“The Minority Ethnic Elders’ Policy Network has a single goal: to increase the visibility of black and minority ethnic (BME) elders in the policymaking process and thus improve their quality of life. It’s all about developing effective channels of communication between elders, the voluntary organisations that address their needs, and the policymakers that shape their future. We need to bring about a change of culture where elders are more active in setting the policy agenda on issues that affect their welfare.”

Professor Naina Patel OBE, Founder and Director of PRIAE

The Minority Ethnic Elders’ Policy Network (ME²PN) was launched by PRIAE in April 2006 and is financed by the Big Lottery Fund. ME²PN is focusing on the following issues:

- Increasing the policy literacy, capacity and confidence of BME elders
- Increasing the visibility, voice and choice of BME elders
- Supporting BME voluntary organisations that are critical to BME elders
- Enabling BME elders to better engage with local, regional and national policymakers and service providers
- Policy and service improvements in heath and social care; housing; income and pensions; and improving the quality of life of BME elders.

This first regional conference on Monday 11th December 2006 had two complementary objectives: (1) to enable BME elders, drawn from throughout the North of England, to hear directly from ME²PN, leading policymakers and national age organisations about the development and implementation of BME-sensitive policies; (2) for ME²PN to hear first-hand from BME elders and BME voluntary organisations about their concerns, specifically on: ageing and mental health, and health issues in the North of England; fighting poverty (pensions reform and take-up); and funding BME organisations.

“Policy should emerge from interaction between the people that actually have the power and the authority to set out national guidance and the people who are actually going to be receiving the services.”

Liam Hughes, PRIAE Trustee
Recent Government initiatives like the Department of Health’s ‘Your Health, Your Care, Your Say’ public consultation programme are certainly helping to give ethnic minority communities a greater share of voice in policymaking. There are also a range of initiatives focusing on alerting minority groups to their rights and relevant benefits. However, there is still a very long way to go. When it comes to influencing policy, BME elders are facing two major hurdles. First, there are often fundamental language problems: people are unable to make themselves understood. Secondly, policymakers, whether at national or regional level, tend to be drawn from communities that have little understanding of the problems facing BME elders. Clearly if you can’t empathise at a cultural level with individuals, it makes it a lot more difficult to respond effectively to their needs. This is where ME²PN, with your input, can help!

But PRIAE Trustee Liam Hughes, formerly Chief Executive of East Leeds PCT, raised another less obvious issue: policymakers may not be listening closely to BME elders because they think that their social needs are being addressed by their own communities. He believes that there is still a tendency for public service providers to regard ethnic minority communities as hermetic, self-supporting communities with strong family networks – ‘they look after their own’. What policymakers and service providers often fail to understand is that there is a growing number of BME elders who are completely isolated.

There is also the issue of whether an individual’s ethnicity is being noted formally when they are in contact with social or health services. Chris Outram, Chief Executive of Leeds PCT, noted that

“we just don’t have enough information to work with...our staff, who are always under pressure, often don’t fill in the right boxes on patients’ files.”

Chris Outram, Chief Executive, Leeds PCT

Chris Outram also felt that policymakers should be working more closely with ethnically-linked voluntary organisations. She noted the success of a Manchester-based centre focussing on the local South Asian community which, with comparatively little resources, was providing advice and counselling services which were far more responsive than the NHS.

“With a little bit of funding, we can help communities to help themselves where they want to. Of course, this approach shouldn’t be a substitute for mainstream services, but we need to bring the mainstream and these kinds of facilities closer together.”

Chris Outram, Chief Executive, Leeds PCT

**Active Ageing and Mental Health**

“There is now absolutely no excuse for any mental health trust or commissioner to ignore the issue of BME elders in the design of dementia care services.”

Professor Naina Patel
Ethnic minorities’ views on health issues, and mental health in particular, can be very different to those of the white community. Recent studies indicate that ethnic communities have less specific knowledge about mental health and dementia and, therefore, are less likely to regard dementia as a condition that is separate from normal ageing. Consequently they may be unaware of possible treatments.

The language barrier compounds the problem. As Liam Hughes noted:

“People with Alzheimer’s Disease who have acquired English late in life find it very difficult to hold onto English.”

Clearly the way forward has to be the provision of funding for languages other than English in care homes and local social services so that elders have a means of communicating with medical staff. There also have to be more day centres catering for specific BME communities.

The feedback from the conference workshop on active ageing reiterated the need for public service providers to develop greater understanding of the cultural values of BME elders. Standard tests for ageing do not necessarily work for people with different ethnic and social backgrounds and, in certain cultures, there is no word for dementia.

The consensus was that policymakers had to make greater effort to cater for specific cultural and gender needs because mainstream services were not working effectively for BME elders. For example, a Chinese delegate from Manchester said that, despite his local GP’s large number of Chinese patients, the surgery didn’t have any bilingual staff and there were only three Chinese home carers in the city.

In short, BME elders need to have access to more personalised and sensitive health services. Chris Outram concluded:

“We have to get down to local level and target areas of poor health. We have to understand ethnic minority lifestyle issues and how they affect the health of these communities.”

According to Anna Pearson, Senior Policy Officer at Help the Aged, the language barrier is also an important factor associated with the increased risk of poverty in certain BME communities:

“They’re having to deal with complex systems and, if they don’t have English, they’ve immediately got another barrier to hurdle.”

Anna Pearson, Senior Policy Officer, Help the Aged
And there’s also the matter of documentation. People who have migrated to the UK may not have passports or appropriate identity papers and this potentially could prevent them accessing benefits.

But fighting poverty amongst BME elders is ultimately about preserving the dignity of BME elders, and the best way to ensure this is by raising the state pension. Anna Pearson cited the case of an elderly man who told her that he didn’t want Pension Credit; he wanted to pay for things himself. It was important to him that he, not the state, should pay for what he needed. He didn’t want to claim; he didn’t want handouts. What he needed was a proper pension which he could use in his own way. Help the Aged estimates that a third of older people from minority groups is living in poverty compared with one in five of the general population.

Poverty is also preventing BME elders from buying foodstuffs that are culturally important to them and Anna Pearson advocated establishing local food cooperatives to cater for BME elders on low incomes.

Again, it all comes back to the conferences’ central theme; the need for policymakers to make greater effort to consult BME elders and for service providers to deploy more community workers sensitive to cultural issues and more translators.

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**Funding BME Organisations and ME²PN’s role**

Of course it often comes down to two factors: money and influence; how much national and local government is prepared to spend in supporting the development of special interest BME groups and how elders can ensure that they get their message across to policy decision-makers.

There are a number of practical issues. Voluntary groups have to be more business minded; they have to be able to make a cast iron case for receiving funding. They also need to liaise more effectively to ensure that they are not making competing applications.

ME²PN’s key role is to create networks for BME groups in their particular areas of interest and to give elders the ‘ammunition’ to make their case more effectively. ME²PN’s advisory groups will help provide elders with the necessary information on policy at local, regional and national level and also facilitate greater dialogue between BME groups and policy planners. Essentially ME²PN is all about helping the BME community to become more visible and more authoritative.