

## **Appendix 1**

**Report on the outcome of the first phase of the community engagement exercise to redesign Leeds Adult Social Care day services for older people from BME communities held between January – April 2016**

**June 2016**

# **Report on the outcome of the first phase of the community engagement exercise to redesign Leeds Adult Social Care day services for older people from BME communities held between January – April 2016**

## **1.0 Purpose of this report**

- 1.1 This report outlines the results of the initial community engagement undertaken as part of the Black and Minority Ethnic (BME) Day Service Review to develop a new service model for Apna Day Centre (Hyde Park and Woodhouse ward) and Frederick Hurdle Day Centre (Chapel Allerton ward). The consultation was carried out between January and April 2016.
- 1.2 Apna and Frederick Hurdle Day Centre's are both managed by Adult Social Care (ASC) they provide specialist support to older people from BME communities in Leeds.
- 1.3 The report outlines a draft new service model for the delivery of these services. We have sought the views of service users, carers, staff, trade unions, community groups, third sector organisations, elected members and health partners to develop the new model.

## **2.0 Why the community engagement is being carried out**

- 2.1 The community engagement consultation for the BME Day Services Review has been driven by a number of factors:
  - Frederick Hurdle and Apna day centres have experienced consistently low attendance rates in recent years. Occupancy figures at February 2016 show Frederick Hurdle at 35% and Apna at 31%, a decrease of 7% and 19% respectively since April 2014.
  - ASC budget pressures mean it is not sustainable to run expensive services which only cater for a minority of the BME community.
  - The limited centre programme, lack of emphasis on reablement, limited community engagement, lack of joint working with Neighbourhood Networks, other community groups and health partners and limited development of specialist services, particularly in relation to people with dementia and carers support.
  - In Leeds the overall BME population has not grown substantially although, there are changes in age groups and minority groups. The BME population has increased from 8% to 15% and BME elderly people from 2.8% to 4.3%. In general people are living longer and there are as many people over 60 as there are under 16. It is predicted that the number of people in Leeds aged 65 and over will rise almost 40% by 2031 to around 20% of the population
  - Leeds is becoming a more diverse place and understanding the needs of specific diverse communities is very important. Leeds is now home to over 140 different nationalities. In 2006 the office of National Statistics (ONS) estimated that 15.1% of the total resident population was comprised of people from BME communities (including Irish and other white groups) a rise of 5% from the 2001 census.

- The development of new day opportunities for individuals and more effective ways of delivering services.
- There is a need to develop more effective links with community based provider services for this population.

### 3.0 Current users of the service

Detail	Apna	Frederick Hurdle	Date(s)
Number of people on the register	23	43	April 2016
Service users attending for more than 11 years	57%	60%	March 2016
New starters in 2015	4	7	January – December 2015
% of female service users	61%	74%	March 2016
Main reasons for attending	<ul style="list-style-type: none"> <li>▪ 65% - improve social contact</li> <li>▪ 28% - break for carer</li> </ul>	<ul style="list-style-type: none"> <li>▪ 33% - improve social contact</li> <li>▪ 62% - Break for carer</li> </ul>	March 2016
Service users require less support with personal needs (average of 53% at other ASC older people's day centres)	26% (6)	19% (8)	April 2016
Living situation of service users for each centre	62% - living with family	51% - living alone	March 2016
Majority of service users live in the following postcode areas;	<ul style="list-style-type: none"> <li>▪ LS8-33%</li> <li>▪ LS11-19%</li> <li>▪ LS28 -14%</li> </ul>	<ul style="list-style-type: none"> <li>▪ LS7 – 74%</li> <li>▪ LS8 – 12%</li> <li>▪ LS6 – 7%</li> </ul>	March 2016
<b>Ethnic Origin</b>			
	<b>Day Service and Number of Service Users</b>		
	<b>Apna</b>	<b>Frederick Hurdle</b>	
Asian or Asian British	23	0	
Black or Black British	0	38	
White British	0	3	
White European	0	1	
Chinese	0	1	
<b>Total</b>	<b>23</b>	<b>43</b>	

## **4.0 Consultation and Involvement**

4.1 The engagement process took place between January –April 2016 and captured opinions from the following groups:

- Service users and their carers
- Staff
- Partner organisations, including Health and Third Sector organisations
- BME communities
- Elected Members
- Trade Unions

4.2 The methods listed below were used to gain the views of these key stakeholders:

- Questionnaires (individual questionnaires for service users/carers, staff and the wider community)
- 5 community engagement Workshops
- One to one meetings with service users and carers
- Staff engagement sessions
- Engagement events with GP`s and other health staff
- BME day services stakeholder steering group
- BME Social Care community forum conference
- Visits to other day services

4.3 The consultation was supported by Leeds Involving People (LIP), a service user and carer organization working to enable those who use Community Care services to take control over their own Health and Social Care needs.

4.4 The ASC Consultation and Involvement Officer supported service users and carers from both centres through the process, meeting with them to inform them of the engagement process and to gain their views and opinions.

4.5 Elected Members were invited to engagement events and sent briefings on the service redesign process. Councillor Jane Dowson is a member of the BME stakeholder Steering Group.

4.6 Five engagement workshops took place, facilitated by Leeds Involving People (LIP), these were attended by 90 people. Attendees at the workshops included service users and their carers, staff, voluntary sector organisations and members of the community. The workshops took place at Pudsey Civic Hall, Hamara Healthy Living Centre in south Leeds, Osmondthorpe Resource Centre in East Leeds, Frederick Hurdle Day Centre in Chapeltown and Shine in Harehills between 4<sup>th</sup> February and 1<sup>st</sup> March 2016. Please see appendix 1 for a list of organisations invited to attend the workshops and appendix 2 for a list of organisations represented at the workshops.

4.7 Questionnaires were used to gain the views and opinions of services users, carers, staff members and the wider community. 200 questionnaires were distributed with 103 completed questionnaires returned. This represents a response rate of 51.5%. 67 Questionnaires were distributed to service users and carers, 48 questionnaires were subsequently returned. This represents a response rate of 72%. Service users and carers who required help to complete the questionnaires were supported by staff at the centres or the ASC Consultation and Involvement Officer. A copy of questions covered in the

community, service user and staff questionnaires is attached at appendix 3. Fifteen staff questionnaires were sent out and 4 returned. This represents a response rate of 27%.

- 4.8 Staff at each of the centres were briefed on the engagement process and invited to contribute via attending the engagement workshops outlined above, and also by completing a staff questionnaire. Staff were updated on the results of the engagement process and next steps at meetings at Frederick Hurdle Day Centre held on 14<sup>th</sup> March, 1<sup>st</sup> February and 25<sup>th</sup> April 2016. Trade union representatives attended all of these sessions.

Briefings for staff will continue to be held regularly throughout the service redesign process.

### **Steering Group**

A BME stakeholder Steering Group was established to gain the views of community organisations, Service Users and Carers, Elected Members, Trade Unions and promote collaborative working to develop the new service model. The group is chaired jointly by the ASC Adult Commissioning Manager and a community representative.

## **5.0 Summary of Key Findings**

- Both centres programmes are viewed as unstimulating and not meeting service users' needs
- The centres are not felt to be owned by the communities they serve.
- The lack of information on the services is a barrier to people using them
- The centres are only used by a minority of BME communities in Leeds
- The ASC charging policy is discouraging people from attending the services
- Inflexible transport arrangements restrict service delivery and innovation
- Lack of service user involvement in the running of the services
- Recognition that the services need to work more closely with health, the third sector and community groups
- Respondents to both the service user and community questionnaires expressed support for the idea of making the services accessible to a much wider range of BME communities.
- Opinions varied on whether the services should continue to be managed by ASC or delivered by another provider(s) with extensive experience of working with BME communities.

## **6.0 Engagement findings in detail**

### **6.1 Current gaps in services**

#### **Views from the community engagement events**

The following gaps in current services were identified:

- The centres are only used by a Small number of BME communities
- The centres are not felt to be owned by the communities they serve.
- Low level of awareness of the services both in BME communities and among professionals
- Lack of stimulating activity programme

- No flexibility in activities
- Lack of service user involvement in the running of the services
- A varied outdoor and indoor activity programme is required
- People are being deskilled coming to day centres
- Life- long learning opportunities should be part of the centres programmes
- Flexible transport arrangements to allow more individually tailored use of the centres by service users is required
- Signposting to specialist services should be part of the remit of the centres

### **Views from the Community Questionnaires**

Respondents expressed a range of views, with 32% indicating that they had no knowledge of the service. Others felt that the service offer was in need of updating

‘A bit boring. You sit there most of the day’

Do more activities. Need to advertise it more. Lots of people used to attend but when LCC increased payments, membership decreased.

‘Lots of staff at Apna but not many members. A lot of people who use Apna need a lot of support ie dementia, arthritis, strokes. The food is too expensive. Apna don’t advertise - men play cards and women watch TV.’

‘They need updating. I don’t think they are promoted to community enough’.

‘Do not often hear BEM speak of it in either positive or negative way’.

‘Apna is not in community area which people can have easy access’.

‘Good service but cost is high’

‘I have heard some really useful information about the great work they do in the community for older people’.

‘Very good’.

‘Very helpful’.

‘Very important’.

### **Views from the Staff Questionnaire**

Current gaps in services identified by staff included:

- Benefit advice, educational sessions e.g. English.
- Frederick Hurdle has lots of activities whereas Apna does not. Therefore, Apna would benefit from having more cultural input/activities.
- There is no integration of Indian Hindus, Muslims, Bengalis, African and Chinese people in the service already provided. If BME is going to be one label under the umbrella there will be many interesting differences arise between the communities and their culture.

## **Views from the BME Social Care Community Forum Conference**

Current gaps in services identified:

- Confidence is a big issue in BME communities
- Transport is important – particularly language skills of drivers.
- Invite health services to visit and provide more hands-on healthcare e.g. for blood pressure checks
- IT classes should concentrate more on issues likely to be of use to older people – mobile phones rather than PCs
- Greater recognition of day services by health professionals is required.
- The existence of the service has to be better publicised.
- Facilities for older people with a learning disability should be provided with enough expertise.

### **6.2 How can current services be improved?**

#### **Views from the community engagement events:**

- Better promotion of day service activities by holding taster days, Open days, market place events and networking with other local services.
- Improved publicity. This should include: Leaflets in all local outlets, Better use of social media and community radio.
- More and broader range of activities tailored to individual needs. A focus on healthy lifestyles should be at the core of the service offer. IT sessions/exercise sessions/Sports/ Housing advice sessions/ Welfare benefits/Heating & Home insulation/ Men& womens zones/ Creative & cultural activities/life-long learning/BME History events
- More cultural sensitivity eg prayer room, Iota washing for prayer / meals
- More User led activities
- Services need to be seen as representing better value for money
- The services need to be perceived as being more `in` the community.
- Look at possible income generation opportunities
- Encourage a much wider range of other cultural communities to use the buildings
- Community outreach work from centres – carrying a case load, manage people through the health and social care bureaucracy.
- Sharing good practice. Other groups/organisations do similar things – work with them
- Improved meal provision
- Improved language skills among staff and greater knowledge of a broader range of BME communities

- Better links with Mosques and GP practices and closer working with voluntary sector providers
- More age appropriate services & activities
- Engage more students via placements from colleges etc
- Encourage more volunteering

### **Views from Service Users Questionnaires**

How could the current services be improved.

18 service users at Frederick Hurdle requested more and different activities and improved choice

5 service users commented that the ASC charging policy was deterring people from using the service

4 service users said they would like to see the quality of centre meals improved

One service user requested 'More engaging activities. Activities that could be provided by the day centre or external sources'

A number of service users commented that they would like support to maintain their independence:

'My food shopping is done by my children but I would like to see for myself. I need someone to go to the shops with me and make my own choices for what I want to eat'.

'Need new equipment re support in walking. I find it difficult to walk-need walking frame'.

'Would like to do exercise but can't walk a lot and find it difficult'

'Need someone to come for GP/hospital appointments. Have issues with my hearing aid'

Another service user commented: 'Happy with what I am getting now because I don't feel I know anything else'.

### **Views from Community Questionnaires**

The following ideas for improving the current services were suggested:

<b>Suggested improvement</b>	<b>Number of responses</b>
<b>Improved publicity</b>	<b>29</b>
<b>More activities</b>	<b>14</b>
<b>Reduce the cost</b>	<b>14</b>
<b>Improved transport provision</b>	<b>7</b>
<b>Not sure</b>	<b>7</b>
<b>Involve people more in the</b>	<b>4</b>



<b>running of the service</b>	
<b>Provide more funding for the services</b>	<b>5</b>
<b>Make improvements to staffing and centre management</b>	<b>4</b>
<b>More outreach</b>	<b>2</b>
<b>More suitable location</b>	<b>1</b>
<b>Other</b>	<b>1</b>

Comments included:

`Connected to the community instead of a building in the community that most people have no idea what it is like inside`

`Involve our people`

`Value for money, more accountability`

`Better information. The workers did not know about the centres. Role models- who is running the service. Never see anyone. Open days- where people can take part in coming to the centre. Outings would be good. Jointly with service users.`

`Listen more to the people`

`More variety of programme. Modern and live`topics` politics, offer to charge active users. We are retired not `dead` yet and can help services`

### **6.3 Options for delivering the services in future**

#### **Views from the community engagement events:**

- 'Why not divide this budget between 6 organisations across Leeds to make it more accessible for people and more sensitive to local BME community needs'
- 'The community working in partnership with ASC to deliver the services supplemented with small grants using a community foundation model'
- 'Greatly Improve the current service offer/ model'
- 'Management by a voluntary sector organisation'
- 'Greater use of personal budgets'
- 'Stay with ASC'
- 'Run by a voluntary sector organisation with experience of BME communities. Need a range of different organisations involved in the running of the services'.
- 'Consider a community asset transfer'.
- 'Services run by a third sector organisation to avoid ASC charging policy'.

- 'Support for remaining under ASC management but bringing in third sector expertise'.
- 'Use the service model adopted for learning disability day services run by Aspire – services delivered in community locations by voluntary organisations contracted to deliver these services'

### Views from Service User Questionnaires

Service users & carers views on who should deliver the services in future			
Preferred provider/Delivery method	Apna service users	Frederick Hurdle service users	Total
ASC	8	29	37
Staff Spin out	0	1	1
Voluntary sector	0	5	5
Personal budgets/direct payments	0	0	0

### Service user comments included:

'Do not mind who runs the services. Anyone can do this as long as it is good.'

'I like the way things are. Changes will confuse me. I have family that work here and friends that come here. Why would I want to change that? Happy with the way it is run'.

'Should be the Council who are doing a good job. Do not know who else could run'

'Council knows the best and has all the money'.

'Adult Social Care but would want the community to come in and be involved and work with the centre.

'It should be given to voluntary sector but well managed'

'We have no problem under Council and would like to be under Council. It is well managed and we are well treated'

'Because community organisations always mess it up. Leave it as it is'.

'Council is charging too much. It should be run by the voluntary sector'

'I know from personal experience that there are some really good ideas for this service in local groups. I think we should let them take over the centre'

'Leeds City Council managing overall, but working much more closely with communities. Must be supervised by the Council to protect service users, staff and carers.

'Voluntary sector to run it, will have more freedom and better service'.

`Adult Social Care as management but working closely with a variety of community resources`.

### Views from the Community Questionnaire

Possible management options for delivering the services in future	Number of responses
Services continuing to be run by ASC	44
Staff spin out	14
The services being managed by a voluntary sector organisation with experience of BME communities	38
Personal budgets/direct payments	19

While the majority of people who responded to the community questionnaire supported the idea of the service remaining with the local authority (44) a sizeable group (38) supported the idea of the services being managed by a voluntary sector organisation.

` I didn't tick for ASC because I think a lot of service users see ASC as `the professionals` and switch into an old fashioned mind-set. Other providers are viewed more as equals`.

`Adult Social Care – as there is no bias for any community, but then the staff need to be competent and from different communities`

`Adult Social Care- low resources`

`Adult Social Care gives security / brand.

`Voluntary organisations have a better understanding of different communities`

### Views from the Staff Questionnaire

Possible management options for delivering the services in future	Number of responses
Services continuing to be run by ASC	6
Staff spin out	0
The services being managed by a voluntary sector organisation with experience of BME communities	0
Personal budgets/direct payments	0

Please tell us the reason for your answer/other suggestions for delivering the services

- `The operation should be controlled by Leeds City Council`.
- `Adult Social Care been running the services for last 30 years. I've got trust and confidence in ASC`.
- `As other options are not very healthy and monitoring will be very difficult, Council should be the best employer to deliver the best service`.
- `100%. The BME people are linked by or known as disadvantaged who need help. Forcing people beneath one umbrella then it should be funded by ASC.

The growth of BME in the 21st Century. These figures are shouting at ASC and the ASC has a statutory duty to these people’.

- More stability.
- The service continuing to be run by Adult Social Care.

### **Views from the BME Social Care Community Forum Conference**

- ASC should be involved as a lead partner – they are good at strategic level, but voluntary sector are good at hands-on delivery.
- Can we be sure of financial commitment from ASC in long term?
- A consortium can look at innovative ways of using buildings – make them available for a wide range of community uses (not just social care), possibly generate income.
- Cannot rely totally on volunteers.

### **6.4 Do you think that more services and activities could be provided in different community settings?**

#### **Views from the community engagement events:**

- The centres should offer more outreach provision
- Use the building more flexibly to meet the needs of newer communities
- Do we need both buildings are they in the right location? Frederick Hurdle in a good location but Apna not well located to meet BME community needs.
- Use more local smaller locations for delivering services.

#### **Views from the Community Questionnaire**

<b>Could services and activities be provided in community settings?</b>	
<b>Yes</b>	<b>71</b>
<b>No</b>	<b>16</b>

The majority of people supported the idea of services being provided in different community settings.

‘Yes. Lots of activities based in local areas. It seems there is very little choice for BME and naturally divisive eg Asians to Apna, Black go to Frederick Hurdle. Need for more diversity to reflect BME’.

#### **Views from the Service User Questionnaires**

<b>Could services and activities be provided in community settings?</b>		
<b>Centre</b>	<b>Yes</b>	<b>No</b>
Apna	6	0
Frederick Hurdle	21	14

<b>Total</b>	<b>27</b>	<b>14</b>
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Comments included:

- Yes if it is accessible and transport is provided.
- It would benefit many other people.
- It all depends on which community settings it is, due to accessibility.

#### **Views from the community engagement events**

- The centres should offer more outreach provision.
- Do we need both buildings, are they in the right location? Frederick Hurdle is a good location but Apna not well located to meet BME community needs.
- Use more local smaller locations for delivering services.

#### **Views from the Staff Questionnaire**

- Activities must be provided at the base, where everyone meets. This enables them to mix and mingle and more interest is created and social contact is maintained.
- Yes, if there is going to be lumping together of different communities with different needs within the day services. Trained staff will be required with experience to respond to the different groups. Work with GPs, the NHS, private sector.

#### **Views from the BME Social Care Community Forum Conference**

- Small community centres are better – saves on travel – but ASC should manage buildings.
- Have existing community assets been mapped – where are they and when are they open. e.g. Neighbourhood networks not open every day – could BME services use their facilities?

### **6.5 Should there be specific day services for BME older people?**

#### **Views from the Service User Questionnaires**

22 service users answered Yes and 24 answered No

Service users commented:

‘All centres should be multi-cultural service for anybody to attend’

‘We must mix together, live together

It should be mixed. Everyone should be able to meet us together. Learn from each other and respect each other.

‘Different cultures have different needs. Would want staff and their own interests.’

`It would be ok for all to come, a mix is the same. God is in everyone and everyone is the same`

`People have become custom to the surroundings and the services Apna day centre provides so will find it hard to have to be forced to share their experience in a day centre with others.

`Leave it as it is`.

`The service should be for all. Reasons are we live in a multi-cultural society. We can educate each other and live together`.

`We need to integrate the communities not separate. We need to try and get more people to come to our centre`

`Provide a more comprehensive service for the community but identities should be respected`.

## **6.6 Barriers to accessing current ASC BME day services for older people.**

### **Views from the Community Questionnaire**

<b>Barrier</b>	<b>Number of responses</b>
<b>Lack of service information</b>	<b>40</b>
<b>Transport provision</b>	<b>34</b>
<b>Cost</b>	<b>34</b>
<b>Service location</b>	<b>16</b>
<b>Type of service offered</b>	<b>12</b>
<b>Service opening times</b>	<b>7</b>
<b>Other</b>	<b>9</b>
<b>ASC approval</b>	<b>4</b>

## **6.7 Do you think different BME communities would be able to share the same premises?**

The majority of respondents indicated that they would be happy to share the same premises with other BME communities.

### **Views from the Community Questionnaire**

<b>Different BME communities sharing premises?</b>	
<b>Yes</b>	<b>74</b>
<b>No</b>	<b>19</b>

Comments included:

`We live in a multi-cultural society. As long as all are respectful, I think a good idea`

`Great idea. Better cohesion`

`I think its great to work with other services and share experiences and better to be able to deal with challenges –put funding together / policy etc.`

‘We are all going through similar life experiences, especially our elders’

A number of people however highlighted potential problems with this approach:

‘Every community has its own needs ie language, culture, smoking, non-smoking etc. Then there is the issue of Halal meat and so on’.

‘Different groups like different things and like having staff they can relate to’.

### Views from the Service User Questionnaires

Would different BME communities be able to share the same premises?		
	Yes	No
Apna	10	10
Frederick Hurdle	34	1
<b>Total</b>	<b>44</b>	<b>11</b>

Comments included:

‘Anyone who wants to attend should be able to come. Not segregated from each other’.

‘Be good to be together. Feels we are ‘one people’, should be together. Feels the centre should mix with the other communities’.

‘But needs to be managed properly, so that there are no issues or problems’.

‘To reflect the changes in demographics in the communities’.

‘Would help in me being able to speak in English with other diverse communities. Do not mind if the session was mixed (male and female)’.

‘It would be OK to have mix but there is the issue of speaking to each other. I would not be able to understand anyone’.

## 6.8 What factors would be important to enable different BME communities to share the same premises?

### Views from the Community Questionnaire

Respondents gave a variety of responses but attached most importance to staff members with language skills, joint events to bring the community together and the provision of culturally appropriate food.

Non religious buildings	41	Joint events bringing communities all together	56	Separate days for different languages	25
Provision of culturally specific food	54	Separate days for different communities	15	Staff members who are representative of different	40

			communities	
Separate places for men and women	23	Staff members who can speak different languages	62	

#### Comments made:

‘Need support with someone the individual knows. Unless there is someone who represents the community, they do not want to attend a service. It is important for people to see someone from their own community present’.

‘Open and accessible to all. Focus on what unites us – not separates us.’

‘Roma travellers, Arabic, African, Eastern Europeans. I feel it is better to amalgamate cultures – better bigger than separate but respect each other, different needs etc.’

#### Views from the Service User Questionnaire

Factors that would be important to enable different BME communities to share the same premises.

Non religious buildings	39	Joint events bringing communities all together	42	Separate days for different languages	5
Provision of culturally specific food	43	Separate days for different communities	5	Staff members who are representative of different communities	45
Separate places for men and women	5	Staff members who can speak different languages	45	Other	2

#### 6.9 Do you think that services and activities need to be provided in a day services building?

##### Views from the Community Questionnaire

Do you think that services and activities need to be provided in a day services building?	
Yes	74
No	19

A variety of reasons were cited as to why day services for older people from BME communities should be delivered in specialist buildings. These mainly related to ease of access, convenience and providing a focal point for the



service. A number of people associated the activities that take place in a day centre with the building. One person commented however; 'I would not want to be shut away in a day service. I would want to be out and about, part of our vibrant community and city'.

### Views from the Service User Questionnaire

<b>Do you think that services and activities need to be provided in a day services building?</b>			
	<b>Yes</b>	<b>No</b>	<b>No response</b>
Apna	9	0	1
Frederick Hurdle	20	2	0
<b>Total</b>	<b>29</b>	<b>2</b>	<b>1</b>

### Views from the BME Social Care Community Forum Conference

- A building focus is important for some groups (e.g. those with dementia)

## 6.10 We want to widen the range of BME communities accessing BME day services. Do you have any suggestions on how we can do this?

### Views from the Community Questionnaire

Advertise the service better	36
Make sure the services are more approachable and accessible	9
Ask service users and the community for their ideas	7
Offer a wider range of activities	7
Don't have any ideas	7
Improve transport provision	5
Reduce the cost of the service	1
Offer a city wide service	1
Offer more intergenerational work	1

### Views from the Service User Questionnaire

- Reduce the charges. People can't afford to pay that cost.
- Need to get out and ask people about the centre. Activities need to be for all ages. Some elderly people still feel young.
- There are local groups you need to be talking to about getting to the service. Need to work with them.
- Charges have impacted on the service. Social workers need to be selling the service to new customers.

### Views from the Staff Questionnaire

- Consultation - advertising.
- By contacting all and working alongside.

- Data - 1991 National Census asked about ethnic origins - checking with them could be the way forward, postcode areas (data collection). Look at the figures and start scrutinising them.
- By promoting- flyer, radio and media, word of mouth.
- An open day at Frederick Hurdle Day Centre and display the services that we give to our clients during the day. To advertise in all areas.

#### **Views from the BME Social Care Community Forum Conference**

- Potential problems with getting all communities involved – better funding/publicity required.

#### **6.11 Do you know of any other organisations/ people who we could work with to improve BME day services?**

##### **Views from the service user Questionnaire**

A wide range of community organisations, groups and faith organisations as well as local media and health were suggested by people completing the questionnaire.

##### **Views from the Staff Questionnaire**

- Any voluntary organisations or community organisers can help in this field with proper consultation.
- Community centres, Sikh temples, mosques, Hindu temple.
- This day and age we need to work with other organisations too so we are not working in isolation and we learn and benefit from other organisations i.e. Age UK, other culturally suitable organisations.
- Need to reach out to different communities i.e. Africans, Indians, West Indians, Bengalis, Pakistani, Chinese. Different cultures - Asian Radio Network, Nigerian Fellowship, Churches, Leeds West Indian Centre, various organisations and the information from the Sikh temple. Local radio station, People FM.
- Main crunch is the transport for the older people. Must be subsidies by business persons or charity organisation to eliminate the cost of transport.
- BME care home. Drop in service.
- Any service in Leeds or outside Leeds which is working closely with community and benefiting elders.
- The point I would like to make is that between different 'ethnic' groups there exists racism if you are modernising ASC BME day services. This needs to be addressed. Some communities do not want to mix and stick to their own community.
- Voluntary organisations, schools, GPs, NHS and one stop centres.

#### **6.12 Do you have any further comments / suggestions?**

##### **Views from the Community Questionnaire**

‘Better information. Given a choice, not just sent to one that the social worker thinks I should attend. Training for social workers to understand needs of black older people.

`Increase the awareness and referral procedure and details of the project`

`It seems like a brilliant service. Please keep it up regardless of the current political and financial changes!`

`Educate the community and highlight the importance and benefits of early diagnosis and the treatment on offer. Use other patients as good role models who live with cancer and other illnesses in a normal way.`

The centre should be inclusive for everyone from all diverse communities. I want to see everyone and talk to all people.`

The Council should look after BME older people better. Need a better response when I ring up for something.

Younger age groups – not just for 65+

`Forum re the barriers on mental health, TV, LGBT services`

### **Views from the Staff Questionnaire**

#### **How might any proposals to modernise these services impact on you as a member of staff?**

- You can't get modernisation without proper funding.
- Can't change my job or lose my job.
- Would take as a challenge, look forward to developing a new direction/service.
- I hope the proposals will be modern and progressive. Is my job safe?, my contract with ASC?

#### **Do staff require any support to help you manage any changes that might be proposed?**

- Support will be done from time to time.
- Yes.
- More training, support, information, regular supervision.
- Different communities with different needs, definitely. I am going to need support most likely.

#### **Do you have other comments you wish to make.**

- Staff are not feeling good at the present time.
- We need to change with the developing world and pool all resources to benefit our elders.
- I want to be prepared and get ready for the challenge.

### **Views from the BME Social Care Community Forum Conference**

- Can we be sure that by simply opening for longer hours that more people will come?
- How many of the 140 BME communities have we actually reached?

### **Views from the Community Engagement Events**

- People are keen to stay involved with the engagement and consultation process and would appreciate regular feedback on progress.
- People feel fatigued/jaded by consultation and no feedback or progress.

## **7.0 Views from GPs and other health professionals**

Chapeltown Health locality meeting 22-04-16.

- GPs lack awareness of ASC BME day services and the referral process.
- It would be helpful for BME day services to establish links with social prescribing initiatives.
- There is a perception in the community among some people that the services are closing.

West CCG Health Professionals event 26-05-16

Points raised by professional who visited the information stall.

- The two centres are too far to travel for patients
- Low awareness of the services among health staff
- Not aware of the services so not making referrals
- Thought the service was only for people in the area they are based.
- The location of the centre is not suitable
- The services should be advertised on the NHS net
- Health staff make referrals to Health for All or the neighbourhood networks
- GP's asked about referrals- how can these be made?
- Health staff did not know about the centres and what activities took place in them
- Health staff wanted to know more about what activities took place at the centres
- Some health staff said that referring to the centres was difficult
- One GP who worked in Harehills now working in Horsforth said there were lots of cultural issues that needed to be addressed in the area.
- Some agreed that the centres were needed to give carers a break and also for older people to get out of their homes.
- One GP working in Woodhouse said they would not make referral's to Apna Day Centre, as it was not the first service they would think about
- Health and Social Care staff need to work move effectively together with community health services such as the memory service, community matrons and the admissions avoidance service.

## **9.0 Outline service model for black and minority ethnic older people's day support following initial community engagement**

### **1. Introduction**

This proposed new service model for day support services for older people from BME communities has been developed following extensive engagement with service users, carers, staff, trade unions, community groups, health, third sector partners,

commissioners and elected members. The Stakeholder engagement events took place between January and April 2016 and were supported by Leeds Involving People.

Leeds is becoming a more diverse city with the challenge of appropriately meeting the specific needs of its diverse communities. It is now home to over 140 different nationalities. In 2001 the office of National Statistics (ONS) estimated that 10.8 % of the total resident population was comprised of people from BME communities (including Irish and other white groups), by 2011 the number had increased to 18.9% of the resident population, with an associated increase in older people in this population.

Demand for BME specific services is driven by this increase in people from BME communities, coupled with factors that may prohibit or restrict BME communities accessing alternative services such as other mainstream voluntary sector provided services. Barriers include language and cultural needs and therefore a specific service may be required to ensure BME groups have equality of access and choice and control over the services they receive.

Despite a clear demand for culturally appropriate services that meet the needs of BME communities, it is not sustainable to run services that only deliver a service for a minority of the BME community with eligible needs. As such there needs to be a flexible response which ensures more effective links are created and maintained between buildings-based services and wider community-based services to ensure the maximum possible community benefit.

The development of new day opportunities for the BME community also needs to be addressed alongside the wider aims of the Council. This includes striving towards more effective ways of delivering services, with an emphasis on short term initiatives to aid recovery, respite services to give carers a break and a stronger approach to harnessing the assets within communities.

This is in keeping with the Care Act (2014) which requires councils to focus on prevention, support and wider well-being.

## **2. A Strengths Based Service Model**

It is proposed that the new service model for day services for older people from Black and Minority Ethnic communities will adopt a strengths based approach. This harnesses the strengths of individuals and communities to develop new community connections and build relationships to reduce isolation and to support people with care and support needs through expanded community networks.

Adopting a collaborative approach between the person being supported and those supporting them, allows them to work together to agree outcomes that draw on the persons strengths and assets.

Working with individuals in this way promotes opportunities for individuals to be co-producers of services and support rather than passive recipients of care. The strengths based approach is about reducing dependency, protecting and promoting the persons independence, resilience, choice and well-being.

The approach requires staff to have greater knowledge and awareness of local community resources and social capital to identify and build local support networks. This involves building positive relationships at an individual, family, community and organisational level.

### **3. Proposed Service Outcomes**

The new service will support the Leeds Health and Well-Being Strategy and have the following aims:

- People will live longer and have healthier lives:
- People will live full, active and independent lives:
- People's quality of life will be improved by access to quality services:
- People will be actively involved in their health and their care:
- People will live in healthy, safe and sustainable communities.

### **4. Buildings and Service Location**

While it is recognised that the service will continue to require a building base to deliver some support services, feedback from the consultation indicated that in future, more services could be delivered in local community settings. As a result only one of the two current day centre buildings would be required. This would enable the service to be provided more flexibly to a wider range of BME communities, promote older people's access to mainstream services and support a city wide service remit by providing a base from which outreach activity to local communities could be delivered.

Given that Frederick Hurdle day centre is the larger of the two centres, is in better structural condition evidenced by a recent condition report and is better located in relation to other community resources; it is proposed that Frederick Hurdle centre should be retained and asset management will review options for the Apna sites future use.

To promote wider community participation and integration BME day services for older people should be delivered from a building remodelled as a 'Communities Health and Well-being Hub'. The service would be accessed by a range of different communities, age and interest groups, though with a primary focus on older people from BME Communities.

The flexible use of space would enable its use for a wide range of social, well-being, life-long learning and outreach activities not only delivered by Adult Social Care but in partnership with other local community groups.

It is proposed that the building would be available for wider community use during the evening and at week- ends to promote its use as a community resource. 'Trusted partners' would take responsibility for building security and cleaning when they used it. The development and oversight of this would be the responsibility of the proposed partnership board.

This would be supported within the new model by the use of a range of community buildings across the city. Working alongside appropriate community organisations.

## **5. Services Proposed**

### **The preventative offer:**

This element of the service would have a very clear remit focusing on developing individuals skills and abilities including self management:

- Support for family carers
- An information and signposting service, including promoting community connections
- peer support
- User led activities
- A range of health and well-being support
- Support with housing issues, benefits etc

The preventive service offer would be accessed directly and would not come under Adult Social Care eligibility or charging policy. No assessment would be required. Service users would still be able to access chargeable parts of the service if they wished. People accessing the preventative offer would complete a Social /Peer support agreement outlining the service they will receive where appropriate, have access to staff support for a time limited period (but not a key worker), have an annual provider-led review of their support needs or where appropriate a referral for a carers assessment and the option of completing crisis and risk management plans. Community organisations may place a small charge to individuals for accessing some of the services and events etc.

### **The core targeted service offer:**

This level of support would require an eligibility assessment with the individual and his/her family carers. The service would be targeted at people who have significant needs due to physical, mental health needs, or frailty or whose carers need a break (including to remain in paid work) and where they need personal assistance to attend. People using the service would require sustained assistance to build relationships, nurture control, choice and self- sufficiency, plan for the future and find practical solutions to problems.

The core targeted service offer could be provided at the Communities Health and Well-being Hub or from a range of community locations where personal assistance was available. The core targeted service would require the individual to have eligible care needs (which could include carer needs) and come under the charging policy for adult social care.

People accessing the Core targeted service offer would have a named key worker, have their support needs reviewed every three months and complete a crisis / risk management plan in addition to an annual provider-led review.

The service would be open to people with personal budgets and self-funders.

Due to people's changing needs individuals may move between the preventative offer and core service offer at different times.

<p>Building Focussed Chargeable Offer:</p> <ul style="list-style-type: none"> <li>• Support to monitor and maintain stability in mental and physical health</li> <li>• Social contact/address isolation</li> <li>• Social and educational groups</li> <li>• To access 1:1 support</li> <li>• Support with housing benefits etc.</li> <li>• Staff support/ staff input eg with personal care</li> <li>• Information and access service to assist customers to engage with mainstream opportunities and provide advice and information about staying well and healthy</li> </ul>	<p>Community focussed Chargeable offer:</p> <ul style="list-style-type: none"> <li>• Outreach service offering a range of group activities and links to local communities with personal assistance provided</li> </ul>
<p>Building Focussed non ASC chargeable offer:</p> <ul style="list-style-type: none"> <li>• Peer support</li> <li>• User led groups</li> <li>• Signposting and information service</li> <li>• Events</li> <li>• Courses</li> </ul>	<p>Community Focussed non ASC Chargeable offer:</p> <ul style="list-style-type: none"> <li>• Support for family carers</li> <li>• Peer support</li> <li>• User led groups</li> <li>• Signposting and information service</li> <li>• Events</li> <li>• Courses</li> </ul>

## 6. An asset based approach

It is proposed that an asset based community development approach is used to work with BME and other communities in local neighbourhoods. This approach starts from the assumption that local assets are the primary building blocks of sustainable community development. Building on the skills of local residents, local groups, and organisations, asset-based community development draws upon existing community strengths and relationships to build stronger, more sustainable communities for the future. Staff would adopt an asset based community development approach to link people into their communities and match them with people with similar interests.

## 7. Service Access

All referrals for either the preventative offer or the core targeted service offer will be considered by a panel. Clear entry criteria for the service will be established and shared with referrers. Protocols will be established with flexibility built into the model so that customers can move between the building based offer and the community focussed offer, depending on need.

## 8. Service Management

During the service review four options for the future delivery of the service were considered. These were:



- (1) Do nothing- continue to run the service in-house.
- (2) Continue to provide the service as part of the council following implementation of the new service model
- (3) Deliver the service in partnership with one or more independent or third sector providers allowing for shared resources / benefits, funding and viable business case.
- (4) Commission one or more new providers with substantial experience of working in local communities with BME communities to deliver the service.

After a comprehensive review of these options it is recommended that a partnership approach to the future management of the service is adopted. A partnership board would be established with Leeds ASC to oversee the modernisation of ASC BME day services and to advise on the future delivery of the service.

## **9. Staff**

The management team and staff will adopt a flexible working relationship with all customers.

The following approaches will be integral to all interventions:

- Supporting individuals to take control of their life, ownership of their support and equip them with the skills needed to live in their own home for as long as possible
- Focusing on the persons qualities, wishes and aspirations rather than their limitations
- Working with the person to instil a belief in the future
- Supporting the person to use their strengths and abilities to help them to achieve their goals as outlined in their support and risk management plan

Staff will work with customers to improve their access to community resources and increase community opportunities, whilst still providing access to a building base.

The strength based approach requires staff to have greater knowledge and awareness of local community resources and social capital to identify and build local support networks. This involves building positive relationships at an individual, family, community and organisational level. The staff team (including appropriately trained volunteers) will need to have the language skills and cultural awareness to work effectively with a wider range of BME communities. Staff are already developing some of these skills

Staff from the service will provide advice and support to other staff groups across the city working with older people from BME communities.

By combining staffing resources from the two existing centres, the current staff teams will work as one team to provide both the building based and community focused offer.

## 10. Service Capacity

The capacity of the new service will be expanded beyond the 63 people currently accessing the service (May 2016). Support would be provided at both the Communities Health and Well-being Hub and/or in community settings. The service would support people with eligible and non-eligible needs (on a preventative basis). By providing a wider range of services and activities than at present more BME communities will be supported.

The table below provides an illustration of the potential numbers that the new service could work with.

<b>Apna and Frederick Hurdle Combined capacity</b>			
Operating Day	Current service registered places	Potential total capacity in the new service	Additional Capacity in the new service
Mon	29	66	37
Tues	33	66	33
Wed	33	66	33
Thurs	32	66	34
Fri	27	66	39
Sat	3	66	63
<b>Total</b>	<b>157</b>	<b>396</b>	<b>239</b>

### **Notes**

1. Assumes that the two Centre's staff and current service users operate from one building.
2. Assumes potential for 10% increase in the numbers of people that can be supported due to outreach work to develop local support networks, partnership working and efficiencies as a result of operating from a single base.

## 11. Transport

More flexible transport arrangements will enable people to access the service more easily. This could be achieved by the service having dedicated use of a mini buses / drivers (including Volunteer Drivers) or developing community transport initiatives. The partnership board would oversee the development of this initiative.

## 12. Communities served

Leeds is home to over 140 different nationalities. The service would be available to and benefit a wider range of BME communities than currently. This will require the service to be delivered much more flexibly both from the service hub and in different community locations across the city, working with a broad range of community organisations.

Services will need to be clearly targeted at communities which will have the greatest impact in terms of the Leeds Health and wellbeing strategic outcomes.

### **13. Partnerships**

The Service would be delivered in partnership with a wide range of local BME community groups and other Third Sector organisations supporting older people, and work much more closely with Health partners in relation to wider BME health issues such as self- management, primary prevention (e.g. Smoking) and areas of health inequalities including diabetes, blood pressure, prostate cancer, glaucoma etc. Stronger links would be developed with the Local Authorities Communities Teams. Key partners would be represented on the services partnership board.

### **14. Food**

Good quality and nutritional food prepared in accordance with cultural and individual needs would be available at the communities health and well-being hub and at other community locations. This requirement would need to be met within the existing service budget. Service users should be involved in menu planning and food preparation. The provision of food and refreshments should also be seen as a way of promoting the engagement and involvement of the wider community in the service.

### **15. Community engagement**

Resources within BME communities, other third sector organisations, and mainstream services should be used more effectively; in particular, more opportunities for volunteering, joint community initiatives, including sports and culture, and involvement should be explored. This would allow for the range and type of services being provided to be greatly extended.

The use of volunteers would also help to overcome language barriers and increase access to services.

It is envisaged that the partnership board and partner community organisations may be able to access additional funding streams not available to the Local Authority and act as a focus for improving wider community engagement.

### **16. Service Performance Monitoring**

The service would be required to report quarterly and annually to Leeds Adult Social Care evidencing that agreed targets and outcomes were being achieved. Targets and outcomes (reflecting the service aims) might include:

- % of service users reporting that they are satisfied with the support provided by the day support service
- 95% of referrals seen within 10 working days
- A support plan (where required) in place within 5 days of service commencement
- % of service users reporting they have received a benefits check.
- % of service users reporting having a range of opportunities to live healthy, active and fulfilling lives
- % of people engaged in physical and or cultural activities each week

- % of service users reporting they are supported to manage their health condition(s)
- Reduced repeat emergency visits to hospital by service users
- Carers report that the service provides them with a range of support to enable them to carry out their caring role
- Number of service users supported to live independently in their own home
- % of service users reporting feeling safe and secure both at home and outside their home
- Numbers of people involved in policy development and decision making about the day support service and other services they use
- The effectiveness of the partnership board in delivering improved services to BME communities.
- % of service users reporting they have access to reliable transport to attend social activities and access health and social care services.

## 17. Finance

It is proposed that the current revenue budget for the two services should be maintained with some realigning of budgets to provide resources to promote service outreach and an asset based community development approach.

## 18. New Service Model Summary

	Service as is:		Service as will be:
1.	Lack of clarity on service model and remit	1.	Service has clear service outcomes of supporting people to remain as independent as possible within their own homes and communities. Service outcomes are regularly monitored to ensure they are being met.
2.	Service is only available to people with eligible needs	2.	Service available to people with eligible and non- eligible support needs. For non-eligible people the service operates as a preventative support service.
3.	Limited service offer	3.	Service offer supports a strengths based approach built on what people and communities can achieve providing preventative, recovery and continuing care services
4.	Limited partnership working with other agencies	4.	Close partnership working with a wide range of community organisations, health and third sector organisations to meet the desired outcomes of community members
5.	Building based service operation	5.	Service delivered from a number of community locations across the city as well as a single

			health and well-being hub and outreach services. Wider community encouraged to utilise the building
6.	Limited engagement with the local community	6.	Opportunities for volunteering and other engagement with the local community offered. Asset based community development approach adopted, mobilising the resources available in the community to support individuals.
7.	Little or no service user involvement in the running of the service	7.	Wide range of opportunities offered for service users to get involved in service delivery and policy development including membership of the Partnership Board. Peer support opportunities developed
8.	Small number of BME communities using the service	8.	Appropriate support extended to a much wider range of BME communities across the city.
9.	Limited numbers using the services currently	9.	Greatly increased numbers of people accessing services at both the service hub and via groups in local community settings
10.	Limited service performance monitoring in place	10.	Clear service monitoring criteria in place based on how well individual outcomes are met. Regular monitoring to ensure service outcomes are being met
11.	Limited to core ASC funding	11.	Opportunities for accessing additional funding streams especially health and preventative services

## 19. Case Studies

### Jakob

Jakob is 78 and lives in Chapel town, but is originally from the Ukraine. He was a refugee in Germany before moving to the UK in the 1970s.

His marriage to an English woman broke down many years ago, and their child has died.

Jakob is very isolated, knows very few people in Leeds and has no living relatives.

Although he is not eligible for any social care services he was ringing the LCC contact centre number several times a week, in distress.

Jakob was very reluctant to leave his flat and was generally very anxious and unhappy.

He talked about going to Manchester where he lived with his ex-wife - even though he did not know anyone who lived there.

When a social worker visited him (following his calls) he agreed reluctantly to meet with a worker from the BME day support service.

A conversation with Jakob about what he wanted to achieve helped Jakob to work out that he really wanted to meet people and make friends. The day support worker spent time building a relationship with him - establishing what he wanted in his life and how he might achieve it.

Over the next few months Jakob significantly expanded the number of people in his social circle. He also began to try new things of his own volition.

This included:

- Support from a tenancy support worker around a number of housing issues
- Going regularly to a men's group
- Playing chess with a man he met at the day service who shares his love of the game
- Offering to teach another man chess in return for computer lessons
- Going to his local pub occasionally on his own, for a quiet drink
- Joining a Neighbourhood Network befriending service
- Jakob no longer calls the contact centre and no longer seems worried about or interested in revisiting Manchester.

## **May Mon**

Is an 80 year old Burmese lady. She lives on her own in her own home. and attends the centre 3 days each week.

She has limited English and suffers from severe depression.

She has a son who lives in Leeds who she has regular contact with.

Her two neighbours are her main support helping with shopping and social support. She receives no homecare support.

May Mon is very quiet and does not readily engage in conversation with staff or other day service users.

She was very close to her daughter who died some years ago.

She will occasionally visit local shops but has little community contacts beyond this.

At the day centre she likes to join in with craft group activities.

The day service has supported May Mon in the following ways:

- Made links with the Burmese community in West Yorkshire.

- Supported May Mon to attend appointments with her geriatrician
- Supported her to join in activities at a sheltered housing complex close to where she lives.
- Supported her son and her neighbours in their caring roles.
- Arranged for May Mon to join her local Neighbourhood Network supermarket shopping group.

## Appendix 1

### Organisations invited to consultation workshops

127 Woodhouse Street	Kashmir Social & Welfare Assoc
Advocacy Support	Ladies Shahid Group
African Families Support Network	Leeds Black Elders Association
Al-Hasan Education Trust	Leeds Caribbean cricket club
APNA	Leeds Chinese Community Assoc
Asha Neighbourhood Project	Leeds Education Achievement
Asian Women Counselling Service	Leeds Gate
Association of Blind Asians	Leeds Gypsies and Travellers
Baba Dal Day Centre	Leeds Involving People
Bangladeshi Community Education Training Centre	Leeds Irish Health and Homes
Bangladeshi Community Employment and Training Centre	Leeds Jewish Welfare Board
Barbados Association	Leeds Partnerships Foundation Trust
Bebenanki Centre	Leeds Union of Sierra Leone
Behno Group	Leeds West Indian CTR Carnival
Bethal Church	Mary Seacole Nursing Association
Bethal Community College	Migrant Community Worker
Bethal Day Centre	Milun Womens Centre
Cardigan Centre	Nari Ekta Ltd
Carers Leeds	New Testament Church of God
Catholic Care	Olivier Mmounda
Church of Jesus Christ Apolistic	PAFRAS
Concourse Multi Faith	Polish Catholic Centre
CYDC, Prince Phillip Centre	Ramgarhia Board
Embrace Association	Ramgarhia Sikh Sport Centre
Eritrean Community	RETAS

Feel Good Factor	Rising Notes Project
Fire Protection Officer	Roscoe Methodist Church
Gaelic Athletic Association	Sangam Group
Gordon Day Centre	Shantona Women's Centre
Guru Nanak Nishkan Sewak Jatha	Sikh Girls Group
HAMARA Healthy Living Centre	SKNA
Hamwattan Centre	South Sudan Welfare Association
Hamwattan Elderly Group	St Kitts-Nevis Association
Health For All (Leeds) Ltd.	St Martins Church
Hindu Charitable Trust	Stocks Hill Day Centre,
Indian Welfare Society	Touchstone
Indian Workers Association	UCA
IQRA Centre	UK Islamic Mission
Islamic Girls School	Ukrainian Community Centre
Jamaica Society	United Armley Muslim Forum
Justice for travellers	Vandan Group
Kashmir Muslim Welfare Assoc	Volition
West Indian Ladies	West Indian Family Counselling Service
WIFCOS	Womens Group & IAG
Woodsley Road Community Centre	



## Appendix 2

### Organisations who attended the workshops

Apna Day Centre
Apna Sports Centre
Akash Radio
Asha Centre
Association of Blind Asians
Baba Dal Day Centre
Barbados Association
Bethel Church
BHI
Bhojan Group
Caring Together
Eritrean Community
Feel Good Factor
Frederick Hurdle Day Centre
Hamara Healthy Living Centre
Hamwattan Centre
Health Watch Leeds
Leeds Black Elders Association
Leeds MIND
LWIIWG
Mary Seacole Nursing Association
Ramcara
Ramgarhia Centre
Roscoe Luncheon Club
Roscoe Methodist Church
Sikh Welfare Trust
Touchstone
Vandan Group
West Indian Centre Women's Group

## Appendix 3

### Questions covered in the Community Questionnaire:

- 1) Are you aware of the service provided for older people from BME communities at Frederick Hurdle and Apna day centres?
- 2) Do you use any other service?
- 3) What do you think of the day service currently provided at Apna and Frederick Hurdle day centres for BME communities in Leeds?
- 4) What stands in the way of you using these services?
  - Opening times
  - Lack of information
  - Cost
  - Transport
  - Adult Social Care approval
  - Type of service offered
  - Location
  - Other (please specify)
- 5) How can these services be improved?
- 6) Do you think different BME communities would be able to share the same premises?
- 7) If you have answered yes to Question 6, please tell us which factors would be important to enable different BME communities to share the same premises
  - Non-religious building
  - Joint events bringing communities all together
  - Separate days for different languages
  - Provision of culturally-specific food e.g Halal, vegetarian
  - Separate days for different communities
  - Staff members who are representative of different communities
  - Separate places for men and women
  - Staff members who can speak different languages
  - Other
- 8) Do you think that services and activities need to be provided in a day services building?
- 9) Do you think that more services and activities could be provided in different community settings?
- 10) During the initial consultation exercise, the following possible ways of delivering the services in future were identified, which option would you support?
  - The services continuing to be run by Adult Social Care
  - Staff Spin Out staff running the services as a new and independent organisation set up as a social enterprise
  - The services being managed by a voluntary sector organisation with experience of BME communities

- Personal budgets/Direct payments – service users using individual budgets given by Adult Social Care to purchase more individual and flexible services provided by a range of voluntary and independent sector providers
- 11) We want to widen the range of BME communities accessing BME day services. Do you have any suggestions on how we can do this?
  - 12) Do you know of any other organisations/people we could work with to improve BME day services?
  - 13) Do you have any further comments/suggestions?

**Questions covered in the Service User Questionnaire:**

- 1) Which day centre do you currently attend?
  - Apna
  - Frederick Hurdle
- 2) Who referred you to Apna/Frederick Hurdle?
- 3) How often do you access Apna/Frederick Hurdle?
  - Once a week
  - Once a fortnight
  - More than once a week
  - Once a month
- 4) If you would like to access these services more often, what stands in the way of you doing so?
  - Opening times
  - Lack of information
  - Location
  - Cost
  - Transport
  - Adult Social Care approval
  - Other (please state)
- 5) Do you use any other day service?
- 6) What do you like about the current service?
- 7) How could the service be improved – are there any additional/different services you would like to see provided at the day service?
- 8) Do you think there should be specific day services for older people from minority ethnic communities?
- 9) If so, do you think that different BME communities could share the same premises?
- 10) If you answered yes to Question 9, please tell us which factors would be important to enable different BME communities to share the same premises?
  - Non-religious building
  - Joint events bringing communities all together

- Separate days for different languages
  - Provision of culturally-specific food e.g Halal, vegetarian
  - Separate days for different communities
  - Staff members who are representative of different communities
  - Separate places for men and women
  - Staff members who can speak different languages
  - Other
- 11) Do you think that services and activities need to be provided in a day services building?
- 12) Do you think that services and activities could be provided in community settings?
- 13) The previous community consultation identified the following possible options for delivering services in the future, which option would you support and why?
- The services continuing to be run by Adult Social Care
  - Staff Spin Out staff running the services as a new and independent organisation set up as a social enterprise
  - The services being managed by a voluntary sector organisation with experience of BME communities
  - Personal budgets/Direct payments – service users using individual budgets given by Adult Social Care to purchase more individual and flexible services provided by a range of voluntary and independent sector providers
- 14) We want to widen the range of BME groups accessing BME day services. Do you have any suggestions for how we might do this?
- 15) Are there other organisations/other people we could be working with to improve services at the day service you use? If so who might they be?
- 16) Do you have any further comments/suggestions regarding Adult Social Care BME day services?

**Questions covered in the Staff Questionnaire:**

- 1) Service you currently work at?
- 2) Date questionnaire completed
- 3) Are there any services/activities currently not provided at Frederick Hurdle and Apna Day Services that you think customers could benefit from?
- 4) Do these have to be provided within the Day Services? Could they be provided in the wider community?
- 5) Are there organisations/other people we could be working with to improve services at the day centre? If so, who might these be?

- 6) How could we ensure that Adult Social Care BME day services are made available to a wider range of BME communities in Leeds?
- 7) How could staff work more closely with family carers?
- 8) The previous community consultation identified the following possible options for delivering the services in the future, which option would you support and why?
  - The services continuing to be run by Adult Social Care
  - Staff Spin Out staff running the services as a new and independent organisation set up as a social enterprise
  - The services being managed by a voluntary sector organisation with experience of BME communities
  - Personal budgets/Direct payments – service users using individual budgets given by Adult Social Care to purchase more individual and flexible services provided by a range of voluntary and independent sector providers
- 9) Is there anything else you think we should take into account when modernising ASC BME day services? For example, are you aware of any other services that we should look at when developing a new service model?
- 10) How might any proposals to modernise these services impact on you as a member of staff?
- 11) Do you require any support to help you manage any changes that might be proposed?
- 12) Do you have any other comments you wish to make?

## Appendix 4

Organisations consulted throughout the consultation period through one to one or groups meetings

<b>Organisation</b>	<b>Date Consulted</b>
Migrant Access Project	22 March 2016
Parivar Group	15 February 2016
Soheil Group	17 February 2016
ABA	4 April 2016
Asha Project	5 April 2016
Fusion Café	6 April 2016
Chapelton Locality Meeting (GP's)	22 April 2016