Minority ethnic elders in care homes: a review of the literature

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Abstract

Background: health and social care services are required to provide quality service provision to meet all older people’s needs, including any needs specific to minority ethnic groups. The heterogeneity of the population, however, highlights the need to offer a range of services that reflect people’s language, cultural and religious differences.

Objectives: this paper reviews the literature concerned with minority ethnic elders in care homes.

Methods: systematic searches were conducted using the following online databases: Web of Science, Pub Med, Sociological Abstracts, Social Sciences Index, AMED, British Nursing Index, Medline, PsycInfo and CINAHL. Independent reviewers undertook a structured assessment of each piece of literature. Data extraction and analysis were in accordance with established methods.

Findings: the literature has been classified into two key areas. First, issues arising from international literature, including factors relating to access, equality and workforce issues, care satisfaction and placement decision-making. The second area focuses on the issues emerging from the UK literature. Issues of particular concern include barriers to care provision for minority ethnic older people, loss of independence and the recognition of cultural needs.

Conclusion: the review indicates how problems remain in ensuring the delivery of best-quality long-term care to ethnic elders in care homes. The review also highlights the absence of studies focusing on the perception of care from residents’ perspectives and their involvement in making placement and care decisions.

Keywords: minority ethnic elders, care homes, health and social care

Introduction

The number of ethnic older people (60 years or over) living in Britain is estimated to be nearly a quarter of a million [1]. This figure is expected to rise dramatically over the next two decades [2, 3]. Data for minority ethnic people in care homes are not classified by age. Presently, however, there are approximately 25,166 ethnic adults in care homes (including homes with dual residential and nursing status) in England and Wales [4], and with the expected increase in ethnic older people this figure is set to rise.

Health and social care services must provide a quality service to meet all older people’s needs, including any needs specific to ethnic minority groups. The heterogeneity of the frail older people population highlights the need to offer a range of health and social care services that reflect language, cultural and religious differences. Moreover, quality service provision includes acknowledging ethnic diversity, ensuring equal access, delivery and continuous care for all older people, regardless of ethnic minority status.

It is acknowledged that currently levels of care are insufficient to meet the demands of this ageing population group [5]. Service developments are, therefore, critical if present and future needs are to be met [6]. The predicted increase in ethnic elders has led to calls for further research into their needs [7]. While there have been contributions from American academics regarding ethnic elders in care home facilities, there remains a gap in the literature originating from the UK.

This paper reviews the literature concerned with minority ethnic elders in the care home sector. Key themes are highlighted, areas for possible service improvement delineated and implications for education and future research outlined.

Methods

Searches were conducted using the following online databases: Web of Science, Pub Med, Sociological Abstracts, Social Sciences Index, AMED, British Nursing Index,
Medline, PsycInfo and CINAHL. The search strategy was: initial index term searches using the following keywords (in the title, abstract or keyword) 'ethnic elders', 'minority ethnic elders', 'ethnic older people', 'nursing homes' and 'residential homes'. Electronic searches were performed retrospectively and commenced from the beginning of each database from 1983 to 2004. The abstracts of 87 articles were read and recurring themes were noted. Using these themes further keywords were identified, namely: 'culture'; 'ethnicity' 'ethnic minority' in relation to 'long-term care'; 'family involvement'; and 'nursing home workers'. Further searches were conducted using the same keywords. Bibliographic references of literature were also scrutinised for further relevant material. In order to fully capture key issues salient to the long-term care of ethnic elders, searches were also conducted focusing on dissertation abstracts and grey literature using the same methods of literature searching, selection and extraction as used for published empirical literature. In the absence of translation resources, searches were limited to the English language.

In total, 102 citations were identified from the search strategy. Studies that appeared initially to meet the inclusion criteria (for example, those that were concerned with ethnic older people in long-term care homes), but on closer inspection failed to, were excluded from the review (n = 25). Duplicated literature between databases was also excluded at this stage (n = 21).

Data searches, selection and extraction methods were in accordance with the 'checklist of data source' provided by Greenhalgh (1997: 673) [8]. Moreover, a structured critical appraisal process, as recommended by Greenhalgh (1997), was utilised to review the remaining literature (n = 56) [8]. Independent reviewers (i.e. F.M., J.F. and J.R.) undertook a structured assessment of each piece of literature, focusing on academic rigour, purpose of study, robustness of methodology [9], participants, theoretical approach, analysis and, finally, implications for practice. Any literature inclusion queries were discussed and resolved within team discussions. Recurring themes were noted at this stage. Of the 56 remaining literature sources that matched the inclusion criteria, 38 were included in this review.

In total, 28 journal articles were included in the final review; 16 studies originated from the USA, three from Taiwan, three from China, two from Canada and one from Australia. Only three journal articles emanated from the UK. Two dissertation abstracts originated from the USA. Grey literature in the form of policy documents and associated material was sourced from the UK (n = 8).

Results

In order to extrapolate key factors that potentially impact on the care of minority ethnic elders in UK care homes, the literature will be presented in two sections. Section 1 focuses on the international literature (see Appendix 1 in the supplementary data, available at www.ageing.oupjournals.org) and Section 2 the UK literature, including the grey literature (see Table 1).

International perspectives

Key themes emerging from the international literature relate to issues surrounding access, equality, workforce, care satisfaction and placement decision-making.

Access and equality issues

Two studies reported racial disparities in access to care homes between different minority ethnic groups [10, 11]. Possible explanations for varied care home access include: differences in financial resource between minority ethnic groups; differences in health status; and perceived cultural preferences for providing care within the family home [10].

The literature furthermore suggests variation in the distribution and resources of care homes catering for different minority ethnic groups [12, 13]. Facilities for African American residents in care homes varied in terms of home size, facilities and quality of care provided [12]. Homes were also more likely to be located in rural, poorer communities, residents were more likely to be admitted if the administrator of the home was African American, and these homes were also more likely to be associated with lower rates of cleanliness and maintenance [12]. Possible explanations for these disparities have been put forward [13] including the suggestion that those with fewer resources have limited ability to pay for care home placement. Such factors have been echoed elsewhere in discussions about differences in referral patterns for older people from different minority ethnic groups [14].

The multi-ethnic environment and workforce issues

In providing care to ethnic elders it is essential to acknowledge residents’ general background, lifestyle, religious and health beliefs and practices [15, 16]. Acknowledging ethnic diversity is critical since for many ethnic elders, ‘ethnic heritage, culture, religion, customs and rituals’ are firmly embedded in an individual’s usual living arrangements (p. 90) [16]. Equally, establishing good communication with ethnic elders is important if individualised care is to be achieved [17], and best practice and local and national guidelines are to be fulfilled [2, 18–20]. The literature suggests, however, that good communication may be lacking in the care home environment, especially if residents are from a range of ethnic groups [17, 21]. Suggestions for improving communication between residents and carers have included the recruitment of nurses from different minority ethnic groups, development of translation services and leisure clubs offering ‘culture-specific activities’, as well as investment in education and training for carers [17, 22].

A further theme to emerge from the international literature related to the experience of racism originating from residents, their families and employees’ co-workers [21, 23]. Racism particularly affects unqualified workers in care homes, often taking the form of inappropriate language use by residents [21, 23]. This, it is suggested, may be a consequence of residents’ social background and education level
In contrast, two dissertations focusing on US nursing aides found that although staff were not prejudiced towards older ethnic residents, aides held definite views of the behaviour of individuals from different ethnic groups and cultural factors were determinants of attitudes towards older people. These studies suggest the need for in-service training to educate health care workers in cultural diversity [24, 25]. Such training is imperative if services are to effectively address the needs of minority ethnic elders.

Identity, care satisfaction and placement decision-making

The international literature suggests that maintaining family and kinship ties are important factors for many residents of care homes [16]. The transition from own home to institutionalised care may not only impact on the family structure (for example, elder person as head of household) [26] and caregiver burden [27], it may also impact on their care expectations and satisfaction [28], and the elder person’s sense of self [16]. The support provided by these networks is highlighted in the literature and is seen as critical in helping maintain a sense of identity, enabling residents to adjust to long-term care [29–31], and essentially satisfying their perceptions about quality of life [26]. It appears that residents are more able to maintain their sense of identity if they are offered opportunities to fulfil meaningful roles in the care home and are given a sense of role continuity and respect [16]. Links with voluntary organisations also impact on residents’ quality of life, reinforcing their sense of identity and enabling adjustment to a changed lifestyle [32].

The decision to enter a care home is a key issue for many older people, regardless of ethnic origin [33], as this decision is often irreversible, and brings into question older people’s sense of independence and autonomy [34]. The difficulties in making placement decisions, in particular for relatives, have been highlighted and include dilemmas associated with family obligation versus the practicalities of daily care of the frail older person [34–36]. Congruent findings are found elsewhere in the literature in terms of cross-generational differences, culture change, and evolving roles and responsibilities within the family group [34, 37]. The evidence suggests that entry decisions are principally based on a crisis event associated with an excessive burden of care [37, 38]. Furthermore, the decision to enter a care home has also been associated with proximity to the residents’ family [39] and financial burden incurred by travel distance and associated transport costs [40].

UK perspectives

Key themes to emerge from the UK empirical and grey literature were: barriers to care provision, the promotion and maintenance of independence, and the challenge of meeting cultural needs.

Barriers to care provision for minority ethnic older people

Only four pieces of grey literature specifically addressed equality issues related to ethnic elders, two of which are reports based on empirical research [41, 42], and two are policy papers [5, 43]. Disparities in health and social care needs of minority ethnic elders have been found in London, and greater cultural awareness regarding the attitudes and beliefs of ethnic elders has been called for [41]. Integral to this is the need for all care staff to participate in cultural diversity education and training programmes [41], as well as greater participation of organisations such as the Ethnic Minority Forum and the Refugee Network in order to ensure appropriate service provision [42].

As well as differences in needs, disparities in health, community services, income and housing arrangements of minority ethnic older people have been reported [5]. Recommendations to address these issues include greater participation of local services in the delivery of care to ethnic elders [44] and more tailored services to meet the individual needs of minority ethnic elders [5].

The latter documents [5, 44] do not focus exclusively on long-term care issues, however, the themes raised are directly relevant to ethnic older people’s ability to access long-term care facilities and to their expectations regarding culturally appropriate service provision.

Independence and cultural needs

Two reports [45, 6] and one briefing paper [46] highlight ethnic elders’ desire to maintain independence and have their cultural needs recognised. Low uptake of respite services in Leicester nursing homes was linked to Asian clients’ perceptions of culturally inappropriate care [44]. This took many forms including failure to cater for dietary needs, insensitivity to religious beliefs and practices, lack of interpretation services and the absence of minority ethnic staff [44]. Inadequate translation provision has been reported elsewhere as impacting directly on cultural and spiritual needs [6, 46]. Communication issues recur as a key theme in UK policy and grey literature. Attention has been drawn to the insufficient number of homes that cater specifically for the needs of people from ethnic minority groups, and especially inadequate translation services [47]. If individualised care is to be provided, communication issues need to be urgently addressed [47]. Hence, the ‘one-size-fits-all’ [45] approach to care was a key source of additional anxiety for older ethnic people.

Only three journal articles focused specifically on the care of minority ethnic older people in UK care homes, none of which were empirical studies [47–49]. Similar to the international literature, these predominantly focused on acknowledging cultural diversity by developing and advocating cultural awareness days in a move to forge stronger ties between staff, residents and their families, and acknowledging the need to develop professional ethnic diversity training programmes.

Discussion

Since a number of the empirical studies reviewed in this paper originate from the USA, the generalisability of their findings to the UK is potentially limited given differences in ethnic mix, context and mode of service delivery. Nonetheless,
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<th>Number</th>
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<td>5.</td>
<td>Age Concern (2002)</td>
<td>To outline relevant issues in the health and social care of older ethnic people</td>
<td>Policy Position Paper</td>
<td>Ethnic specific issues regarding social inequalities among older people have been largely neglected in public policy, as there are few national data available on the economic and social circumstances of these groups. Older people from minority groups are not all the same and as such services are needed to reflect their diverse needs for support and services.</td>
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<td>6.</td>
<td>Patel (1998)</td>
<td>To explore the perspectives of Black and minority ethnic elders regarding their long-term care needs.</td>
<td>Three seminars were conducted in Edinburgh, Leeds and London.</td>
<td>Participants were selected from a number of minority ethnic elders organisations covering day care, residential, sheltered and nursing homes. Consideration was given to the size of the organisation and the coverage of their services to ethnic minority groups.</td>
<td>Ethnic elders were concerned about maintaining independence both in the community and in care home environments, insufficient services that cater to ethnic elders’ cultural and spiritual needs and the lack of cultural awareness by service providers.</td>
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<td>41.</td>
<td>Lowdell et al. (2000)</td>
<td>Report to explore the health of ethnic minority elders in London</td>
<td>A multi-disciplinary and multi-agency team used information, research evidence and the views of workers and older ethnic people to assess the current and future health and social care needs, relevant to London’s older people.</td>
<td>Sample drawn from a range of service providers and user groups in London.</td>
<td>Promoting health and independence for older people must involve more user and carer participation in terms of individual assessments and care planning. Carers participating in cultural diversity education programmes could achieve equality of service provision.</td>
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<td>42.</td>
<td>Bromley Council on Ageing (1999)</td>
<td>To develop a preventative health strategy for older people</td>
<td>A multi-agency steering group conducted a borough-wide survey focusing on health, information, discrimination and services for older people in the local area.</td>
<td>Borough-wide study in Bromley, Kent. Elderly participants included those living at home, those living with relatives and those living in sheltered, residential and nursing homes.</td>
<td>Many older people had not heard of local schemes and services in Bromley aimed at supporting older people. Delivery of services to black and minority ethnic older people could be enhanced through greater collaboration between specialist ethnic specific service and mainstream service providers.</td>
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<td>43.</td>
<td>Age Concern (2001)</td>
<td>To highlight the impact of government policy for minority ethnic elders on the provision of care for ethnic elders and Age Concern’s role in addressing access and equality issues in the local community</td>
<td>Examples are given of the work that has been conducted by Age Concern to support minority ethnic elders and how these may address access and equality issues in the UK.</td>
<td>Several themes were raised that were considered important in providing care to ethnic elders. There was a need to provide service and health information and advice in other languages, the provision of alternative venues for information delivery, for example Mosques, and finally strategies for maintaining social contacts, for example clubs and outings, and visiting schemes.</td>
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<td>44.</td>
<td>Jewson et al. (2003)</td>
<td>To study the attitudes and use of respite care services by Asian carers and elders in the city of Leicester</td>
<td>In-depth interviews with elders, carers and service providers</td>
<td>A structured sample of 97 Asians, over the age of 60, and their carers from the city of Leicester.</td>
<td>Several barriers to accessing respite care were identified. There was a lack of knowledge regarding service availability, access details and referral processes, language and communication barriers, and a scepticism by ethnic minority clients regarding the appropriateness and cultural sensitivity of services.</td>
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### Table 1. continued

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<td>45.</td>
<td>Counsel and Care (2003)</td>
<td>To explore older people's' housing pathways' in later life, focusing on the decision-making process and the consequences of housing decisions</td>
<td>Multiple methods were employed; face-to-face interviews, a postal survey, panel discussions, and 'housing biographies' collected via letters in local papers. Panel discussions were conducted in five different geographical areas, over a two-year period</td>
<td>A total of 189 in-depth interviews with older people in Lancashire/Cumbria and inner and greater London. Five hundred and sixty-three completed questionnaires were returned by older people and 125 housing biographies were collated. Multiple sampling strategies were employed</td>
<td>Housing decisions are complex and are dependent on the individual's hopes and fears about the future and their personal resources. The priorities of older people were their ability to exercise control over their future housing arrangements and their ability to maintain independence</td>
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<td>46.</td>
<td>Help the Aged (2001)</td>
<td>The priorities for older Chinese people in London were explored in seminars at the Health and Older People conference in March 2001</td>
<td>Delegates were divided into workshops for part of the day, followed by a group feedback session in the afternoon</td>
<td>There were 59 conference attendees. London</td>
<td>Older Chinese people in London raised several themes that they considered important in providing health and social care later in life. These were interpreting services, the provision of transport and home care provision, strategies to resolve delays in all aspects of service delivery, and policies and guidelines to protect older people from discriminatory behaviour by some professionals. In relation to residential care, delegates were concerned with social isolation, the lack of provision for their cultural and social needs, communication limitations and dietary requirements</td>
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<td>47.</td>
<td>Nazarko (1994)</td>
<td>To highlight the difficulties of accessing nursing home care for older minority ethnic groups</td>
<td>A brief commentary, based on the experience of one Asian family, regarding the search for nursing home entry</td>
<td>Purley, South East London</td>
<td>Few care homes providing nursing cater specifically for the needs of ethnic older people. Communication challenges influence individualised care. The role of family/significant others and their needs requires accurate assessment</td>
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<td>48.</td>
<td>Kale (2003)</td>
<td>To describe the need for multi-cultural awareness in the care home environment</td>
<td>Literature review</td>
<td></td>
<td>Long-term care facilities need to acknowledge various aspects when caring for residents from different ethnic groups. Consideration must be given to the loss of previous family role, communication and food issues and finally illness behaviour</td>
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<td>49.</td>
<td>Rawling-Anderson (2001)</td>
<td>To outline the diversity of ethnic minority older people in care homes and examine service provision</td>
<td>A professional development exercise for UK nursing professionals</td>
<td>Article not empirically based</td>
<td>Care to ethnic elders may be improved by better understanding diverse cultures and by providing appropriate, effective and accessible services</td>
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the review does highlight certain recurring themes worthy of further exploration in relation to minority ethnic elders in care homes.

Key themes to emerge were: variations in admission to care homes, the socio-economic means through which services can be attained, acknowledging ethnic diversity in terms of religious beliefs and practices, language and communication issues and, finally, issues concerned with maintaining independence and decision-making in long-term care.

International studies indicated tensions between the expectations of ethnic elders and their families regarding care provision. These relate in particular to how geographical and socio-economic differences substantially impact on the level of contact that residents have with their family and, finally, possible differences in the preferences of ethnic elders themselves regarding the nature of their care and their participation in care decisions [10, 26, 35].

Similar issues emerge in the UK literature, in particular with reference to financial disparities in terms of access to care and the monetary means through which services can be attained [5, 41, 43, 44]. Equally significant was a fear of isolation due to potential language barriers, loss of independence, and lack of recognition of religious and cultural needs.

Implications for UK care homes

This literature review has revealed a paucity of UK research exploring the needs of minority ethnic elders in UK care homes, and the most effective modes of care delivery within these facilities. This is compounded by an absence of UK statistics on the number of specialist care homes in the UK catering for ethnic elders. Indeed, the sparseness of much larger ethnic monitoring information [50], particularly from the Department of Health, has been criticised elsewhere [51, 52]. UK guidelines [2] highlight the necessity of providing the best quality of care that includes promoting choice, autonomy and dignity. The absence of research and statistical data raises important questions regarding the implementation of such guidelines and care standards, and more importantly the development of long-term care services.

On the basis of current international and UK evidence, it is not possible to fully understand whether ‘segregated’ care is necessary or indeed beneficial, and how best to address the issue of tailored care so that minority ethnic older people feel that their needs are being met. What is needed is robust research to answer these questions in order to inform service development, e.g. via education and training programmes.

The implications of this review are that further clarification is needed in order to fully explore how services may adapt to acknowledge ethnic elders’ culture and care expectations, and also the impact of these issues in the context of their wider social and economic background [52]. Until future research is conducted we will continue to know very little about the needs of minority ethnic elders in care homes and the strategies to address access, service provision and quality care issues.

Conclusion

The literature in this review has addressed several issues related to the care of minority ethnic elders in care homes. Problems remain, however, in ensuring the delivery of best-quality long-term care to older people from different minority ethnic groups. Until more research is conducted in the UK we are unlikely to fully understand the main factors influencing ethnic elders’ experience of long-term care placement.

This literature review indicates the necessity to research into whether current services meet ethnic elders’ needs, whether ethnic specific care is necessary within nursing and residential care settings and, finally, by implementing such care, whether it enhances ethnic elders’ quality of life. Moreover, although this review has identified literature related to the decision-making process by families regarding long-term care placement, there is little research into the involvement of ethnic elders in making plans for their own long-term care [33, 37, 38]. Furthermore, insights are needed into the preferences and views of residents in long-term care in order to fully understand the impact of this care on residents’ sense of identity. The views of residents, however, can only be gained if researchers are willing and able to involve residents and workers in the research process and choose methodologies that can adequately explore their views, for example, interviewing and observation. Until these factors are explored we are unlikely to know what elements of health and social care minority ethnic elders value, and what features enable them to feel valued and respected.

Furthermore, if service development is to occur, then there is a need for greater partnership between government, the independent care home sector and voluntary agencies. Training and education initiatives aimed at care home staff and informed by robust research are needed in order to raise awareness of ethnic diversity and the needs of older residents from different ethnic backgrounds. The current situation is not, however, encouraging. The care home sector is currently struggling to meet the demands of the Care Standards Act [53], specifically mandatory training of care home staff by 2005. In order to provide consistently high-quality care for ethnic elders in the future the sector may need greater financial support from a centralised source coupled with a more proactive and sensitive approach to service provision.

Key points

• International studies indicate possible differences in the preferences of care to minority ethnic elders, especially in relation to the nature of their care and their participation in care decisions.
• UK literature specific to the care home sector is limited. Existing literature highlights the need for greater cultural awareness, including communication issue in order to enhance individualised care.
• There is a paucity of UK research exploring the needs of minority ethnic elders in UK care homes.
Minority ethnic elders in care homes

- Until further research is conducted we will continue to know very little about the needs of minority ethnic elders in care homes.

Please note

The extensive list of references supporting this review has meant that only the most important are listed here and are represented by bold type throughout the text. The full list of references is available on the journal website (www.ageing.oupjournals.org) as Appendix 2.

References

2. Department of Health Social Services Inspectorate. 'They look after their own, don’t they?' Inspectorate of community care services for black and ethnic minority older people. London: Department of Health, 1998.
4. Private correspondence with the Census Customer Services helpline. 14th January 2004. Data from the 2001 Census. Table S125–Sex and type of communal establishment by resident and ethnic group.

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