 60, the HIA applied for a Home Repairs Assistance Grant. Consequently, a new door was fitted. This gentleman would not have known about the HIAs services, or had a secure door fitted, if staff had not delivered the presentation to the group.
(Source: Rochdale HIA)
6.2 How to Use Translators and Interpreters

- Decide how your written literature can be made accessible. Depending on your local community profile, you could have it translated into the key local languages; or you could just include simple contact advice in the key languages.

- Establish access to professional translation services. It may be tempting to communicate through children, relatives and neighbours, but this is not acceptable where confidential information may be exchanged, for example, financial and health issues.

- Some Local Authorities run their own translation services – check if yours does! Local educational institutions may also offer translation services.

- Consider the use of Language Line. This is a telephone translation service that is frequently used by the public sector. An annual subscription fee is paid as well as a cost for each translation requested. Although the cost may be prohibitive for you, it may be possible to ‘share’ use with a larger local organisation e.g. the Local Authority or a Housing Association.

- Keep language services under review as communities do change, for example, the arrival of asylum seekers and refugees.

- Consider employing front-line staff who are representative of the local population and skilled in community languages.

Good Practice Example

Care and Repair (Leeds) is aware of, and responds to, the diverse needs of its potential client groups. The agency reviewed gaps in service provision for its local Asian and Black communities, and undertook projects to meet the needs of potential clients from these communities. Care & Repair (Leeds) employs two caseworkers who speak a range of Asian languages as the majority of the BME community is Asian. Clients are offered literature in a range of minority languages as well as English. This not only helps overcome language barriers, but also cultural barriers which may prevent effective service provision.

(Source: Care & Repair (Leeds) Ltd)
Good Practice Case Study

Rochdale HIA runs a Dormer Grant Scheme to alleviate overcrowding, which is common among their local BME community. Mr D is Bengali, and lives with his wife and five children. The house is a terraced property with only two bedrooms. Mr D made an enquiry for Dormer Grant Assistance. His overcrowding qualified him for possible grant assistance. The cost of the loft conversion was to be £15,800, with grant assistance of £14,800.

Mr D could not finance his contribution of £1,000 and was asked to provide a refusal letter from a high street mortgage lender. As Mr D had difficulty communicating in English, the HIA used a translator who was able to assist him with filling in his application for a Council Home Loan.

Whilst the Dormer works were in progress, Mr D needed to find alternative accommodation. Again, the HIA assisted him in his search for accommodation, and with the help of a translator, Mr D was able to locate a property. Once suitable accommodation was secured, the HIA helped Mr D complete his Housing Benefit papers. They also wrote a letter to support Mr D’s application for Housing Benefit and Council Tax exemption, relating to the temporary accommodation.

Mr D had already been on the Local Authority’s waiting list for a number of years. Although he qualified for assistance no help was available to cover the shortfall which was originally £4,000. When the HIA took over, they reviewed Mr D’s case and sought an alternative builder. With a few changes to the suggested works, the shortfall was reduced to £1,000.

Mr D is now back in his property with the extra bedrooms. Mr D states that if he had not been assisted throughout the whole process, he would not have agreed to go ahead with the Dormer Grant, even though overcrowding was so severe.

(Source: Rochdale HIA)
7. Working with Clients and their Families

7.1 Introduction

Cultural needs and preferences are always important to consider when providing support services. They are particularly important when the services are for older people, and are provided in their own homes.

‘Culture’ may be defined as the system of shared beliefs, values, customs, behaviours and artefacts that the members of society use to cope with their world and with one another, that are transmitted from generation to generation through learning.

Many assumptions are made about cultural differences. It is important to understand these differences and not to generalise. For example, family ties are often cited in reference to BME communities. These should be given careful consideration, but not assumed to be important for all BME clients. While some BME clients may have close family care and involvement, they can still be susceptible to common experiences such as loneliness, isolation from mainstream population, lack of service knowledge resulting from language and religious or cultural separation. Moreover, BME clients may need more support and require additional visits due to language difficulties and lack of knowledge of available services (Source: ODPM, May 2003).

Unique to different communities and families will be family duties and responsibilities, roles within a family, processes of decision-making within the family, values and beliefs about relationships and sexual conduct. It is therefore advisable to seek insight into these issues, particularly if working within situations of family conflict. Changes in family structures, breakdown in relationships, and smaller family units can have a significant effect on the care of older people in the family home. For example, the realities of working, looking after a young family and making practical care arrangements for an older family member may prove difficult, and place a strain on carers (Source: Culturally Competent Care, KCC).

Good Practice Case Study

Mr and Mrs B speak Bengali and Mrs B is the carer for their 15 year-old daughter who is disabled and among other things, has problems with incontinence. They were assessed by an Occupational Therapist from the local council as needing a downstairs toilet and a recommendation for a Disabled Facilities grant was made, because Mrs B could not speak English, her views and thoughts were not sought.

An Occupational Therapist and a Bengali speaking caseworker from Care & Repair (Leeds) were asked to visit. When they spoke to Mrs B, they discovered that she thought that both a bath and toilet were necessary to help her care for her daughter. Care and Repair’s Occupational Therapist assessed and discussed options with the client and after the visit she contacted Social Services with recommendations and ideas. As a result, the recommendation was changed and a grant was given for a downstairs toilet and bath. If the Occupational Therapist and the Bengali speaking caseworker from Care & Repair (Leeds), had not been involved, the client would have been left with the original recommendations.

(Source: Care & Repair (Leeds) Ltd)
7.2 Behaviour in your Client’s Home

**Checklist**

- Be sensitive to cultural and religious requirements, but keep in mind that individuals and families differ.
- Ask about the preferred form of communication. For example, forms and written documents may not be understood or wrongly interpreted.
- Offer to complete forms for a client, particularly where their first language is not English.
- Plan for more time and support for BME clients.
- Inform contractors of cultural/religious practices or convictions, for example:
  - Removing shoes before entering the house
  - Smoking
  - Presence of male contractors
  - Layout of adaptations/doorways/bathrooms according to religious beliefs

7.3 Effective Client Assessment

HIAs are recognised for their standards of good practice when delivering services to vulnerable groups within their local community. Normal standards of good practice are equally relevant for clients from BME communities. In conducting a client assessment it is good practice to:

- Encourage the client and/or carer to talk through their average day in the home, to gain a deeper understanding of their needs.
- Discuss with the client and/or carer whether the suggested works will meet their expectations.
- Where equipment is installed, talk to those who will be using it, to ensure that it will be used to its full potential.
- Discuss with the client and/or carer the implications to their lifestyle when having different types of work carried out.
- Ensure the client is fully aware of when work will begin and how long it will take.
- Maintain client consultation throughout the work process to provide them with the opportunity to express concerns, comment on service delivery and how changes have affected lifestyle.
**Good Practice Case Study**

Mr B’s elderly disabled parents lived with him and his family. His wife cared full-time for both parents as they were disabled. Mr B applied for Grant Assistance to provide two extra bedrooms in his property to alleviate overcrowding. Unusually, at the same time, he applied for a Disabled Facilities Grant to meet the needs of his father. The HIA was involved in assessing his father’s need and a referral was made for a ground floor bedroom and level access shower. As a result of their financial assessment, it was found that the total amount required for the adaptation could be met by a Disabled Facilities Grant.

Unfortunately, the day the contractor was due to commence work, Mr B’s father died, resulting in the withdrawal of grant assistance for the work. As a matter of urgency, an assessment of Mr B’s mother was requested. This concluded that the existing stairlift was adequate to meet his mother’s needs. The HIA staff consulted with the family about the possibility of proceeding with the proposed works. The family decided that they still wanted the ground floor adaptation, as it would enable the family to care for Mr B’s mother more effectively. Using the HIA’s Equity Release Scheme, a loan was arranged to cover the cost of the ground floor extension and the family went ahead with the original adaptation for the ground floor.

All the issues of the family were dealt with through effective consultation carried out by the Home Improvement Agency. Involvement of the HIA in this case meant that although the grant was withdrawn, a solution to the problems experienced by Mr B and his family was found.

(Source: Rochdale HIA)
8. Contractors Working in the Client’s Home

8.1 Introduction

If your strategy is to work, every link in the service chain must be addressed. Contractors working in your clients’ homes are a key link. Using a contractor of the same ethnic origin as the client, or one with a similar cultural or religious background can be an advantage. However, all contractors should be aware of cultural and religious issues influencing the client and be committed to delivering the culturally sensitive service required.

8.2 Raising Awareness with Existing Contractors

Most HIAs already work with approved contractors who are aware of the needs of vulnerable clients. Pre-contract meetings will help to remind contractors of any issues and points of Good Practice that are of particular relevance when working in the homes of BME clients. The list below includes general Good Practice, but some have particular significance for BME clients, for example:

- All the contractor’s personnel need to be aware of the best method of communication and with whom they can communicate

- All contractor’s personnel should behave in a manner appropriate to the particular culture, religion or sect of the BME client and respect any religious or cultural practices

- All materials, tools etc should be confined to agreed areas, both internally and externally. Particular attention should be paid to shrines and rooms set aside within the home for worship

- Discuss with the client the relocation of any furniture or belongings during works, as some articles may have religious/cultural significance

- When advising the client of the work to be carried out, the contractor should be able to communicate effectively with the client or take along an interpreter if required

- Ensure clients are clear about how to use equipment, remembering that due to language difficulties and lack of experience with certain equipment, more time may be needed to show the client how to use it properly. Get them to demonstrate to you how the equipment should be used

- All personnel should introduce themselves on arrival and also announce their departure

- Ensure any instruction books, maintenance requirements, guarantee documents are in an appropriate format and/or clearly identified to the client and safely kept together
Following your client assessment, you will need to brief the contractor of any particular requirements. For example:

- Identify with whom the contractor should communicate, e.g. it is not acceptable to communicate with the client through their children
- How the contractor should communicate with your clients, e.g. they may need to use an interpreter
- Acceptable conduct within the home, e.g. removal of shoes, appropriate language
- Practices and customs of the client that could affect how works are carried out, e.g. removal of pictures or religious objects, prayer times

### Good Practice Example

Contractors of Anchor Staying Put – Hackney, who work within the Orthodox Jewish community, have written into their contracts the condition that no works are to be carried out on Friday afternoons. The Jewish Sabbath starts at sunset on that day, therefore no work can be carried out after that time. *(Source: Anchor Staying Put – Hackney)*

### 8.3 Recruiting New Contractors from BME Communities

Research indicates that there is a lack of tradespeople from BME communities *(Source: Housing Corporation)*. Skills necessary for the building industry may be difficult to develop due to gaps in development, training and support. Actively encourage the use of BME contractors if they meet your standards.

### Good Practice Example

Black Country Housing employs two part-time trainees from their local BME communities for their Handyperson scheme. Training, monitored by Black Country Housing, leads to a NVQ qualification in carpentry and plumbing. The training programme lasts for approximately two years, with the trainee supported by the organisation throughout the process. Black Country Housing have positively promoted their training to the BME community to attract potential staff to join their team in helping to meet local needs.

*NOTE – BME clients do not necessarily require tradespeople from their community, although where language problems exist, it has proved to be advantageous.*

### 8.4 Promoting Equality Policies and Codes of Practice with your Contractors

Contractors and consultants should be aware of your Equal Opportunities policies and Code of Practice. They should also have their own policies and procedures in place. Cannock Chase HIA, an in-house agency, has achieved this, both through the Council’s Equal Opportunities Policy and by implementing their own Code of Conduct for contractors.
Good Practice Example

Cannock Chase HIA issue an up-to-date Code of Conduct for their contractors. Divided into two sections, the Code addresses customer care and health & safety requirements. Specific directions for protecting clients from abuse include:

- Under no circumstances should you cause offence, inconvenience or personal harassment to a client. This includes unkind, embarrassing, and inflammatory or damaging words or gestures. Respect and sensitivity should be shown to all clients, their relatives, friends and visitors and their homes. Treat others, as you would expect to be treated in your own home

- Under no circumstances is the client to be left without the use of a toilet, a cooker, heating or electricity at the end of a working day

- Smoking, eating, drinking and playing radios is not allowed unless permission has been granted by the client

- Alcoholic drinks are not allowed at any time under any circumstances

Cannock Chase Council adopted an Equal Opportunities Policy to ensure that everyone is treated equally and is not excluded from receiving services. The Policy includes specific reference to contractors, it may be useful to consider the following statements when drafting your own Equal Opportunities Policy:

- The Council is committed to the provision of high quality services in a way which is accessible to everyone

- As a contractor to the Council, it is important that you act at all times in accordance with Council policy and the position to which you are appointed

- Within your role as a contractor to Cannock Chase Council, it is important to recognise the rights of disabled customers to be treated equally and to have their individual needs recognised

- Do not use the word “handicapped” or a medical condition to describe someone e.g. “an epileptic” or “an asthmatic”, etc

- In certain circumstances you may be required to explain things in more simple or clearer terms, in order to be understood. However, at all times you should treat people according to their circumstances, i.e. treat adults in a manner befitting adults
9. Partnership Working

9.1 Introduction

Depending on resources, agencies should aim to have good working relationships with:

- Local Authority departments – maintaining frequent contact with representatives from Housing, Social Services, Planning Environmental Health, Health and Welfare Rights departments

- Voluntary sector organisations – e.g. CAB, Age Concern, Help the Aged, disability charities, local charities, community outreach workers, cultural centres

- Local councillors that may be able to ‘champion’ the work of the organisations

- Alternative funders – provision of services by HIAs for local needs previously unmet by mainstream funding, may be provided using funding from alternative sources

Benefits of Partnership working:

- You can jointly address issues of cultural diversity, supporting each other to help meet Government targets;

- You will be more aware of other projects and information locally and you will raise awareness of your own services

- You can share Good Practice

Simple ways of working with partners:

- Arranging joint visits to BME clients

- Establishing two-way referrals, and keeping in touch

- Visiting each other’s organisations

- Involving partners in staff training programmes

- Inviting partners to review appropriate literature

- Inviting each other to share the platform at promotional events

- Arranging joint presentations to BME groups

- Challenging each other’s ideas and policies as appropriate

Good Practice Example

The Information Centre at Rochdale Council offices fronts all first time enquiries. New members of staff are provided with an Information Pack that explains the range of schemes run by the HIA. Staff who have language skills assist with enquiries from the BME community and are able to direct them to the relevant department. As a result, clients are efficiently directed to the agency.
**Good Practice Case Study**

Mr D was assessed by Leeds City Council’s Environmental Health Department as needing a downstairs toilet. A recommendation was made for the toilet to be installed in an existing space under the stairs.

Care & Repair were asked by the Occupational Therapist to visit the client as there were several problems with the proposed scheme. Firstly, Mr D is a large man, some six feet tall and weighing approximately 16 stone. The existing space under the stairs, was not felt to be suitable for someone of his size or mobility problems. Also, there would be a lack of privacy in the positioning of the toilet, as the door would open directly into the lounge / main family room. Also, Mr D is a practising Muslim whose cultural needs had been overlooked in terms of the toilet facing the direction of Mecca.

Working with the Local Authority, Care and Repair (Leeds) designed an alternative scheme. This scheme involved a small extension being erected to the side of the property, to house the required downstairs toilet. The alternative scheme provided much more space for Mr D to transfer on/off the toilet as well as allowing him dignity in meeting his toileting needs with more privacy. The additional space allows for the toilet to face an alternative direction and therefore does not offend Mr D’s cultural needs.

(Source: Care & Repair (Leeds) Ltd)

**NOTE** – From April 2004 Health Authorities, Primary Care Trusts and Local Authorities will be piloting the Single Assessment Process for Older People, introduced in the National Service Framework for Older People, which should make information sharing easier (www.dh.gov.uk).

### 9.2 Management Committee & Advisory Board Representation

Careful consideration of the membership of your Management Committee or Advisory Board can enhance your partnership working, providing valuable links into other local services.

**Good Practice Example**

Metropolitan Care and Repair – Haringey, has a strong advisory committee which has been in operation since the agency was established in 1991. The Committee members are representative of a range of minority ethnic communities and support organisations, representing the diverse communities in Haringey. Committee members are encouraged to take an active role in other local community groups and organisations, including: Age Concern, Disabilities Consortium and Disabilities Group and other Haringey Council Committees. The Committee is monitored by a member of Haringey Council’s Equalities Unit to ensure that it serves the needs of the local population.

(Source: Metropolitan Care & Repair – Haringey)
In line with Supporting People’s requirements for Service Providers, the National Quality Mark for HIAs has been launched. To achieve the Quality Mark, HIA services are required to evidence and demonstrate their service quality through self-assessment. This is one of the five areas reviewed under Supporting People Service Reviews. One of the core objectives – Fair access, diversity, inclusion and minority needs (C1.4) – examines the HIAs commitment to the values of diversity and inclusion, the practice of equal opportunities (including accessibility in its widest sense) and whether the needs of Black and Minority Ethnic clients are properly met.

Performance Level C, which means that the agency meets the required minimum standard with scope for improvement, requires the production of evidence to support the following statements:

- The eligibility criteria and application process are publicised and freely available
- The assessment processes are up-to-date and ensure fair access to the service
- There are written policies covering equal opportunity, anti-discriminatory practice and harassment that applies to employment of staff and access to services
- There is a recruitment and selection policy that aims to eliminate discrimination in recruitment processes
- Staff are familiar with the above policies

The Quality Mark not only assesses the standard achieved by the HIA, but can also be used as a tool towards achieving Continuous Improvement. Suggested steps to improve services include:

- Identifying areas of service delivery where performance is weakest, or where under-performance poses risks to the service, staff or clients
- Consideration of resource implications for any improvement plans e.g. staffing, finance
- Setting realistic and feasible timescales for the completion of each action and a number of intermediate milestones
- Assessing progress at pre-determined intervals

The full version of C1.4 is provided in Appendix D.

Good Practice Example

Hyndburn Homewise, an Independent Agency, supported two caseworkers to learn Urdu, as 5% of the population in the Borough belong to the Urdu-speaking community. The ability to communicate with potential clients using simple greeting phrases and words improved the links that the Agency had already established. Cultural awareness training has also benefited staff at Hyndburn Homewise with those attending the courses also able to share course content with other members of the team. The importance of cultural awareness training is echoed by the words of the Agency Manager who says “It has given us a better understanding of the whole community.”
11. Further Help

Websites

Federation of Black Housing Organisation  
www.fbho.org.uk (website under construction)

Department of Health  
www.dh.gov.uk

Office of the Deputy Prime Minister  
www.odpm.gov.uk/

OBAC (Organisation for Blind Afro-Caribbeans)  
www.obac.org.uk

BmeSpark  
www.bmespark.org.uk

Neighbourhood Renewal Unit  
www.neighbourhood.gov.uk/

Audit Commission  
www.audit-commission.gov.uk

Home Office (Race Relations Act 1976)  
www.homeoffice.gov.uk

Commission for Race Equality  
www.cre.gov.uk

Housing Corporation  
www.housingcorp.gov.uk
Appendix A

Some Cultural Issues

It is not possible to cover all the possible cultural issues that may be relevant to your local communities in a short guide. The best way to find out what is relevant is to seek information locally. However, some common issues are listed below, which should be considered by staff when visiting a person’s home, or making appointments with them.

Religion

Daily activities such as worship, including prayers. Points to consider:

- Times of prayer
- Where and how prayers need to be made, e.g. Muslims pray facing Mecca
- Suitable clothing when visiting a home
- Space for praying, e.g. some Sikh homes may have a shrine where the Guru Granth Sahib is kept. It is treated with reverence as in the Sikh Gurdwara (temple). Permission should be sought before entering the room; shoes should be removed and your head covered. This also applies to visits to Gurdwaras. Alcohol and tobacco are forbidden within the premises of a shrine
- Washing facilities, e.g. Muslims may wish to wash before prayer
- If confined to bed, a Muslim would want to face Mecca when praying, so the direction should be shown to them
- If confined to bed, feet should not point towards Mecca
- Position of toilet should not face Mecca

Etiquette

- In Islamic homes men and women may sit separately and, if in the same room, may not sit on the same sofa
- Strict Muslim women do not mix with male members of the community
- Respect for older members of the family is widely displayed in many cultures and determines what is considered as acceptable behaviour
Religious objects or symbols. These should be recognised, treated with respect and not moved without consent. Examples include:

- Holy books
- Head coverings, e.g. turban, veil, skull cap, scarves
- Rosary beads
- Incense
- Prayer mats
- Objects worn on the body, e.g. Five K's of Sikhism

Symbolism

Uniform, religious items, wedding rings, certain colours, flags, and national symbols can all mean different things to different people. It is important to be aware of this without making assumptions.

Religious calendars. For example:

- Judaism – the Sabbath falls on each Saturday. It begins a quarter of an hour before sunset on the Friday and terminates just after nightfall on the Saturday night
- Judaism – Yom Kippur is the most solemn day of the year and is a time of fasting, reflection and prayers
- Islam – During Ramadan, Muslims refrain from eating or drinking from sunrise until sunset of each day (known as Saum or Rosa) for a month
- Islam – Eid ur Fitr is a time when Muslims are not only celebrating the end of fasting, but thanking Allah for the help and strength that he gave them throughout the previous month to help them practice self-control. There are special services out of doors and in Mosques, processions through the streets, and of course, a special celebratory meal eaten during daytime, the first daytime meal Muslims will have had in a month
- Islam – Muslims have to perform the Hajj (pilgrimage to the House of God in Saudi Arabia) once in their lifetime if they are physically able and can afford it. Hajj is an annual event and does not take place on a fixed date, but rather on the 9th day of the 12th lunar month according the Islamic calendar. British Muslims who go to perform Hajj usually spend about 4 weeks in Saudi Arabia. The close of the Hajj is marked by a festival, the Eid-al-Adha, which is celebrated with prayers and the exchange of gifts in Muslim communities everywhere
- Hinduism – Holi is one of the most exuberant of the Hindu festivals held in February/March, with people marking the end of winter by cleaning the house, and its surroundings, of dirt and evil
- Hinduism – Diwali (or Deepvali) in Britain, as in India, is a time for thoroughly spring-cleaning the home and for wearing new clothes and most importantly, decorating buildings with fancy lights. The festival of Diwali extends over five days
- Buddhism – Wesak is the most important of the Buddhist days and is celebrated in May. It celebrates Buddha's birthday. The festival is celebrated with much colour and gaiety. Homes are cleaned and decorated
Appendix B

Race Relations (Amendment) Act 2000 and the EC Article 13 Race Directive

An overview of the Act

The Act fulfils a recommendation (No. 11) made by the Stephen Lawrence Enquiry report and, as promised by the Home Secretary in his response, it goes further, extending coverage of the Race Relations Act (1976) to the functions of public authorities in general, not just the police. The Act also fulfils the most important legislative commitments made by the Government in response to the Commission for Racial Equality’s 3rd Review of the 1976 Act.

The 2000 Act outlaws race discrimination in public authority functions not previously covered by the 1976 Act. “Public authority” has been defined widely for this purpose. This means that law enforcement, whether by the police, local authorities or tax inspectors, are for the first time subject to race discrimination laws. Certain public appointments, and the termination and the terms and conditions of public appointments, are also subject for the first time to race discrimination laws, as is the implementation of Government policies and services across the board.

The Act also places a general duty on public authorities to work towards the elimination of unlawful discrimination and promote equality of opportunity and good relations between persons of different racial groups.

The general duty will be supported by specific duties to be set out in secondary legislation and they will be enforceable by the Commission for Racial Equality. The Commission will be able to issue a compliance notice to a public authority which it believes to be failing to fulfil any specific duty laid down and, if necessary, to seek a court order to enforce the notice. In addition, the Commission will be empowered to issue Codes of Practice to provide guidance to public authorities on how to fulfil their general and specific duties.

The Act makes Chief Officers of Police vicariously liable for acts of racial discrimination by police officers under their direction and control. The Act came into force on 2 April 2001 regarding actions pursuant to the safeguarding of national security in order to remedy a previous incompatibility with rulings made by the European Court of Human Rights.
Appendix C

Positive Action Training

Good Practice Example

Rochdale Council, through its Asian Housing Strategy, has recognised for the last five years that its workforce has not reflected the community it serves. In particular people from an Asian heritage background make up 11% of the community in the Rochdale Council area, but they only made up 4% of the staff in the housing workforce.

Rochdale Council set itself a target that, by 2011, the housing workforce should reflect the ethnicity of the community it serves. To achieve this goal, the Council has taken the principles of Positive Action Training (PAT) to develop its own unique PAT project to train housing professionals.

Positive Action Training is one of the measures outlined in the Race Relations Act (1976), which employers can use to address issues of race equality in relation to employment and training. By offering training opportunities to members of under-represented groups within the employers specific area. The scheme in Rochdale has been very effective in assisting employers to achieve a representative work force.

The scheme gives an opportunity for people not in employment, who are of Asian heritage and are residents of Rochdale to apply for an intensive 12-month traineeship in housing and related employment. The trainees are placed with a range of housing organisations which provide on site training via a pre-agreed training plan.

The training plan aims to cover all the major competencies required, to enable the trainee to gain the necessary skills and experience to compete in the job market for a similar post.

Many of their partners employers have increased the business they do with their BME communities following the placement of a PAT trainee. Furthermore, other staff have enhanced their awareness of cultural issues through their involvement with the trainees.

However, the real value of this scheme lies in the subsequent successful recruitment of trainees into permanent mainstream posts, which also provides employers with a more representative and diverse workforce. An additional positive spin-off is the improvement of service offered to residents of Asian heritage because many of the staff recruited via the PAT scheme can converse in Asian community languages.
Case Study

After leaving school Malik went to college to study business studies. After completing his BTEC certificate in Business Studies he was looking for a job but could not get the type of job he wanted as he did not have any work experience. So he took a job in sales. After a short while he gave that up and was working part-time for a large supermarket chain with no prospect of a career.

A friend told Malik about the Positive Action Training in housing. One factor which persuaded Malik to apply for a traineeship was the fact that 80% of the trainees who completed the training programme went on to obtain a permanent job. Malik was always interested in housing and enjoyed working with the public. He felt that this traineeship might give him the break he was looking for. He applied and was successful in obtaining a placement with Rochdale Council and worked in the various area housing offices. As part of his training programme he attended Salford University to study for a housing qualification on a day release basis.

While on the training programme he learnt all aspects of housing management and on the ninth month of his training, a vacancy arose within the Council for a Housing Officer. Malik was encouraged to apply and he was successful in securing the position. He worked for the Council for two years as a Housing Officer and recently secured a promotion with a leading Housing Association in Manchester.

Malik is very complimentary about the Positive Action Training Scheme and says that it gave him the break he needed and the opportunity to gain valuable work experience, which he is now using to develop a professional career in housing.
C 1.4 Fair access, diversity, inclusion and minority needs

There is a commitment to the values of diversity and inclusion and to the practice of equal opportunity (including accessibility in its widest sense) and the needs of black and minority ethnic clients are appropriately met.

**Explanatory note:**

*Equal opportunities are addressed by this standard.*

<table>
<thead>
<tr>
<th>Standards</th>
<th>Examples of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Level D</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>There is no written statement of equal opportunity policy (EOP) or documented approach to diversity and inclusion and the need for further work is accepted.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standards</th>
<th>Examples of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Level C</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1 | The eligibility criteria and application process are publicised and freely available.  
The eligibility criteria and the application process are written down and described in plain language. Copies are available if required. |
| 2 | The assessment processes are up-to-date and ensure fair access to the service.  
There is a documented procedure that specifies how enquiries and applications are processed, assessed and prioritised if there is a waiting list.  
The assessment procedure ensures that the client’s needs are compared objectively with the services offered by the agency.  
The procedures have been reviewed within the last five years. |
| 3 | There are written policies covering equal opportunity (EOP), anti-discriminatory practice (ADP) and harassment that applies to employment of staff and access to services.  
The policies exist and cover discrimination on grounds of gender, age, religion, race, disability, nationality and sexuality.  
The policy covers staff and clients and addresses access to services and employment.  
The policies have been reviewed within the last five years.  
The equal opportunities policy is in accordance with the Race Relations Act 1976, Disability Discrimination Act, Human Rights Act 1998, Sex Discrimination Act 1975 and subsequent amendments to these.  
The policies are in accordance with the CRE Code of Practice. |
| 4 | There is a recruitment and selection policy that aims to eliminate discrimination in recruitment processes.  
The policies have been reviewed within the last five years.  
The equal opportunities policy is in accordance with the Race Relations Act 1976, Disability Discrimination Act, Human Rights Act 1998, Sex Discrimination Act 1975 and subsequent amendments to these.  
The policies are in accordance with the CRE Code of Practice. |
| 5 | Staff are familiar with the above policies.  
Policies are covered in induction programmes.  
Staff are able to describe key features of the policies. |
<table>
<thead>
<tr>
<th>Standards</th>
<th>Examples of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Level B</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>There is a documented plan for ensuring equality of opportunity and anti-discriminatory practice. The plan exists and covers both staff and clients. This may be a corporate plan produced by the agency’s managing agent.</td>
</tr>
<tr>
<td>2</td>
<td>Particular attention is paid to ensuring fair access to minority and “hard to reach” groups. The eligibility criteria, means of prioritising applications and the application process are distributed to organisations working with individuals from minority and discriminated-against groups. Target organisations are able to confirm receipt. Active links are made with organisations working with minority and discriminated-against groups with the aim of ensuring that referral pathways, eligibility and service design are non-discriminatory and promote fair access. There is evidence of the active links e.g. minutes of recent meetings, named contacts in other organisations, correspondence, confirmation from other parties etc.</td>
</tr>
<tr>
<td>3</td>
<td>The effectiveness of the equal opportunities and anti-discriminatory policies and plans are periodically reviewed. Equality access targets are set and performance monitored against these. The targets are documented and approved in appropriate minutes. Relevant staff demonstrate a working knowledge of the targets. Periodic reviews of statistics and other performance information compared to targets contained with the plan.</td>
</tr>
<tr>
<td>4</td>
<td>The ADP, EOP and harassment policies are implemented and effective. The workforce reflects the diversity and cultural profile of clients as far as is practicable. Vetting of contractors ensures that they comply with the policies. Staff are able to explain the policies and how they impact on their work. Staff are able to refer to specific actions or changes arising from the policies (e.g. changes in recruitment practices, challenges to unacceptable language or behaviour etc.)</td>
</tr>
<tr>
<td>5</td>
<td>Clients are provided, if it is appropriate, with information on organisations or services for discriminated-against groups. The information is evident in newsletters, client handbooks, introductory information or other suitable media.</td>
</tr>
<tr>
<td>6</td>
<td>The communication needs of clients from minority groups are catered for. Where clients prefer to communicate in a language other than English, they are able to do so either with staff who speak their language or via readily available interpreters. There is evidence that following consultation with representatives, reasonable efforts have been made to ensure that written information and correspondence is provided in the preferred forms (e.g. other languages, signing, Braille, etc.) of as many clients as is feasibly possible.</td>
</tr>
</tbody>
</table>
### Standards Examples of Evidence

#### Performance Level B – continued

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **7** | Staff understand and are sensitive to particular needs of clients from minority groups. | Training and/or recruitment records show that staff are specifically recruited or trained to ensure this understanding.  
Vetting of contractors or a code of conduct for contractors addresses the need for sensitivity to client cultural needs. |
| **8** | Clients are made aware of the above policies. | Policies are explained in clients’ welcome packs or similar introductory information, correspondence, confirmation from other parties etc. |
| **9** | The eligibility criteria and application process are actively distributed to relevant agencies. | The eligibility criteria, means of prioritising applications and application process are periodically (at least annually) distributed to referral agencies, commissioners, advice services, other providers and any other agencies in regular contact with members of the target client groups.  
Target organisations can confirm that this happens. |

#### Standards Examples of Evidence

#### Performance Level A

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **1** | The Advisory Group is involved in the periodic review of the ADP, EOP and harassment policies. | Notes of involvement or consultation through meetings, focus groups, newsletters etc.  
There would also be evidence of review of these policies at a corporate level by the agency’s managing agent or management committee. |
| **2** | There is a co-ordinated multi-agency approach to tackling discrimination and harassment. | Notes of multi-agency working e.g. minutes and agendas, named contacts, joint action plans etc. |
| **3** | There is a planned approach to supporting clients who are victims of abuse. | There is a documented means of responding to victim support including, for example; agreements with other providers to offer alternative services to victims, providing or putting victims in touch with forms of support such as counselling, legal advice etc. |
| **4** | There is a planned approach to dealing with perpetrators. | There are clear procedures in place for identifying perpetrators, informing the police and/or taking legal action if appropriate, terminating employment if staff are involved. |
| **5** | Key stakeholders are actively involved in reviewing eligibility criteria, application procedures and prioritisation. | Correspondence, minutes, stakeholders themselves confirm participation of referral agencies, funders/commissioners, organisations working with discriminated-against groups. |
| **6** | Fair access is assured by independent audit. | There are records of periodic independent audits of the assessment and allocation process.  
(“Independent” does not necessarily mean by somebody outside the agency but refers to a person or persons who are not involved in or responsible for service delivery e.g. Advisory Group member). |
Appendix E

**BME Survey Results**

**Identifying BME Communities**

This section of the report focuses on the demographic makeup of the communities served by HIAs. It also looks at the level of BME communities identified by HIAs. The focus then shifts to whether ethnicity is recorded by HIAs and the reasons why some agencies do not measure ethnicity.

**Demographic makeup of communities served**

Of the total of agencies taking part in the survey 88% were aware of the demographic makeup of their local areas. Agencies based in-house (92%) were more likely than Independent agencies (77%) and RSL managed agencies (89%) to be aware of the local demographic makeup. Local statistics were used by 90% of Independent agencies compared with 68% of RSL, and 71% of in-house agencies. RSL (56%) and in-house (50%) used national statistics compared with 40% of Independent agencies.

**Recording Ethnicity of Clients**

We asked all respondents to indicate whether they recorded the ethnicity of their clients. All Local Authority in-house agencies and RSL-managed agencies recorded the ethnicity of clients. This compared with 92% of Independent agencies.

**Advisory Groups and Management Committees**

96% of RSL-managed agencies had an advisory group or management committee. This compared with 54% of Independent agencies and 77% of Local Authority in-house agencies. All rural based agencies had advisory boards/management committees. This compared with 89% of agencies in mixed areas and 79% of agencies in urban areas.

**Performance Indicators and Guidance relating to working with BME communities**

HIAs were asked to submit monitoring records recording the ethnicity of their clients

26% of agencies’ records showed that less than 5% of their clients were non-white. 65% of agencies had less than 30% non-white clients between April 2002 and March 31st 2003 and only 5% of agencies had a non-white client base of over 76%.
Performance Indicators and Guidance issued by Local Authorities

66% of agencies at the time of the survey had not been issued with performance indicators relating to BME issues from their Supporting People team. 14% of agencies had received performance indicators. Agencies in urban areas were more likely to have Performance Indicators than other agencies (18%). The percentages varied from region to region with none of the agencies in the NE region recording that they had received them.

Best Value Performance Indicators

66% of agencies had not been issued any Best Value performance indicators relating to working with BME groups from their Local Authority at the time of the survey. There were regional variations in levels of Local Authority issued guidance. This is to be expected as each Local Authority has different policies.

Existing HIA Services to BME Communities

HIA Staff from BME communities

23% of respondents had staff from BME communities. Agencies based in London were nearly twice as likely to have BME staff (64%). South West and West Midland agencies recorded that none of their staff were from BME communities. 31% of in-house agencies employed BME staff. This compared with 20% of RSL managed agencies. Of the ethnic categories provided in the questionnaire, 36% of agency staff were from the Black or Black British Caribbean community and 32% from Asian or Asian British Indian communities.

HIA Internal Training and Policies

Training for HIA Staff Relating to Cultural Awareness

Agencies were asked to indicate from a range of themes, which training courses if any, they provided for their staff. 59% of respondents provided staff training in areas specific to BME groups or BME issues. 89% of agencies based in the East of England and 86% of agencies in the West Midlands provided training, whereas only 30% of agencies in the South West provided training. This is to be expected as there are fewer BME groups in the South West. Training was more likely to be provided by RSL managed agencies (68%) than Independent agencies (31%). 77% of agencies covering rural areas and 61% of agencies covering mixed areas provided a range of training. This compared with 55% of agencies covering urban areas. 69% of agencies providing staff training recorded Black or Black British Caribbean communities and 76% recorded Asian or Asian British Other communities. 80% of agencies recorded that training specific to BME groups was compulsory for their staff.

93% of agencies indicated that cultural awareness training was provided. All agencies in the Government regions apart from East of England (75%) and London (71%) recorded 100% availability.
Internal Policies

91% of agencies had targets and policies relating to fair access to services. All of the agencies based in the North West had policies compared with 67% of agencies in the North East. All the agencies that had fair access policies in place (91%) indicated that equality policies were also in place, with 58% having discrimination policies and 57% diversity policies. No agencies in the North East had discrimination policies in place compared with 74% in the North West and 83% in the West Midlands.

Training Provided for Contractors

88% of agencies did not provide training for their contractors in BME or related issues. Of agencies that did provide training (12%), 18% of agencies managed by RSLs provided training. 73% of agencies providing training indicated that cultural awareness was covered by their training.

1 Home Improvement Agencies managed by their local authority
2 Home Improvement Agencies that are not managed by a local authority or a housing association and are mainly managed by charity organisations
3 Home Improvement Agencies managed by a housing association
4 This figure is based on small sample sizes
Appendix F

Acknowledgements and Thanks

Steering Group

Laura Waring, Foundations
Neera Tyagi, ODPM
Derek Bellingham, Black Country Housing
Paul Gordziejewicz, Rochdale City Council
Abul Kalam, Care & Repair (Leeds) Ltd
Steve Fallon, Metropolitan Care & Repair – Haringey
Lisa Ajgarni, Foundations

Contributing HIAs

Care & Repair (Leeds) Ltd
Rochdale HIA
Metropolitan Care & Repair – Haringey
Wolverhampton Care & Repair
Cannock Chase HIA
Barnet Care & Repair
Anchor Staying Put – Hackney

Other People and Organisations

Abdul Jabbar, Housing Manager (Strategy & Equality), Rochdale Borough Council
Gordon Hinchcliffe, DST Manager, Foundations
Jane Rosser McBane, Director, Foundations
Kathryn Andrew, Assistant Development Service Officer, Rochdale Borough Council
Munir Ahmed, Chief Executive, Ashiana Housing Association
Andrew Kean, Head of Client Groups and Delivery Structures, ODPM
Sam Collins, Communications Manager, Foundations
References


Age Concern, Information Bulletin, Page 28 & 29, July 2003

Blackaby B., & Chahal, K., Black and Minority Ethnic Strategies – A Good Practice Guide

CIH, Federation of Black Housing Organisations and the Housing Corp., 2000

BME Health Forum Newsletter – Re : Developing Primary Care Trusts in Kensington & Chelsea and Westminster, Volume 1, Issue 3, Pages 2 - 13

BME Health Forum Newsletter – Re : Westminster Cty Council Pages 12, 14, 15

BME Housing Conference Report, Breaking Down Barriers

BMEspark, BME Communities in General, 3 April 2003

Bright, Reports on Elders, 1996

Brown, B., Inside Housing, 17th Jan. 2003


Chalhal, K. and Simpson, I., Good Practice in Dealing with Racist Harassment, Lemos and Crane.

Chahal, K, & Temple, B, Older People from Minority Ethnic Communities: a Housing Research Review, FBHO.


Clegg, A., Out of the frame, Guardian Society, 3rd September 2003,

CORE, CORE Analysis, Issue No. 5 August 2003 – Ethnicity and Housing : the Contribution of Housing Associations, August 2003,


Davies, N., Commission for Racial Equality Leadership Challenge, CRE in Wales.

Davis, L., Cambridge Community Care, 22nd October 2003, Page 29


DoH, Delivering Race Equality: A Framework for Action, Mental Health Services, October 2003

DoH, Developing Services for Minority Ethnic Older People – The Audit Tool, May 2002
References

DTLR, Housing Directorate, Addressing the Housing needs of Black and Minority Ethnic People, 2001

DTLR, Reflecting the Needs and Concerns of Black and Minority Ethnic Communities in Supporting People, May 2002

DWP, Race Equality Scheme: Consultation Summary, January 2003

Gidley, G., Harrison, M. and Robinson, D., Housing Black and Minority Ethnic People in Sheffield, Sheffield: CRESR, Sheffield Hallam University, 1999

Goulding, E., Tenant Involvement, General Manager, Southern Homes

Haupton, A., Shakoor, Dr A., & Ali, I., Community Engagement Project, July 2001

Hopkins, G., Leicester Council, Race Ahead, Community Care, Page 42, 8th-14th August 2002,

Housing Corporation, Black and Minority Ethnic Communities: Key Data, Sector Study, December 2001

Housing Corporation, Race Equality Code of Practice for Housing Associations, 9th November 2002

Housing Corporation (& NHF), Involving BME Communities in Neighbourhood Regeneration: A Good Practice Seminar, 27th June 2002

Housing Today, Community Solutions: ‘Ask Yourself This . . . ’, 25th July 2003, Page 30

Housing Today, Liverpool’s Somalis Living in Deprivation, 25th July 2003, Page 12

Howard, H., Cross Cultural Care, A Training Pack, Age Concern Books, 2003,

Hughes, G., The RSL Perspective, Welsh Federation of Housing Associations (WFHA),

Inside Housing, 5th Sept. 2003, Page 13

Inside Housing, Sian Gibson, 7th February 2003, Page 11

Joseph Rowntree Foundation Findings, Family and Work in Minority Ethnic Businesses in the UK, November 2003

Longden, C. & Robinson, S., HIAs and Services to BME Communities, Black Housing, 15th May 2002,


MORI Poll Digest, June 2002

MORI, Race is No Barrier To ‘Being British’, 16th May 2002

National Assembly for Wales Housing Directorate Website, Black Minority Ethnic People and the Private Housing Sector, 9th December 2003

Nazroo, J., Bajekal, M., Blane, D., Grewal, I., and Lewis, J., ESRC, Research Findings 11 – From the Growing Older Programme, Ethnic Inequalities in Quality of Life at Older Ages: Subjective and Objective Components
References

NEA Press Release, REEChing out to ethnic minority groups, 11th September 2002

Northamptonshire Connecting Communities Partnership, BME Code of Practice

ODPM, Housing and Black and Minority Ethnic Communities: Review of the Evidence Base, May 2003

ODPM Housing Directorate, Addressing the Housing Needs of Black and Minority Ethnic People, Action Plan Update No.2, December 2002

O’Meara, C., Cahill, P., & Ballard, E., Develop Networks/partnerships, Cadwyn HA; Cardiff Community HA, Taff HA

Race Equality Scheme (RES), Review 2003: Action points agreed by Senior Management Team (SMT), Monitoring 2 (2) B (ii) : Internal policies and HR


Solomon, K., ‘Service User Involvement and Reaching Hard to Reach Groups : A Discussion Paper’, May 2003, Care & Repair Barnet

South Staffordshire Housing Association, www.ssha.co.uk

Smith, P., Contractors Code of Conduct v 1.0, Cannock Chase Council Home Improvement Service, 2003


