

With MEE in Mind

The Minority Ethnic Elders Advocacy
(MEEA) Project

An Evaluation and Good Practice Guide



Race Equality First



**"Working with you
to make equality a reality"**



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Executive Summary

Aims and Objectives

WestPoint Crime and Social Research Consultancy, together with Cardiff University, was commissioned to undertake an independent evaluation of the Big Lottery-funded Minority Ethnic Elder Advocacy (MEEA) Project. The project is led by Race Equality First (REF) and delivered in partnership with South East Wales Regional Equality Council (SEWREC), North Wales Regional Equality Network (NWREN) and Swansea Bay Regional Equality Council (SBREC). The MEEA Project provides independent advocacy services to MEE aged 50 and over across Wales, and at the time of writing had engaged with and supported **841 beneficiaries**.

The report incorporates a number of objectives:

1. To document the nature of advocacy work undertaken by the MEEA Project and generate evidence of the impact it has had on its beneficiaries.
2. To promote an enhanced understanding of the myriad and inter-related challenges faced by MEE residents in Wales and by doing so highlight the 'diversity of need' within MEE communities across Wales.
3. To identify gaps in service provision and areas for improvement across a range of sectors including health and social care, housing and employment.
4. To illustrate key examples of good practice when engaging, supporting and empowering MEE people.
5. To put forward a number of recommendations for the consideration of commissioners, policy makers and practitioners.

Methods

The report draws on quantitative and qualitative data generated by the MEEA Project during the course of its operation in the form of beneficiary demographic information, case studies and project action plans. The evaluation team also carried out independent qualitative research during the final year of the MEEA Project in the form of one to one interviews and focus groups in each of the four MEEA regions across Wales. In total, **50 beneficiaries took part in the evaluation process** and the qualitative data provided a rich and nuanced understanding of the challenges faced by beneficiaries, the impact of the MEEA Project on beneficiaries and key examples of good practice when supporting and advocating on behalf of MEE people.

Key Findings 1: MEE Challenges and the 'Diversity of Need'

The report highlights MEE challenges and support service provision 'need' in the following areas: Language and Communication (Top Challenge One); Health and Social Care (Top Challenge Two); Loneliness and Social Isolation (Top Challenge Three); Housing, Employment, Finance and Welfare, and Elder Abuse and Hate Crime.

1. Language and Communication

MEEA Project registration data shows that:

- Over 35% of beneficiaries had basic or no oral English skills at the point they engaged with the MEEA Project;
- The proportion of beneficiaries with no English language or literacy skills increases with age.
- There are levels of English illiteracy within all ethnic groups, and within Bangladeshi, Chinese and White Other communities, the beneficiaries with no English language or literacy outnumber those with fluent or good English skills.

The theme of language and communication underpins many of the findings contained within this report. It is referenced throughout the report and particularly within the areas it impacts upon the most, including access to meaningful health and social care, constructive employment pathways and access to appropriate finance and welfare.

2. Health and Social Care

MEEA Project registration data shows that:

- 22% of MEEA beneficiaries experience bad or very bad physical health and almost 10% believe they suffer from bad or very bad mental health.
- Poor physical health remains constant across the age ranges with approximately 25% of beneficiaries experiencing physical health problems regardless of age.
- In terms of mental health, perceptions of 'wellness' remain proportionally consistent across the age ranges (29% - 33%), and bad or very bad mental health is relatively low, particularly for those aged 65-74
- Black African and Indian beneficiaries experience the highest levels of 'good' physical health (43% and 40% respectively). White Other and Bangladeshi beneficiaries experience the highest levels of 'bad' physical health (31% and 30% respectively).
- Indian and Black Caribbean¹ beneficiaries experience the highest levels of 'good' mental health (44%) and Bangladeshi and Mixed Race beneficiaries experience the highest levels of bad or very bad mental health (23% and 21% respectively when percentages combined together).

3. Loneliness and Social Isolation

MEEA Project registration data shows that:

- 41% of the total number of beneficiaries who answered this question (n=592) often or sometimes feel lonely.
- The experience of loneliness is fairly evenly distributed across the age ranges.
- Feelings of loneliness are relatively high within Asian communities, and almost 50% of Bangladeshi beneficiaries experience feelings of loneliness. Similarly, almost 50% of Black African beneficiaries and 60% of Mixed Race

¹ It is important to note the low numbers of beneficiaries within some ethnic groups (see Table 1: Demographic Characteristics of MEEA Beneficiaries).

beneficiaries feel lonely to some degree. Beneficiaries from White Other or Other ethnic groups experience relatively high levels of loneliness (38% and 57%, respectively)².

“I have my carers who come over here and that’s about it. I just keep on talking; it doesn’t have to be any particular reason, subject or anything. I just talk because I get to see these people for the limited time that they have with me.”

Key Findings 2: MEEA Project Impact and Evidence of Good Practice

The MEEA Project has a profoundly positive impact on its beneficiaries in a number of areas, which in turn serves as evidence of good practice when engaging, supporting and empowering MEE people in Wales.

▪ Diversity and Intensity of Service

The MEEA Project recognises the complex and interconnected nature of the challenges experienced by MEEs and responds effectively by providing a comprehensive and multifaceted support system that reflects the diversity of need across MEE communities.

▪ Language and Culture

The MEEA Project acknowledges the difference between language and culture and respecting the importance of both to MEE people. This is exemplified through the provision of, and access to, comprehensive language and interpretation support to enable MEE to make informed choices in key areas including their own finances, employment and social well-being.

▪ Health and Well-being

In many cases Advocacy Officers support beneficiaries to secure appropriate and effective health and social care by advocating with primary and secondary care providers on their behalf, or referring them to partner organisations for support with specialist conditions.

“It’s very important to go out from the home and join the exercise class otherwise I go stiff at home, especially in the winter. The exercise is very nice, they do yoga, and it’s suitable for everyone.”

▪ Social Interaction and Community Engagement

The MEEA Project provides a number of opportunities for more socially isolated MEE people to integrate within their local communities. This is evidenced through attendance at the weekly AdvoCafes or through participation in regular group trips that are designed with MEE in mind.

² It is important to note the low numbers of beneficiaries within some ethnic groups.

“For a long time I was suffering very very quiet in the house, you know. I came to know so many new people that I never knew before...I didn’t used to go outside and now it is completely different. I want to meet people; I need to meet people.”

- **Personal and Cultural Empowerment**

“All these women come together and talk to each other, in a group visit and one person starts up and says what they can do and maybe they are good in sewing, so they share their expertise with other people.”

- **Sustainability and Legacy**

“There are many Sudanese they came to me and ask me how they can do this, and how they can do that...now because of the project, I can help other people.”

All of the Advocacy Officers in the four MEEA regions have spent concerted time and effort to engage with a wide range of statutory, local authority and third sector organisations and have established a considerable number of partnership agreements and referral mechanisms with a wide range of statutory agencies and third sector organisations across Wales.

Advocacy for MEE people is crucial, and good practice in this area is about recognising the myriad challenges that older people face, listening to need and responding in an effective way for each individual. It is about raising awareness of rights and entitlements and the nature of support and services that are available to MEE people. It is about facilitating access to that support and providing emotional reassurance and practical help and advice to MEE people as they negotiate the pathway to attain outcomes they choose for themselves.

Ultimately, good practice is about advocating on behalf of MEE people where appropriate but, crucially, empowering MEE to be able to advocate for themselves and members of their local community. The MEEA Project is designed and operationalised in Wales. However, the findings from this report will resonate in England, and it would be a valuable exercise to investigate the viability of implementing the ‘MEEA Model’ in other parts of the UK.

A number of recommendations highlight the need for:

1. Sustained funding and continued investment in MEE-specific services.
2. Recognition of the heterogeneity of ethnicity and the diversity of need.
3. A Multi-agency response to language and communication challenges.
4. The provision of support to access vital health and social care.
5. Acknowledgement of, and effective response to the impact of loneliness and social isolation within MEE communities.
6. A more concerted drive to support MEE people, particularly EEA migrants who are actively seeking employment in Wales.
7. Increased awareness of MEE housing rights and entitlements.
8. Increased awareness, support and effective response to MEE victims of domestic abuse and hate crime.
9. More effective partnership working in the design and delivery of coordinated and cohesive support services for MEE people in Wales.



1. Introduction

1.1 The Minority Ethnic Elders Advocacy Project

The MEEA Project is led by Race Equality First (REF) and delivered in partnership with South East Wales Regional Equality Council (SEWREC); North Wales Regional Equality Network (NWREN) and Swansea Bay Regional Equality Council (SBREC). Race Equality First provides practical support and advice, and advocacy services for people who face discrimination, harassment, hate crime and disadvantage. REF is now the only Race Equality Council in Wales with the specific remit to address racial equality and it is one of the four remaining Race Equality Councils in the UK. The organisation's objectives are currently delivered through a number of services including discrimination casework; community-based consultations; human resource assistance and training on issues such as cultural awareness in community engagement, hate crime awareness and anti-discrimination workshops for schools. REF also leads a number of funded, partnership projects such as the Hate Crime Advocacy and Empowerment Project. REF completed the All Wales Hate Crime Project in 2013, and the research generated through the project had significant policy impact, contributing to the evidence base for the Welsh Government's *Framework for Action on Tackling Hate Crime* (2014).

The Minority Ethnic Elders Advocacy (MEEA) Project provides an independent advocacy service to MEE aged 50 and over across Wales. The Project runs for three years (November 2013 – November 2016) and aims to provide practical help, emotional support and signposting to statutory and voluntary sector support services across Wales. The project employs five members of staff: one Project Coordinator and four Advocacy Officers based in each of the MEEA regions across Wales. At the point of publication, the total number of beneficiaries supported by the MEEA Project was **1,078**. However, at the time of data analysis the MEEA Project had engaged and supported **841 beneficiaries** across 19 of the 22 local authorities in Wales and it is this total that informs the analysis and findings contained within the report. The local authority areas with the highest numbers of MEEA beneficiaries are Cardiff, Newport and Swansea. This is unsurprising given that it reflects statistics highlighting these areas as having the highest proportions of BME groups.³

The MEEA Project provides practical advice and emotional support in the following areas:

- Asylum and Immigration
- Domestic Abuse/Elder Abuse
- Employment

³ Minority Ethnic Groups: Cardiff (15.2%), Newport (10.1%) and Swansea (5.9%).

Black Groups: Cardiff (15.2% Black and minority ethnic, 2.4% Black or Black British) and Newport (10.1% Black and minority ethnic, 1.7% Black or Black British).

<http://gov.wales/docs/statistics/2012/121217sb1262012en.pdf>

- Hate Crime and Discrimination
- Health and Social care
- Housing/Residential Care
- Family Issues and Disputes
- Finance and Benefits
- Language and Literacy
- Social/Leisure Activities
- Social Work
- Transport

These issues reflect some of the most fundamental challenges facing MEE in the UK. This report highlights the nature and impact of these challenges and the extent to which they are exacerbated by associated issues such as loneliness and social isolation, rural living and the absence of family support.

There are three main ways that beneficiaries become involved with the MEEA Project:

1. Advocacy Officer Outreach Work

All MEEA information and documentation is translated into both prominent and more minority languages including Polish, Cantonese, Chinese, Bangladeshi, Urdu, Punjabi and Arabic and there is the capacity for in-house translation and interpretation support in each of the four MEEA regions.

2. Organisational Referral e.g. Tenancy Support, Job Centre

The MEEA Project works closely with the statutory and third sector organisations across Wales that provide services to older people, and a large proportion of referrals from external agencies and organisations are facilitated through the active networking and outreach work undertaken by the Advocacy Officers in each of the four MEEA regions.

3. Self-referral following information from friends and family.

At the time of writing, the breakdown of referral pathway for MEEA beneficiaries was as follows:

- MEEA Outreach Work = 68% (n=572)
- Organisational Referral = 5% (n=42)
- Self-referral = 25% (n=213).

On a general level, the MEEA Project provides three core services:

1. **One to One Advocacy Support**
2. **Group Trips and Activities**
3. **AdvoCafes**

The AdvoCafes are drop-in, activity sessions that are held on a weekly basis across the MEEA regions. They facilitate the opportunity for local MEE residents to come together in a friendly, culturally sensitive environment within their local community. They also provide an effective forum to mitigate some of the challenges and concerns that MEE people experience in Wales including social isolation, ill health and issues of transport and mobility.

In addition, the MEEA Project has committed to recruiting and working with local **'Volunteer Champions'** (VCs) who are given Advocacy Training to ensure they are fully equipped to represent the views of MEEs within Wales. At the time of writing, the MEEA Project had recruited **23 volunteer champions and 1 community ambassador**. The Advocacy Officers and Project Co-ordinator assist Champions to identify council, health or local community forums, briefings, committees and consultations for each Champion to attend to represent and take forward the views of the AdvoCafe group. The longer-term intention is for the volunteer champions to continue in this role following the completion of the MEEA Project in November 2016.

2.2 The MEEA Evaluation and Good Practice Guide

WestPoint Crime and Social Research Consultancy (WestPoint Research) and Cardiff University have been commissioned to carry out an independent evaluation of the MEEA Project and highlight good practice when engaging, supporting and empowering MEE People in Wales. The Report aims to promote an enhanced understanding of the myriad and inter-related challenges faced by MEE residents in Wales within the context of accessing support services and improving their health and social well-being. By raising awareness of these challenges, the report highlights the 'diversity of need' within MEE communities across Wales. The data generated during the course of the MEEA Project and through the evaluation process, highlights the experiences of MEE in Wales and in doing so, identifies gaps in service provision and areas for improvement across a range of sectors including language and communication; health and social care, housing and employment. The report draws on the invaluable work undertaken by the MEEA Project during its period of operation (November 2013 – November 2016) and the positive impact the project, and its advocacy officers in particular, have made on beneficiaries to highlight good practice when engaging, supporting and empowering MEE People in Wales.

This report draws on quantitative and qualitative data generated by the MEEA Project during the course of its operation and independent qualitative research undertaken by the evaluation team during the final year of the MEEA Project. The Project itself generated quantitative data by means of the registration form that was completed by beneficiaries at the point they became involved with the MEEA Project.

The evaluation team also analysed qualitative data collected by the MEEA Project in the form of strategic action plans, activity feedback forms (completed by beneficiaries) and case studies that documented key issues/challenges for beneficiaries and the nature, and subsequent impact of support offered by the MEEA Project.



The evaluation team also carried out one to one interviews and focus groups in each of the four MEEA regions across Wales. In total, **50 beneficiaries took part in the evaluation process** and the qualitative data provided a rich and nuanced understanding of the challenges faced by beneficiaries, the role of the MEEA Project in their lives and any recommendations for improvements to support service provision for MEE in Wales.



In addition, **as part of the project's internal evaluation processes** all 1,078 beneficiaries supported by the project (through one to one advocacy or AdvoCafe participation and/or group trip attendance) have completed evaluation forms. The feedback has been used to inform MEEA work during the life of the project, and contributed to the independent evaluation of the project.

2. MEE in Wales: Population and Policies

2.1 The MEE Population in Wales

Whilst Wales has become more ethnically diverse with rising numbers of people from a Black or Minority Ethnic (BME) background in recent years, these groups still only represent a very small percentage of the overall population in Wales. However, it is important to note the substantial increase between 2001 and 2011. The 2011 Census data for Wales reveals that non-white (including mixed) ethnic groups represented 4.0 per cent of the population in 2011, up from 2.1 per cent in 2001. Those describing their ethnic group as Asian are the second largest ethnic group in Wales. Between 2001 and 2011 the percentage of the population of Wales describing their ethnic group as Asian doubled from 1.1 per cent (32,000) to 2.3 per cent (71,000). The areas with the highest proportions of minority ethnic groups were Cardiff (15.2%), Newport (10.1 per cent) and Swansea (5.9%). In each of these areas ethnic minority populations have more than doubled in the decade to 2011 with the biggest relative increase in Swansea where the ethnic minority population rose from 4,800 to 14,200. The age profile of different ethnic groups in Wales varies considerably. In March 2011, there were 135,000 people from a BME background living in Wales, and around 5% were aged 65 or over. This is compared with 18% in the population as a whole and 19% of those describing themselves as White. This indicates the BME population, as a whole tends to be younger than the overall population of Wales.

A key issue is what implications do these national statistics have for MEE in terms of the policy-making framework and support service delivery mechanisms in place in Wales?

2.2 The MEE Policy Context in Wales

Currently, there are policy frameworks in operation in the UK that either directly or indirectly affects MEE people living in Wales. In 2013, the Welsh Government launched The Strategy for Older People in Wales (Strategy) 2013-2023. The Strategy seeks to consolidate the policy progress made by its predecessor (2008-2013) and *Getting On Together: A Community Cohesion Strategy for Wales (2009)*. The current strategy is underpinned by a vision to ensure older people have the social, environmental and financial resources to embrace the opportunities and overcome the challenges they encounter in their lives.

Social Resources

When assessing the experience of 'feeling well', The Strategy (2013-2023) identifies the importance of social factors such as a feeling of belonging; having something to do; feeling needed and productive, and having a single point of access for advice and information. The Strategy indicates that loneliness and isolation are primary causes

of health problems including depression and early death. These issues also contribute to incidents of elder abuse, and undermine access to supportive mechanisms when faced with family dispute situations. These are issues, particularly pertinent for MEE, who may also endure language and cultural constraints to some degree.

Environmental Resources

Both The Strategy and the Community Cohesion Strategy for Wales cite a number of issues that can restrict the mobility and spontaneous movement of older people, including inadequate access to local amenities, public transport, and public places. For the MEE community, these issues can also lead to difficulty in accessing cultural facilities. Wales' first piece of housing legislation, the Housing (Wales) Act 2014 has now come in to full effect. Whilst there are no specific policies relating to BME, MEE or older communities there are guidelines and legal requirements for standards of housing in Wales, along with frameworks for identifying and tackling homelessness. Alongside this, Shelter conducted a study entitled *Homelessness Amongst People from Black and Minority Ethnic Populations in Wales (2014)*, in which they summarised three key findings: 1. a lack of awareness of housing procedures and rights and a lack of confidence to enforce rights; 2. the visibility, accessibility and appropriateness of housing services and support, and 3. the appropriateness of accommodation and access to good quality and affordable housing.

Financial Resources

The Strategy for Older People in Wales (2013: 16), states that 'financial security is important at all stages of life but poverty in later life is specifically associated with high levels of social isolation, poor health, insufficient social care, poor housing and lack of access to good financial advice and support. In addition, older age is associated with reduced opportunities to escape poverty or financial hardship, for example through employment or retraining'. This, in combination with some of the extra challenges MEE can face when attempting to access services, with lower than average levels of income and employment, with language barriers exacerbating their inability to retrain or find higher paid employment (though problematic due to their age) ensuring that information about, and access to financial resourcing is another current gap in service attempting to be rectified by the introduction of specific policy guidance.

The Older Peoples' Commissioner for Wales, an independent safeguarding champion and advocate working on behalf of older people in Wales has set a policy 'Framework for Action 2013-2017', which identifies five priorities to enable and empower the diverse older population in Wales:

1. Embedding older people's well being into the heart of public services;
2. Driving quality and access to social and health services;
3. Protecting and improving community facilities and infrastructure;
4. Safeguarding and protecting vulnerable older people, and
5. Tackling prejudice and discrimination.

The Role Of Advocacy

The role of independent advocacy services is vital for MEE in Wales. They provide practical help and emotional support, but also facilitate access to further services across a range of sectors including employment, housing and health and social care. The Social Services and Well Being (Wales) Act 2014⁴ came into force in April 2016. Although not specifically for MEE people, the Act provides an overarching legal framework, which incorporates identification and support for a range of issues including:

- physical, mental and emotional well-being;
- protection from abuse and neglect;
- securing rights and entitlements;
- social and economic well-being;
- participation in work, and
- suitability of living accommodation.

Section 10 of the Act focuses on Advocacy and incorporates clear recognition of the benefits of advocacy and provides guidance on the legislative duties of statutory organisations to consider and promote independent advocacy services when supporting their clients. It is likely that Social Services departments will increasingly look to third sector organisations to provide advocacy.

In light of this impending development, the MEEA Project has engaged proactively with Social Services departments in order to raise awareness of both the advocacy support offered by the project and the advocacy services operating across Wales. The National Outcome Framework was created to support the duties set out in the Act. It is an important tool to monitor progress at both local and national levels, and it contributes to robust measurements of the extent to which support is enhancing MEE lives in Wales.

This evaluation report reflects many of the key policy issues outlined in this chapter, and contributes to an empirical understanding of both the challenges experienced by MEE people in Wales and the positive impact that is generated by a comprehensive and cohesive support service that responds to need and delivers meaningful – and sustained – action for older people in Wales.

⁴ <http://gov.wales/docs/dhss/publications/140624NOFen.pdf>

3. Demographic Characteristics of MEEA Beneficiaries

Age		Gender			
	N	%			
50 – 54	182	22	Male	249	30
55 – 64	284	34	Female	577	69
65 – 74	178	21	DNA	15	2
75+	91	11			
Under 50	69	8			
DNA	37	4			
Ethnicity		Religion/Belief			
	N	%			
Asian Bangladeshi	94	11	Buddhist	10	1
Asian Chinese	136	16	Christian	111	13
Asian Indian	81	10	Christian Other	52	6
Asian Pakistani	141	17	Hindu	64	8
Asian Other	55	7	Jewish	1	0
Black African	38	5	Muslim	328	39
Black Caribbean	24	3	Sikh	8	1
Mixed Race	5	1	Other	27	3
White	55	7	DNA	240	29
White Other ⁵	73	9			
Other	53	6			
DNA	86	10			
First Language		Disability			
	N	%			
Arabic	39	5	Yes	230	27
Bengali	85	10	No	547	65
Cantonese	82	10	DNA	64	8
English	119	14			
French	6	1			
		Employment			
	N	%			
Gujarati	34	4	Employed F/T	79	9
Hindi	28	3	Employed P/T	79	9
Mandarin	28	3	Unemployed	248	29
Polish	45	5	Self Employed	32	4
Punjabi	68	8	Retired	152	18
Urdu	82	10	Other	96	11
Other	124	15	DNA	155	18
DNA	84	10			

⁵ White, White Other and Other include European Economic Area (EEA) nationals and Gypsy and Irish Travellers

Charts 3.1 and 3.2 show the distribution of beneficiaries across all four MEEA regions according to age and ethnicity, and Chart 3.3 shows the age distribution within each ethnic group.

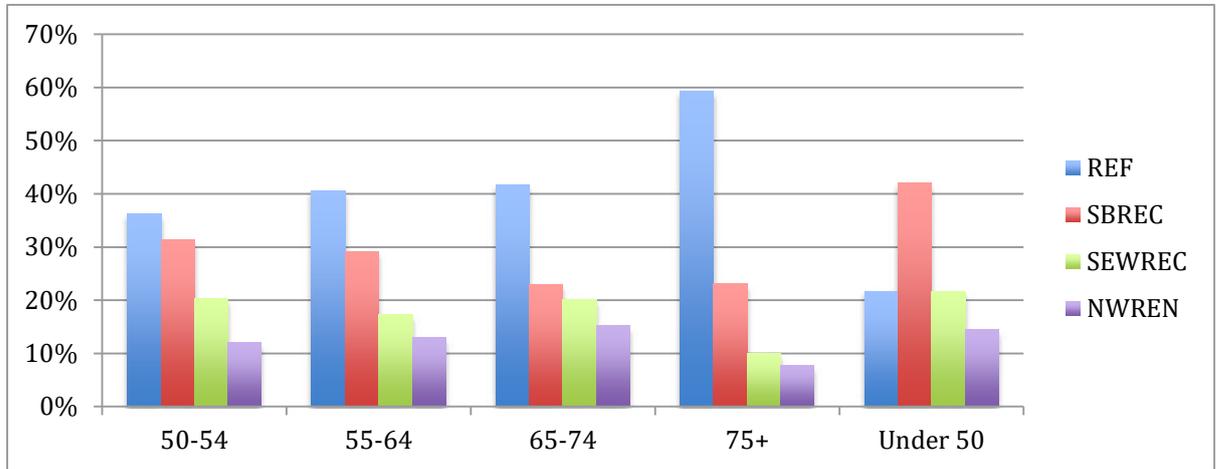


Chart 3.1: Age of Beneficiaries within the MEEA Regions (n=804)

From within the REF MEEA region 5% of beneficiaries were under 50, 20% were 50-54, 36% were 55-64, 23% were 65-74 and 17% were 75+. Within SBREC, 13% were under 50; 25% were 50-54; 36% were 55-64, 18% were 65-74 and 9% were 75+. Within SEWREC, 10% were under 50; 25% were 50-54; 34% were 55-64, 25% were 65-74 and 6% were 75+. Within NWREN, 10% of beneficiaries were under 50; 21% were 50-54; 36% were 55-64, 26% were 65-74 and 7% were 75+.

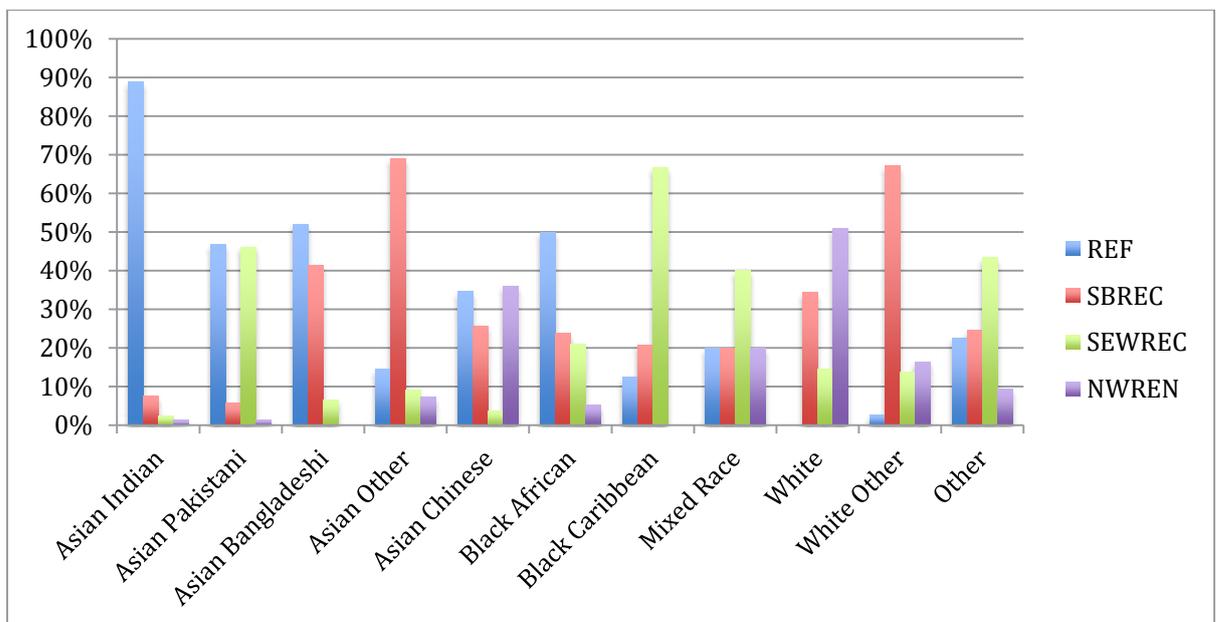


Chart 3.2: Ethnicity of Beneficiaries within the MEEA Regions (n=755)

From within the REF MEEA region, the largest number of beneficiaries came from Asian ethnic groups: 26% were Indian; 24% were Pakistani and 17% were Chinese. Within the SBREC region, the largest proportion of beneficiaries identified as ‘White Other’ (22%), which includes EEA nationals and 18% were from Bangladeshi communities. Within SEWREC, the largest proportion of beneficiaries identified as Pakistani (43%) and ‘Other’. In NWREN, almost half of beneficiaries identified as Chinese (47%), and 12% were ‘White Other’, which again includes EEA nationals and Gypsy and Irish Travellers.

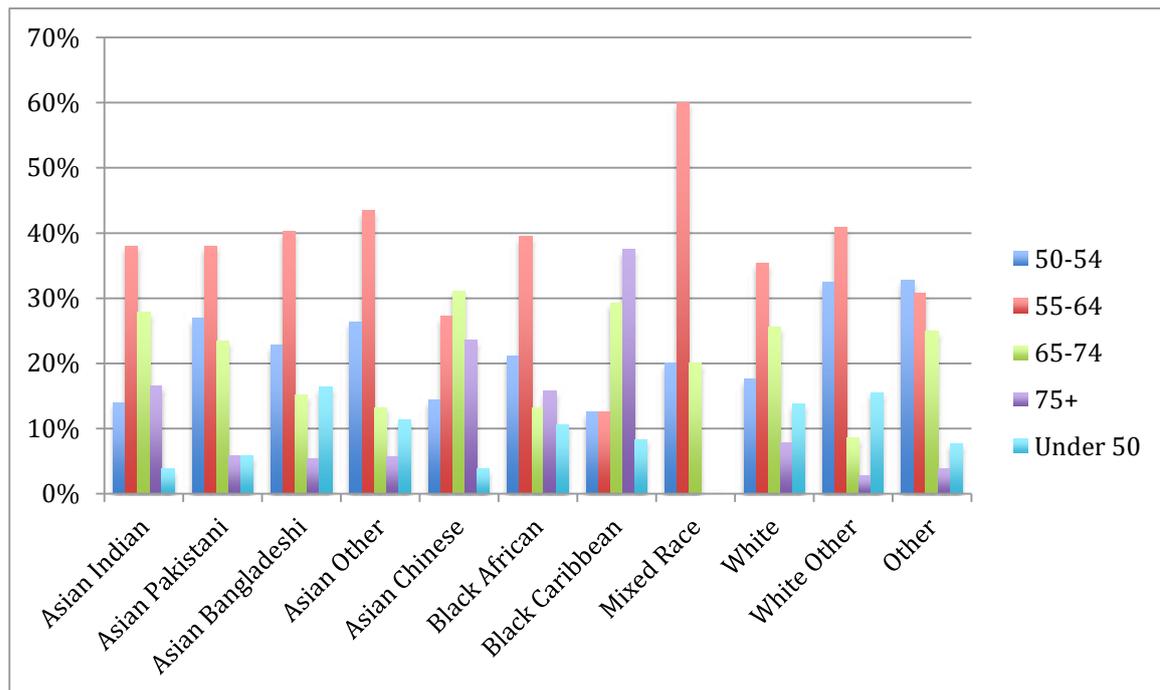


Chart 3.3: Age of Beneficiaries within Ethnic Groups (n=734)⁶

Chart 3.3 shows the highest proportion of beneficiaries aged 50-54 were ‘White Other’ (32%) and Asian Pakistani (27%). The greatest numbers of beneficiaries were aged 55-64 and there is a relatively even distribution across all MEE groups. The highest proportion of older MEEs, aged 75+ is Black Caribbean (38%) and Asian Chinese (24%).

⁶ The Under 50 age category is removed from subsequent analysis because it is outside the remit of the MEEA Project.

4. Challenges for Beneficiaries: Evidence of MEE Need

There is a general consensus that MEE people in Wales struggle to access information, raise awareness of need and secure meaningful advice and emotional support. This is reinforced by MEEA Project statistics that revealed **45% of beneficiaries, at the point they became involved with the project, were unaware of any services for older BME people in their local area.** All MEEA beneficiaries that took part in the project evaluation process were asked what prompted them to contact the MEEA Project. The most commonly identified areas of ‘need’ – for practical help, advice and emotional support are:

1. Language and Communication (Top Challenge One)
2. Health and Social Care (Top Challenge Two)
3. Loneliness and Social Isolation (Top Challenge Three)
4. Housing
5. Employment
6. Finance and Welfare
7. Elder Abuse and Hate Crime

4.1. Language and Communication

Chart 4.1 shows self-perceived levels of English language and literacy levels amongst beneficiaries at the point they became involved with the MEEA Project.

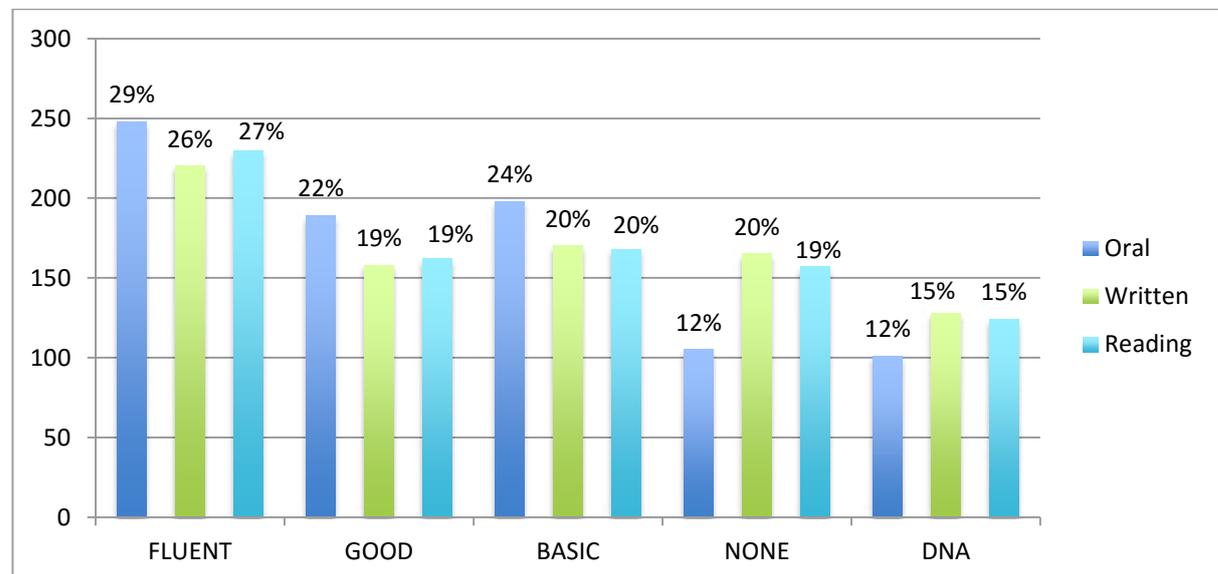


Chart 4.1: Beneficiary Perception of English Language and Literacy levels (n=841⁷)

⁷ The ‘did not answer’ (DNA) responses are removed from subsequent analysis. However, they are left here because it is possible that low levels of English literacy prevented some beneficiaries being able to complete the form.

The data shows that:

- Over 35% of beneficiaries have basic or no oral English skills;
- 40% have little or no written English skills,
- Almost 40% have basic or no English reading skills.

Charts 4.2 and 4.3 represent levels of English language and literacy according to age and ethnicity. The totals for oral, written and reading skills have been added together to produce charts highlighting general English language skills across both demographic categories.

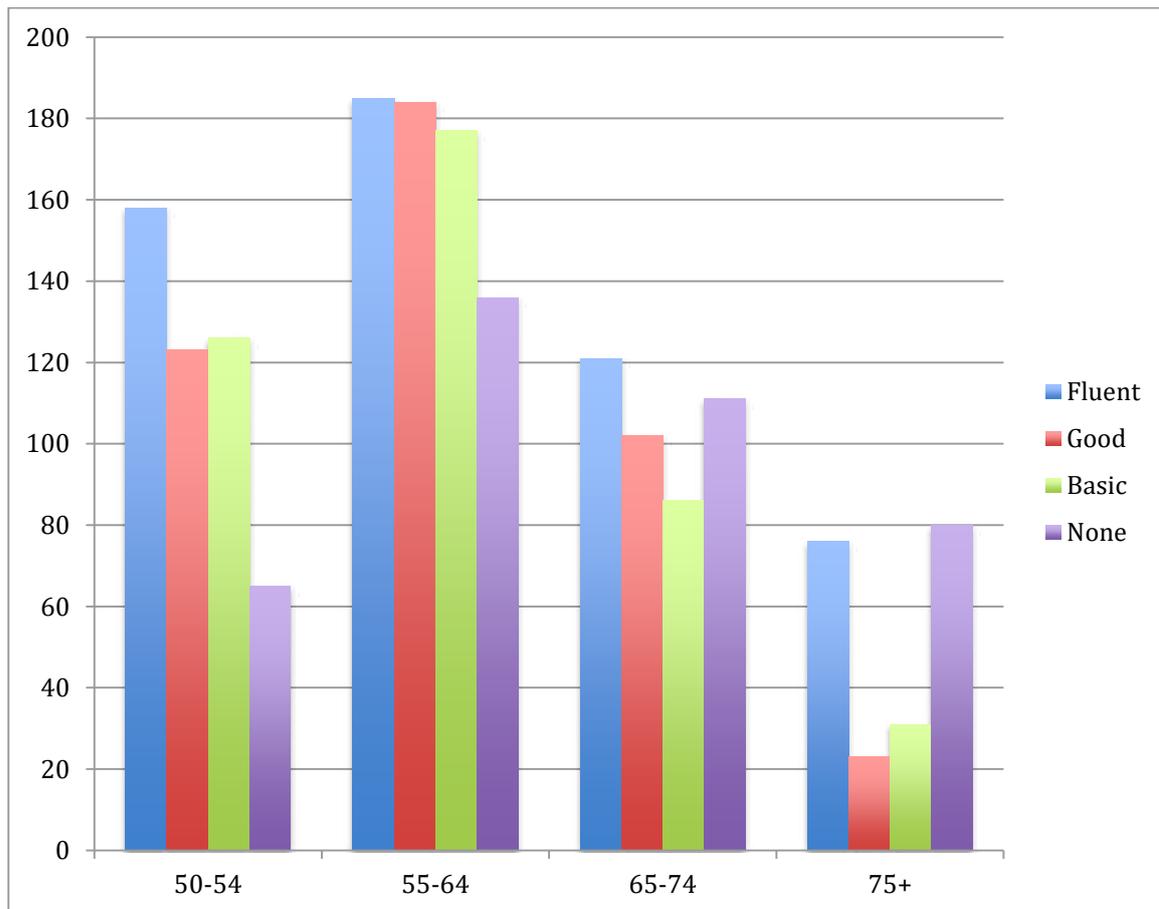


Chart 4.2: Levels of English Language Skills According to Age⁸

Chart 4.2 shows that, there is evidence of both English language fluency and illiteracy within all age groups, and in general terms, the proportion of beneficiaries with no English language or literacy skills increases with age, for example the proportion with no literacy skills is highest in the 75+ age category.

⁸ Numbers rather than percentages are reported in Charts 4.2 and 4.3 because the number of responses was not consistent across this particular analysis.

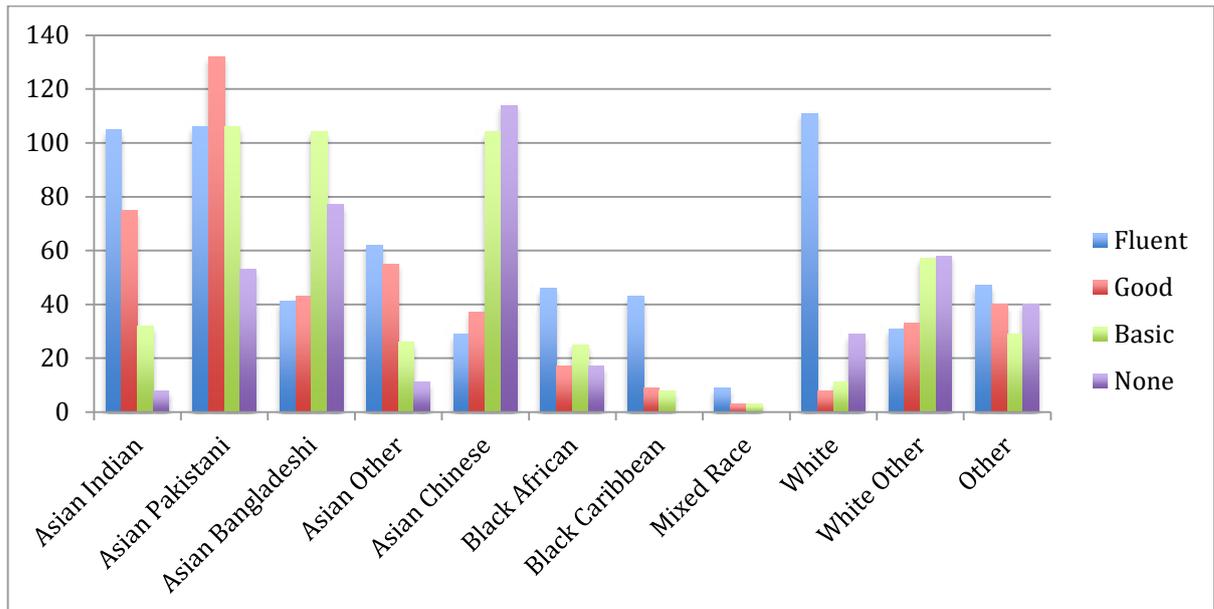


Chart 4.3: Levels of English Language Skills According to Ethnicity

Chart 4.3 shows that there are levels of English illiteracy within all ethnic groups, and within Bangladeshi, Chinese and White Other communities, the beneficiaries with no English language or literacy outnumber those with fluent or good English skills.

These are powerful statistics and they underpin many of the findings contained within this evaluation and good practice guide. It is evident that the inability to understand and communicate, to varying degrees, pervades every aspect of life for MEE people living in Wales. It has an adverse impact on the chances to secure and then retain meaningful employment; it undermines – and in some cases prevents – access to, and engagement with, vital health and social care support, and it can render older people isolated from their local communities. A number of interview participants indicate that they find it hard to learn English. This is a particularly pertinent issue for MEE people who have moved to the UK later in their lives e.g. as migrant workers or refugees and/or asylum seekers.

For many beneficiaries, language and communication challenges are often compounded by a lack of cultural awareness and sensitivity on the part of support service providers in Wales. **It is important to recognise the difference between language and culture, and respect the importance of both to MEE residents in Wales:**

“It’s not just the language it’s the culture; you got to understand the culture. Some people are very cultural still even though they’ve come to this country. For them to interact with different people away from their community they will find it difficult, unless there is somebody from that ethnic people with them. And for older people...they’re already set in their lives. They haven’t had any help [with English] before now. You need to build up a trust.”

The theme of language and communication, which incorporate issues around literacy, interpretation and translation, underpins many of the findings contained within this report. It is referenced throughout the report and particularly within the areas it impacts upon the most, including access to meaningful health and social care, constructive employment pathways and access to appropriate finance and welfare support.

4.2. Health and Social Care

Chart 4.4 shows beneficiaries’ perception of their own physical and mental health at the point they became involved with the MEEA Project.

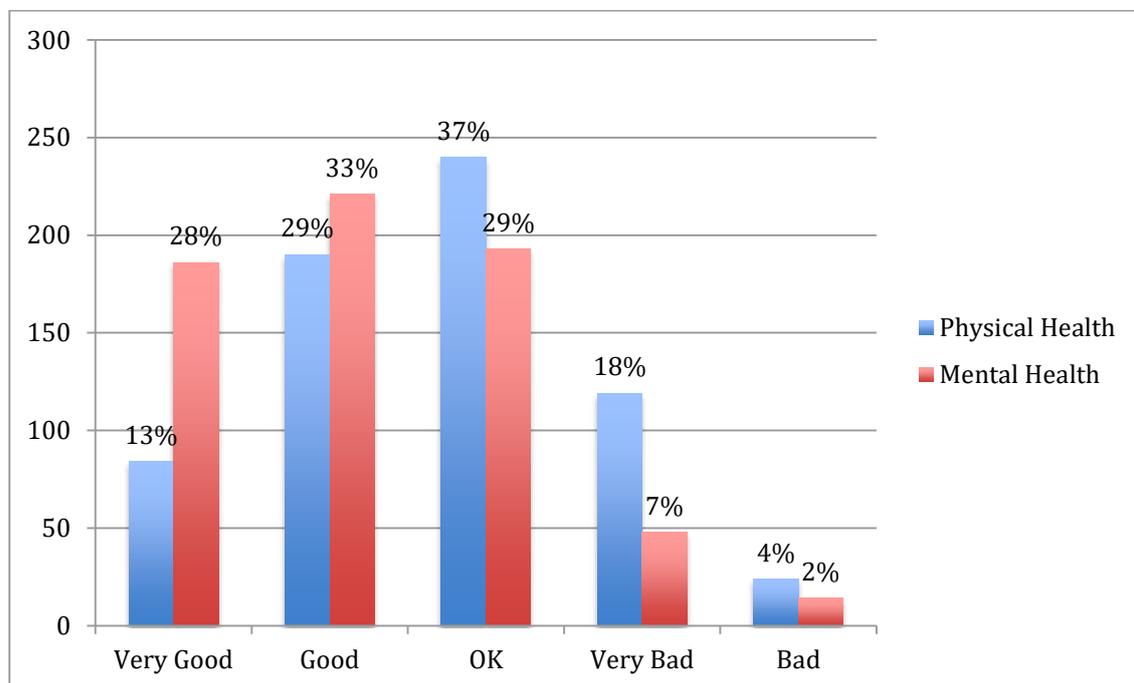


Chart 4.4: Beneficiary Perceptions of Physical (n=657) and Mental Health (n=662)

The statistics reveal that a large proportion of MEEA beneficiaries feel both their physical and mental health is very good or good (42% and 61%, respectively). This positive scenario is also reflected in beneficiaries’ perception of their quality of life with almost 50% feeling that their life is very good at the moment. However, it is also important to note the percentage of people who struggle with poor physical health (22%) and/or mental health (9%). Poor health and social well-being is a significant issue for many MEEA Project beneficiaries and, in a large proportion of cases, it is an issue exacerbated by low levels of language and interpretation support, social isolation and an absence of a strong family network.

Charts 4.5 and 4.6 represent perceptions of physical and mental health according to age and ethnicity.

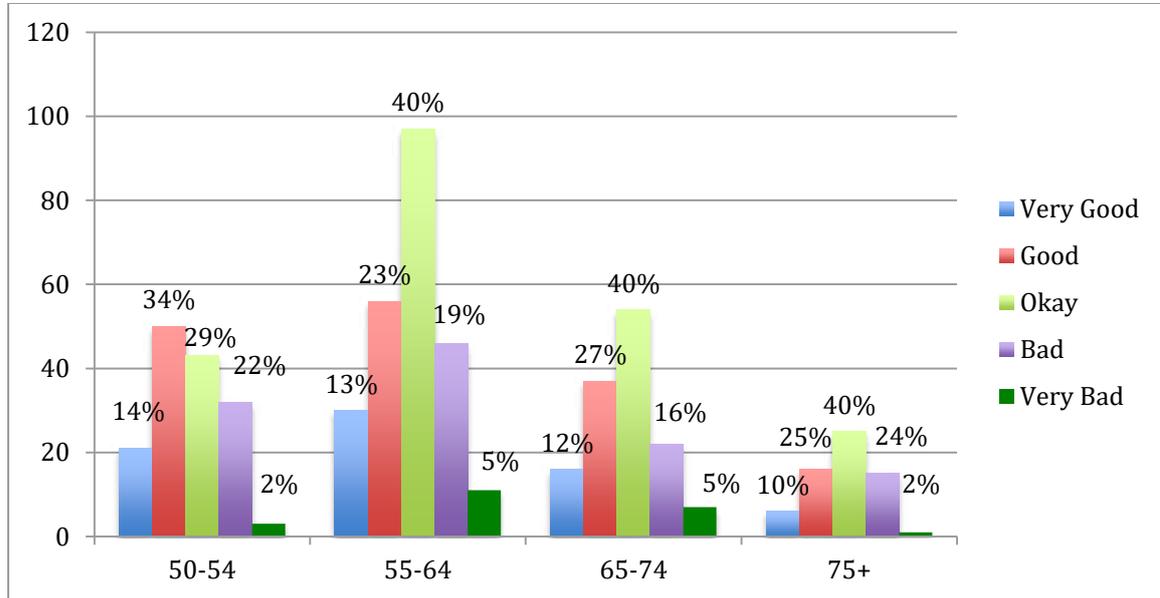


Chart 4.5: Perception of Physical Health According to Age (n=640)

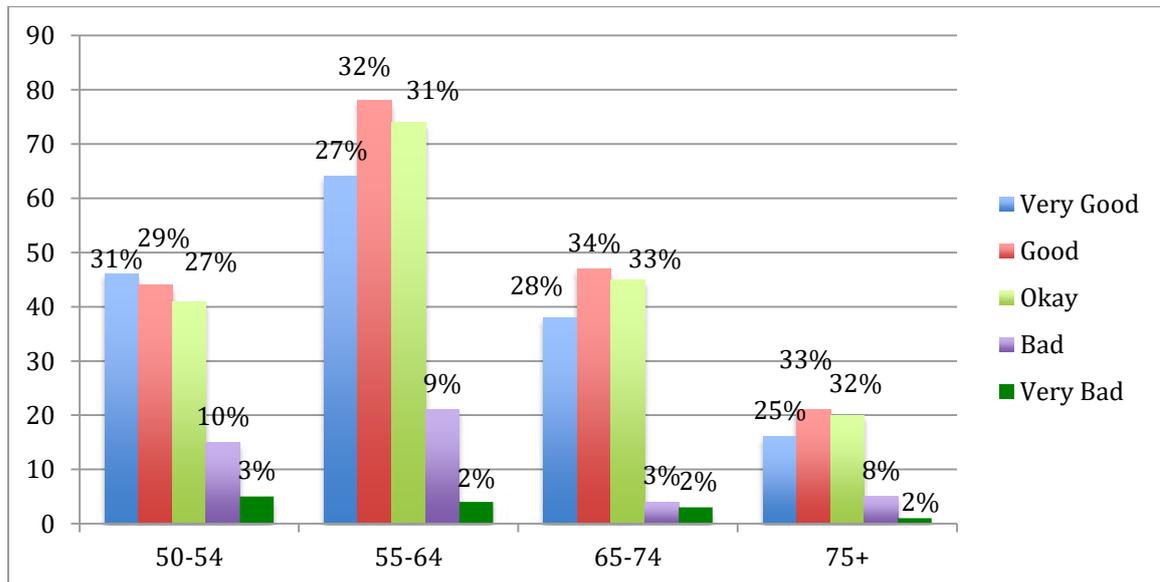


Chart 4.6: Perception of Mental Health According to Age (n=644)

In terms of physical health, the data shows that perceptions of poor health remain constant across the age ranges with approximately 25% of beneficiaries experiencing physical health problems regardless of age. However, perceptions of ill-health increase slightly with age. In terms of mental health, perceptions of ‘wellness’ remain proportionality consistent across the age ranges (29% - 33%), and bad or very bad mental health is relatively low, particularly within the 65-74 age category.

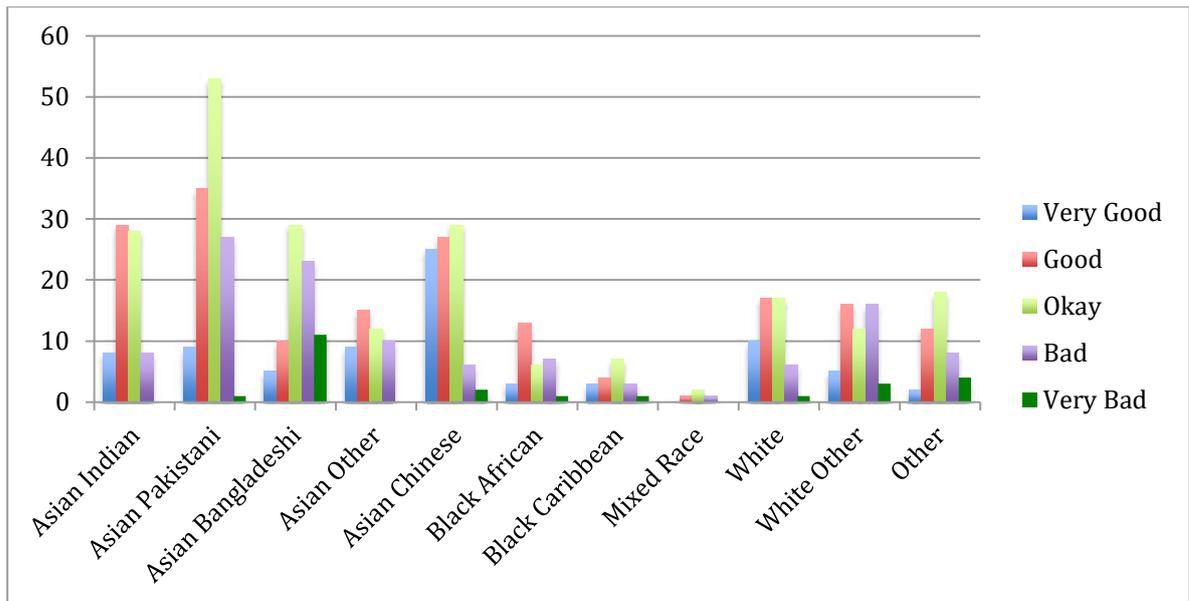


Chart 4.7: Perception of Physical Health According to Ethnicity (n=610)

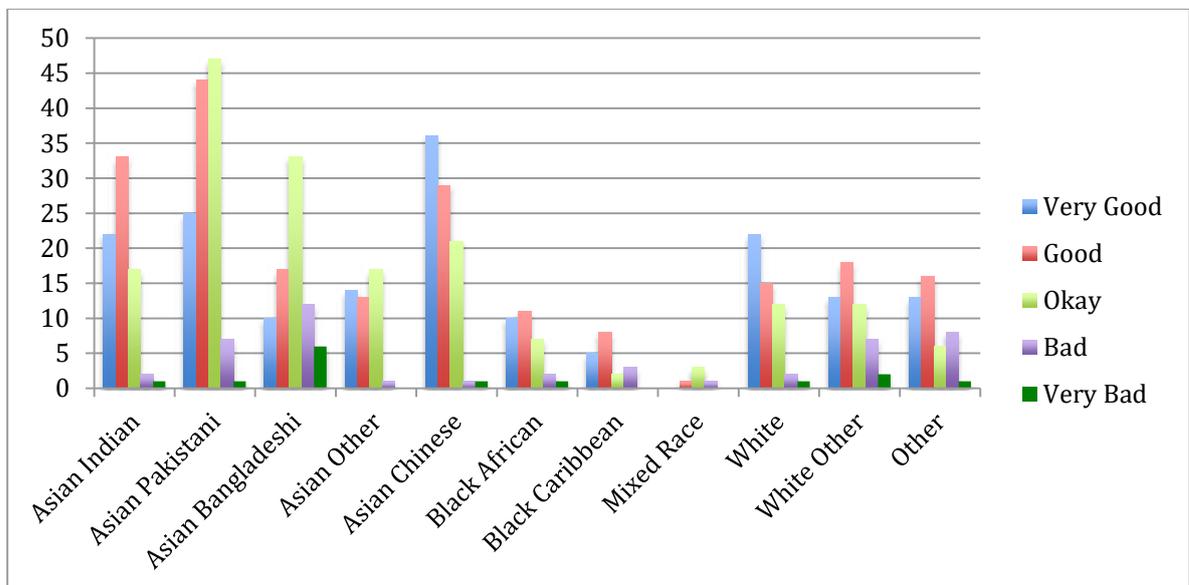


Chart 4.8: Perception of Mental Health According to Ethnicity (n=612)

In terms of physical health, the data shows that perceptions of poor health remains constant across the age ranges with approximately 25% of beneficiaries experiencing physical health problems regardless of age. Black African and Indian beneficiaries experience the highest levels of ‘good’ physical health (43% and 40% respectively). White Other and Bangladeshi beneficiaries experience the highest levels of ‘bad’ physical health (31% and 30% respectively). In terms of mental health, Indian and Black Caribbean beneficiaries experience the highest levels of ‘good’ mental health (44%) and Bangladeshi and Mixed Race beneficiaries experience the highest levels of bad or very bad mental health (23% and 21% respectively when percentages combined together).

The qualitative data generated by the MEEA Project and the Evaluation Report highlight particular concerns around Diabetes Type II. Interview participants also raise concerns regarding high blood pressure, Alzheimer's disease and various forms of cancer including breast and bowel cancer. It is evident from data generated by both the MEEA Project and the evaluation team that many MEE are unaware of services or community support that is available to help them. Further research outlines the key barriers to access for BME people in the UK, including the prevalence of language and cultural constraints and associated miscomprehension, fear and embarrassment. Recent studies suggest these issues contribute to a low intake for BME testing for breast and bowel cancer (Bansal et al, 2012) and gynaecological procedures (Thalassis, 2013). In many instances, interpreting services are either not available or not discussed during clinical appointments with GPs or hospital consultants. This report illustrates that barriers of language and communication have an adverse impact on MEE experiences of health and social care in Wales, and in particular, their interactions at GP surgeries and hospital appointments. In many cases, family members – including young children – are relied upon to translate and interpret during appointments. This can have serious implications for a doctor's understanding of symptoms and a patient's comprehension of diagnosis and/or treatment. The cases studies generated by the MEEA Project and the interviews undertaken as part of the evaluation provide accounts of the potential harm of accessing healthcare services with inadequate language and interpretation provision, as outlined by Mrs M's experience.

Case Study One: The Impact of Inadequate Language Support on MEE Health

Mrs M, a 72-year-old woman who lives in Cardiff and the Vale does not speak, read or write English and her first language is Arabic. She has been living in the UK since 2001 and requires frequent and wide-ranging advocacy support from the MEEA Project including practical help with both primary and secondary healthcare appointments.

There have been a number of occasions when Mrs M has found herself in distressing situations through a lack of appropriate language and interpretation support. In one instance, due to poor communication, Mrs M was left waiting in the lobby area of a hospital and then picked up and taken home without attending her consultant appointment. The MEEA Project advocated on behalf of Mrs M, filing a complaint with the ambulance service and re-arranging her hospital visit via the appointment helpline.

As a result of continued support, the MEEA Advocacy Officer discovered that further poor communication – between the hospital and Mrs M's GP surgery – meant that her medical files were not being updated, shared and therefore accessed correctly, which resulted in Mrs M receiving different – and incompatible – medications from both care providers and experiencing concerning side effects as a consequence. The lack of adequate language and translation services ensures that Mrs M has relied heavily on both the practical advocacy and emotional support provided by the MEEA Project.

One of the central issues raised by MEEA beneficiaries during interviews and focus groups is that of tension between social care workers and family carers within a context of healthcare requirements and a lack of cultural sensitivity. There is concern that social care workers are not always trained to provide the aspects of healthcare that is required in a given situation. Furthermore, some interview participants stress the importance of social care providers retaining a diverse staff that represent different cultures and are able to communicate in the client's chosen language.

This report shows that both the lack of awareness and adequate provision of language and interpretation services is a fundamental issue for MEE across Wales. The NWREN Language Report reveals that, in order to access a translation service, the service user must be able to speak English or Welsh. The observations made during evaluation focus groups suggest that, in some cases, Language Line is offered but it can take time to connect to the helpline in the first instance, and this can have an adverse impact on the time constraints imposed on the appointment.

The absence of appropriate language services is also seen to exacerbate long-standing cultural norms within some MEE communities. A focus group held with Chinese participants in North Wales revealed that it is common for older Chinese people to 'put off' going to the doctor, primarily on account of the often-present language barrier between patient and doctor. According to focus group participants, it is often the case that older members of Chinese communities will only see their GP at the point where they are exhibiting significant symptoms. At this stage, conditions are often diagnosed at an advanced stage thereby increasing the stress and anxiety of interactions with healthcare professionals. This type of scenario is communicated within Chinese communities, anecdotally. As one focus group participant observed:

“Chinese communities are reluctant to engage with doctors because we get bad news.”

Both the NWREN Language Report (2015) and the MEEA Evaluation highlight an apparent disjuncture between patient experience and service provider policy. In North Wales, BCUHB provide interpretation services via a contract with Wales Interpretation and Translation Service (WITS), and the Health Board has developed a protocol to guide staff using this service. This is a positive development, and it will be useful to track the progress of this facility and look to establish similar contractual relationships in the other parts of Wales. However, the focus group undertaken with Chinese women living in North Wales revealed that it is common for local Chinese women to volunteer as informal translation support to facilitate appointments with GPs and hospital consultants.

4.3. Loneliness and Social Isolation

MEEA data show that 41% of the total number of beneficiaries who answered this question (n=662) often or sometimes feel lonely. Charts 4.9 and 4.10 reveal the experience of loneliness or social isolation according to age and ethnicity.

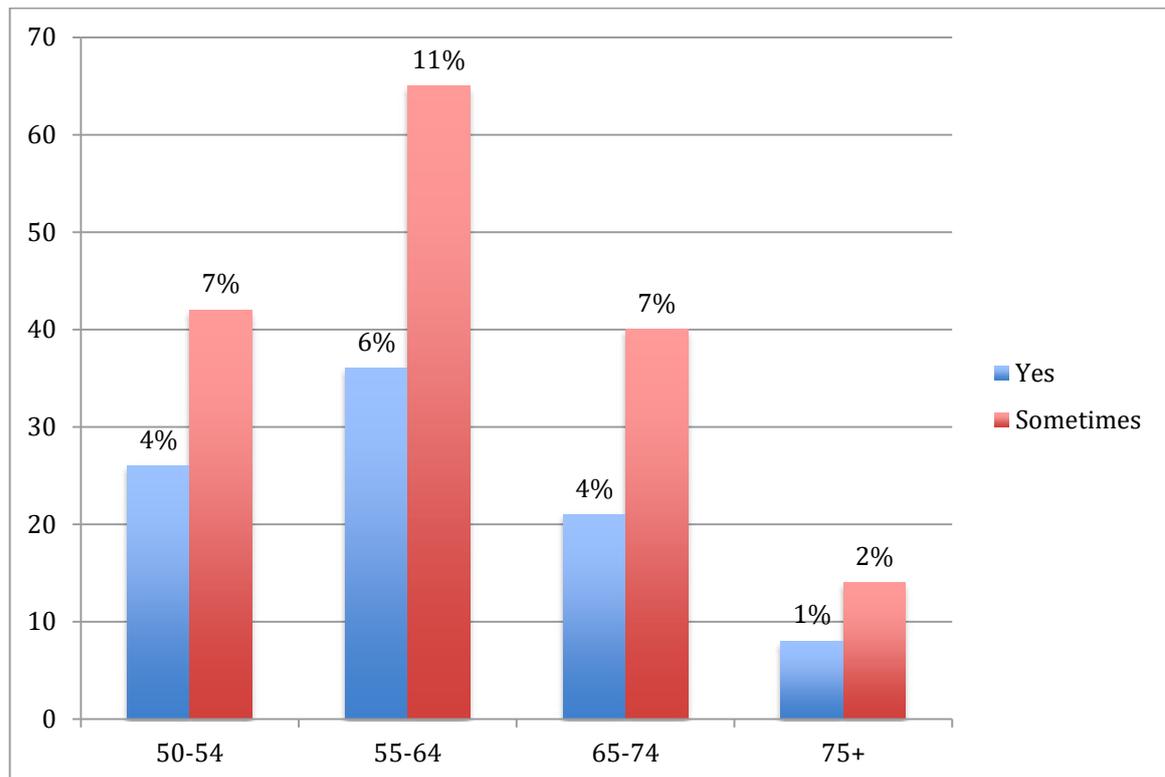


Chart 4.9: Experience of Loneliness by Age (n=592)

The experience of loneliness is most common within the 55-64 age group, experienced with similar frequency within the 50-54 and 65-74 age groups (11%) and then – perhaps interestingly – experienced least often by oldest MEEA beneficiaries (3%).

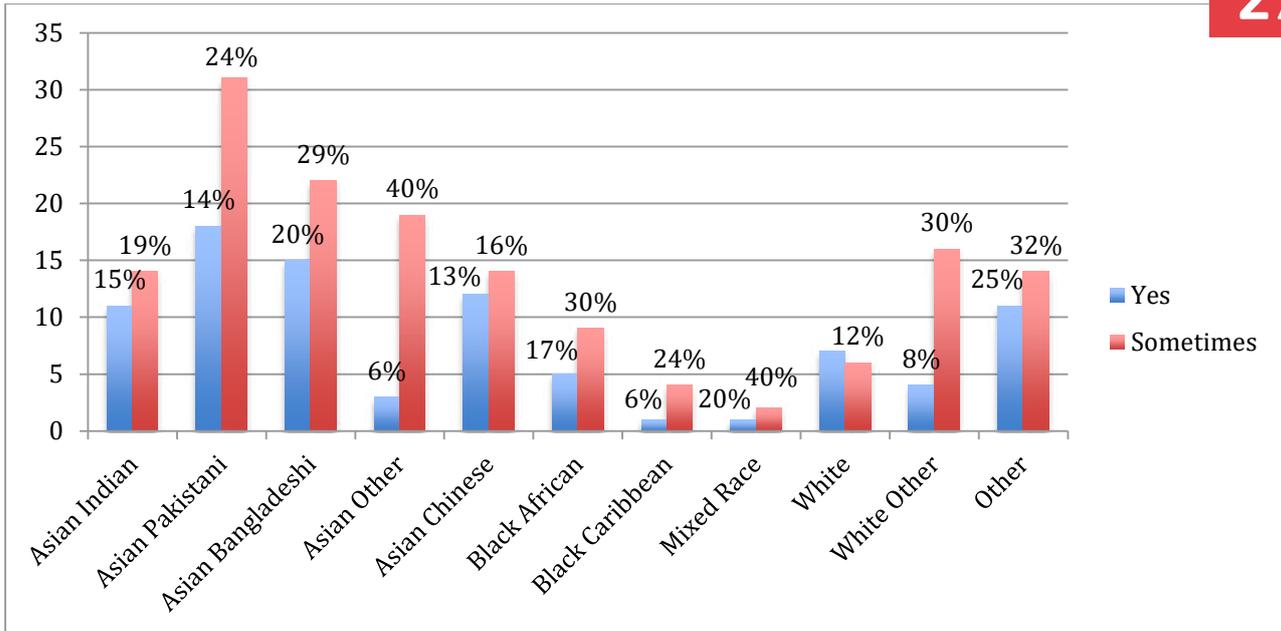


Chart 4.10: Experience of Loneliness by Ethnicity (n=614)

The data reveals that feelings of loneliness are relatively high within Asian communities, and almost 50% of Bangladeshi beneficiaries experience feelings of loneliness. Similarly, almost 50% of Black African beneficiaries and 60% of Mixed Race beneficiaries feel lonely to some degree. Beneficiaries from White Other or Other ethnic groups experience relatively high levels of loneliness (38% and 57%, respectively)⁹.

The qualitative data reveal that a primary reason for loneliness is chronic social isolation exacerbated by:

- ill health and limited mobility;
- living alone or a lack of family support;
- unemployment and financial constraints,
- rural living.

MR H provides a powerful testimony to the loneliness and social isolation experienced by many MEEA clients who rely on the one to one advocacy support provided by the project – often in the reassuring surroundings of their own homes:

“I’ve cut myself completely off from the outside world. The only place I go is to the hospital. I have my carers who come over here and that’s about it. I used to have a lot of passions, which I’ve lost all of my passions that I have. So my passion right now is talking too much to my carers when they come, as they say when you live alone, the only type of people that you get to see are your carers. I just keep on talking; it doesn’t have to be any particular reason,

⁹ It is important to note the low numbers of beneficiaries within some ethnic groups.

subject or anything. I just talk because I just get to see these people for the limited time that they have with me."

It is clear that MEE people can experience social isolation and feelings of loneliness whether they live on their own or reside with family and have responsibilities within the household. MEE women are increasingly responsible for maintaining a large household and are often the primary care providers for sick family members and, and in some cases, their grandchildren as parents go out to work. It was often noted that a busy domestic life often leaves people feeling socially isolated:

"Often you're so busy [with family responsibility] that you don't have time for yourself."

In some cases, MEE people feel that they are not seen as a priority for service providers.

"The assumption is sometimes made that 'we look after our own'. In some cases this is true but there are many within BME communities who do not have close family nearby or are widowed and alone."

A number of MEEA beneficiaries indicate they have family who they live with, or that live nearby, but they are often too busy to provide them with practical help or emotional support. They often feel as if they are no longer needed or respected by the younger generations of this family.

"I have my daughters and they were born and brought up in this country. They're very westernised children and I have let them do what they want to do. So basically they have their own life, I don't tell them what to do and they don't tell me. This house used to be a family house once upon a time, and I live alone now. There are rooms upstairs; it's basically if they have any problems in their life they end up coming here. I've got my grandkids and I had to kind of beg them and ask them to bring my grandkids."

The Community Cohesion Strategy for Wales (Welsh Assembly Government 2009) highlights the impact of generational issues that can lead to isolation for elderly people. This report corroborates these findings by revealing a lack of support and respect for elders and a struggle to overcome growing generational gaps and fear for the loss of cultural ties and traditions. Members of traditionally more 'closed' communities observe the 'Western influence' on the younger generations and refer to the increase in 'integrated marriage', a lack of interest in supporting elders and the prevalence of the Internet and social media – both in society and within the family household.

As one interview participant commented:

“It seems that communication is finished, absolutely. The mobile phone took everything. Nobody is interested to talk, even at the dining table. It’s not always the same in Pakistan; people cannot always afford a mobile phone.”

Case Study Two: The Origins and Impact of Social Isolation

A number of African Caribbean MEE who participated in a focus group in [SEWREC region] observe the relationship between social isolation and the changing family dynamic within their community. The participants explained there was once a strong community network but this is no longer the case due, in part, to a perceived lack of engagement from the younger members of the community. The group highlighted the impact of financial pressures on younger members to move away to find work or work long, anti-social hours. The absence of younger support and motivation often left MEE unable to leave the house or local environment and therefore render them isolated from their family and wider social network.

The MEEA Project acknowledges the challenge to negotiate ever-increasing generation gaps and the associated struggle to preserve cultural heritage. The Project’s response is to nurture an intergenerational atmosphere within its AdvoCafes. This is reflected in Section 5.4 (Social Integration and Community Engagement) and Section 5.5 (Personal and Cultural Empowerment).

4.4. Housing

Housing is a significant issue for older people and a large number of MEEA beneficiaries request support with housing applications and specific tenancy issues including advice on Notice to Quit orders and conflict resolution with Social Housing Landlords. In many cases, beneficiaries reveal they struggle to secure appropriate housing because they find it difficult to complete applications appropriately due to language constraints, or because they were simply unaware of support available to them in their local area. The following case study serves to illustrate the diversity and complexity of need for MEE people.

Case Study Three: The Complexity of Housing Challenges

Ms A is a 53-year-old British woman of African origin and was referred to MEEA for advice on the Notice to Quit order issues by her social housing landlord. The beneficiary was under the care of a Community Mental Health Team having been engaged with psychiatric services for over 12 years. Ms A was being evicted from a sheltered housing complex that provided 24-hour support, specifically for people with mental health issues. The landlord was looking to obtain an accelerated possession order for the property, claiming his tenant had failed repeatedly to adhere to the conditions of the tenancy. The MEEA beneficiary feels that her care co-ordinator and social worker are not representing her interests effectively and has come to rely on the MEEA Advocacy Officer. The support is ongoing but the Advocacy Officer has been successful in obtaining independent legal advice and the beneficiary now has a solicitor of her choice to represent her in relation to the eviction order.

A number of beneficiaries have highlighted a need for sheltered housing and/or care homes for MEE residents, specifically. It is important that representative members of staff, who understand the needs of MEE in relation to language and cultural background, support this type of accommodation.

The MEEA Project recognises the challenges in this sector for many MEE people in Wales, and there have been concerted efforts to establish network relationships and referral pathways with housing and tenancy support providers across Wales. This activity is reflected in the increasing number of MEEA referrals from tenancy support workers.

The Advocacy Officers in all MEEA regions provide a range of practical help by completing applications and reading housing-associated letters received by beneficiaries. In one case a MEEA Advocacy Officer was able to arrange help for a beneficiary to move house.

They [MEEA Advocacy Officers] are able to help me solve my problems. They are always there for me, and it gives me hope that my housing situation can improve.

Good practice in MEE people's housing is about providing information on housing options and allowing the service user as much choice as possible in where and how they live. The housing needs of MEE people are changing for many reasons including financial constraints and an increasing reluctance for family members to support older relatives. The support services in place must be flexible and responsive to meet the diversity – and complexity – of need for MEE people in Wales. This requires sustained funding and widespread consultation with MEE people themselves to ensure services are appropriate and effective.

4.5. Employment

Chart 4.11 shows the employment status of MEEA beneficiaries at the point they became involved with the project.

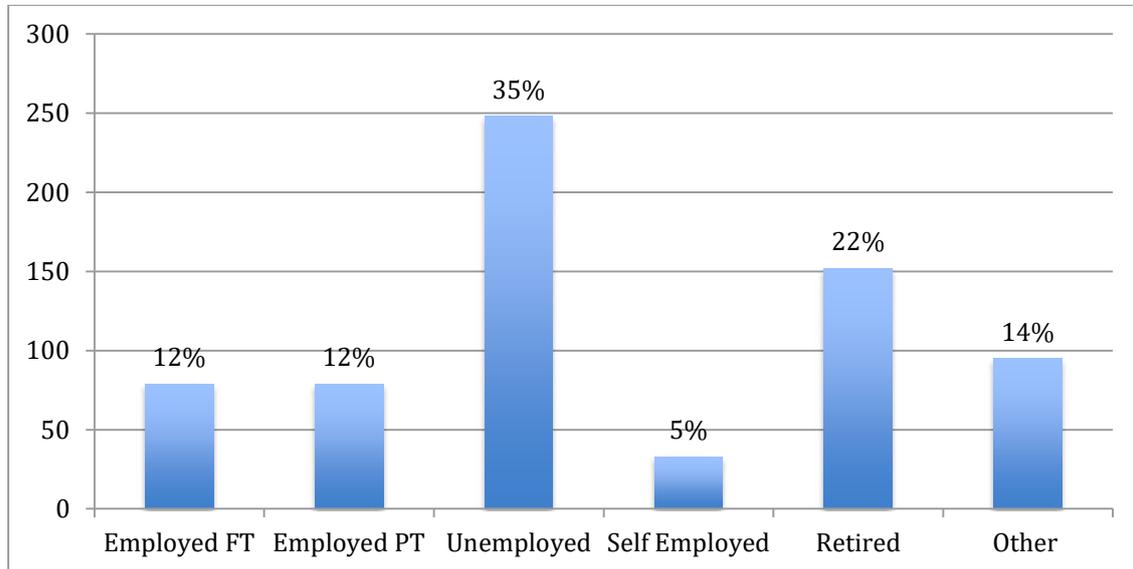


Chart 4.11: Employment Status of MEEA Beneficiaries (n=686)

The results show that over 20% of beneficiaries are retired and that 35% are unemployed. When the employment statistics are cross tabulated with both age and ethnicity the results show that almost 15% of beneficiaries aged 65-74 remain working in a part-time capacity and the highest levels of unemployment are within the Black African (70%) and ‘White Other’ (43%) ethnic groups.

These findings reflect a number of wider social developments in the UK including the increasing need to work longer and further into older age. The theme of employment/unemployment within a MEE context also highlights the changing demographic make-up of MEE people and, in particular, the increasing number of older people migrating to Wales from Eastern Europe. The evaluation team engaged with a number of migrant MEE people, who have struggled to find work because they have been previously unaware of services to support them or because they struggle to overcome barriers of language and/or local prejudice towards migrant populations. In some cases, MEE people, often educated to degree level in their country of birth find themselves unable to work because their qualifications are not recognised in the UK.

“I think it is hard to get employment...to gain training for different kind of jobs here you need support from somewhere. The project helped us with training, for example for food hygiene, and you have training like, equality in work, and training like safety, a lot by the project. And also they helped me to

get my security training and security pass. So, the project helped a lot in how to be engaged in another job or something.”

Case Study Four: The Inter-related nature of MEE Challenges

It is often the case that challenges of housing and employment are inter-related for migrant MEE in Wales. In one such case, the MEEA Project based in SEWREC in Newport, supported a beneficiary who had been encouraged by his landlord to work on portfolio properties in return for substandard accommodation and minimal payment. The exploitative employment agreement dissolved, and Mr K was ineligible for welfare payments as a result of the Immigration Act 2014. Mr K and his family were not entitled to emergency accommodation and did not have enough money for food. At this point, Social Services and the Home Office became involved and the MEEA Project took on a proactive advocacy role liaising with all statutory agencies on behalf of the EEA national and his family. The MEEA Project was also successful in securing food parcels in the immediate term. This case is particularly noteworthy because it reinforces the fact that MEE who are 50+ are part of actively working families. It is also significant in that it highlights the precarious position of EEA nationals in respect of access to welfare, benefits and emergency accommodation under current legislation in England and Wales.

4.6. Finances and Welfare

A considerable proportion of the one to one advocacy work carried out through the MEEA Project revolves around practical advice and help to complete applications for welfare entitlement including working tax credits, housing and disability benefit.

“I used to fill the forms in myself but they always refused to give me money. The MEEA Project helped me complete them [forms] properly and I was given the benefits. I really think that, without MEEA, I would have no money.”

Case Study Five: The Impact of Language Barriers on Welfare Attainment

Mr U lives with his wife and young son in Swansea. He approached the MEEA Project for advice on whether he might be entitled to benefits in addition to Employment and Support Allowance (ESA). Mr U states he has not sought advice previously because of his limited English, which he believes makes obtaining advice and information more difficult for him. The MEEA Advocacy Officer ensures there is a volunteer interpreter present during one to one sessions so that Mr U understands all advice and correct information is relayed between each party. The Advocacy Officer helped Mr U secure receipt of Personal Independence Payment (PIP) and statutory help towards his mortgage payments. In addition, MR U made a successful referral to NEST and secured new radiators and a boiler in his home. As a result of MEEA assistance, MR U's household income has increased and he is noticeably more happy and confident.

The provision of advocacy support for MEE struggling to secure access to appropriate welfare is vital to both the individual beneficiary but also the wider family.

4.7. Elder Abuse and Hate Crime

Chart 4.12 shows the number of MEEA beneficiaries who disclosed experience of domestic abuse or hate crime victimisation.

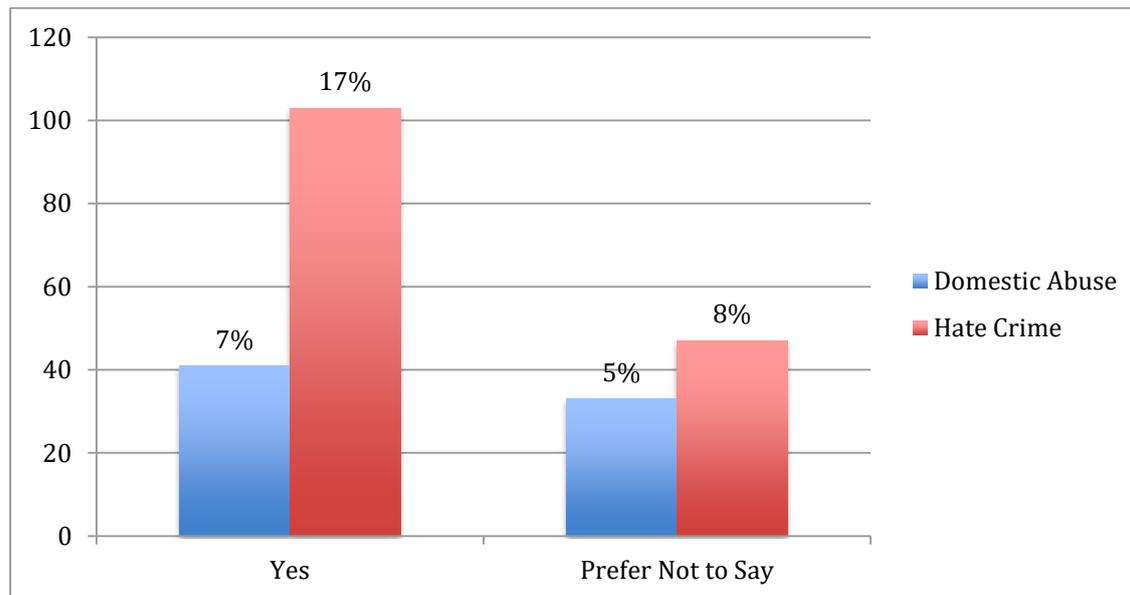


Chart 4.12: Percentage of domestic abuse victims (n=630) and hate crime victims (n=616)¹⁰

The data shows that, of those who answered the two questions, 12% of beneficiaries have either experienced domestic abuse in some form or would prefer not to answer the question, and 25% of MEEA beneficiaries have either experienced hate crime in some form or again, would prefer not to answer the question. During the evaluation process, a number of interview participants disclosed they had experienced hate crime or hate-related harassment. Advocacy services such as the MEEA Project are an important resource for older people who have experienced some form of abuse or neglect. They provide a secure and culturally-sensitive environment for victims to access support and make informed decisions on next steps.

¹⁰ The data reveals that for over 200 beneficiaries did not answer either of these two questions. This is the highest non-response rate across the dataset, which can perhaps be interpreted as a finding in itself given the high non-reporting rates for both domestic abuse and hate crime.

Case Study Six: The Nature and Impact of Hate Crime

The following extract comes from an interview carried out with Ms O, a 65 year old, Irish Gypsy Traveller who lives in Monmouthshire:

The neighbours are bullying me and harassing me and damaging my property. A letter has gone in the local paper saying, "if the tinkers come looking for work, make a call of your own, call the police, they're nothing but dirty scum." We complained about that saying all Irish people would be assumed to be dirty scum, we wouldn't get jobs, we would have to sell our homes, we would have to move out of the area, its ethnic cleansing. And now they are saying I have been harassing the neighbours by putting up a poster to defend my community and I have to go to court.

The police are not giving us any protection. I'm not able to get support from the neighbours because of the harassment I am suffering at the moment. And because the neighbours are attacking my friends, no friends can come to the house or we wouldn't want the friends to come. So I haven't got anyone, only the MEEA project.

Ms O goes on to say that all she wants is for the harassment to stop and that some form of mediation or restorative justice would be a meaningful alternative to court proceedings and would facilitate a degree of mutual understanding between Irish Gypsy Travellers and other residents in the local community:

What I desperately think, to solve my problem would be that we could ask the neighbours to come into SEWREC, and to the MEEA project and to sit with [Advocacy Officer] and they get to know me a little bit better. If you've got a problem, let MEEA project open the doors and say 'right you have a problem, there's another option, instead of going to the police, lets sit down at SEWREC and the MEEA project and just have a talk. A good way of having a discussion is that the person is allowed to speak, but they can't say 'you did this or you did that.' They can only say how they feel, 'I feel hurt, when you said that to me, I felt very angry and I felt very sad, and I felt maybe you didn't like me or disrespected me.' I can say how I feel, the other person can only say 'I hear what you say and I'm taking that on board and I'll give it consideration.' That's a good way of listening.

4.8 Summary

This chapter highlights the considerable number of challenges experienced by MEEA beneficiaries – either as short-term, urgent issues or more chronic constraints on personal and socio-economic well-being. The overwhelming majority of beneficiaries highlight fundamental challenges associated with inadequate language and communication support service provision, and reveal that such barriers adversely affect awareness of and access to services across sectors such as health and social care, employment, housing and welfare. The findings also reveal loneliness and social isolation to be profound issues affecting a large proportion of MEE beneficiaries with many citing a lack of family support as an underlying cause. The case studies illustrate the complex and multifaceted nature of the challenges that older people experience across all ethnic groups in Wales, and serve as evidence of the diversity of need across MEE groups in Wales.



5. Impact of the MEEA Project and Evidence of Good Practice

“The MEEA Project helps you to help yourself”...

MR A, a Sudanese man, aged 61 living in Swansea

This chapter highlights the impact of the MEEA Project on its beneficiaries, and by doing so, illustrates **key examples of good practice when engaging, supporting and empowering MEE people**. The chapter focuses on six areas of MEEA Project impact and good practice:

- Diversity and Intensity of Service
- Language and Culture
- Health and Well-being
- Social Interaction and Community Engagement
- Personal and Cultural Empowerment
- Sustainability and Legacy
 - Volunteer Champions, Community Ambassadors and Advocacy Training
 - Multi-agency Partnership Working

5.1. The Diversity and Intensity of Service

The MEEA Project is a central hub for practical help and advice, emotional support and reassurance, and raising awareness of rights and entitlements. The Advocacy Officers support beneficiaries on a number of levels through one to one advocacy, AdvoCafes and group outings. The social groups operate across all MEEA regions and are set up to welcome members of ethnic groups who already benefit from established social networks in the local area, and members of communities who are traditionally less well supported.

The **one to one advocacy** service in each MEEA region provides support on a diverse range of both short-term needs and longer-term objectives such as securing meaningful employment or appropriate welfare allowance. It is commonly acknowledged by the Advocacy Officer in each region that members of less established MEE communities, and those who have lower levels of English language and literacy skills, often seek out one to one support. The practical advice and support provided in these sessions is extremely varied and includes support with:

- finance and welfare;
- the criminal justice system;
- employment;
- form completion, letter writing and explanation;

- access to interpretation and translation services,
- referral to statutory services or continued third sector support.

Case Study Seven: The Experiences of a Polish National

Mrs L is a widow who moved to the UK from Poland in 2009. Mrs L's physical and mental health has deteriorated in recent years, which means she is unable to work. Mrs L's tenancy support worker referred her to the MEEA Project and she has benefited from the time taken to listen to her and the practical help she has received from the Advocacy officer. Mrs L relies on Employment and Support Allowance (ESA). She has debts from an overdraft, a historic non-payment of council tax and has recently applied for a Debt Recovery Order (DRO). Mrs L has limited English and this affects her confidence, particularly when she is speaking on the telephone. The Advocacy Officer has supported Mrs L by working on her application for a DRO and advocating on her behalf over the telephone. The MEEA Project is also guiding Mrs L through the process of applying for PIP, which will supplement her limited income and help to ease her reliance on food bank vouchers. In addition to the one to one advocacy support, Mrs L regularly attends MEEA AdvoCafes and craft sessions, which she says increases her social interaction and her self-confidence. The Advocacy Officer and Mrs L's tenancy support worker maintain a close working relationship that serves as an example of both the effectiveness of MEEA outreach work and the collaborative nature of partnership working for MEE people in Wales.

However, the one to one advocacy service is more than just a forum for practical help and service signposting. It is evident that many beneficiaries have come to rely considerably on the MEEA Project, and in particular the Advocacy Officer in each region. This is often the case for the more vulnerable beneficiaries who endure multiple challenges such as low levels of English language and literacy, ill health and social isolation. For these beneficiaries, Advocacy Officer **home visits** is a vital service as illustrated by the following observation made by Mr A, an African man aged 60 living in South Wales:

"I've basically given up the fight. I don't want to go with a group. The MEEA have come to me many times to say to help me, to take me out and all sorts of things. Basically I've turned them down. They've given me every possible help and I've just denied the help because I am just too scared to go out to that world."

The impact of providing seemingly 'low level' information and reassurance for beneficiaries cannot be underestimated. In many cases, beneficiaries seek regular contact with their MEEA Advocacy Officer in order to obtain information and seek reassurance about the content of official letters they have received through the post.

Such 'minor' acts of support and reassurance are invaluable for many MEE community members, particularly if English language and literacy levels are low or if they live alone and/or have limited support from friends or family. Furthermore, by providing reassurance and knowledge the MEEA Project often assuages the fear and distrust some feel towards professional services providers such as Health and Social Care Departments, the Police and the Job Centre.

Good practice when engaging, supporting and empowering MEE people is about:

- **Recognising the complex and interconnected nature of the challenges experienced by MEEs;**
- **Listening and responding to the challenges, by providing a comprehensive and multifaceted support system, that reflects the diversity of need across MEE communities.**



Case Study Eight: Working with EEA Nationals, Refugees and MEEs Seeking Asylum

It is evident that the MEEA Project recognises the diverse nature of MEE populations in Wales and Advocacy Officers have worked hard to engage less-established ethnic groups within each of the project regions. A number of asylum seekers who were interviewed for the evaluation stated that without the support the MEEA Project offered, it would have been far more difficult to establish their family in Wales. One interview participant spoke about the difficulties the younger Sudanese population are encountering because they are not able to access the same sort of support mechanisms that are offered to older people through the MEEA Project. This has a negative impact on the younger generation and undermines their chances of integrating into the local community.

A Sudanese asylum seeker who was interviewed for the evaluation and his observations provided an insight into not only the value of a resource such as the MEEA Project, but also the necessity of finding a longer term and sustainable programme of support for the increasing numbers of MEE seeking asylum and refuge in the UK. The MEEA Project has provided meaningful support for MEE seeking refuge or asylum in Wales, which is welcomed by many:

If you ask me, we need this project to continue, to find another fund to be here still. It's helped a lot of people, not only me, but other communities, like the Chinese communities, and the Sudanese communities, many different peoples. And now many Syrian people, they have a lot of problems, so such a project really helps a lot.

The Advocacy Officers acknowledge the difficulty in engaging with and maintaining contact with members of these communities.

I now work with a greater number of EEA migrant workers. As a 'newer' wave of migration they often lack a stable community support network to tap into, which makes it hard to establish regular contact like an AdvoCafe. I've had to gauge their needs based on the work I've done with them and engaging with organisations that also offer support to them.

Advocacy Officer, MEEA Hub in SEWREC in Newport

5.2. Language and Culture

It is evident that the challenge to access meaningful language and communication support is one experienced by an overwhelming number of MEE in Wales. Through the MEEA Project, many beneficiaries attend English for Speakers of Other Languages (ESOL) classes, which enable them to become proficient enough to make proactive and empowering choices for themselves and their family in areas such as health and social care and employment. All MEEA information and documentation is translated into both prominent and more minority languages including Polish, Cantonese, Chinese, Bangladeshi, Urdu, Punjabi and Arabic and there is the capacity for in-house translation and interpretation support in each of the four MEEA regions. Moreover, language and interpretation services are available in all four MEEA regions across Wales, which frequently enable beneficiaries to access appropriate support services and resolve longstanding concerns including tenancy issues, welfare claims and neighbour tensions.

A large proportion of beneficiaries value the cultural awareness and sensitivity that informs MEEA group activities, as reflected in the following comment by Mrs S:

“It is lovely to go on a trip and especially without a husband we need to go in a group.”



Good practice is about recognising the difference between language and culture and respecting the importance of both to MEE people.

Good practice is exemplified through the provision of comprehensive language and interpretation support to enable MEE to make informed choices in key areas including their own finances, employment and social well-being.

5.3. Health and Well-being

The consensus among many MEEA beneficiaries who participated in the project evaluation is that their quality of life is often dependent upon their feelings of health and levels of exercise and mobility. The MEEA Project listens to the concerns of their beneficiaries and prioritises the provision of information, advice and meaningful service signposting within its programme of action. In many cases Advocacy Officers support beneficiaries to secure appropriate and effective health and social care by advocating with primary and secondary care providers on their behalf, or referring them to partner organisations for support with specialist conditions.

The AdvoCafes across the four regions are often utilised as a forum for workshops and seminars raising awareness about pertinent health conditions and local services to support MEE people, specifically. A number of interview and focus group participants state they now have a better understanding of important issues such as First Aid and health conditions including high blood pressure, diabetes, dementia and various forms of cancer. All of the MEEA regions host weekly exercise classes, including yoga, dancing and Thai Chi and they are extremely popular with many beneficiaries, particularly MEE women. Many beneficiaries recognise the value of exercise and activity to mental and physical health, but often struggle to achieve this on their own.

“It’s very important to go out from the home and join the exercise class otherwise I go stiff at home, especially in the winter. The exercise is very nice, they do yoga, and it’s suitable for everyone.”

Many of the beneficiaries who attend regular AdvoCafes and health-related workshops believe that the informal care and support they receive in these settings keeps them healthy and helps to build confidence. It is important to note that a number of beneficiaries observe improvement in their physical and mental health, or observe change in others.

“The yoga class [in AdvoCafes] has helped me, personally. Even though it’s once a week, I feel it’s given me energy.”



“Going to Yoga has helped our friend. She had been suffering from depression and anxiety recently, and seeing her enjoy herself and talk more compared to how she behaved and felt like when she had been depressed and suffering from anxiety was rewarding and nice to witness.”

One interview participant revealed she was a retired doctor and when she disclosed this information to the AdvoCafe group, she had a number of members ask her medical questions. A number of interview participants observe the health and welfare workshops run by the MEEA Project as a preventative service that ensures they are less in need of NHS and/or social care support, while others believe receiving professional information within an informal setting motivates them to seek out help for themselves or their family.

Good Practice is about prioritising the provision of information, advice and meaningful service signposting to appropriate health and social care.

Good practice is about raising awareness of pertinent MEE health issues and providing reliable and accessible opportunities for MEEs to improve their own well being in a comfortable and culturally sensitive environment.

5.4. Social Interaction and Community Engagement

“The good thing is to come here and to meet, like me, I haven’t seen this lady for a long time. We get together, we have exercise, we have meals, we have trips, we have so many things.”

The MEEA Project provides a number of opportunities for more socially isolated MEE people to integrate within their local communities. This is evidenced through attendance at the weekly AdvoCafes or through participation in regular group trips that are designed with MEE in mind. For many, the MEEA Project brings them out of the house and into their local community for the first time, particularly if they have moved to Wales in recent years. The opportunities for increased community engagement are valued by a group of Polish women, who often find themselves isolated from their local community as a result of ill health, language barriers or the constraints of a low income. Interview participants reveal the **AdvoCafes facilitate inter-cultural interaction, mutual support and a sense of solidarity**:

“For a long time I was suffering very very quiet in the house, you know. I came to know so many new people that I never knew before...I didn’t used to wasn’t to go outside and now it is completely different. I want to meet people; I need to meet people.”

“I lost my job because I got sick and I stayed at home for three years. I wasn’t busy or involved in anything. Then I heard about the MEEA Project and I came with my friend. It has improved my life.”

In many cases loneliness and social isolation is compounded by perceptions of vulnerability and fear of crime. The quantitative data shows that the majority (65%) of MEEA beneficiaries feel safe where they live. However, it is clear that many MEE – particularly those who may have moved to Wales, relatively recently – feel vulnerable out of their home and fear the new and the unknown. A number of beneficiaries disclose that they perceive the **MEEA Project as a ‘safe place’**, where beneficiaries experience a sense of comfort and reassurance. In a powerful testament, a number of Polish women who took part in a focus group stated:

“We feel safe and supported; MEEA is like a mother to us; it is like being home.”

“I felt panicked when I first arrived [in the UK]. Who can help me? Where do I go for help? At MEEA they listen to me, I feel comfortable.”

Some interview and focus group participants highlight ways in which the MEEA Project enables families to come together and facilitate increased understanding between the generations:

“One time, my husband came to watch us dance. I didn’t think he would but he came and saw how happy I was.”



“My son, two days ago now, he came...and he was saying 'my mum, she is so happy to go with you...to that trip...before she was crying all the time.'”

In some cases, women who take on childcare responsibilities for family members during the working week will bring young children to the AdvoCafes and they join in the dance and exercise classes. In some ways, the MEEA Project mitigates some of the concerns raised by MEEs in relation to growing distance between the generations and, in some cases, an absence of younger family support for older people.

Good Practice is about recognising the factors that contribute to loneliness and social isolation including ill health, low income and a lack of family support.

Good Practice is about responding effectively to the negative impact of these issues by providing viable opportunities for MEE people to leave their homes, escape sedentary lifestyles and interact with their local community – and often their own family – in a safe and secure environment.

5.5. Personal and Cultural Empowerment

“Women get a platform to express themselves and we share our expertise as well.”

The findings reveal that beneficiaries come to feel empowered through involvement with the MEEA Project in different ways. Those who have utilised the one to one advocacy service – either in the regional hubs or through Advocacy Officer home visits – have become more motivated to help themselves and raise awareness of both their needs and rights and entitlements.

“I had financial problems and when I get my bills I just used to stack them. They [MEEA Project] motivated me to open them and at least confront them. I lost myself but this is where they came and helped me, to pick my phone up and start phoning around, which I have done slowly and it has made a lot of difference; I can definitely see an improvement.”

The following comments made by Ms O reflect the experience of many of the MEEs who participated in the project evaluation.

“I find that a problem that there’s no access to the Internet because anyone over the age of 50 has never been taught that in school. They wouldn’t be able to afford to buy a computer, nor would they be able to get training to use a computer. Now all government letters are coming out and it’s saying ‘contact us by email.’ There’s no telephone numbers anymore on the letters. We are not able to speak this computer language so we are finding that we are totally isolated and discriminated against.”

This evaluation reveals the impact of an increased understanding of the Internet on MEEA beneficiaries who are socially isolated or housebound through ill health. For many, the provision of workshops or home-based tutorials on Internet use has enhanced their sense of **independent living**. Interview participants revealed that

MEEA tutorials have enabled many to buy their shopping online and have it delivered to their door. This is a source of considerable comfort for many MEE people because it mitigates enduring concerns around both language and mobility. Moreover, a number of project beneficiaries – across the four regions – suggested that MEEA workshops on how to use the Internet and social media, specifically had increased their engagement with both their local community and, in many cases, their wider family who may live abroad. A large number of interview and focus group participants now use the group text messaging application, ‘*what’s app*’, to communicate with each other and keep updated on upcoming events.

There are many MEEA beneficiaries who are **motivated and empowered through group interaction and increased engagement within their local communities**. In many cases, MEEA beneficiaries talk about how important it is to have ‘time out’ from their daily routines, and they perceive the weekly AdvoCafes as a source of motivation – to get out of the house and prioritise some time for themselves, particularly if they have domestic responsibilities in a large household or if they are the main care provider for a family member.

“I plan ahead for it: I try to make sure that my weekly or daily chores are done the day before so I can go to the group.”

The overwhelming majority of interview and focus group participants talked about how involvement with the MEEA Project has **increased their confidence and self-esteem**. In North Wales, MEEA beneficiaries have established the Happy Choir, which meets regularly and accepts invitations to perform across the region. The choir has a positive impact on many of its members:

“I love music and when I came to the MEEA group it was the first time that I had the confidence to sing and dance in English.”

MEE women across Wales come together to talk, laugh, relay news, and support each other. They sing, dance and eat together. They learn new things and share skills, which provides a sense of accomplishment and helps to maintain cultural traditions:

“We share our knowledge about things like embroidery and cooking, so that the information isn’t lost...”

“All these women come together and talk to each other; one person starts up and says what they can do and maybe they are good in sewing, so they share their expertise with other people.”

Good Practice is enhancing MEE people's sense of independent living.

Good Practice is nurturing personal and cultural empowerment by celebrating the skills and expertise of MEE people across Wales and providing forums through which knowledge can be communicated and shared within and across MEE groups in Wales.

Good Practice is to acknowledge the importance of cultural tradition and make concerted efforts to preserve it in all its forms.

5.6. Sustainability and Legacy

5.6.1 Volunteer Champions, Community Ambassadors and Advocacy Training

The MEEA Project has delivered Peer Advocacy Training for Volunteer Champions in each of the four project regions. The training is designed in partnership with local advocacy associations to ensure course content is relevant to group members both in terms of the issues most prominent in their local area and the volunteers' own level of experience supporting their community. The training provides the opportunity for prominent members of MEE communities to advocate on behalf of fellow community members who may be constrained by language barriers or other social/personal challenges such as rural isolation or poor health and mobility. At the time of writing, the MEEA Project has recruited **23 volunteer champions and 1 community ambassador**. Each MEEA region has run successful peer and self-advocacy training sessions for beneficiaries and volunteers. In North Wales, there has been collaboration between NWREN and the Wales Interpreting and Translation Service (WITS) to deliver two community-based interpreter training courses to MEEA members who were already acting as informal community interpreters in North Wales.

It is evident that by delivering this training, which incorporates the provision of both peer and self-advocacy skills, the MEEA Project will have a lasting impact on individual beneficiaries and MEE communities across Wales. Mr U, a Sudanese refugee living in the SBREC MEEA region illustrates the impact his knowledge and training has had on himself and his local community:

"There are many Sudanese, they came to me and ask me how they can do this, and how they can do that...now because of the project, I can help other people."

5.6.2 Multi-agency Partnership Working and the 'MEE Voice' in Wales

All of the Advocacy Officers in the four MEEA regions have spent concerted time and effort to engage with a wide range of statutory, local authority and third sector organisations and have established a considerable number of partnership agreements and referral mechanisms with a wide range of statutory agencies and third sector organisations across Wales. The number of external organisational referrals into the MEEA Project has increased as the project has grown and developed across Wales. There have been concerted attempts to engage with the health and social care sectors and all of the Advocacy Officers have promoted the MEEA Project within GP practices across Wales.

Moreover, each MEEA region has engaged with local, grassroots groups that support the more isolated BME and MEE communities in Wales. This includes attendance at local asylum seeker support groups to provide information on MEEA Project services. This type of outreach work has ensured an increased awareness of relevant service provision and an enhanced understanding of the needs (and fears) of less-established, minority groups such as migrant workers and refugees and those seeking asylum in Wales.

It is evident the MEEA Project is increasingly perceived as a 'representative voice' of BME communities and a means by which to engage with older BME people and access their views on issues pertinent to them and their local community. The MEEA Project has been well supported by the Older People's Commissioner for Wales who has attended a number of MEEA-led events and seminars. The SBREC MEEA hub was asked to organise an event to ascertain the response from local MEE residents to the *Ageing Well in Wales* consultation. In addition, the MEEA Project gathers MEE views on how to make older life better in Wales through a 'wishing tree' that is set up at the events attended by the Advocacy Officers during the course of their networking and outreach work. The data generated at such events is to be analysed and sent to The Older Person's Commissioner for Wales before the end of the MEEA Project.

Furthermore, the MEEA Project has been represented at a number of high-level meetings across Wales. Following the completion of the NWREN MEEA Language Report (2015), the Advocacy Officer in this area was invited to the Equality and Human Rights Strategic Forum's strategic equality plan. In addition, The Language Report has been widely disseminated across Wales and translated into Cantonese, European Portuguese and Welsh. The report has informed the following national and regional policy frameworks:

- Welsh Government Equality Objectives Consultation (2016 – 2020);
- Wrexham Local Authority Strategic Equality Plan 2015,
- Betsi Cadwaladr University Health Board Strategic Equality Plan 2015.

It is hoped that the essential services delivered by the MEEA Project will continue in meaningful ways following completion in November 2016. One of the most powerful

MEEA Project legacies will be the work undertaken to empower MEE people to self-advocate and the success in identifying and training Volunteer Champions to provide peer advocacy within their local communities. It is hoped that the Volunteer Champions will continue to attend forums, inform the design and delivery of MEE services and raise awareness of the needs and rights of MEE across Wales.

Good Practice is about not only providing comprehensive support for MEEs but also – crucially – to equip them with the knowledge and confidence to be able to raise awareness of their own needs, rights and wishes. It is also important to facilitate the opportunity for them to advocate on behalf of their own communities and represent the voice of their community and its members in wider settings.

Good Practice is about forging effective working relationships with organisations across the statutory, public and third sectors and establish constructive referral mechanisms and pathways across support services.

5.7 Summary

The findings presented in this chapter reveal both the diversity and intensity of the advocacy service provided by the MEEA Project. The Project team are professional and the Advocacy Officers are efficient yet empathetic and are perceived as not only a source of reliable advice but also genuine emotional support and reassurance. Moreover, the MEEA Project's structure, scope and level of positive impact serve as evidence of good practice across a wide range of themes integral to the health and social well-being of older BME people in Wales.



6. Conclusions

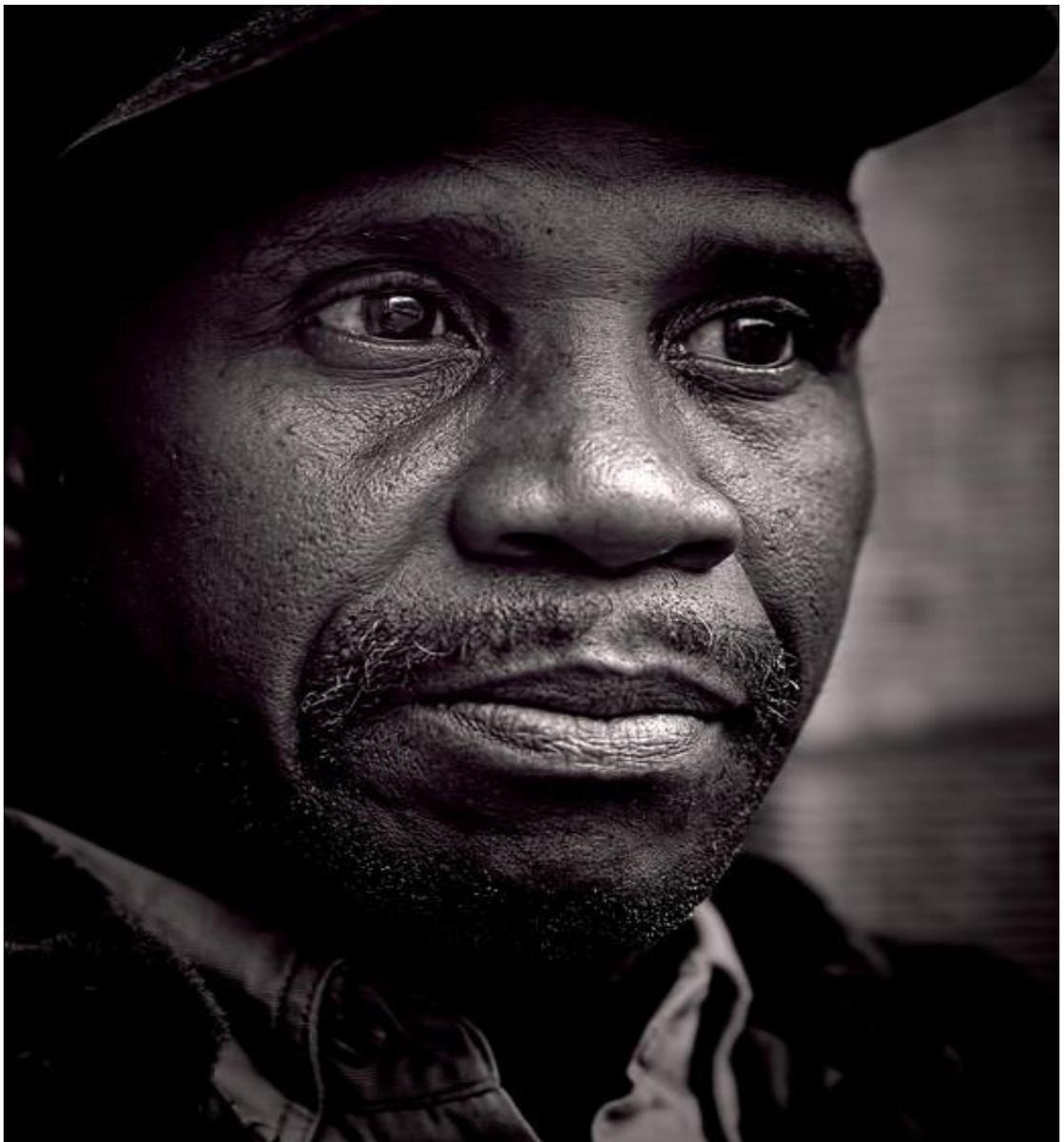
A scoping study of advocacy services undertaken for the Older People's Commissioner for Wales observed both a lack of specialist advocacy schemes, and a lack of robust research into advocacy initiatives (Dunning, 2010). This report goes some way to address the evidence gap and demonstrates the value of independent advocacy for both service users and service providers in terms of the development of multi-agency partnership working and effective referral pathway mechanisms.

To date, the MEEA Project has engaged and supported **1,078 beneficiaries** across the four MEEA regions in Wales. The interviews and focus groups with beneficiaries across the four MEEA regions reveal unequivocally a self-perceived increase in their physical and mental health; confidence, motivation and knowledge to not only seek support but also to attain rights and entitlements on their own terms. Moreover, the MEEA Project has established a lasting legacy through its work with 'Volunteer Champions' and the advocacy training it has provided for its beneficiaries so that they have the knowledge and confidence to assert their needs, rights and entitlements, and importantly, are able to advocate on behalf of fellow MEE within their local communities. Also, the report highlights the challenges experienced by MEEA beneficiaries and in doing so underlines the **diversity of need and support requirements** within BME groups across Wales. These include: lack of access to language and interpretation support across a range of sectors, a lack of awareness and access to much needed health and social provision and the chronic issue of loneliness and social isolation that undermines so many aspects of personal and social well-being.

At times, the MEEA Project has faced its own challenges in its ability to deliver regular services throughout all parts of Wales. The extent of MEEA Project 'reach' has sometimes been affected by the dispersed nature of the topography and BME population in the more rural areas of Wales. In such areas it is often a challenge to ensure equal – or proportionate – provision of MEEA Project services across all local authorities in Wales. It is evident that there are no centralised organisations offering personal and social support to all MEE residents in Wales. In many cases, MEE residents are reliant on the support offered by religious organisations or local groups set up within more established MEE communities. The lack of centralised, structured support for all MEE communities in Wales has, in some cases, had an adverse impact on the ability of the MEEA Project to raise awareness and deliver advocacy support within certain minority communities in Wales. Language barriers and a lack of access to community-based, trained translators and interpreters inevitably compound the challenge of engagement and access to services. In many cases, linguistic support is provided through the goodwill of community representatives and volunteers operating within the race equality organisations that run the MEEA Project. Such challenges are integral to the design and delivery of bespoke support services for MEE in Wales.

The MEEA Project has thrived despite the vast majority of beneficiaries heavily relying on the MEEA Project. However, funding is finite and MEEA beneficiaries worry about what will happen when the project finishes at the end of 2016. They would like the chance to continue the group activities and keep the social interaction going in their local communities. They are concerned that the practical support and advice they find invaluable will no longer be available and they worry that the group sessions that increase their social interaction, boost their confidence and self-esteem and improve their health and mobility will not continue within their local communities.

“It’s in my head, ‘oh my god what’s going to happen when this project is finished’? And I was hoping not for me only thinking this way, many other clients that they have already will be feeling the same.”



The availability of advocacy support services is hugely important for MEE in Wales. By providing meaningful advice, emotional support and practical help MEE people come to have increased awareness of their own rights and entitlements and the type of support that they can access in their local communities. The provision of effective advocacy enables MEE people to make informed decisions in a range of areas including housing and employment and to increase trust and confidence within statutory settings such as health and social care, welfare and the criminal justice system.

It is vital that the good work undertaken by the MEEA Project and the positive impact it has had on beneficiaries in terms of enhanced social interaction and personal empowerment is carried forward in the future. The success could be used as a basis from which to devise a cross-disciplinary older person's strategy to address social exclusion and improve quality of life¹¹. The MEEA Project is designed and operationalised in Wales.



However, the findings from this report will resonate in England, and it would be a valuable exercise to investigate the viability of implementing the 'MEEA Model' in other parts of the UK. More generally, it is important to undertake further research and evaluation to collate and consolidate evidence of what works, how it impacts on MEE people and what more needs to be done to ensure MEE people are supported, made aware of their rights and entitlements, and crucially, that they are empowered to secure for themselves what they need to enhance their health and social well-being.

¹¹ These types of strategies are in operation in London: <http://www.lopsg.org.uk> and Manchester: <http://www.manchester.gov.uk/olderpeople>.

7. Recommendations

The findings from this evaluation report have illustrated the impact of the MEEA Project and highlighted areas of good practice when engaging, supporting, and ultimately, seeking to empower MEE people in Wales. However, the findings also indicate chronic, inter-related challenges and areas of need for MEE people in Wales. It is important to acknowledge and continue the invaluable work undertaken by the MEEA Project. The challenge is to devise effective policies – and sustainable support service provision frameworks – to ensure progress is not lost and lasting improvements are made for MEE in Wales, and to recognise that any meaningful response will require consolidated input from a wide range of organisations in Wales.

1. Sustainable funding and continuing investment – across all regions of Wales – is needed to ensure that effective MEE services are protected and new services are developed in both urban and rural areas

This report and additional research carried out as part of the MEEA Project (NWREN Language Report, 2015) reveal that there is no uniform and consistent funding provision across Wales. Consequently, there are some regions that must be innovative in finding sustainable, localised solutions to prevalent issues within MEE communities. In a time of austerity and funding cuts it is important that funders and public bodies do not reduce resourcing for MEE populations in Wales.

- The Welsh government and other funding bodies must provide tangible commitment and clarity with regards to funding for new and existing MEE support service provision;
- Service providers must acknowledge the impact of the rural dynamic and the disparity of financial resource across the different regions of Wales – two enduring barriers to MEE people seeking and securing meaningful support.

2. It is important to recognise the **heterogeneity of race and ethnicity** in Wales and to acknowledge and respond effectively to the **diversity of need** within MEE communities across the regions of Wales

It is important to recognise that MEE people in Wales are not a homogenous group. They share the status of ‘elder’ but experience difference in terms of language, culture, class, income and family support networks. MEE also experience challenge and opportunity according to whether they live in an urban or rural region.

- All statutory bodies and service providers should recognise the importance of both language *and* culture to MEE people
 - Agencies should employ staff who speak relevant languages and ensure that all staff are trained on issues of equality and diversity.
- Statutory bodies and third sector organisations should engage with what MEE people find interesting and useful e.g. access to training on how to use the Internet and social media.
- All agencies should provide comprehensive practice and emotional support, but also recognise MEE desire to **advocate for themselves** in order to raise awareness of need and secure their rights and appropriate entitlements. This can be achieved by continuing the MEEA Project **Volunteer Champion** initiative and access to **Peer Advocacy Training**, which enables MEE people to promote themselves and represent the interests and needs of their own local communities, and to empower MEE individuals to advocate on behalf of fellow MEEs in their local communities.
- Public and third sector organisations should engage with all nationalities, including those often ‘concealed’ within the term, ‘white other’ – including EEA migrants and Irish and Roma Gypsy and Traveller communities to ensure less visible or well-supported MEE communities are not overlooked in terms of both third sector and statutory support service provision.

Ultimately, the Welsh Government, statutory agencies and third sector organisations need to acknowledge the ever-changing landscape of the MEE population in Wales. It is important to recognise and respond proactively to the evolving geo-political situation in Europe and beyond. There are large numbers of migrant workers settling in the UK and increasing numbers of asylum seekers and refugees settling in Wales under the Vulnerable Person Resettlement Scheme. It is imperative to engage with older members of these communities and provide practical advice and emotional reassurance to support successful integration into local communities.

3. More needs to be done to address and overcome the fundamental **language and communication** challenges experienced by MEE in Wales

This report highlights the challenges of language and communication for the overwhelming majority of MEEA beneficiaries. It is a theme that underpins every aspect of health and social well-being, and negative experiences can have a fundamental impact on a wide range of issues including access to vital healthcare, appropriate housing, welfare and employment. In a time of austerity and funding cuts it is important that funders and public bodies do not reduce language and

interpretation resources for MEE communities and that there is commitment and clarity in relation to funding.

- Public and third sector bodies should increase awareness of, and improve access to, Language and Interpretation Support Services for MEE in Wales
- There is a need for both a Welsh Government and regional review of the provision of ESOL for all MEE communities in Wales;
- Robust mechanisms for scrutiny need to be in place to ensure that organisations are complying with their language and interpretation policies and that they are monitoring operational effectiveness,
- Multi-language buttons on statutory services websites would enable service users to make an application for interpreting provision when they wish to access the service.

This evaluation supports Recommendation Six of the NWREN Language Report (2015), which seeks an agreement between Local Authorities and community groups across North Wales to facilitate access to a Community Interpreter Training Programme that would enable Service Providers to pay trained interpreters from within local communities. There are a number of viable training options in this regard, including the Ascentis-examined Level 3 Community Interpreter Certificate. It would be beneficial for local authorities and the third sector network in Wales to come together and explore funding provisions to commission the Level 3 training package and enable local community representatives, including those identified as ‘volunteer champions’ by the MEEA Project, in order to establish a bank of formally trained translators and interpreters.

4. It is vital to enhance awareness of MEE-specific health issues and facilitate access to vital **Health and Social Care** support

Report findings reveal that MEE people are often unaware of the risk and impact of certain health conditions including Diabetes, Dementia and Cancer. Moreover, they are often reluctant to attend medical appointments due to inadequate language and interpretation support within health and social care systems, and provide distressing evidence of the implications of poor or non-existent access within these support mechanisms.

- Local Authorities should investigate the apparent disjuncture between service provider policies around interpretation services and MEE experience of language and communication support within the health and social care sectors in Wales;
- Local Authorities and service providers should explore ways to enhance – and formalise – the relationship between public health and social care

organisations and local, MEE community members who often operate as informal translation support in appointments with GPs, Consultants, Social Workers and other healthcare providers.

- Further research is required to examine the prevalence and impact of mental health conditions within MEE communities and the quality of support offered by agencies in key sectors including health and social care, employment and housing and welfare.

5. More needs to be done to acknowledge and address the circumstances and impact of **Loneliness** and **Social Isolation** within MEE communities in Wales

MEEA data show that 23% of beneficiaries live on their own and that over 40% often or sometimes feel lonely. The qualitative data reveal that reasons for loneliness and social isolation include ill health and limited mobility; lack of family support; unemployment, financial constraints and rural living. A number of MEEA beneficiaries indicate they have family who they live with, or that live nearby, but they are often too busy to provide them with practical help or emotional support. Such situations often compound struggles to overcome growing generational gaps and fear for the loss of cultural ties and traditions.

- The Welsh Government and local authorities should draw on existing approaches to devise a cross-party, cross-disciplinary strategy to address social exclusion and improve quality of life;
- Continue and consolidate the good practice illustrated by the work of the MEEA Project in providing opportunities for more socially isolated MEE people to integrate within their local communities.
- Further research is required to examine the causes and impact of loneliness and social isolation for MEE in Wales, and to explore the most effective ways to provide support and facilitate increased engagement and social interaction.

6. A more concerted drive to support MEE people, particularly EEA migrants who are actively seeking **employment** in Wales

There are a large proportion of MEE people– across diverse ethnic groups – who are actively seeking to secure meaningful employment in Wales. They require support to obtain appropriate benefits in the short term and help with job seeking, writing a CV and advocacy support to engage with employers and negotiate contract terms.

This report highlights a number of instances whereby EEA migrants, educated to degree level are unable to work in the UK.

- Explore viable ways for highly qualified, migrant MEE to work in the UK:
 - translate non-UK educational achievement into viable qualifications to ensure it is possible to work in a commensurate field in the UK, and
 - provide comprehensive language support for those individuals to ensure they are able to participate in their chosen work environment as quickly and effectively as possible.

7. It is imperative that MEE people are made aware of their **housing** rights and entitlements, and granted access to support services that enable them to make informed choices about their own accommodation

Report findings reveal that a considerable proportion of MEE in Wales experience issues around housing, and in some cases, homelessness. It is important that MEE people live in suitable housing, but crucially, that they are provided with knowledge and support to make informed choices. The provision of comfortable and suitable housing can have associated benefits for other sectors such as welfare, and health and social care.

- Local authorities and the housing sector should look into devising joint protocols and assessments that bring together suitably trained staff within housing and health and social care (primary care providers, occupational therapists and social workers) to ensure that a range of housing options are available to MEE people.
- Welsh Government and local authorities should explore the viability of extending sheltered housing provision and contracting the development of culturally-sensitive accommodation;
- Welsh Government should commission research that investigates the prevalence of homelessness and the socio-demographic circumstances that contribute to homelessness within MEE communities in Wales.

8. More needs to be done to protect and support MEE victims of **domestic abuse and hate crime**

Report findings reveal a considerable proportion of MEEA beneficiaries have experienced domestic abuse or hate crime. It is also important to note the number of MEE who would prefer not to say if they have been a victim of domestic abuse or hate crime and the high non-response rate for these questions within the context of high levels of non-reporting for both crime types.

- There is a need for further research into the nature and impact of domestic abuse and hate crime within MEE communities and an examination of effective responses and support for MEE in Wales.
- The police, local authorities and service support providers should work together to increase the confidence of MEE victims to report incidents and ensure they have access to comprehensive, cohesive and culturally-sensitive support services;
- Local Authorities should consider using Restorative Approaches to cases of hate crime and harassment, in some instances, as an alternative to a criminal justice response.

9. There is a need for more effective partnership working in the design and delivery of coordinated and cohesive support services for MEE people in Wales

There is a responsibility on policy-makers and frontline support service providers to come together in partnership to design, promote and deliver support services that are appropriate and effective for a diverse range of MEE in Wales.

- Continue and consolidate the good work undertaken by the MEEA Project to identify partner organisations from within both the statutory and third sector and establish clear and effective service signposting and referral pathways for MEE in Wales.





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Race Equality First

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