OLDER PEOPLE PARTNERSHIP BOARD

Monitoring Ethnicity of users across Statutory and Voluntary organisations in Buckinghamshire

- o Sub Group: Equality & Diversity

- o Date of OPPB Meeting: 10 September 2006

- o Reporting Lead: Muriel Alleaume

- o Specific Questions Raised by OPPB for Sub-Group?

> **Monitoring Ethnicity of users across Statutory and Voluntary organisation in Buckinghamshire: Can we have an overall understanding of the services accessed by different minority groups in the County? Are there any disparities of access between different minority groups and are there any organisations that are more successful than others at making their services accessible to people from minority ethnic groups?**

Organisations/Services, which have produce data for the purpose of this report:

- Age Concern
- Adult Learning
- Adult Social Care
- Buckinghamshire Shared Services (PCT)
- Enara Community Care
- Oxfordshire & Buckinghamshire Mental Health Trust

Important Information:

- All figures presented in this report are based on information received and may not be 100% accurate. Figures have been rounded to the first decimal for ease of reading.
- The aim of this report is to give an overview of activities and services in relation to monitoring ethnicity and access by people from minority ethnic communities.
- Best efforts were made to keep this report focused on people over the age of 50. However, this cannot be guaranteed as not all data were link to age. Likewise, it was not possible to assert how many of the service users are disabled, as this information was not offered consistently.
- No qualitative data were offered in relation to access to services by people from minority ethnic groups.

- Based on the 2001 Census, 2.42% of the population over the age of 65 is from minority ethnic communities in Buckinghamshire.

Monitoring ethnicity

Of the organisations / services that have provided their data, all demonstrated their recording in relation to ethnicity. However, there is two main points to be noted in relation to monitoring ethnicity:

- There is an inconsistency across the County as to which categories are being used. It appears that often, a concise choice is made between either a very detailed or a fairly narrow categorisation of the different ethnic groups. Both have their advantages and inconvenient. Detailed monitoring helps to identify potential gaps across specific minority ethnic groups whilst a more generic approach makes it easier to compare and contrast with the census data. The problem of using both approaches in different parts of the County combined with inconsistencies in monitoring across the County makes mapping of access problematic.
  However, it is accepted that this is based on the information provided only - which may not reflect the whole of the data stored by an organisation. It may also be that information related to languages, religion and disability are being collected, which could also help increase our understanding but this could not have been taken into consideration here.

- Many organisations seem to lack the skills and/or resources required to cross more than two data ranges. This is consistent with national and local data generally, thus making it difficult to gain accurate data specifically related to people of a certain age group on occasion. It also renders it difficult to find out facts and figures related to more than one Equality strand, (e.g. how many people from a particular ethnic group are over the age of 50 and disabled).

Access to services by different minority ethnic groups (based on the 2003 Administrative Hierarchy – National Statistics) – Successful Access by different BME Groups has been determined by the percentage of client base for each organisation, as provided in Appendix 1.

Black & Minority Ethnic groups	Percentage, In Bucks, across all age groups (%)	Services with the highest rate of access for each particular ethnic group, as shown in Appendix 1
Asian or Asian British; Indian	**1.06**	Outreach Advocacy – *Age Concern* Gynaecology and link workers – *Community Shared Services* Elderly SS - *Enara Community Care* Direct Payment and Overnight Respite – *Adult Social Care*
Asian or Asian British; Pakistani	**3.14**	Link Workers, Diabetes & Continence & Stoma Advice – *Community Shared*

Black & Minority Ethnic groups	Percentage, In Bucks, across all age groups (%)	Services with the highest rate of access for each particular ethnic group, as shown in Appendix 1
		Services Further Education & Community Learning – *Adult Learning* Older Adult Inpatient – *OBMH* Direct Payment and Overnight Respite – *Adult Social Care*
Asian or Asian British; Bangladeshi	**0.08**	Further Education & Community Learning – *Adult Learning*
Asian or Asian British; Other Asian	**0.33**	Home Visiting Project – *Age Concern* Further Education & Community Learning – *Adult Learning*
Black or Black British; African	**0.24**	Further Education & Community Learning – *Adult Learning* Diabetes – *Community Shared Services* Day Care, Direct Payment & Professional Support – *Adult Social Care*
Black or Black British; Caribbean	**0.94**	Further Education & Community Learning – *Adult Learning* Outreach Advocacy – *Age Concern* Older Adult Inpatient - OBMH Day Care, Direct Payment & Professional Support – *Adult Social Care*
Black or Black British; Other Black	**0.10**	Unknown
Chinese	**0.33**	Further Education & Community Learning – *Adult Learning* Speech Therapy – *Community Shared Services*
Mixed; White and Black African	**0.10**	Befriending Service – *Age Concern* Further Education & Community Learning – *Adult Learning*
Mixed; White and Black Caribbean	**0.50**	Befriending Service – *Age Concern* Liaison Community – *OBMH* Community Nursing – *Community Shared Services* Further Education & Community Learning – *Adult Learning*
Mixed; White and Asian	**0.39**	Professional Support & Short Term Residential – *Adult Social Care*
Mixed; Other Mixed	**0.32**	Speech Therapy – *Community Shared Services* Further Education & Community Learning – *Adult Learning*
Other ethnic group	**0.32**	Pain Management – *Community Shared Services* Professional Support & Direct Payment – *Adult Social Care* Further Education & Community Learning – *Adult Learning*
Other white	**3.29**	Advocacy & Outreach Services – *Age Concern*

Black & Minority Ethnic groups	Percentage, In Bucks, across all age groups (%)	Services with the highest rate of access for each particular ethnic group, as shown in Appendix 1
		Dietetics, Continence & Stoma Advice, General Surgery & Podiatry – *Community Shared Services* Further Education & Community Learning – *Adult Learning* Elderly SS – *Enara Community Care* All services provided by *OBMH*
White British	**87.64**	All services from all organisations mentioned in this report
White Irish	**1.21**	Elderly SS – *Enara Community Care* Dietetics – *Community Shared Services* Older Adult Community, Older Adult Outpatient & Older Adult Inpatient - *OBMH*

Conclusion drawn from the mapping exercise

- When producing reports related to the personal data of our clients, including Ethnicity, age, disability and gender, it would be useful to agree on a format that could be duplicated across all statutory and voluntary organisations in Buckinghamshire.

- Monitoring activity of services by detailed ethnic groups can potentially help to identify potential gaps and disparities in services before a proper analysis can take place. For example, Buckinghamshire Community Shared Services was the only organisation offering data in relation to the Bangladeshi Community specifically. This highlighted that there was a very poor access to their services by this particular ethnic community – only 1 client was identified as Bangladeshi amongst all of the data offered. This could effectively demonstrate an existing gap in access by this particular ethnic group: it could be that either other Bangladeshi people are also accessing services but their ethnicity is simply recorded in other ways (any other 'Asian' or 'not known/stated' categories etc…) or that the organisation needs to promote their services to this particular group in our community. However, according to the 2001 Census, there are only 0.09% of Bangladeshi people in Buckinghamshire across all age groups. It is unknown as to what is the actual population today but one could assume that this figure has not risen dramatically. So only when data are collected adequately and contrasted against local data can we conclude whether there is or isn't an actual gap in services for this group.

This example demonstrates the need to be specific and to record accurately. Only then can analysis be completed and conclusion drawn as to whether a service offers equal access or not to all groups in our community. Those analyses are now part of our duties and responsibilities in relation to our equality legislation in the UK.

Follow up – Further Action Required

It is hoped that each organisation will be able to identify their potential and/or existing gaps in relation to which particular BME group in our community may not be accessing their services. Following this, and using the information provided above, it would be relevant to share success stories with other services/organisations in order to improve access to their services to those who are under-represented within their current client group.