

Care management and assessment from an anti-racist perspective

The literature on care management to date presents a very confused picture in terms of service users in general, and moreover pays very little attention to the policy and practice issues emerging in relation to Black and Minority Ethnic service users. A study of care management in three local authorities by Nasa Begum, Race Equality Unit, Personal Social Services, revealed that:

- f^c A constant tension policy-makers and practitioners grappled with was whether Black and Minority Ethnic users should have specific services developed, or whether mainstream services could accommodate their needs.**
- f^c Greater attention was paid to the needs of Black and Minority Ethnic elders or mental health service users, but very little work was undertaken in terms of Black and Minority Ethnic people with physical or sensory impairments, and people with learning difficulties.**
- f^c When social services actively encouraged their staff to work with local community groups to obtain referrals and undertake assessments, there tended to be a greater proportion of Black and Minority Ethnic users.**
- f^c Where community groups existed, they played a key role in referring people to statutory agencies and sometimes working with care managers to do assessments.**
- f^c As interpreters and advocates were in short supply, family members or a local community group were often the only source of support.**
- f^c The complexity of the care package often determined whether or not authorities were able to respond to Black and Minority Ethnic people's needs.**
- f^c Some care managers had used spot purchasing to put together an individualised package of care to meet the specific needs of a Black and Minority Ethnic user, thereby creating some new opportunities in the care management process.**

Introduction

Potentially the philosophy of developing individualised packages of care means that in principle it should be easier for statutory agencies to be more responsive and flexible to Black and Minority Ethnic service users. This study set out to examine the barriers and opportunities that exist to care management responding to the needs of Black and Minority Ethnic communities.

Determining the level of need

The first hurdle for Black and Minority Ethnic service users appears to be the initial response at the referral stage. In some areas it was clear that potential users were being referred back to a local community group. Other areas would try to contact an interpreting service. As obtaining interpreters was often difficult, sometimes social workers ended up relying on the community groups, family or a Black worker to interpret.

In areas where social services actively encouraged their staff to work with the local community groups to obtain referrals and undertake initial assessments there tended to be a greater proportion of Black and Minority Ethnic users.

For certain sections of the community, such as refugees, it was extremely important that attempts were made to assess their needs through their established networks. Fears about deportation deterred people from coming forward for services, particularly when confronted with extensive questioning and an abundance of paperwork.

Eligibility criteria for services often don't take account of Black and Minority Ethnic people's isolation or experience of racism. Some social workers felt it was important to try to be flexible around the eligibility criteria, in order to gain the trust and confidence of users.

Assessing need

The assessment process raised particular issues about the extent to which users were able to articulate their needs. Black and Minority Ethnic users often did not know about services or the most effective way of asserting what they needed. The support of workers within community groups was extremely important for Black and Minority Ethnic users when dealing with care managers. For example, one Black worker in a community group had to reinforce everything the user said because otherwise the care manager did not seem to appreciate it. In two of the local authorities, social services staff actually worked alongside the community groups to do joint assessments. This seemed to benefit users

substantially as they were more likely to develop a relationship of mutual understanding.

A lack of understanding around people's religious or cultural requirements was perceived to be the main barrier to assessing the need of Black and Minority Ethnic users. There was a lot of demand for developing checklists for working with different religious or cultural groups. Within this there appeared to be little appreciation and understanding of the dynamics of the diverse and unique nature of people's religious and cultural practices. There is an important balance to be struck between helping assessors to develop their skills and knowledge of how religion and culture affect people's lives, whilst also ensuring that the process does not reinforce assumptions and stereotypes of Black and Minority Ethnic people's religions and culture.

In two of the authorities Asian care managers had been recruited to work specifically with the Asian community. This helped to ensure that Asian elders were able to access the care management process more effectively. Some attempts were also being made to recruit a care manager to work with Black and Minority Ethnic people with mental health problems. However, overall Black and Minority Ethnic care managers were in short supply.

In one local authority a separate carers' assessment form had been piloted. This was designed with more open-ended questions and therefore offered greater flexibility when working with Black and Minority Ethnic carers.

Care planning and implementation

Care management had offered some people the opportunity to develop a tailor-made package for individual users from the Black and Minority Ethnic community. For example, one woman used independent living money to employ personal assistants to meet her needs in a way which was appropriate for her. In another situation an individualised outreach service was put together to support a man with learning difficulties.

The complexity of the 'care package' often determined whether or not authorities were able to respond to a Black and Minority Ethnic person's needs. A request for Asian meals on wheels or a day centre place for an Asian elder could be provided if the person lived in a part of the authority where there was a large Asian population, but if the elderly person was from another community, for example African Caribbean or Vietnamese, or lived in a different part of the authority then the potential for providing such basic services was likely to be limited.

All of the areas in the study had made attempts

to develop specific services, particularly for Asian elders. In one local authority a partnership had been struck by the owner of a private care home and the local authority to provide a day service for Asian elders. At present, however, such provision is limited to those living in areas where there are larger numbers of a particular community and does not therefore address the needs of small communities.

Local community groups were often an important resource when developing a care plan for a Black and Minority Ethnic person. This sometimes worked well where the needs of the individual were fairly straightforward. Through a small amount of local authority funding, community groups were able to respond to some local needs. Whilst the voluntary sector provided important resources, concerns were raised about their ability to respond to increasing demands with limited resources.

There was very little work done with the Black and Minority Ethnic voluntary sector to enable them to be in a position to take on service level agreements or contracting on an individual basis when users were referred.

Care managers were concerned about the limited information they had about what independent sector services were available. Some practitioners had been able to use neighbouring authorities to purchase specific services.

Although in some circumstances individualised care packages were developed, in the main options for users, carers and practitioners were limited if specific services were required to meet particular needs. For example, Black and Minority Ethnic mental health users living in one area could access services being developed by MIND, but if there was a requirement to cater to a specific need, such as a Black psychologist or residential accommodation for Black women experiencing mental health problems because of sexual abuse, then developing an appropriate care plan became much more problematic. If a specific service was not readily available, there was a considerable risk of the individual's care plan being delayed, whilst appropriate resources were identified and contracts negotiated.

One of the central questions that emerged in the 3 areas studied was the extent to which work should be developed to provide specific services to meet the needs of particular communities, or how far users are expected to accept mainstream services. Whilst some work was being done to make mainstream services more sensitive to the needs of Black and Minority Ethnic people, there was a recognition that certain groups required specific services. Issues are raised

about how far Black and Minority Ethnic users are expected to compromise when using mainstream services, and what happens when there are small groups from different backgrounds dispersed through the local area.

Unmet needs or service shortfalls were being recorded in a very ad hoc and piecemeal way, and it was difficult to cross-reference this with the ethnic monitoring records. As the definition of need tended to be fairly narrow there was some feeling that some of the specific needs of Black and Minority Ethnic users were not being picked up. For example, there was a feeling that bereavement services which focused on the loss of an elder's home country, changing family system and so on were required, yet most bereavement work concentrated on death.

Monitoring and review

For Black and Minority Ethnic people who had a care package which included specific services, there was a risk that even if the care package was inappropriate there were very few alternatives available. For example, one elderly Asian man required a Muslim man to provide personal care, but despite extensive attempts to find an appropriate person, a Sikh man was recruited to provide the support.

The lack of appropriate alternative services meant that some Black and Minority Ethnic users were left in somewhat difficult and compromising situations. One Black physically disabled man had already spent 12 years in a residential home where he was the only Black user, and a substantial distance away from his family. He had managed to negotiate (with some difficulty) the provision of food appropriate to his needs, but his over-riding requirement was to live near his family with 24 hour support. The user did not seem to think his care package had been reviewed since the implementation of care management, but he was somewhat sceptical about what care management could offer him, as he was not aware of any independent living services in the area where his family lived.

Conclusion

The study has highlighted some examples of good practice with Black and Minority Ethnic service users where effective use is being made of community development approaches, working directly with community groups to undertake referrals and assessments and resourcing specific services for Black and Minority Ethnic users. There are, however, some fundamental difficulties with accessibility and effectiveness of the care management process. Perhaps the two most pertinent questions to come

out of the study concern, one, the role of Black community groups and, two, the future direction of service provision.

About the study

The study was carried out by Nasa Begum, Race Equality Unit, NISW. The findings are based on a short review of assessment and care management in 3 local authorities. This involved interviews with service users, community groups, practitioners and strategic policy staff.

The material from the study will be used to develop a training resource pack on Anti-Racist Care Management due to be published in Spring 1996.

Further information

For further information on this study and the Resource Pack, contact Race Equality Unit, National Institute for Social Work, 5 Tavistock Place, London WC1H 9SN.

Related Findings

The following Findings look at related issues:

Social Care

- 27 Involving disabled people in community care planning (Sept 92)
- 31 Involving disabled people in assessment (Mar 93)
- 37 The effectiveness of an Independent Living Advocate (Sept 93)
- 45 Development and training for self-organised groups of Disabled people (Jan 94)
- 48 Evaluation of an independent living skills training project (Mar 94)
- 49 Disabled people and community care planning (Apr 94)
- 58 Aftercare of ethnic minority people discharged from hospitals (Oct 94)
- 59 Involving older people in community care planning (Nov 94)
- 61 Employing personal assistants (Jan 95)
- 63 Local authorities' use of Independent Living money (Feb 95)

Social Policy

- 59 The provision of social security benefits to minority ethnic communities (Oct 94)

Housing

- 55 Housing associations' response to the needs of minority ethnic communities (Mar 92)
- 80 Housing provision for refugees (Mar 93)

For further information on these and other Findings, contact Sally Corrie on 01904 654328 (direct line for publications queries only; an answerphone may be operating).



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