

brap

making equality work for **everyone**

“It’s not about us!!”

A manifesto for engagement
with older BME people



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About brap

brap is a think fair tank, inspiring and leading change to make public, private and voluntary sector organisations fit for the needs of a more diverse society. brap offers tailored, progressive and common sense approaches to equalities training, consultancy and community engagement issues.

About this guide

This guide was written by brap as part of the Later Matters project, which was funded by the Tackling Race Inequality Fund (TRIF) and developed in partnership with Age UK. Its main aim was to consider how to increase the number of older people (50 and older) from black and minority ethnic backgrounds (BME) who engage in civic participation, local decision making processes, consultations and public meetings.

Legislative drivers – The Equality Act 2010

It is important to be aware that there are now 9 ‘protected characteristics’ covered by the Equality Act 2010. The law make it clear that it is unlawful to discriminate against an individual because of any of the following protected characteristics: age (goods and services to be covered in 2012), disability, sex, gender reassignment / transgender, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. Like all human beings the older BME people involved in the Later Matters

project have multiple identities so the issues they may face can be complex. We hope that this document will encourage organisations to recognise this and strive to go beyond the minimum required by legislation because it is ‘the right thing to do’.

Definitions

Throughout this report we use the term ‘BME’ as an abbreviation for ‘Black and minority ethnic’. ‘Black’ refers to those non-White groups who have traditionally been discriminated against because of their ethnicity. ‘Minority ethnic’ refers to other groups who have traditionally been discriminated against because of their ethnicity or who represent a minority in society (e.g. White ethnic minorities).

This is a manifesto calling for better consultative and engagement practices towards older people from black and minority ethnic (BME) backgrounds.

Who is this Manifesto for?

This Manifesto has relevance to the following agencies:

- public sector organisations (local authorities, health and social care providers, criminal justice organisations, etc) who wish to improve how they work with black and minority ethnic people aged 50 and older to make engagement and participation more productive and meaningful.

A MANIFESTO FOR ENGAGEMENT WITH OLDER BME PEOPLE

- charities working with, and campaigning on behalf of, older people
- BME organisations who work with older people
- BME older people and their families

How this Manifesto should be used

To produce this manifesto, BRAP engaged with over 300 older BME people to find out what they thought about current engagement practices, how they wanted to be involved in decisions, and what kinds of issues are important to them. The findings are summarised in the tables on pages 5-16. The tables have three headings:

- **advocacy:** historically, engagement with BME people has been conducted through 'representatives'. This section explores some of the pros and cons associated with this approach and highlights aspects of the process participants value and dislike
- **autonomy:** a number of factors can restrict people's capacity to genuinely and independently shape services in their area, ranging from societal perceptions to the remit of the consultative event. This section explores these factors in more detail, highlighting key assumptions made about older BME people's lives
- **participation and inclusion:** to increase the capacity of BME people in the decision making process we have to think critically about how we do engagement. This section looks at what participants said about the nuts and bolts of engagement and what they'd like to see change.

The final section is a call to action, a series of practical steps you can take to show that you are making your engagement practices fairer and more effective.

If on reading this Manifesto you begin to get a sense of déjà vu, it's because the findings here are familiar.

Older BME people have been here before: the fight to be heard and involved is a longstanding one. Organisations that want to be progressive, forward thinking and supportive of change should be prompted to ask why people are still reporting feelings and experiences of exclusion, why the agenda perhaps hasn't moved on for BME older people at the rate we'd like. Their voices are marginalised and they are unable to have an appropriate impact on mainstream organisations who continue to offer poor opportunities for meaningful engagement.

So, when it comes to your own organisation and how it operates: are BME older people viewed as 'us' or 'them'?

THE MANIFESTO ADVOCACY



ADVOCACY

“ I should be seen as more than just a ‘representative’ of a culture or religion; I might not be that different from you!”

“I don’t have to earn my rights; I am a citizen.”

“I don’t have to apologise for making negative comments – I’m a customer after all!”

ADVOCACY

<p>What We Want & Why</p>	<p>What Often Prevents Us From Getting What We Want</p>	<p>What You Can Do To Change The Status Quo</p>
<p>Older BME people often need others to work and engage on their behalf. They cannot always take part in all civic participation opportunities themselves but they can be ‘represented’ by others – advocates – who understand their issues and concerns and are mandated to present their views and campaign for their rights.</p> <p>Some BME older people’s organisations and groups are self-motivated and many have been set up by community members. Now founding members are getting older and are often less able to be as involved as they were at the beginning. They rely on advocates to take their issues forward.</p>	<ul style="list-style-type: none"> • People are often invited to become involved at too late a stage and are therefore unable to influence decisions. • Representation is not enough: including someone on the basis of their ethnic identity does not guarantee that their contributions will be useful or that they will be effective. • Disempowerment of advocates is too often the outcome of participation resulting in people being unsure of where/how to take issues further. • An overcomplicated agenda can be difficult to understand and engage with. 	<p>Make sure you canvass the widest range of views from BME older people and that these are reported back</p> <p>Advocates should not be considered credible purely on the basis of their ethnicity or that they share the cultural background of the older people they are acting for. All too often it can be the ‘usual suspects’ who come forward to represent others and often they only share views that align with their own.</p> <p>Collect monitoring data about the older people you are involved with so that you have a clear picture of who you reach and involve. Like any other ‘group’ older BME people do have things in common which means that we often group people together: Sometimes this is the right thing to do. However, it can also be wrong. People are individuals with differing needs, experiences and plans for the future.</p>

ADVOCACY

What We Want & Why	What Often Prevents Us From Getting What We Want	What You Can Do To Change The Status Quo
<p>Access to consultation and decision making is limited if you do not speak English - so doors can be opened by organisations who have advocates who are knowledgeable about older BME people's issues and can also speak community languages.</p>	<ul style="list-style-type: none"> • Organisations overlook that older BME people are diverse. They have a full range of concerns, so it is important to consider individual and group needs as well as human rights and core entitlements • There are differences between ethnic groups which is often ignored – not everyone within a group has the same aspirations or perspective on issues related to them • In rural settings BME communities can become isolated, and sometimes represent thinking and attitudes that might have been relevant 20 or 30 years ago! As a result, they are more likely to accept services and types of engagement that can be past their 'sell by date' • Length of time procedures and decision making processes take can be debilitating as older people don't always have time whereas advocates are more likely to 	

THE MANIFESTO AUTONOMY



AUTONOMY

“ I am not stupid; I can say what I think for myself.”

“I sometimes feel I am being told what to say or do.”

“My children expect me to be happy and don't want to hear otherwise so I can't tell them that I want the opposite to what they suggest.”

AUTONOMY

What We Want & Why	What Often Prevents Us From Getting What We Want	What You Can Do To Change The Status Quo
<p>The opportunity to be involved in consultation and decision making</p> <p>Making informed, un-coerced choices</p> <p>‘No decision about me without me’</p> <p>In general, where people have come from community-centric cultural traditions, attitudes to aging are not pathologised. Aging is often viewed as a ‘natural phase of life’, bringing with it respect and position within the community. This is often contrary to western culture, which has a tendency to deny that aging is inevitable and send strong messages that older people have no ‘use’ within society</p>	<ul style="list-style-type: none"> • Language prevents some BME people from participating in their own right – for example, many Chinese, Somalian and Roma people (especially women) do not speak English well, and, consequently, they are regularly left out of decision making • Structures that are often favoured by public bodies, such as formal meetings, are static, procedural and not always the best way to engage groups of people who already feel marginalised in settings where they have historically not featured • Family expectations can restrict the involvement of older BME people. Some ‘cultural’ ideas and stereotypes about old age can be restrictive, e.g. people expected to be content to settle down and retreat to the confines of their home and family. This is not liberating nor does it support autonomy. Instead, it confines and stifles 	<ul style="list-style-type: none"> • Ask people who they are, what they want, and how they want to be involved • Inform people both before and after decisions are made • If choices about decisions are available then make this clear when involving people • Choices should not be based on a stereotype of being older • Find ways to engage using non-traditional ways / methods and not always at formal meetings • When consulting recognise that when choice is offered one of the legitimate responses people could choose is ‘No’

AUTONOMY

What We Want & Why	What Often Prevents Us From Getting What We Want	What You Can Do To Change The Status Quo
	<ul style="list-style-type: none">• Autonomy and freedom can be interpreted in different ways. Public bodies often assume that these are automatically promoted by the activity they choose. In fact, the opposite is often the case, with older BME people feeling disempowered (especially by the stodgy meeting and consultation cycle)• Older people consulted when the agenda has been set elsewhere and real choice from a range of options is not made available can reduce the credibility of calls for engagement• The most popular issue for consultation with older people seems to be in the area of health and though this is important, BME older people have other concerns and interests that are wider than this.	<ul style="list-style-type: none">• Provide translators / interpreters.• Finance quality engagement by providing help with transport and refreshments – this tells older BME people that they are valued and the cost of volunteering time is recognised.

THE MANIFESTO PARTICIPATION AND INCLUSION



PARTICIPATION & INCLUSION

“*Let me know when decisions have already been made and are outside of my influence.*”

“Diversify engagement so that I can communicate in the language that I feel allows me to express myself.”

“I’m obviously there to tick your diversity box for funding or to help you look more diverse – my views don’t matter!”

PARTICIPATION & INCLUSION

What We Want & Why	What Often Prevents Us From Getting What We Want	What You Can Do To Change The Status Quo
<p>Some BME older people's organisations have been operating in the community for a long time: they are self organised, community based, and a great source of authentic useful information.</p> <p>Many older BME people have been active citizens for many of their later years. They are long standing participants in civic society, often through religiously based or local community groups</p>	<ul style="list-style-type: none"> • The ability, capacity or interest in participation shown by older people can be severely challenged when the paperwork people need to get through in order to be meaningfully involved, is unwieldy and dense – consequently people can soon feel out of their depth • BME older people and their advocates not able to influence or change the agenda as the way information has been shared means they are not well enough informed to participate effectively, especially when being consulted about issues that are outside of their experience or complex e.g. personalisation, GP commissioning • Assumptions are made that BME people are not interested in the full range of issues, so they are only sought out to participate in selected consultations when it suits or the law requires 	<ul style="list-style-type: none"> • Organisations should break down information so it is presented in plain English • When the issue is complex invitations should be managed strategically so that only those who 'get it' attend • Make more use of places and community groups where people already meet • Use of advocates together with older people to make consultation more accessible and decision making transparent • Use different mediums to share information • Give people time to digest necessary information / documents / changes • Consider whether the way things are organised is designed to facilitate participation or maintain exclusion and exclusivity

PARTICIPATION & INCLUSION

What We Want & Why	What Often Prevents Us From Getting What We Want	What You Can Do To Change The Status Quo
	<ul style="list-style-type: none">• Older BME people expected to use limited resources to transport themselves to meeting and consultations; physical presence costs• The way in which older BME people communicate can be subject to stereotypes and misinterpretation resulting in people being seen as aggressive or passive when they are simply saying what they think• The move towards fewer open public meetings and more 'invitation only' consultations results in exclusive opportunities to participate rather than inclusive• The decision making machine can take too long and older people cannot always wait or they feel forgotten• Use of the usual structures / process may not give better access to participation or even result in better decision making	<ul style="list-style-type: none">• Consider whether the way things are organised is designed to facilitate participation or maintain exclusion and exclusivity• Communicate parameters of decision making clearly at the outset; what is on offer? What can and cannot be changed: what is your remit?• Inclusion of a diversity of voice, perspective and experience is more likely to bring better decisions, options, solutions and ultimately successful implementation

*“A call to
action!”*

Don't waste my time – I'm not getting any younger...

This call to action is written to stimulate reflection and action in organisations that work with, or on behalf of, older BME people. We hope this gives clear guidance about what you can do to demonstrate that you are serious in your desire to speak up for older BME people. Ultimately we want to create a sense of urgency so you act now and make change.

Currently there is a tidal wave of change happening to many services and institutions used by all older people in the West Midlands. It is crucial that older BME people have a voice to influence decisions made about changes because we know that the legacy of discrimination means that older BME people are disproportionately more likely than their white British counterparts to:

- be poor
- experience poor health, mentally and physically, earlier in their later years
- feature in higher numbers in some of the most deprived and disadvantaged wards of the country

In order to demonstrate that this call to action is being taken seriously, organisations working

with and on behalf of older people need to begin to actively address the years of discontent and disempowerment experienced by older BME people who do not feel they have been heard. The approaches used to engage people in civic participation, local decision making processes, consultations, and public meetings must change if decisions are to be the result of a wide range of voices. In doing this we are more likely to get better solutions and improve the later years of all older people.

Over the page is a five point-promise to older people. The promises are distillations of the views, concerns, and aspirations of people engaged during the preparation of this manifesto.

Each point is accompanied with a series of indicators that allow you to gauge your progress in achieving each of the promises. With the focus increasingly on public scrutiny and citizen involvement, you may want to publicise these indicators so participants can use them to hold you to account.

To make this easier, the promises have been written as a pledge you can circulate at events, on notice boards, etc. Not only will this help your service users hold you to account, but it will signal your commitment to creating a fairer, anti-discriminatory and more effective consultative environment.

We understand that our policies, practices, and projects can be improved greatly through the input of your experiences, skills, and knowledge. We also understand that traditional forms of engagement have not always been conducive to uncovering your real feelings and opinions. So, to make the most of what you can offer...

we promise...

1. to challenge our existing engagement approaches so that they are more wide-ranging and inclusive

So you know we're true to our word, we will...

- publish information that lets you know who has been involved in our consultation process
- review this information regularly, so that we are not drawing on the same groups/ individuals all the time, and are widening our consultative base

2. when asking your opinion, we will be open and transparent about whether the event is about sharing information or if there are real opportunities for influence

So you know we're true to our word, we will...

- describe each consultative activity from the onset, so you know if it's information sharing, an opportunity to influence in particular areas (which we will describe) or a chance to genuinely influence policy and practice
- let you know when the results from each consultation event will be available
- leave consultation open for a minimum of 12 weeks
- provide you with a copy of the decisions made, if you have been involved in the consultation

3. to communicate information in an accessible, timely manner, fully acknowledging any language issues

So you know we're true to our word, we will...

- get in touch with you before consultation to understand your communication requirements

- involve translators/ interpreters if appropriate
- provide you with background information on any jargon or terms which you are unlikely to be familiar with so that you can contribute more fully
- give you space at the beginning of any consultation with us to raise questions and clarify information, so that you can engage to your fullest extent

4. to recognise that decisions made about you, should be made with you

So you know we're true to our word, we will...

- arrange consultation exercises at times and in venues that meet your needs (where possible) and explain if and why we are not able to meet this requirement
- ensure that we use a mixture of methods to secure your participation; for example, smaller groups or individual feedback, and not just a large meeting with someone talking to you at the front

5. to challenge and change limiting, outdated stereotypes

So you know we're true to our word, we will...

- be respectful in our interactions with you
- use trained facilitators who won't patronise or stereotype you
- recognise both your individualism and your experiences as a 'group' and reflect this in our consultation
- avoid the term 'BME groups', and instead talk about 'BME people' who we have been in contact with or consulted with
- we will make sure that we involve you fully in a range of consultative issues –not just those that are around race/ethnicity or religion

Signed:

Position:

Organisation:

Date:

Appendix

The issues and concerns highlighted in this manifesto are the result of engagement with over 300 older BME people in the West Midlands over a two-year period.

The following pages highlight some key quotes from participants that seem to reflect common concerns, fears, and aspirations of older BME people.

Our findings about older BME people and their experience of civic participation

THE NEGATIVES

When I hear your voice...

- I feel I am being told what to say or do
- You decide how I should be involved
- Decisions are made about me without me!
- I am invited to a conversation but given a lecture
- I'm obviously there to tick your diversity box for funding or to help you look more diverse
- You make decisions about what I need before consulting with me, then use me to endorse them
- My involvement is tokenistic
- You think that the only valid way to communicate is to use English
- When I don't speak as you do you decide this means I don't understand
- You're happy working with me if I match your stereotyped version of me.
- Doing anything different appears to be too hard for you!
- My life at 50 is not the same as at 80!
- You fail to recognise the diversity within both age and ethnicity
- You have never really worked on your own discriminatory attitudes
- You believe that the fault lies with me... and not you

Our findings about older BME people and their experience of civic participation

THE POSITIVES

I have a voice when...

- I don't have to earn my rights, I am a citizen
- You engage me as a legitimate member of this community with the same rights and entitlements as everyone else
- I am seen as more than just a 'representative' of a culture or religion, I might not be that different!
- You value the contributions of the advocates or organisations that may act on my behalf
- I don't have to apologise for making negative comments – I'm a customer after all!
- You provide me with information early, so that I can think about what I want to say in advance
- You engage me at points where I can have some influence. Don't waste my time – I'm not getting any younger!
- I understand the Information you share with me, because it is free of jargon and clearly written
- I can communicate in the language that I feel allows me to express myself
- You are honest with me about when choices are available or when they are non-existent
- You let me know when decisions have already been made and are outside of my influence
- You let me know if my involvement has made a difference to the decisions you make, or if it didn't why it didn't
- I do not have unlimited funds so your budget should recognise the expense associated with my participation
- You accept that I may not agree with others that you think are like me, after all I am an individual



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