A Report On

Barriers to Accessing Health and Social Care Services

for Older People

from Black and Minority Ethnic Backgrounds in South Glasgow

By

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1. Executive Summary

This report explores barriers to accessing health and social care services for older people from visible ethnic minority backgrounds living in the south of Glasgow. The report is a synthesis between three strands of research. Firstly, direct contact with older people from ethnic minority backgrounds in the area, specifically aimed at exploring their experience of accessing services[1]; secondly, semi-structured interviews with professional staff and people in leadership positions working in services in the area, conducted separately and by different personnel; thirdly, a review of relevant literature on access to services for older people from Black and Minority Ethnic (BME) backgrounds.

The analytical framework used in this report uses the concept of "Candidacy". This framework is emerging from recent academic work and empirical research studies on service access issues, particularly in the field of health, where the concept was initially developed. Its use in this report provides further experience of the Candidacy framework as a tool for analysis in the field, beyond solely health services. As a means of analysing issues relating to service access, the concept was found to be effective. This research was undertaken in partnership with a service delivery agency working in the field of advocacy in Glasgow (The Advocacy Project) and this dynamic uncovered clear potential for wider use of the Candidacy model as a means of re-framing dialogue with service-users and as a framework for internal review of client journeys within services.

The area of south Glasgow stretches from the Gorbals, just south of the city centre, south to Pollok, east to Polmadie and Kings Park and west to Pollokshields. Within this area, the proportion of people from ethnic minority backgrounds compared to others is significantly higher than in other parts of Glasgow – and Scotland. Glasgow City Council estimates[2] the population of people from ethnic minorities living in the south of Glasgow in 2010 was just over 25% of the total population in the area, compared to 8.6% for the whole of Glasgow. Between 2001 and 2010, Glasgow has seen a 38% increase in its ethnic minority population, to nearly 51,000 people[3]. Govanhill, one of the wards at the heart of this geographical area, has seen a 14.1% drop in the population of people of white Scottish, British or Irish origin and a 10.4% increase in people from BME backgrounds in the period 2001 – 08 according to Glasgow City Council estimates.

Understanding how this population breaks down by age group is difficult as little data exists. The 2001 census indicated that just over 5% of Glasgow's ethnic minority population was over the age of 65. Given the estimated increases in the BME population since 2001 and the increase in the age profile of this population during this period[4], a rough Glasgow-wide estimate is likely to be in the region of 4,000 – 5,500 older people from ethnic minorities, excluding the "other white" category.

This study was able to compare findings with research conducted with similar demographic groups in similar geographical locations over the last 25 years, because a significant volume of research exists which is specific to the groups and locations studied in the present report. Nevertheless,

1 A separate report focusing only on these experiences is available (*The experiences of accessing health and social care services for older people from Black and Minority Ethnic backgrounds in South Glasgow*, Advocacy Connections, 2013 – The Advocacy Project, Glasgow)

2 *Population and Households by Ethnicity in Glasgow - Estimates of Changes 2001-2010*, J. Freeke, Glasgow City Council, 2012

3 These figures exclude the recently added "Other white" category, which consists mainly of white Europeans who have arrived in Glasgow in recent years and whose constituency contains few older people at this stage. The total estimated Glasgow-wide population of people from ethnic minorities including this group in 2010 was 75,708

4 *Ethnic Population Projections for Scotland, 2001 to 2051* - extracted for a 2011 Scottish Govt seminar series "Scotland's People, Past, Present and Future" from *Ethnic population projections for the UK, 2001-2051*, P. Rees, University of Leeds, 2011

comparisons are based on broad themes emerging from the studies, from which general impressions are drawn.

A key finding from this comparison shows that the level of awareness of services among older people from BME communities is low and appears to have barely changed in 25 years. The present study found that older people maintained that they did not know how to go about accessing social services and lamented a general lack of information about services, often relying on intermediary organisations like day centres, or word of mouth from others, to gather information they wanted about services. Studying a population of older south Asian people living in a part of the area covered in the present study, McFarland *et al*, in 1989, found a low level of expectation with regard to social services, "*coupled with an even lower awareness of what services were on offer*"[5]. Other studies since have had similar findings. The intransigence of this issue over such a long period, in the face of major policy initiatives and against a background of increasing awareness of and resource for equalities based work between 1990 and the present, raises questions about the efficacy of prevailing approaches to improving equality, specifically with regard to south Asians living in the area.

Another seemingly intransigent issue is the perception among older people from ethnic minorities that the services on offer to them have very little cultural congruence with their own lives. Not only do people think they will not be understood through basic communication difficulties, they also feel there is very little sensitivity within services to other cultural norms such as religious observance, food consumption differences and even correct pronunciation of names. This is a consistent finding from studies focussing on Glasgow ethnic minority populations spanning a 25 year period and evidence from the present study suggests no change in this perception. The view from the service provision perspective tends to corroborate these perceptions, with social work management able to point to many initiatives generated from within their organisation aimed at increasing service uptake, such as language-specific leaflets and targeting of locations known to be used by high numbers of people from ethnic minorities, but not able to show that any of these has had a positive impact on numbers using services. The commonest route for older people from ethnic minorities onto social work client lists was via medical emergency. It is when people reach crisis point in terms of health needs that they finally appear on social service radars; rarely before.

One obvious measure to counter this trend has been the appointment of people from the ethnic minorities themselves in key roles within the services on offer. This study found no evidence of people from ethnic minorities working in key roles in social services, or their mainstream satellite agencies, in the south of Glasgow, despite suggestions in the literature that various attempts have been made to introduce this measure within Glasgow City Council and its predecessor with social service responsibility, Strathclyde Regional Council. The 2013 Mainstreaming Report for this local authority shows 13 people from BME backgrounds employed from a total of 696 in the higher post gradings (8 – 15); just 1.86%. Within health services, this issue was much more diluted in terms of initial access. People were generally able to find GPs locally who shared their ethnic origin and this made a difference to both their identification of themselves as candidates for these services and in how they were able to present themselves for that service.

One positive development in the area over the past 25 years is the increase in appropriate service provision for this group. A number of ethno-specific day centres and drop-in services exist in the south of Glasgow that are well used by older people. Most of these did not appear to exist as recently as 10 years ago. The study uncovered a pattern of usage of these services as gateways to

5 *Ethnic minority needs and service delivery: The barriers to access in a Glasgow inner-city area*, E McFarland, Mike Dalton & Dave Walsh (1989) , Journal of Ethnic Migration Studies 15:3

mainstream services. People who knew of these services used them to negotiate access to other services, or simply presented themselves and their need for a service, confident that they would receive the necessary assistance to access the appropriate service for their need. Evidence from professionals working in the area suggests more of these services existed in recent years than do in 2013 and cite the recession as the culprit for the constriction in the number of these services. This report suggests that the replication of this model of small community based highly permeable but non-specialised services acting as gateways to other, less permeable and more specialised services for this community may be a useful development in addressing some of the issues above, alongside the effective penetration of mainstream services at professional level by people who come from ethnic minority backgrounds.

Older women from ethnic minorities are more excluded from services then their male counterparts. The exclusion issues are no different; they are as described above, but they apply more acutely to women because traditional cultural norms dictate they tend to be more home-based, engaged in rearing families and with far fewer opportunities open to them for independent behaviour. They therefore have less exposure to integrative experiences than men, leading in later life to lower levels of confidence in using English and in getting out and about in the wider community. Because of their traditional situations in their culture, many south Asian women are reliant on family members for transport when they do go out, having not had the opportunity to learn to drive or for car ownership, and finding significant barriers to their use of public transport. This further restricts their access – by independent means – to services.

The debate still exists within Glasgow policy and planning circles as to how best to facilitate the integration of people from ethnic minorities into the mainstream of society. One drop-in service in the area under study operates a fully integrated service, with no identifiable pre-determined cultural stance. It is well-used – mainly, but not exclusively, as a centre for social contact – by local people from many different ethnic backgrounds and is located within an area which has a high level of ethnic diversity. It offers sign-posting to other services where necessary, depending on the needs presented. Although this service is staffed by people from white backgrounds, it is used by significant numbers of people from non-white backgrounds. All of the other services identified in the area are ethno-specific, catering for the mainly social needs of older south Asian people. A debate was evident in the area among community activists about the allocation of ethno-specific funding at the expense of funding of services for indigenous white people who live in the area, although this centred on more recent immigrant groups from Romania than in did on the established BME community in the area. Block funding of ethno-specific services by the local authority is likely to change as a result of a move to a model of personalised services, although social work managers are currently looking to mitigate the impact of these changes. This study found that there is a real need for the existing day centres and drop-in centres as important engagement points for people from ethnic backgrounds, as well as for the health improving social contact they bring to these people. This does not mean that experimentation with other models that support integration should not be pursued – evidence was apparent that both approaches provide valuable opportunities for engagement with this community, in different ways.

The promotion of sustainable, self-advocating groups representing the needs and perspectives of populations of people from BME backgrounds is seen as an important development in improving access to services. Seen through the lens of the Candidacy model, such groups would be able to generate constructive dialogue with services over candidacy issues such as how people identify themselves – or, more accurately in the current circumstances, fail to identify themselves – as candidates for services; how they become aware of services; what specific difficulties they have in navigating their way to services and in presenting themselves as candidates; how professional

"adjudication" impacts on them and what wider environmental, political and social factors impact on their candidacy. However, such overtly political group-forming behaviours are not necessarily as natural and logical to people whose ethnic origins are not rooted in western values, which traditionally favour competitive, campaigning and high visibility, extroverted approaches to problem solving. If 25 years of striving for better equality over service access for people from ethnic minority backgrounds has produced anything, it should be the realisation that new approaches need to be sought. Bridges may be in place, but they remain to be crossed. Listening, with care, to the fears of those who do not step out, rather than keep building more bridges, is a reasonable change to make.

2. Introduction

Purpose of this report

The Advocacy Project works with older people and other groups across Glasgow and Lanarkshire to ensure their voice is heard, their needs met and their legal rights safeguarded. The organisation identified a low take up of their own service by older people from BME communities, which was generally held to reflect the wider picture in Glasgow in relation to health and social work services. This report was commissioned by them to examine barriers to access to services specifically for older people from BME communities in Glasgow South, where there is a high concentration of people from BME communities.

Framing "Barriers to Access"

Understanding how and why people access services to meet their perceived needs, whether health or social related, requires clarity about a number of perspectives, which can be categorised as follows.

- The perspective of human interaction – what forces and factors impact on the individuals involved in the interaction that leads to the service intervention, or prevents that intervention?
- The perspective of the system – what forces and factors are at play in the organisation, project, team or other systemic grouping that influence the availability and accessibility of the service offered?
- The context perspective – there may be political, resource and other macro-economic factors that influence accessibility.

Research in the field of accessibility to health, social and environmental services has highlighted an emerging framework for examining these perspectives which is described below.

Candidacy

In 2005, *Dixon Woods et al*. published an exhaustive critical review and synthesis of the vast body of literature on access to health services[6]. The result was a new theoretical framework that attempts to categorise the issues associated with accessing services. The framework has been used in research since 2006, mainly with regard to access to health services. A critical analysis of its use beyond health services is provided by Mackenzie et al in 2012[7], who assert that, with the existence of mounting evidence of rising inequality as a result of "austerity" measures being pursued by the current UK government, "*it*

6 *Vulnerable Groups and access to health care: a critical interpretive review*, Dixon-woods et al, 2005

7 *Is "Candidacy" a Useful Concept for Understanding Journeys through Public Services?*, M Mackenzie et al, 2012

becomes urgent to understand the process of access to limited public services and to determine how these are influenced at macro, meso and micro levels by changing discourses of deservedness and fairness and by stringent reductions in the public purse. We contest that candidacy offers one way of developing that understanding and should now be put to the test." This study uses the Candidacy framework as suggested by McKenzie et al in order to increase understanding of the complexities associated with accessing services for people from ethnic minority groups on the south side of Glasgow. An appraisal of its use in this context is provided in the Conclusion to this report.

The Candidacy Framework

Candidacy is best understood as a conceptual framework, model or construct that identifies distinct factors – spheres of experience – that influence the behaviour of individuals, service professionals and systems at all points on the access route to services. This is an emerging concept and is still being refined through academic research (see Mackenzie et al). In order to arrive at a working model, the following construct is used in this report. This adheres to the dynamic Dixon-woods model but tries to anticipate more recently suggested refinements, whilst also taking into account the need to develop a workable model that can be applied to the research methodology.

Candidacy can be considered from the following six dimensions:

- **Identification** – how people recognise themselves as needing a service "*People may be highly sensitive to perceptions of their behaviour by professionals and others. Many help-seeking studies show that people's fear of identity threats influences their decisions to seek help for medical problems and their interaction with health services. Their need to protect their identity – as rational, non-neurotic, non-hypochrondriacal, responsible users of health services – may mean that they delay help-seeking"* Dixon Woods, 2006

- **Navigation** – awareness of the services on offer and the practicalities of accessing those services (including transport and physical accessibility)

- **Permeability** – the ease with which people can use services (Ie do people have to be referred? Is it a drop-in service?)

- **Presentation** – the ability to self-present, communicate and articulate the 'need' or issue; relates also to the ability to voice concerns about the standard of service if those needs are not met. This category also makes provision for political rationing, which covers the ability of individuals and groups to use political or other mechanisms to increase their access to services when competing demands and claims on a service mean more likelihood of the rationing of that service.

- **Professional adjudication** – professional perceptions that may disadvantage certain people. This refers to the construction of the individual as 'deserving' or 'undeserving' and involves moral and social judgements on the part of the

"service professional", or gatekeeper.

- **Operating Conditions** – Candidacy is subject to multiple levels of influence at the societal and macro levels, depending on the political, economic and environmental context at the time of presentation.

According to Mackenzie et al, Candidacy should be seen as a cyclical process, with different interactions embedded in their meso and macro contexts, rather than as a dynamic journey where each part of the process is contingent on another. Attention is drawn by *Mackenzie et al* to the multiplicity of layers of complexity inherent in some of these dimensions. Specifically:

- Multiple candidacies are possible for some individuals and these can be in conflict with each other.
- Hierarchical structures within services can dictate outcomes: *"Some services operate within explicitly hierarchical systems that structure the decisions of individuals in iniquitous ways"* Mackenzie et al, 2012
- Candidacy can be *depressed or refuted* at a political, institutional or professional level. Service provision can be structured in such a way that it entrenches iniquitous service access.

The report accounts for these refinements as they become relevant to the issues discussed in the Findings section below.

3. Research Methodology

Three separate elements were brought together to form this research study. These are described below.

i) Advocacy Connections Engagement Project

Alongside this research study, The Advocacy Project's Engagement and Involvement team carried out a series of engagement activities with older people from BME communities on Glasgow's south side. This work was called ' The Advocacy Connections Project'. The aim of the project was twofold. It began the process of engaging with a sector of the community which The Advocacy Project had identified as under-represented among those it works with. It also directly addressed the question of people from BME communities' experience of and attitudes to accessing services and stands as a separate and authoritative piece of evidence-based research which this report draws on. The methodology and findings of the Engagement and Involvement team's work is contained in their report on the Advocacy Connections Project; "*The experiences of accessing health and social care services for older people from Black and Minority Ethnic backgrounds in South Glasgow ",* which is available in accessible formats from The Advocacy Project.

ii) Literature Review

The literature review was carried out in order to understand existing findings in relation to barriers to access for ethnic minority older people. It was therefore a thorough, but not exhaustive review. The parameters of the review were designed as follows:

a. Research into service access that had been conducted in Glasgow with BME older people.
b. Research into service access in Glasgow with the wider BME population.
c. Empirical research into service access that utilised the concept of Candidacy.
d. Critical interpretive analyses of existing literature on service access for people from BME backgrounds.
e. Critical interpretive analyses of existing literature on the theory of Candidacy.

Within these areas the review found a significant volume of work. To increase relevance and manageability of the review, only work undertaken during the past 25 years was included.

iii) Semi Structured Interviews
A range of semi-structured interviews were conducted with professionals working with groups and organisations connected to ethnic minorities in the south of Glasgow, as well as representatives of public sector organisations such as Glasgow City Council social services. These interviews aimed to understand the perspective of these role holders specifically regarding barriers to access to services. The interviews included key staff within drop-in centres and day centres, Board members and staff from the two local integration networks covering the area, Board members from an ethnic minority self organising group in the area and operational management level social services staff. These interviews were carried out by the researcher.

Limitations of the Research Methodology
This research relies on interviews, mainly with groups of older people but including some individual interviews, by two white female researchers. Where necessary, translators were present to overcome language barriers. However, it is possible that some of the same dynamics which hinder these older people's take up of services influenced the interview interactions that took place. Significantly, for instance, few older people spoke of the religio-cultural belief systems that were cited by several professionals working in the area as a barrier to take up of services, raising the question, had the interviews been conducted by people who shared their ethnic origin, would responses have differed? The triangulation of the older people's responses with responses from professionals and volunteers working in the field locally and with other evidence from relevant studies over the past quarter century provides some mitigation against the potentially inhibiting affects of this dynamic. The research interviews with the professionals and volunteers who work in the field, who were all of white origin, were also conducted by a white male, again raising potential limitations in the scope and depth of data gathered.

4. Context

The south of Glasgow has long been an area of the city favoured by people from diverse ethnic backgrounds and contains the highest densities of people from these groups in both the Glasgow City Council local authority area and the NHS Greater Glasgow and Clyde Health Board area.

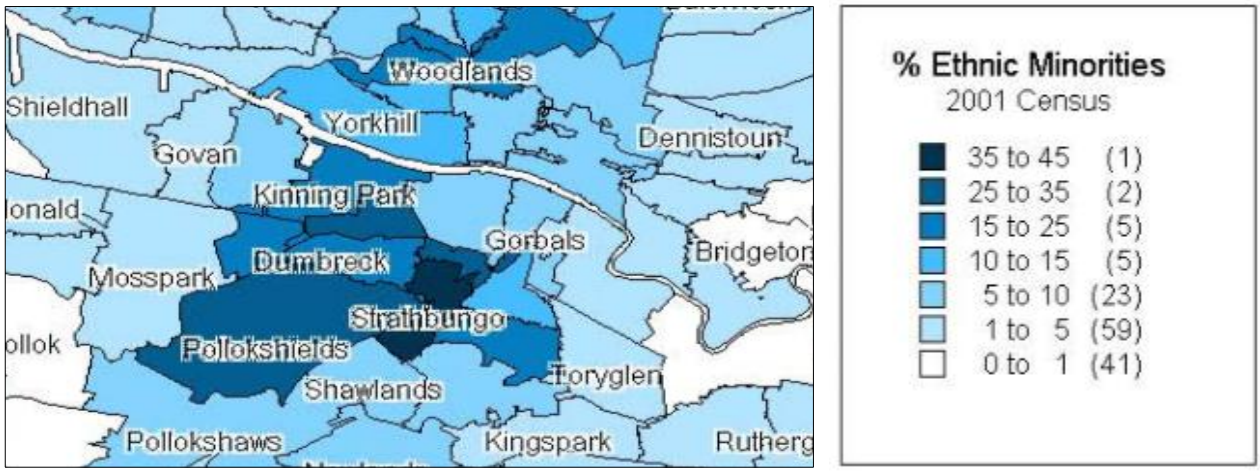
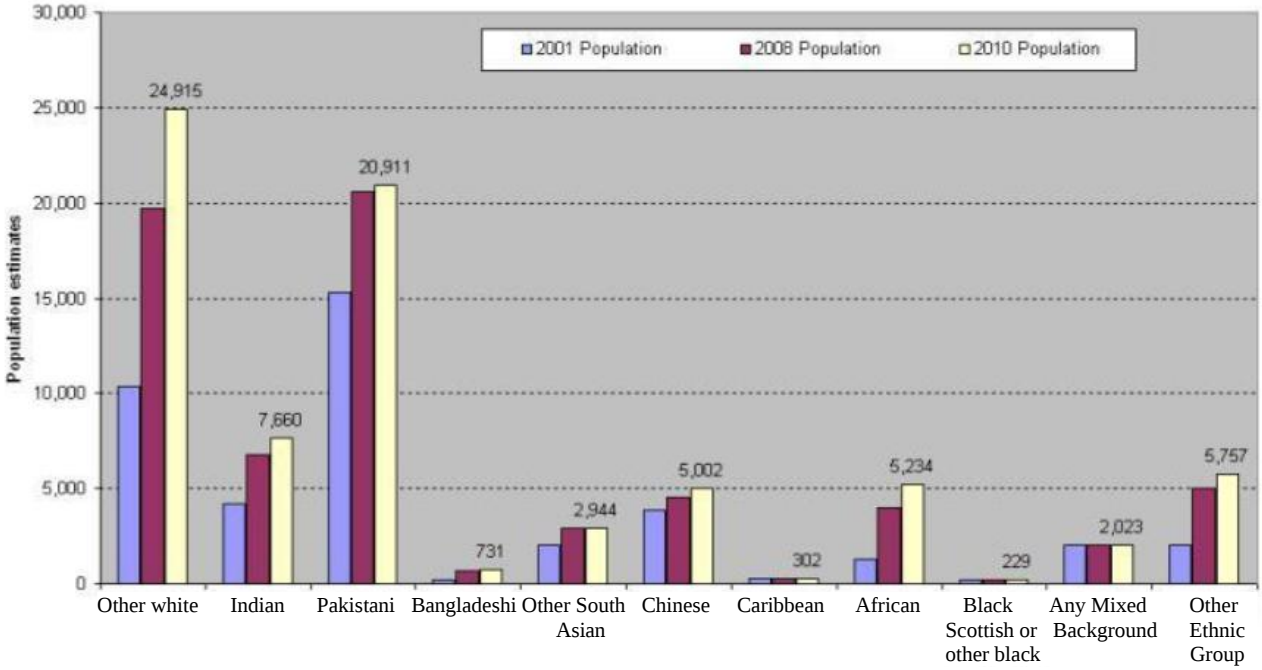


Table 1: Population density of ethnic minorities in central Glasgow wards
(Crown Copyright)

Some movement in these population densities is estimated since 2001 due to an influx of people who fall into the "Other White" ethnic minority category throughout the 2000s, as more European nations joined the European Union, facilitating unrestricted movement of people from nations such as Poland and Romania, many of whom arrived in the area seeking employment. However, populations of south Asians (Pakistani and Indian) and Africans have continued to rise in the period since 2001 (see Table 2) and remain concentrated in the south of Glasgow, where their social, family and work networks are located.

Table 2: Population estimates for ethnic minority groups, Glasgow 2001, 2008 & 2010
Source: Census 2001, modelled estimates 2008 & 2010 (Glasgow City Council)

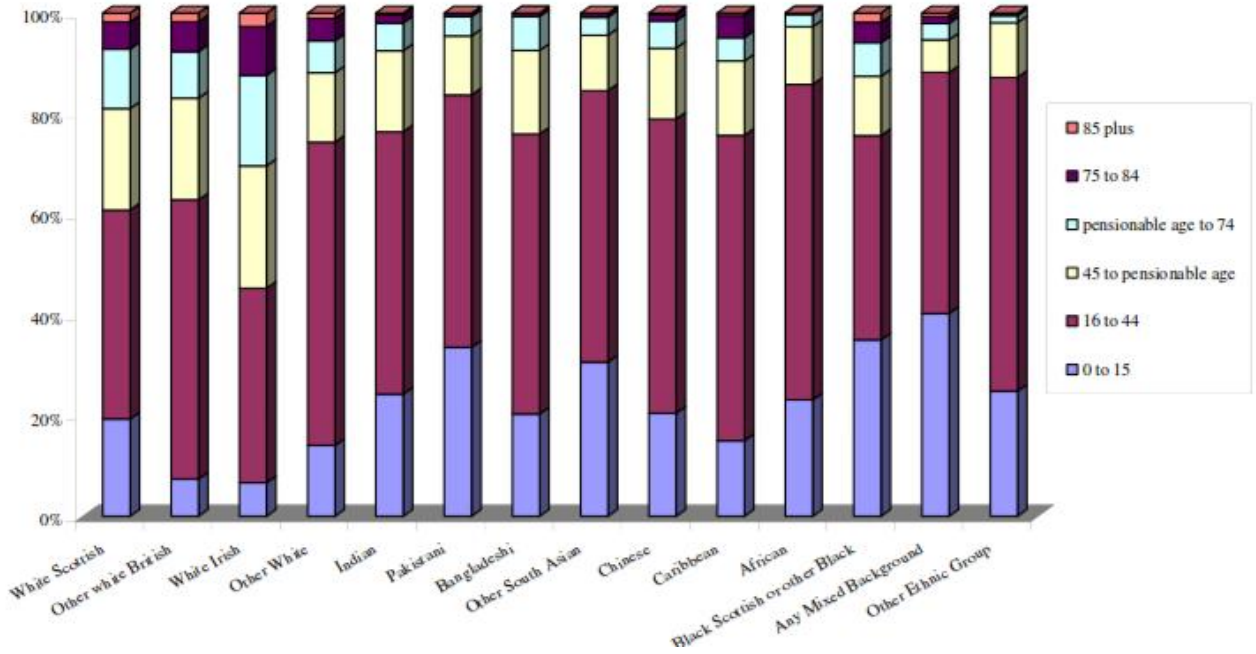


Because there is a high density of people from BME backgrounds in the area, there are also more organisations present who aim to provide services to this group. As well as providing a rich source of research material for a study of this nature, these circumstances provide the opportunity for study of the effectiveness of the

increased rate of interventions taking place in the area. However, given that this area has the highest population density of this group in Scotland, and therefore the largest range of services available, it is atypical of the rest of Scotland and the findings need to be viewed in this context.

The age profile of people from ethnic minority backgrounds shows that the proportions of older people is smaller than in the indigenous white population (see Table 3). However, these proportions will change over time as existing immigrant populations age. One estimate suggests the number will multiply by a factor of ten from 230,000 older ethnic minority (non-white) people in 2001 to 2.7 million in 2051[8] in England and Wales alone.

Table 3: % Age Distribution by Ethnic Group – Greater Glasgow (*Greater Glasgow NHS Information Services, 2005*)



This study focusses on the older people (aged over 65) who live in the most settled migrant groups, for whom the periods of adjustment at individual, infrastructural and systemic level, have been longest. These people continue to live primarily in south-central Glasgow and the study concentrated on this geographical area.

The 2001 census indicates that across the whole of Glasgow 19% of the white population is over 65 whilst just over 5% of the Black and Minority Ethnic population was over 65.[9] However, recent population projections for BME older people suggest steep increases in proportions of older people (Wohland, P. 2010[10]; Lievesley, N. 2010[11]). Of the eight wards that comprise Glasgow South

8 *The health and social care experiences of BME older people – Better Health Briefing Update 9, Moriarty J, 2012, (http://www.kcl.ac.uk/sspp/kpi/scwru/pubs/2012/reports/moriarty2012update9.pdf)*

9 *Ethnic Group Profile from the 2001 Census NHS Greater Glasgow Area*, Boyd, A *et al*, GGNHSB Information Services 2005

10 *Ethnic Population Projections for the UK and Local Areas, 2001-2051*, Wohland, P., Rees, P., Norman, P., Boden, P. & Jasinska, M. (2010) Leeds: University of Leeds, School of Geography.

11 *The Future Ageing of the Ethnic Minority Population of England and Wales,* Lievesley, N (2010) London:

social work area, the population in June 2011 of people over the age of 65 was 30,144 – 13.7% of the total population[12]. Govanhill, one of wards at the heart of this geographical area, has seen a 14.1% drop in the population of people of white Scottish, British or Irish origin and a 10.4% increase in people from BME backgrounds in the period 2001 – 2008 according to Glasgow City Council estimates. The total BME population (including "Other White" category) living in Glasgow South social work area in 2010 is estimated at 31,641. This is nearly half of the total BME population living in Glasgow and suggests the number of older people from ethnic minority backgrounds living in the south of Glasgow is somewhere between 2,000 and 3,000 individuals.

For this report, the researchers spoke to 97 older people living in the area who were from BME groups. Two thirds of these gave their ethnic origin, with 92% of these being from Pakistani or Indian backgrounds and the remainder being of Iranian, Bengali, Afghani, Romanian or Somalian backgrounds.

5. Findings

The findings are discussed using the Candidacy framework described in Section One. The framework ensures all aspects of the issues affecting access to services are fully considered and attempts to fulfil the recommendations of other researchers in this field who have called for a more holistic approach to this kind of research; one that takes into account the evident complexity that surrounds issues of race, culture, awareness and interaction when it comes to accessing services.

Definitions of "access" that are limited to service uptake or "receipt of care" are clearly inadequate unless they also consider the process of accessing care, and the quality of care received by ethnic minority groups.

A Szczepura[13]

1 Identification – How do older people from ethnic minority backgrounds in the south of Glasgow identify themselves as candidates for services?

The older people who were contacted for this research all had prior contact with at least one service. Most of these attended day centres specifically designed for their needs. Others used drop-in services focussing on people from BME backgrounds. In these cases, people identified themselves as requiring the service based on what they perceived as their own needs. People attending day centres reflected this in their comments:

People said they benefit from company, socialising, food, entertainment and

Runnymede Trust/Centre for Policy on Ageing.

12 *Glasgow City Council Social Work Area Demographics Report*, Mokrovich J, Performance and Research Team, Social Work Services Glasgow City Council, 2011

13 *Access to health care for ethnic minority populations*, Szczepura, A Postgrad Med J 2005;81:141–147. doi: 10.1136, 2004

physical exercise classes. Individuals also said the support they get from the staff and other service users is valuable. People appreciated the support they get with correspondence and letter writing from centre staff.

Advocacy Connections Report[14]

"If these centres weren't here, I'd be so bored"
(Quote from an attendee at a day centre)

Access routes into the day centres contacted for this research were split. Two required referral through social work services and two operated via presentation at the centre and possible placement on a waiting list. Clearly, there will be many older people in south Glasgow who are eligible for the kinds of services described here who do not access them. Interviews with professionals working with people from ethnic minority backgrounds formed another layer of this research and this provided some insight into this group, as has previous work in this area.

Cultural expectations and influences play an important role in individuals' perceptions of their own candidacy for services. Among the Asian predominantly Muslim population in the area the influence of culture and religion varies and is generally perceived to be slightly weaker among those whose families are now in their third and fourth generations since coming to the UK. Where the influence is strong, however, a marked difference exists in older people's perception of themselves as candidates for services from those who are not from the Muslim tradition. The role of the family of the older person is crucial to whether the older person pursues candidacy for services. In these cultures, in addition to a tradition of fundamental respect for their elders, care for the elderly is regarded as an honour which enriches the carer. Furthermore, *"it is a matter of shame for most Muslims to hand over the responsibilities of elderly relatives to the state even if the state is willing to look after them."*[15] What emerges is a set of religio-cultural beliefs and traditions which directly impact on the issue of identity of candiditure for services. Where older people are part of a strong family belief system that follows Muslim traditions, they will not perceive themselves as candidates for certain services, and nor will their families – they do not *identify* themselves as candidates for these services, no matter how they are presented.

The relationship between individual identification of candidacy and that individual's *need* for the service is not a dependent one. Need can – and most certainly does – exist for those who do not identify themselves as candidates for services. It is how these needs are met that is in question. For many in this group and their families, state intervention to meet the need is not an option because care by the family at home complies more fully with their belief systems.

An important distinction needs to be made between those services that provide explicit, direct care to older people, particularly via direct state intervention – such as elderly care homes and most social services – and those which are seen as support mechanisms

14 *The experiences of accessing health and social care services for older people from Black and Minority Ethnic backgrounds in South Glasgow*, Advocacy Connections, 2013

15 *www.alislam.org/library/links/aged.html*

to enhance quality of life, such as many day centres where older people can gather sociably together and which tend to be perceived as social supports. These services appear to avoid the "shameful" stigmatisation of the more care related state interventions.

It is also important to highlight the diversity of opinion and tradition within the population of older people from ethnic minority backgrounds in south of Glasgow. The above description is typical only of a certain sector of this population. It was highlighted much more by professionals and those providing services than it was by the older people who were contacted during the research.

A further barrier to identification of candidacy which is specific to people from ethnic minority backgrounds relates to the issue of communication, which was a common theme throughout this research and which is an issue that also impacts in other areas of the candidacy framework.

Asian people often exhibited some apprehension about communicating their problems when no other Asian person was on hand. While there was little hostility expressed towards statutory welfare services, once their role had been explained, there was considerable support (59 per cent) for the employment of people from the local Asian community. Most felt this would help to reduce or avoid religious and cultural misunderstandings and reduce language barriers. Some 87 per cent also felt that translated material was very important to increase awareness and understanding.[16]

This study, coming some 24 years after the above report, identified an almost complete absence of people from ethnic minority backgrounds working in services in the south of Glasgow. One current worker in the area, who is white, identified this as a major issue affecting access to services for this group.

"We need to build trust first. It would be far easier if there were more people from ethnic minority backgrounds working in the field in this area. People don't come forward because they don't trust us and we don't speak their language."

Development worker in south of Glasgow

Systemic issues are seen as influencing the readiness of non-ethnic staff to interact effectively with people from ethnic minority backgrounds. These issues will further entrench a general perception of mistrust.

"Research showed that even in areas of the city [of Glasgow] where the minority ethnic population is concentrated, relatively few were using the statutory services. Interviews with white staff revealed a lack of knowledge of the minority ethnic communities and difficulties were expressed by these white staff about approaching work with minorities; they spoke of being afraid to do the work, of not knowing how to approach it, and of their fear of offending. The training offered by the local authority appeared to have had a negative effect, raising concerns but failing to equip staff to deal with them."[17]

16 *Ethnic minority needs and service delivery: The barriers to access in a Glasgow inner-city area*, Elaine McFarland , Mike Dalton & Dave Walsh (1989) , Journal of Ethnic Migration Studies 15:3

17 *Researching Social Care for Minority Ethnic Older People: Implications of Some Scottish Research,* AM Bowes, NS Dar (2000) BJSW: 30, 305-321

The perception of older people from ethnic minority backgrounds that they may not be understood, either in terms of basic language comprehension or in a more nuanced sense that relates to cultural understanding – their sense of cultural alignment with the service under consideration – impacts on their initial identification as candidates for services.

People also need to be aware of the existence of services in order to firstly identify themselves as possible candidates and then to access the service. There is significant evidence from this and other studies (McFarland et al, 1989) that awareness is limited. This will affect identification of candidacy. Issues relating to awareness of service are examined in detail under the "Navigation" dimension of candidacy.

2 Navigation – What levels of awareness about services do people from ethnic minority backgrounds in the south of Glasgow have and what practical issues exist in accessing them?

In general, people reported they feel there is a lack of information and awareness about the types of support they can get. If information is not widely known within the community then this knowledge gap will often remain.

(Advocacy Connections report)

Despite the existence of local authority, Scottish and UK government policies regarding equality of access to services, and despite the existence of a quarter of a century of research material indicating low levels of awareness among this group (S Koehn, 2009; McFarland et al, 1989; Dixon-Woods, 2005; Lindesay et al, 1997; Sadevoy et al, 2004) this study found that awareness of what is available to them is limited among older people from ethnic minority backgrounds. People spoke of not knowing how to access social work, of wanting a home help but having no idea about how to get one and of not knowing what is available.

A very clear and consistent route to accessing information about services was identified. This comprised the use of existing community based services in the area, such as drop-in centres, community halls and day centres, as signposting agencies. Often, these services would be used as intermediaries and would negotiate access to statutory social and health services for people who appeared through their doors. They acted as informal gateways to a wide variety of services, matching the needs presented by individuals with services that might meet them. In some ways, for those older people who lived near enough or had a means of easy access to one of these places, the need for a high level of awareness of other services was obviated. All they needed to do was visit their "gateway" and present their need. This does not mean they always accessed the service they required. Once signposted, they would be subject to the same vagaries of service provision experienced by the wider population.

This phenomenon is reflected in S. Koehn's work in Canada in 2009. She found that low levels of awareness of services among ethnic minority older people was mitigated to some degree when they accessed an intermediary type service. The south of Glasgow, despite suffering some cuts in services, is relatively well resourced with these ethno-specific community based services. The fact that people travel from outwith the area to access these services suggests that awareness of services for people from ethnic minority backgrounds in other areas is even worse than in the south of Glasgow.

Koehn also identified a potential difficulty in accessing services specifically for older people:

Other [offspring] choose to keep this information [about services] from their parents because they do not want them to attend programmes outside the home, particularly when they are needed for domestic services and child-care. [18]

No evidence for this was found in this study. However, it should be noted that the older people interviewed for this study all already had accessed services, even if only an intermediary type such as a drop-in service. There may be further scope for an examination of whether a "hidden" population of older people exists in Glasgow, whose access to services is restricted by factors such as the one Koehn describes, or whose information networks are lacking to the point where they are living in ignorance of services they could be accessing. Some evidence was found for this latter point:

A number of people who attend the existing day services said that - with the exception of their attendance at the day service - they do not receive any services. Many reported that they don't know what they could get and have no information about what they are entitled to. A lot of people relied on staff in the day centres or in services like the Well to help them with correspondence and to provide information. People are travelling from across Glasgow and from other local authority areas to attend for advice and information. One person said "It would be difficult to get information without the staff in the centres".

Advocacy Connections Report

If we assume that those who attend day centres in Glasgow, or visit drop in services (of which The Well is one) are a small minority of all the older people from ethnic minorities in the area, this points to the likelihood that many older people from ethnic minorities exist in Glasgow who do not access services at all and that in at least some, if not the majority of cases, this is because they do not have enough information to do so. However, factors affecting identification of candidacy, described above, need to be taken into account here.

Practical issues

The study found that transport to and from services was a significant barrier to access. Many older people rely on family and friends for help with transportation. This can be unreliable and represents a loss of independence (see Dixon-Woods, 2005). In addition, language barriers affected the ability of some to use public transport or taxis. Women, particularly, found the use of public transport to be an issue, due to cultural inhibitions on their being in public places without accompaniment.

The study also found that language barriers for women were more significant than for men due to the home-based role of women in Muslim tradition. Men had improved their language skills through being out in English speaking environments whilst women had not had that opportunity. In later life, this presented women with an additional barrier to accessing services.

People in the study complained that some services were expensive and cited this as a barrier to access. In some cases, state means-based assessment processes have recently

18 *Negotiating candidacy: ethnic minority seniors' access to care , S. Koehn, 2009, Cambridge University Press*

resulted in attendees at day centres being asked to pay a contribution towards the service, so this issue was current for a number of people. Chiropody and massage services were mentioned as two desirable services which people did not want to pay for – neither of these is currently available through other means.

3 Permeability – how easily do older people from ethnic minority backgrounds gain access to services?

Dixon-woods' original framing of this dimension of candidacy was specifically focussed on access to health services. She therefore fittingly used the analogy of a membrane through which those seeking a service must find their way to gain access to the service, in the same way as cells must find their way through membranes in the human body.

We move in this dimension from micro-level interaction and motivations to the meso-level, where systemic patterns of organisation start to influence access. The NHS has as a fundamental principle a free-at-point-of-access policy and a GP appointment system. In this sense it is a highly permeable service (Dixon-woods, 2005) requiring, beyond GP registration, only a phone call, or drop in to a GP surgery, to arrange an appointment for access. However, many older people from ethnic minorities experience a barrier at this point due to language difficulties. In the south of Glasgow, where there is a high concentration of non-English speaking people, NHS services are relatively well prepared to provide interpretation services. In addition, the study found that people from Pakistani, Indian and Afghan communities in the area were able to gain access to Doctors who shared their ethnic backgrounds and this greatly aided their experience.

One of the main barriers to accessing services experienced by the older people we spoke to was language. It was noted by some that there are lots of Pakistani and Indian doctors in Glasgow so language and culture is not as much of an issue when it comes to accessing health services as it is for social care services. People who have families can have them help with language if this is needed. Some people have found it difficult to get interpreters for appointments at times .

Advocacy Connections report

The Afghan community, which is relatively small in Glasgow, was able to gain informal access to a medical Doctor who was part of their community and works in one of the hospitals in the area and although this was not their exclusive means of access to health services, they found this did increase the permeability of this service for them.

This level of resourcefulness was less apparent when it came to social services. Many participants displayed a level of suspicion and reluctance to engage with social work:

Reluctance to engage with social workers was apparent from many of the people who took part in the consultation. Specifically, there were people who wanted to access a service and were told they would need to do this through their social worker. Some people would rather not have the help they need than have contact with the social work department. Discussions indicated that many people see engagement with social work as an indication you have done something wrong.

Advocacy Connections report

Religio-cultural influences in Muslim tradition suggest that accessing social services

may be seen as "shameful" by relatives of older people as well as by older people themselves (see discussion under *1 – Identification* above). This may be at the root of these findings regarding attitudes to social work. There is certainly no sign that they are based on direct experience of social work services as it is that very experience that is avoided.

This reluctance is reflected from the other side of the lens. Social work managers are aware of low numbers of presentations from older people from ethnic minorities – as well as from younger members, despite being able to point to initiatives aimed at increasing engagement from people from ethnic minorities, and the fact that some day centres used by older people from this group were only accessible through social services.

"People tend to engage in health issues first. It seems to take a crisis – a health crisis – before we engage with people from ethnic minorities, usually through hospitals."
Social work manager

The issue, specifically for engagement with social work services, is less about low permeability of the service than it is about identification of candidacy in the first place; there is a tendency among people from Islamist faiths – who make up the bulk of the population of people from ethnic minorities in the south of Glasgow – to avoid intentional engagement with social work for religio-cultural reasons.

No such reluctance existed among those participants in the study regarding accessing small, community based services. One of these provided a meeting place and a range of activities in a multi-cultural setting within a diverse cultural community and was well used by older people from a range of backgrounds. This service was highly permeable and attendees were able to take up the various services on offer as and when they desired. Drop-in advice and support services received similar patronage under similar conditions of access.

Day centre services were more complex. Of the four visited as part of this study, all of which were ethno-specific services, two were accessible via social work referral. Despite the foregoing discussion, these were well used by older people from ethnic minorities and had waiting lists of potential attendees. Demand was such that, if a place became temporarily available due, for example, to the illness of a regular attendee, this was filled on a temporary basis by someone from the waiting list. This suggests that the perceived desirability of the service on offer outweighs other considerations. These particular services offered socialising opportunities. They were places where people could mix informally, interact and take part in various socially based activities – all qualities that were highly valued by participants in this study. Their value motivated the older people and their families to overcome both the relatively strong low permeability of these services and their antipathy towards social services in order to gain access.

The other day centre services were block funded and were more permeable. These could be accessed if space was available and seemed to cope with demand.

4 Appearance – The work that individuals must do to assert their candidacy in an interaction with a service professional

Dixon-woods (2006) suggests that in order to assert their claim to candidacy for services, individuals have to do a certain amount of work in order to succeed:

"Whatever the nature of the claim, making it clearly involves work that requires a set of competencies, including the ability to formulate and articulate the issue for which help is being sought, and the ability to present credibly. "

The use of this dimension of the candidacy framework for our purposes shows that the amount of "work" required to claim candidacy varies considerably depending on the service an individual is trying to access.

Health Services. The focus of Dixon-woods' work was access solely to health services, *"More deprived people are at risk in these situations: they may be less used to or less able to provide coherent abstracted explanations, and may feel intimidated by their social distance from health professionals. "* A reasonable extrapolation of this point would be that people for whom English is not the first language would struggle in similar vein. Among the participants in this study, there was, in fact, little evidence to suggest older people from ethnic minorities struggle more than people for whom English is the first language. 92% of the participants in this study, however, were either Pakistani or Indian in origin and found it reasonably easy to gain access to a Punjabi or Urdu speaking doctor on the south side of Glasgow. For people of other ethnic origin, difficulties did arise affecting their ability to claim candidacy.

Interpretation services are available and are used, but where this was required, a different issue arose:

For people who need to take an interpreter to, for example, doctor's appointments, there was some concern about confidentiality especially where a family member was relied upon to interpret.

Advocacy Connections Report

In Glasgow, where close knit ethnic minority groups are not extensive, there is potential for interpreters to know those who they are interpreting for from contact within their wider ethnic group and this can lead to difficulties when the content of discussions is sensitive or personal.

An area of health services which people often cited in this study as presenting them with a barrier – and extra work in terms of understanding what was required of them – was the presentation of written information.

Some people said their English is generally quite good but the language used in letters from the NHS is unclear and difficult to understand. They did not think it was necessary to have letters sent to them in a different language, but simply to have them written in plain English.

Advocacy Connections Report

Drop-in services and day centres that do not require social work referral. The use of these services requires minimal preparatory work and does not involve complex negotiation in order to access a person within the service in order to have a conversation. In this sense, candidacy for this type of service is established easily.

However, once a staff member or other helping person is accessed within the service, a level of work is required to adequately explain the issue being presented. Where the individual does not speak English well, this can become complicated and this is often anticipated by individuals themselves, who frequently access these services in the company of someone else from their community who does speak English, so they can make themselves understood through this third person. The services are also experienced at managing these situations and will invariably be able to access an interpreter, although this may involve an anxious delay for the individual.

An important distinction needs to be made between the services considered under this heading and the others. All aim to provide an open door, supportive service to people who walk in off the street. Their very ethos is to address the needs – even if only by signposting them elsewhere – presented to them by whoever appears at their door. Therefore their interactions will be geared towards sympathetic understanding of individuals' needs. They will work hard to ensure individuals do not have to work hard to establish their candidacy for the services they provide.

"There are other places where I don't feel comfortable going because they usually cannot serve immediately, only by appointment. I prefer The Well because the service is very good here."

Older person speaking about a drop-in service in the south of Glasgow

Social work and other statutory services such as housing agencies. We have seen that most older people from ethnic minorities tend to avoid these services if they possibly can. Because they are serving an area where there are high densities of people from ethnic minority backgrounds, the services themselves are relatively well prepared to cope with presentations from this group. However, presenting issues are often complex due to the scope of these services and individuals are inevitably caught up in some difficult and at times frustrating discussions. This study found no evidence to suggest that, given the nature of these services, this experience is any different to the rest of the population in the area.

The nature of the environment in which these services are provided did generate some comment from individuals and there was some evidence of a lack of awareness of how to present for social work services and of a lack of cultural alignment.

People said they would prefer to speak to a social worker in a more informal setting such as the day centre. One woman said she knew she needed to contact social work to get the support she needs but didn't know how to go about it. Another person said they would only like a social worker if they could speak the same language and came from the same cultural background.

Advocacy Connections Report

There was also evidence to suggest that the length of time people have to wait for appointments – and the fact that appointment systems exist at all – can have an impact on whether the older people we studied were prepared to undertake the job of establishing their candidacy for that service.

Day Centres that require social work referral. Once people had accessed the Day Centres themselves, they were very happy with their situation and had no difficulty in

articulating their needs. However, waiting lists were in place for these services and access to them was controlled by social work. Given the antipathy towards social work services that was identified in other aspects of this study, it is perhaps surprising that the level of overt demand that clearly existed for these services was high, despite the fact that they necessitated compliance with the various requirements of social work, such as assessment processes. Clearly, many older people are prepared to put this work into their candidacy if they feel the outcome will be worth it. It should be noted, however, that the study did not gain access to those older people who may have excluded themselves from access to services such as this for these very reasons of reluctance to become involved with social work. The size of this group is not known, but will form part of a wider group which workers in the field indicate does exist in sizeable numbers, of older people from ethnic minorities who are both isolated – i.e.; they live remotely from family members or have no remaining family – and hampered by communication issues, lack of awareness of services or health issues, or a combination of these. This is supported in other research in this area (Bowes and Dar, 1996[19]). This particular group of older people, who appear to be no less in evidence than they were 17 years ago when the Bowes and Dar study was conducted, is at greatest risk and at the same time most remote from the services they need. Research for this study did uncover situations where tensions had undermined the traditionally strong family support networks that ensured older people received care from their families, leaving the older person involved very isolated. Nor is it a coincidence that those older people who were accessing these day centres were overwhelmingly people who lived alone.

Across all these service delivery areas, the issue of cultural alignment is persistent. Older people from ethnic minority backgrounds are presented with obstacles to their candidacies that do not exist for those from the dominant culture in Scotland. They are therefore required to work harder; to put in more effort when it comes to negotiating their needs with service providers.

One person said; "a purpose built centre would be much better". The person thought that integration with people from other backgrounds would be good as long as specific cultural needs such as having a prayer room and access to washing facilities were met .

Advocacy Connections Report

There was a clear sense among older people we spoke to and professionals working in the area that this issue of cultural alignment between services and their ethnic minority service-users would be greatly assisted by the presence of more staff working in services who were from the same ethnic backgrounds as users. This issue is discussed in detail in *Identification* but is worth underlining in the context of *Appearance and presentation* of potential candidates for services, because it has such a direct impact in this area. The following finding from a 2000 study, conducted in Glasgow, highlights the issues here.

Interviews with white staff revealed a lack of knowledge of the minority ethnic communities and difficulties were expressed by these white staff about approaching work with minorities; they spoke of being afraid to do the work, of not knowing how to approach it, and of their fear of offending[20]

19 *Pathways to Welfare for Pakistani Elderly People in Glasgow,* A Bowes and N Dar 1996 Scottish Office, Edinburgh

20 *Researching Social Care for Minority Ethnic Older People: Implications of Some Scottish Research,* AM Bowes, NS Dar (2000) BJSW: 30, 305-321

The staff interviewed for the present study were mainly from community based small organisations providing ethno-specific services. They did not complain of any lack of confidence in dealing with people from ethnic minority backgrounds, but they were all white and some indicated things would be easier if there were more people from ethnic minority backgrounds working alongside them. Within social work, a level of perplexity was evident that highlights the lack of alignment between their services and the people from ethnic minority backgrounds they are trying to reach.

"We've come across communication blocks. The knowledge is out there, but doesn't seem to be taken in. With older people, we often only seem to get involved when someone has a stroke or something serious – we get involved at the point of crisis."

A social work manager in Glasgow

Clearly, the lack of cultural alignment of some services with older people from ethnic minority backgrounds is presenting people with a barrier at the point of presentation that is beyond those experienced by their counterparts from the mainstream, predominantly white culture to which the great majority of the professionals involved in the field adhere.

5 Professional adjudication – What moral and social judgements and interpersonal systemic are at play which influence candidacy?

The study produced limited data to analyse this aspect of the candidacy framework. The absence of cultural alignment that was identified by many of the older people in the study as a barrier to both their access (in practical terms of communication, for instance) and their motivation to promote themselves as candidates for services, does suggest that such judgements were at play in some of the negotiations that took place over candidacy.

A recent study in the same part of Glasgow analysed access to the local library in Govanhill using the candidacy framework (Bynner, 2012[21]). In this, a library staff member made reference to her colleagues' behaviour in relation to access issues:

People are dismissive when they see people of a different cultural background and they are just tired, they are tired of dealing with different people day in day out, so people [...] become dismissive and judgemental.

Local authority staff member – Equity, Austerity and Access to Public Services , C Bynner, 2012

This is consistent with findings of other studies of the influence of the attitudes of front-line staff on whether candidacy is successful or not. (M Lip sky, 1980; Dixon-Woods 1996).

At times of high rationing of services, this process of adjudication is particularly pronounced (Lipsky, 1980). In Glasgow in 2013, budgetary restrictions are very acute and managers confirm that social work staff are under a great deal of pressure to provide services against a backdrop of diminishing resources and increasing demand. This leads to a "*rationing of energy directed at individual needs*" (Bynner, 2012) and a jaded

21 *Equity, Austerity and Access to Public Services* , C Bynner, University of Glasgow, 2012

approach, as described in Bynner's quote above. Social work as a service already has relatively low permeability to protect it from stretching its resources too thinly, so the adoption of personal approaches that reduce further the demands placed on the service can be rationalised as both logical and desirable in this context by those who adopt them. Moreover, the growing perception of social workers more as "gate-keepers" than providers of support services is well chronicled.

This distance between white social workers and their minority ethnic clients has to be seen in the context of a more generally increasing distance between all service users and social workers, whose roles have been shifting towards more managerial jobs under community care arrangements (Lewis and Glennerster, 1996[22]); for minority ethnic clients, additional factors were compounding this process.

Bowes and Dar,1996[23]

The main "additional factors" found in this study relate to the low levels of awareness among older people from ethnic minorities of services on offer and the lack of cultural awareness of staff and a more general sense among older people of a lack of cultural alignment with the wider organisation and system they are being asked to negotiate – this includes communication difficulties.

One person added they would only like to have a social worker if they can find one who speaks the same language as them.

Advocacy Connections Report

As previously stated, the use of, or intention to use, social work services by the group studied was limited. Those who gained access to the social work controlled day centres were, by definition, less likely to have experienced particular access difficulties and could be described as having received "positive adjudication" during their candidacy negotiations.

Health services were generally seen as a potentially hazardous range of encounters with professionals who lacked the time to make themselves understood clearly. When necessary, however, it did appear that the majority of participants were able to get the service they needed, often through resourceful recourse to health professionals from within their own cultural networks. Some health services were also available through attendance at day centres and it is revealing that participants claimed they would not access these services if they were not provided in this way.

Some health workers, such as nurses and chiropodists, visit the centres and provide direct services. Some people said they wouldn't access these services if they had to go to them on their own.

Advocacy Connections Report

There was no evidence to suggest participants suffered from negative adjudication or that staff attitudes barred access to health treatments. However, this has to be placed in a wider context: "*For many years there has been a pattern whereby people from black and minority ethnic groups are over-represented among those consulting their GP, but under-represented among those using secondary health care (Acheson,*

22 *Implementing the New Community Care*, Lewis, J. and Glennerster, H. (1996), Buckingham, Open University Press.

23 *Researching Social Care for Minority Ethnic Older People: Implications of Some Scottish Research,* AM Bowes, NS Dar (2000) BJSW: 30, 305-321

1997) "[24] Taking this into account, older people who were able to access a GP from the same culture as themselves, as many said they could in the south of Glasgow, may then not have gone on to take up secondary services, even if their GP had deemed them as necessary and the reasons for this are likely to be related to those described above.

There was a view among those working in the field that many older people lacked the confidence to negotiate the "system" by themselves. In the case of older women from ethnic minority backgrounds, this was felt to be particularly acute. Many older women have been involved in raising families over a long period, very much within their cultural traditions, and have lacked the same exposure to mainstream society as males. Not only has this hindered them in communication, it has also left them lacking in the knowledge and confidence to undertake the work of presentation and negotiation claiming successful candidacy of statutory services requires. In many cases, it has also undermined their confidence in interacting with other older people as part of a group. There are skills associated with these interactions which older women from ethnic minority backgrounds may not have learnt. These issues are exacerbated when these women are asked to interact with those from other cultures.

Integrated services were not viewed very positively overall by women. Some were worried about language barriers and communicating with other service users and staff and some felt they want to be with people from the same cultural or religious background.

Advocacy Connections Report

6 Operating Conditions – Candidacy is subject to multiple levels of influence at the societal and macro levels, depending on the political, economic and environmental context at the time of presentation

The high proportions of people from ethnic minority backgrounds who live in the south of Glasgow has led to a range of ethno-specific services being located there which are not available in other parts of the city. This is particularly true of the drop-in centres and day centres. This means the experiences of the people we spoke to in this study may be unrepresentative of the experiences of others in Glasgow and certainly in the wider context of Scotland, where the proportions of people from ethnic minorities compared to those not from minority backgrounds is much lower. In this sense, the experiences discussed in this study can be considered a best case scenario.

This is not to say that services in the south of Glasgow are in any way protected from the vagaries of the macro-economic situation in the UK in 2013. Many staff and older people spoke of reductions in services and the loss of some ethno-specific easily accessible services in the area. Older people were worried about having enough money to live on and many complained about recent assessments that resulted in their being required to make financial contributions for services.

Finance was a barrier to accessing services for some who had to pay for the

24 *Independent Inquiry into Inequalities in Health Report*, Acheson, D. (1997), London: The Stationery Office. Quoted in *The health and social care experiences of BME older people*, Moriarty, J. (2008) Race Equality Foundation

services, or who had been assessed as being required to make a contribution, and would rather do without than pay. A lot of people said they felt services were too expensive. Chiropody and massage were two things people said they want but could not afford.

Advocacy Connections Report

The Scottish Government is explicit in its commitment to equality of access to services and this is a principle that drives policy across the full spectrum of state responsibilities. The Scottish Government states that *Scottish public authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.* This is a duty it has placed on local authorities and it has regulated in this area to ensure the duty is properly monitored. It says this will "*enable the better performance of the public sector equality duty*". This commitment is mirrored in Glasgow, where the local authority has embedded equal access training for its staff, funds ethno-specific services and commissions research aimed at improving its effectiveness in reaching people from ethnic minority backgrounds, to name just three of the wide range of measures undertaken.

Despite the apparent political will to improve the situation, this study found little evidence of any improvement in access or awareness of services in this population. The opposite appears to be the case. Wider macro-economic issues dominate service provision in this area. The position is accurately summarised below.

An increasing focus on fiscal, and consequently welfare, efficiency has resulted in structural and organisational reform of public institutions, which, coupled with reconfigurations of management and professional practices, have impacted on service provision (Rummery and Glendinning 1999; Ellis et al 1999; Lessa 2006; Baines 2006). Public sector professionals are thus enactors of policy and mediators of access, activities which are shaped by resource allocation and by tensions between institutional pressures from above, and service-users' expectations at ground level.

(Mackenzie et al, 2012[25])

Personalisation

Social care in Scotland is currently undergoing a paradigm shift. Historically, people who are assessed as requiring support have this provided by a third party – a support provider – who contracts with the local authority to provide that support. This is changing so that the funding for the support is, where possible, controlled more directly by the person who needs the support. The outcome is that people get the support they want and need, rather than have this dictated by the support provider, who may not always get this right and in any case has other priorities to consider.

This presents an opportunity for older people from ethnic minority backgrounds with support needs. In this study, language barriers were a significant problem for some older people – especially women. One of the findings of this study provides an example of how personalisation might prove a useful development for this group. The study found that there was low sensitivity to the needs of people with language difficulties among the providers of home help services in the area. Specifically, the absence of Urdu or

25 *Is "Candidacy" a Useful Concept for Understanding Journeys through Public Services?*, M Mackenzie et al, In Social Policy & Administration 2012

Punjabi speaking home help staff meant older south Asian people were unable to communicate with their home help staff when they came to their homes. In some cases, this increased the isolation of the older person, even though their basic practical needs were met. Personalisation presents an opportunity to ensure that such services are tailored to the needs of these individuals. They are able to ensure that the home help they use is someone they can communicate with.

One person currently has a home support worker they cannot communicate easily with as they do not speak the same language. People would like to be able to get workers who can speak their language and understand their culture. People find they have to explain a lot of things and that it is hard to do so when there is a language barrier.

Advocacy Connections Report

Social services in Glasgow – who are responsible for the administration of support budgets and are currently implementing personalisation policy – are working their way through the various groups of people who require support from them to ensure they all know about personalisation and how it works. They plan to focus on older people in 2014 and are aware of the challenge they face in informing older people from ethnic minorities of this change in a way that encourages a take up of the service in a far more comprehensive way than these older people have exhibited in the past. Part of this challenge will be to ensure older people and their families see this development as an opportunity and not a threat. We have seen in the case of the day centres which have a referral process controlled by social services that the perception of a service as directly meeting a need – in the day centres' case, the need for social contact to combat isolation and loneliness – counteracts suspicion and cultural antipathy about the role of social services to the point where demand for the service exceeds supply. If personalisation can be seen in this light it will be one wider development that will positively change the operating conditions in which access to support services is currently framed.

6. Conclusions

This report has highlighted a worrying lack of progress in relation to access to social services by older people from south Asian backgrounds in the south of Glasgow. While the picture is less bleak for health services in the area, using the perspective of older people themselves, the continuing paucity of hard data on access to health services by this group makes objective analysis difficult, although it is clear that health strategists are making efforts to remedy this situation.

25 years of high priority, relatively well resourced strategies aimed at increasing equality in the city of Glasgow – with no shortage aimed directly at this specific geographical area and demographic group – has been unable to bring significant progress to this issue. The introduction of theory around the concept of Candidacy might help to highlight possible scope for change in strategy development in this area. Particularly, attending to people's sense of identification of themselves as candidates for services in the first place appears to be one of the key areas for future focus – an area that has not been fully considered previously in the formulation of equality strategy in the city.
Many older people from BME backgrounds value and make use of services that provide them with social contact with others mainly, but not always, of their own ethnic background. Females appear to require more ethno-specific environments than their male

counterparts because their experience of home-based family caring has left them less well equipped to cope with the different cultural and lingual demands of the mainstream society.

7. Recommendations

Community based services

Some older people from BME communities are forging routes to services via community based, intermediary organisations – organisations who support them with some of the trickier elements of their bids for candidacy, regardless of whether or not this is within their official remit. This indicates the resourcefulness – as well as the levels of need – among this group. It also highlights a potential pathway to services for this group – one that already works. This is nothing new, as Connelly et al asserted in 2006.

> *Examples of good practice regarding BME older people include drop-in centres and other community facilities, stretching back 20 years or more, which highlight the role of such centres as springboards for building confidence and capacity, developing networks, and accessing information, advice and support.*[26]

Bringing intentionality to this route in Glasgow may be one way of increasing overall access and at the same time can go some way to resolving another persistent barrier that appears throughout research done in this area over the past 25 years: the perceived lack of cultural alignment between services and people from BME backgrounds. Analysis in the report using the Candidacy framework suggests this affects individuals' i*dentification* of themselves as candidates for services and the *presentation* of their bid for candidacy in both a collective and individual sense.

Provision of informal, community based services which have a social networking and information dissemination intent will provide older people with vital isolation-reducing opportunities, increase awareness of other services and, with co-ordinated links to statutory services, provide an effective route into mainstream services. For many from BME communities, ethno-specific services of this nature appear to be highly valued, particularly by women, but at least one non-specific, community based service is also well used by people from BME backgrounds in the south of Glasgow.

Cultural alignment

In addition to creating intentional informal routes into services via intermediaries, mainstream services can help older people from BME groups to have more confidence about accessing services through increasing the levels of familiarity and connectedness they feel with the service. The recruitment of more staff from ethnic minority backgrounds to front-line posts is one way of doing this, but appropriate mechanisms need to be considered that ensure these staff are supported in their roles so that they do not become isolated and marginalised as part of larger organisations which have dominant mainstream white cultures, as was found to be the case in research with Glasgow City Council staff in 2000[27].

Increasing the cultural awareness and practical communication skills of front-line staff who

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26 Older Refugees in the UK: A literature review, *N. Connelly, LA Forsythe, G Njike, A. Rudiger, 2006, Age Concern/Refugee Council*

27 *Researching Social Care for Minority Ethnic Older People: Implications of Some Scottish Research,* AM Bowes, NS Dar (2000) BJSW: 30, 305-321

are not from ethnic minorities will, over time, assist in breaking down the perception among older people form BME communities in the area that services are not aimed at them. In turn this should increase bids for candidacy from this group. This training might include some basic language skills, at least in Urdu and Punjabi. Flexibility and open-mindedness are key qualities for front-line staff and measures aimed at increasing these qualities have been shown to benefit all users of services, not only people from BME communities[28].

Promotion of self-organising groups

This research looked at a model of self organisation within the Afghan community in the south of Glasgow that highlighted possible areas for development for other minority ethnic groups. One of the barriers to access to services this group had identified was a lack of confidence among older females within their community. This prevented them from accessing the kinds of socially oriented services described in this report as being highly valued by older people from ethnic minorities. This lack of confidence was based, in the main, on limited language ability (other than their indigenous language), plus a lack of experience of social interaction outside the home environment. The Afghan group were planning to address this issue directly with confidence-raising workshops and group work specifically for these women, provided from within their own community. They saw this as an essential step towards wider integration – and therefore towards take up of other services they may need.

This is an example of a community generating a constructive response to its own issues, which has the wider impact of improving equality at a macro level. Such self-advocating behaviours could usefully be adopted by many communities in Glasgow, regardless of ethnic origin or demographic. However, within the context of take up of services by older people from ethnic minority groups, to use the analogy of many bridges to services existing but not being widely used by these groups, the development of internal, "user" voice from the individuals themselves – along with their own active involvement in the responses to the issues arising, would seem a constructive approach. This approach is not new. It utilises the principles of generic community development work – an area which has seen a constriction in available resources in recent years.

Representation of people from ethnic minorities

There was a view among some people who took part in this study that greater representation from people from ethnic minorities was required on strategic groups and other decision making bodies and that too much of the integration work done in the area continues to be led by non-minority individuals and interests. The recruitment of people from ethnic minority backgrounds to these groups is, however, often problematic and is symptomatic of some of the other issues raised in the study. A shift to a structure that is more disposed to listen to and respect the diverse ways and means by which people from different cultures communicate about their needs – and about their views on wider issues – would help existing strategic bodies develop more meaningful representation and might also result in new structures that have more resonance with those from BME backgrounds.

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28 Positive discrimination in social work: negotiating the opposition, Cheetham, J. (1982), New Community, 10(1) pp. 27–37