



**ADSS Cymru**

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Leading Social Services in Wales

## **ASSOCIATION OF DIRECTORS OF SOCIAL SERVICES CYMRU**

**Delivering Transformation Grant Programme 2021-22**

# **Increasing the take-up of social care by people from minority ethnic communities**

**Report for Welsh Government**

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## 1. Introduction

- 1.1 The Welsh Government asked ADSS Cymru to lead a programme of work to examine the use of social care and support by people from the minority ethnic communities. The purpose was to identify what must be done to increase the take-up of care, which evidence shows is less than the average for the whole population. The programme is funded by the Welsh Government's Delivering Transformation Grant programme for 2021-22.
- 1.2 The aim of the study was to develop a deeper, and clearer, understanding of the barriers encountered when people from minority ethnic communities need care and support, the decisions they make, and what influences their decisions. The findings provide the foundation for a robust programme of action to improve their access to, and use of, social care and support. As such, it will be a significant contribution to the implementation of the Welsh Government's Race Equality Action Plan. More specifically, it aimed to:
- (i) Understand the extent to which people from minority ethnic communities access care and support when they have an identifiable or assessed need.
  - (ii) Examine the issues, including barriers and challenges, involved to people accessing care and support.
  - (iii) Identify the impact of Covid-19 on levels of confidence and engagement with social services.
  - (iv) Explore the informal support network provided by family, and friendship carers, and how this network and the carers themselves are supported.
- 1.3 While the project covered areas with well-established minority ethnic communities, we also sought to capture the views of people from all areas, including the more rural areas.
- 1.4 The project aligns well with ADSS Cymru's strategic priorities 2021-24:
- **Priority 1:** The social care workforce is properly supported, resourced, and valued with the skills and resilience to deliver the high-quality, responsive services that people need.
  - **Priority 2:** We want to ensure that people and communities are at the heart of the remodelling of social care and health services.
  - **Priority 3:** We want to ensure that people have real choice and control in how their care is delivered.
  - **Priority 4:** Sustainability is central to the rebalancing of care and support, with local authorities having confidence that services can meet the needs of people now and in the future.

## Approach

- 1.5 Our approach to the study included the following stages:
- Review of available research literature.
  - Semi-structured interviews with staff in local authorities, national stakeholder organisations, and third sector organisations.

- Interviews, group discussions with people from minority ethnic communities and/or their representatives.
  - Written feedback on key issues from people in minority ethnic communities (via community groups).
  - Discussion groups with social care staff.
- 1.6 The review of available literature on themes relevant to the scope of the project provides the background and policy context for the study and captures the benefits of research undertaken in Wales and elsewhere in the UK. Its findings also informed the engagement and data collection phases of our work.
- 1.7 In planning the engagement phase of this work, extensive conversations were carried out with people who are more attuned to supporting people from minority ethnic communities. The importance of building trust with individuals before they engage and the risk of retraumatizing people who had been through challenging life experiences were factors which were considered.
- 1.8 We adopted an iterative approach to the engagement phase of the study. The original plan included focus groups to engage directly with users of services and people who choose not to use services to get a better understanding of their experiences. We stepped back from this after discussions with community advocates/mentors and stakeholders. Drawing on their expertise, we identified a wide range of support organisations across Wales, and decided the best approach was to work closely with support organisations who already have the trust of individuals, liaising with them to arrange one to one conversations or wider Focus Group sessions.
- 1.9 We developed a programme of semi-structured interviews and group meetings with staff of third sector organisations, some of whom also facilitated informal discussion sessions with existing groups of people from minority ethnic communities. The difficulties of written or online surveys for some of the target audience e.g. for whom English is not a first language and/or literacy issues diverted us from using this as a tool. So too did the need for translation into many different languages. That said, with the help of two organisations, we were able to obtain the views of individuals from ethnic minority backgrounds, including refugees. Interviews were held in languages of choice with people who access services or who choose not to access services.
- 1.10 During the study, we approached a wide range of organisations and individuals working in, or on behalf of, minority ethnic communities to draw on their views, experience, and suggestions on what should be done to address the long-standing problem of low take-up of social care services and support. With few exceptions, there was a positive response to our request. We were surprised by the lack of any response from a small number of organisations, large and small, some of which receive public funds. The reasons for the lack of response are unknown.
- 1.11 The authors are grateful to everyone who gave time to contribute to the study, giving their views and their advice, which helped shape the approach taken. Particular thanks are due to Women Connect First, Displaced People in Action, and the Wales Refugee and Asylum Seekers Advocacy Forum for their assistance in eliciting the views of individuals from ethnic minorities who shared their experience of using or trying to access social care and support.
- 1.12 The response from local authorities to the request to participate in this study is clear recognition of the need to address barriers to social care for people from minority ethnic communities and the will to increase the take-up of services and support.

## This report

- 1.13 This report summarises the findings of available literature, drawing out key issues and themes. **Chapter 2** provides the background and policy context, highlighting very clearly the range of barriers to take-up and where they impact. We believe a subject such as this should be examined from a variety of different perspectives.
- 1.14 **Chapters 3, 4, 5, and 6** summarise the views of people from minority ethnic communities, third sector and community organisations, members of the social care workforce, other local authority staff, and a range of stakeholder organisations. **Chapter 7** summarises our findings and conclusions, which underpin the recommendations.
- 1.15 At the outset, it should be noted that references in this report to the take-up of services means take-up by individuals and carers who need, or might need, support from social care. The barriers to take-up apply to both.
- 1.16 At the time of writing, the pressures in the social care system have never been so acute. The pandemic continues to pose challenges for society, particularly for people who need care and support and for the workforce, who are under constant pressure. Recruitment and retention continue to be an issue for most social care organisations, and loneliness and isolation continues to affect those most vulnerable, including unpaid carers.

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## 2. Research and policy background

- 2.1 Increasing the take up of social care by people from minority ethnic communities is relevant to several Welsh Government policies. They include “A Healthier Wales”, the Government’s response to its Parliamentary Review of Health and Social Care, and Prosperity for All which has social care as one of its five priorities. The Strategic Equality Plan 2020-2024 and the most recent development, the Race Equality Action Plan are particularly relevant.
- 2.2 The findings of this report and action which will be taken in response to its recommendations are relevant to 3 specific goals of the proposed Race Equality Action Plan:
- **Goal 1:** To ensure that all Black, Asian, and Minority Ethnic people feel confident in accessing and using social services and social care services when they are needed.
  - **Goal 2:** To ensure that all Black, Asian, and Minority Ethnic people who access social care services are provided with the highest quality support that is accessible, dignified and culturally appropriate.
  - **Goal 6:** To improve qualitative and quantitative data, research, evidence, analysis, intelligence and understanding to support and drive continued progress, including a significant increase in the lived experience data gathered from Black, Asian, and Minority Ethnic people.
- 2.3 The statutory duties which fall on public bodies are also relevant. They include the Equality Act 2010, the Wellbeing of Future Generations Wales Act 2015, and the Social Services and Wellbeing (Wales) Act 2014.
- 2.4 The Social Services and Wellbeing (Wales) Act 2014 places a specific duty on a local authority to promote well-being for people who need care and support, and carers who need support. This includes people who, while not meeting eligibility criteria, still have needs for care and support that may be met in other ways e.g. through the provision of information, advice and assistance, and preventative well-being services. Of note is the requirement of the Act for a local authority to have regard to:
- (i) An individual’s views, wishes and feelings, and promoting and respecting their dignity.
  - (ii) The characteristics, culture, and beliefs of the individual, including, for example, language.

### Population

- 2.5 Estimates from the Annual Population Survey show 5.6% of the Welsh population describe themselves as Asian, Black, “Mixed/Multiple ethnic group” or “Other ethnic group”. The proportion varies by local authority, from 1.3% in Pembrokeshire and Powys to 13.2% in Newport and 20.1% in Cardiff. The table below shows estimates for each local authority area. Areas where data quality is “limited” or “low” are marked.

**Table 1: Ethnicity by local authority area, year ending 31 December 2020**

Local authority area	People who are Black, Asian and minority ethnic	
	No.	Per cent
Isle of Anglesey	*	*
Gwynedd <sup>++</sup>	3,100	2.5
Conwy <sup>++</sup>	3,000	2.6
Denbighshire <sup>+</sup>	3,600	3.8
Flintshire <sup>+</sup>	4,400	2.8
Wrexham <sup>++</sup>	3,100	2.2
Powys <sup>++</sup>	1,700	1.3
Ceredigion <sup>++</sup>	1,300	1.7
Pembrokeshire <sup>++</sup>	1,700	1.3
Carmarthenshire	7,400	4.0
Swansea	20,900	8.5
Neath Port Talbot <sup>++</sup>	2,400	1.7
Bridgend <sup>++</sup>	3,700	2.6
Vale of Glamorgan <sup>++</sup>	2,700	2.1
Cardiff	74,700	20.1
Rhondda Cynon Taf <sup>+</sup>	9,500	4.0
Merthyr Tydfil <sup>++</sup>	1,300	2.2
Caerphilly <sup>++</sup>	2,800	1.6
Blaenau Gwent <sup>++</sup>	1,300	1.9
Torfaen <sup>+</sup>	3,000	3.3
Monmouthshire <sup>+</sup>	3,200	3.5
Newport	19,800	13.2
<b>Wales</b>	<b>174,900</b>	<b>5.6</b>

Source: Welsh Government Annual Population Survey, 31 December 2020

Notes: \* Data is disclosive or not sufficiently robust for publication; + Data is considered as being limited quality

\*\* Data is considered as being low quality

- 2.6 A Welsh Government statistical article published to support the work of the First Minister's Covid-19 Black, Asian and Minority Ethnic Advisory Group stated 5.2% of the 1,462,000 people in employment in Wales identify as Black, Asian or minority ethnic. The following table shows average percentages working in social care and in healthcare are slightly higher. Note the "high-risk occupation" quoted in the title reflects the Advisory Group's focus on Covid-19.

**Table 2: Employment in selected, specific, high-risk occupations in Wales by ethnicity and occupation, 2019**

Occupation	White		Minority ethnic	
	No.	%	No.	%
Social care	68,900	92.8	5,400	7.2
Healthcare	106,200	88.8	13,400	11.2
<b>All occupations</b>	<b>1,385,400</b>	<b>94.8</b>	<b>75,900</b>	<b>5.2</b>

Source: Welsh Government. Extracted from Table in Statistical Article: Coronavirus (COVID-19) and the Black, Asian and Minority Ethnic population in Wales.

## Research

- 2.7 There is a considerable body of literature on ethnicity in society, particularly healthcare, which has been the subject of considerably more research than social care. A review of available literature was undertaken as the foundation for this study.
- 2.8 There is evidence to suggest people from minority ethnic communities are underrepresented as users of social care and the need for action. It is reinforced by work commissioned by the Welsh Government during the pandemic, which concluded health and social care messages had not been effectively disseminated to minority ethnic communities.

## Barriers to take-up of social care

- 2.9 Barriers for people from minority ethnic communities accessing services have been categorised in several ways e.g. societal, personal, and institutional. Another set of groupings consists of physical (access to buildings), psychological (way an individual thinks about a service), financial (cost of service); geographical (location of support), cultural and language, and resources (service capacity vs demand). Except for culture and language, and sometimes mistrust of statutory bodies, most of these apply to the whole population. The table below summarises barriers encountered by minority ethnic communities.

**Table 3: Summary of barriers to access and take-up of social care by people from minority ethnic communities**

<ul style="list-style-type: none"> <li>• <u>Language</u> – particularly where English is not someone’s first language, which often means relying on others – family, friends, or professional interpreters.</li> <li>• <u>Information</u> – lack of information in a language and format suitable for an individual, and inability to access it if there is overreliance on digital delivery.</li> <li>• <u>Communication</u> – how everyone in social care, irrespective of role, interacts with people. Issues include understanding of, and sensitivity to, cultural and religious differences.</li> <li>• <u>Knowledge and awareness</u> - what services are available, legal rights and entitlements, and how to access services.</li> <li>• <u>Understanding</u> – how commissioners and providers of social care operate and how the “system” works. Might relate to conditions e.g. dementia, for which there is no equivalent word in some languages.</li> <li>• <u>Design of services and support or elements of it</u> – which do not reflect variation in cultures and beliefs between different minority ethnic communities.</li> <li>• <u>Culture, beliefs, and values</u> – which can affect the acceptance of help, particularly if considered inappropriate, and expectations of care and support.</li> <li>• <u>Attitudes, assumptions, and stereotyping</u> – including misconceptions of informal care available to people e.g. from the extended family might not always be available.</li> <li>• <u>Experience</u> – particularly where past problems in obtaining help or a bad experience in care provided or the way in which it was provided.</li> <li>• <u>Lack of trust and / or confidence</u> – in public authorities and the “official” or “formal” nature of their work, or “outsiders” being in someone’s home.</li> <li>• <u>Stigma</u> – directed at an individual by others, or on the part of the individual. Could be related to specific conditions e.g. Alzheimer’s or learning disabilities.</li> <li>• <u>Discrimination</u> – the possibility of systems and practices which discriminate, intentionally or unintentionally, and individuals’ fear of racism and discrimination.</li> </ul>
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- 2.10 The barriers are not mutually exclusive. There are overlaps between many and interdependencies e.g. language, information, communication, cultures, beliefs and understanding. Therefore, a holistic approach is needed if action to encourage greater take-up and use of services by people from minority ethnic communities is to be successful.
- 2.11 The impact of barriers can also be exacerbated by broader issues of poverty, where people live and the local infrastructure e.g. the location of services and transport, and education.
- 2.12 A copy of the full review of the available research literature was undertaken. The report is available on the ADSS Cymru website.

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### 3. Perspectives: people and communities

- 3.1 Direct contact with users of services and carers proved difficult, hence our approach of seeking third sector organisations and community groups who could facilitate connections on our behalf. Two organisations were able to help.
- 3.2 Women Connect First made an important contribution to this study. They organised a focus group attended by 14 women from a variety of ethnic groups and undertook 20 one-to-one conversations with women who use social care services or who may use services in the future. The conversations, which were structured around questions developed from research and evidence gathered earlier in the study, were conducted in their language of choice by sessional translators/interpreters coordinated by Women Connect First. The focus group was informal with questions agreed in advance with Women Connect First.
- 3.3 Displaced People in Action arranged for us to attend the Wales Refugee and Asylum Seekers Advocacy Forum and facilitated discussion. It was attended by 9 asylum seekers and refugees and other representatives from organisations supporting these groups.

#### Awareness and experience of social services – Focus group

- 3.4 Participants in the focus group were from seven different minority ethnic communities. They were supported by Women Connect First. They had 6 different first languages other than English, but all spoke and understood English well, and the advice was English was the best language for the session. Support workers were on hand if translation was needed. Most participants had used social services or had tried to access social care without a positive outcome. Participants were aged between 18 and 60 years+. The majority were aged 41-60.
- 3.5 Feedback on the session was positive. Having someone talk about social services was seen as helpful to breaking down barriers. Positive examples of people's experiences were welcomed and helped to address the mistrust of social services which is described by some people.
- 3.6 Awareness of what social services provide and what people are entitled to were common themes of discussion. There was a lack of understanding of what support social care can provide, rights, and where to go to find information. Communication is a problem. Participants emphasised many people from minority ethnic communities cannot speak English well and feel they are misunderstood when they try and communicate in English. It is not easy to rely on translators and feel confident the message the person in need of care and support wants to give is message received by the officer. Others who speak English well cannot read and write it. There were requests for more information to be available in the language of choice
- 3.7 Another point was the attitude of social care staff. There is a feeling people [staff] will not take time to listen properly to the issues and in some cases, they appear not to want to understand the cultural issues which are important to someone in need of care and support and to find the best way to help. The case studies described below illustrate this. If more social care staff were themselves from minority ethnic communities, there would be a better understanding of cultural issues and opportunities to communicate in languages other than English. This would help give people the confidence to approach social services for help.
- 3.8 Most participants did not know the full range of services or who to contact for advice. The importance of being able to access support from third sector organisations, in this case via Women Connects First, was emphasised as they were able to signpost to the right place.

Several participants had accessed social services for themselves or a family member. Their views were mixed. Positive examples of how social services had helped are:

**Case study examples:**

*“I had a good experience with social care, they helped my mum to get a stair lift”*

*“Social services have been very supportive. I am receiving treatment for a serious health problem, and I am a single mum with two children. They helped me through lockdown, while I had treatment and cared for my children as I have no family here. They helped the children, including transport to and from school when I was unwell”*

*“I experienced domestic abuse from my ex-husband. He threatened that if I told the police they [social services] would take my children away. Social services became involved through the school, and I told them the whole story. They helped me and enabled me to stay strong. They wrote a report for the courts, which decided my ex-husband should not be allowed near us. Social services helped us through all of this”*

3.9 There were also negative experiences of social services:

**Case study examples:**

*“The person I spoke to did not take account of my mental health condition. They were unable to signpost me to the right service or to other support for my emotional well-being. I felt they were only interested in people who had a physical condition”*

*“I needed adaptations to my house and had been visited by Occupational Health. The service was not good, and I had to wait a long time to get through to anyone”*

*“We needed support, but I did not find it easy to access services”*

*“I contacted social services for help with my mum. She was bed bound and carers came in 4 times a day. The service provided was mixed. My mum was made to sign to say the carers had been there for 30 minutes when they only stayed for 5 minutes. We also applied for help with an adapted bathroom, but nothing happened”*

*“An older couple living in the flat above me both have medical conditions but no stair lift. They are too frightened to access social care”*

*“I have been trying for over a year to get support for my disabled son and have not had any feedback or help. I would like them to tell me what has been decided, even if I am not eligible to access services because public funds are not available for me”*

## Refugees and asylum seekers – Forum discussion

3.10 The Wales Refugee and Asylum Seekers Advocacy Forum meets quarterly. Nine refugees or asylum seekers attended the February 2022 meeting. Representatives of the Welsh Strategic Migration Partnership, Welsh Refugee Council and the Voices Network/ British Red Cross also attended. The meeting was facilitated by Displaced People in Action. Discussion was preceded by a set of questions circulated in advance.

## 3.11 The key messages were:

- Only 2 of the 9 participants were aware of what social services provide and similarly, a lack of understanding on how to access services.
- Information on social services is not readily available in a format easily accessed.
- There is a reluctance among some asylum seekers to access social care as they have no idea of their rights in this country.
- Fear of being deported if a request for help is made or a complaint.
- Some people said they would welcome the chance to discuss needs at community centres with drop-in sessions with a social services input.

3.12 Representatives of third sector organisations explained there is awareness of child protection issues and how to refer a case but less knowledge about other support available from social services. Help and training would be welcome. It is needed for case workers, including volunteers, so they can refer the people they support to the right place. It would also be helpful if information on social care services could be made available in the charity centres which support asylum seekers e.g. British Red Cross, Oasis, with notices showing the correct telephone numbers for contact.

3.13 One participant had tried to access social services and an officer had visited her. She felt lots of questions did not seem relevant, rather than focusing on the issues that needed addressing. For example, one question was “who pays for your rent?” The answer was that this was paid on behalf of the person, to which the officer is reported to have replied, “I wish someone would pay my rent for me”. This was not considered an appropriate response. In general, the attitude of the social care person was not good. The participant felt they did not want to contact social services again for any support.

## Awareness and experience of social services - Interviews

3.14 Twenty interviews were carried out in the language of choice. Ten of the interviewees were aged 60 and over, 7 were between 41-59 and 2 aged 18-40. One person preferred not to say their age. The following table shows the languages spoken as first languages.

**Table 4: First languages spoken by participants in interviews**

Arabic	Bengali-Dhaka	Bengali-Sylheti	Pushto	Gujarati	Yoruba	Albanian	Punjabi	Urdu
7	2	2	1	4	1	1	1	1

Source: Women Connects First

3.15 The table below shows the ethnicity of participants in the conversations.

**Table 5: Ethnicity of participants in interviews**

Syrian (3)	Bangladeshi (4)	Nigerian (1)	Afghanistan (1)
Sudanese (1)	Indian (4)	Albanian (1)	Pakistani (1)
Yemeni (1)	Iraqi (1)	Palestinian (1)	Prefer not to say

Source: Women Connects First

- 3.16 Seventeen of the 20 persons interviewed (85%) were not aware of the services provided by social services. Of the 3 that were, 1 heard through her GP while the remaining 2 did not say. A translator said some people she spoke to thought social care services are similar to the police. They were not comfortable about involving them in personal and family matters.
- 3.17 Although 17 interviewees said they weren't aware of the services provided, 10 of them had at some point in the past been in contact with social services for help. Most were referred via a GP or through a hospital visit, with Women Connects First providing details of social care for those in need of support. The latter point reinforces the important role that third sector organisations have in signposting people from minority ethnic communities to the appropriate services and in raising awareness of services and support which might be available.
- 3.18 Some interviewees shared their experiences of contact with social services. The examples do not paint a good picture of what some people encounter when seeking support from social services. However, they illustrate what is sometimes happening when help is sought.

**Case study examples:**

*"I have come across two different kinds of quality of care and support. My initial experience was once I contacted social services they came and provided all the information and assured they would do things, but they never did and kept me waiting and ignored my phone calls for help. Then I had no choice but to contact my child's headteacher to get the support and care I needed, after which I have been receiving the support and care needed"*

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*"I am very disappointed and have had a very negative experience with accessing help from social care as the social worker appointed was very unprofessional and unreliable. I was not getting the help or support I sought. I attempted to make several complaints, but they were ignored. Nobody would answer my calls or respond to me. I have been spoken to in a very loud and rude manner, making me feel very scared and intimidated"*

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*"I went through a very difficult few years. This had a detrimental impact on my mental health and emotional well-being. I struggled every day, felt very isolated, lonely, and depressed, living in fear every day they [family members] would harm me. I struggled with my medical condition all alone, coping with all the pressure and I was in a very vulnerable condition, just about managed to survive. Contacted social services for help but it was declined stating that I do not qualify for services or care as I had no need for personal physical care as I am able to carry that out myself and there was nothing they could do to help or support me"*

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*"A Zoom meeting was organised, and I was informed just minutes before the meeting was going to start. The social worker did not bother to inform me in advance to check if I was available to attend the meeting"*

Cont/...

*“I have repeatedly had terrible disappointing experiences over the years with social care. I have experienced a very selfish and heartless attitude towards the care and support I need. As a person with mental health issues, I have often been taken advantage of when I expressed unhappiness with the unprofessional and dismal support and care provided. My requests and queries have been ignored and I have been treated in a disrespectful inhumane manner. I have had to suffer a lot of humiliation, made nearly homeless, not even allowed to return to my hostel temporary accommodation to collect my belongings, left to fend for myself and seek shelter in others homes due to the unprofessional mismanaged service. I was left for days neglected without help and support, feeling very helpless not knowing what was going in and have had to constantly seek help from Women Connect First”*

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*“I have had a very bad experience with social services in relation to my children and I am so anxious that I really don’t want to have anything more to do with them anytime in the future”*

3.19 It is not possible to ascertain the precise circumstances which led to the above experiences. However, an analysis of matters which cause or contribute to what happened in each of the above could include one or more of the following:

- A distinctly different response from social services when a referral was made by a professional as opposed to the individual themselves. This could be down to the approach and/or attitude of the specific member of staff who took each of the calls, or it could be systemic in that referrals from professionals are treated differently, and perhaps more seriously, than contacts made by individuals who need help. This is an important point. By the time a referral is made by a professional, the situation may well have deteriorated.
- Differences in attitude / or approach of the member of staff taking the call(s). This might or might not be related to the fact that the individual was from a minority ethnic community.
- Lack of sensitivity to people with mental health problems, causing one individual to rely on the support of a third sector organisation.
- Communication problems and a failure to involve someone in planned action.
- An apparent failure to take responsibility and signpost an individual to alternative sources of support when social care support might not be available to an individual. It works against the principle of more integrated services and the “make every contact count” approach which some local authorities have adopted or are adopting.

3.20 Other than communication and understanding being a potential barrier, it is not possible to determine whether any of the other barriers experienced by people from minority ethnic communities (chapter 2 refers) apply e.g. lack of cultural understanding, conscious or unconscious bias, or whether the negative experiences are those encountered by some people within the population as whole.

## Making access easier

- 3.21 Interviewees were asked how access to social care could be improved and made easier. The most frequent suggestion (60% of respondents) was face-to-face contact, including home visits if necessary, and the person (and their needs) being the focus of the contact. The second most common suggestion (30%) was training for social care workers of the specific needs of (minority ethnic) communities and cultural requirements. Other suggestions included:
- Visits by people who are professional and call when they say they will
  - Recruit more staff from minority ethnic communities
  - Services through outreach centres or community hub, including awareness sessions
  - Helplines in different languages
  - Visits which are sensitive to cultural issues e.g. gender.
  - Information in a simple, easy-to-understand format.
  - Advice / action followed up in writing so it can be shared with other family members.
- 3.22 Suggestions on the best way(s) to access information on how social services can help were mixed, which reflects similar spread of preferences seen from individuals in the population as a whole:
- Through community organisations; seminars, workshops at community centres
  - TV advertisements, social media
  - Via other services e.g. GP surgeries
  - Written material including mailshot– letters, messages, booklets, newsletters in different languages
  - One to one, face to face meeting opportunities
- 3.23 Of note in the above responses was the popularity of information being delivered in or via community organisations, community hubs and centres.

## Building trust

- 3.24 During the interviews, discussion also covered what could be done to build more trust between people in minority ethnic communities and social services. The suggestions are summarised in the following table. The number in brackets refers to the number of interviewees who made the comment (out of 20).

**Table 6: Suggestions for building trust between social services and minority ethnic communities**

- Simple information in different languages (11)
- Services provided by people who are qualified, professional, and genuinely care (8)
- More respect for culture and religion (7)
- More awareness raising of what social services can offer (6)
- Social workers who listen to information without bias and are non- judgemental/open minded (5)
- More accountability by, and monitoring of, social workers (3)
- Assurance you will not lose benefits if services accessed (3)
- More review meetings after services put in place (3)
- Assurance all information is treated in confidence (2)
- Visits at more convenient times e.g., not at times of prayer (2)
- If a religious issue, consult with religious representatives (2)
- Assurance social services are not the police (1)
- Do more to put people at ease (2)
- More home visits (1)
- Recruit more people from different ethnic minority groups who speak the language(s)(1)
- Provide a friendly first point of contact (1)

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## 4. Perspectives: Local authorities

- 4.1 All local authorities were invited to participate in the study. The pandemic meant meetings were held via telephone, videoconferencing, or written correspondence. Discussions were held with 28 representatives covering 18 local authorities and spanning a range of roles and functions at strategic and operational levels, including: engagement; community cohesion; adult services, children's services, policy, strategy; equalities. In a small number of cases, local authority partners from the third sector joined in the conversations.
- 4.2 Discussions aimed to capture the take up of services by people from minority ethnic communities, what local authorities have done or are doing to reach out to them, and the challenges.

### What is known about people who access services?

- 4.3 Discussions explored whether people from minority ethnic communities access care and support when they have an identifiable or assessed need, and if data is collected on those accessing support. What is clear are the challenges of monitoring take-up of services. Several local authorities say they have systems in place to record information where for example, they have identified data gaps as a concern.
- 4.4 Several other authorities reported they do not have a complete picture. Recording a person's ethnicity is not always done when a person contacts social services. This may be due to the lack of a system, or the lack of use of a system, to capture information at the outset or before the case is closed, or if the case has been open for many years and the information has never been obtained. Some users of services choose not to disclose their ethnicity, which is within their rights.
- 4.5 Several authorities raised issues about data capture which presents as a challenge to understanding whether people from minority ethnic communities access services. Whilst many collate information relating to number of referrals there is scope for improvement with monitoring the information to improve services. Many do not have a complete picture beyond that included in the 2011 Census.

### Reaching out

- 4.6 Statutory services have found it very difficult to engage with minority ethnic communities in many areas. Despite attempting to reach out, it has not resulted in a big take-up of initiatives and events. There are examples of communities developing their own network and support groups e.g. funding allocated to allow direct engagement with the Portuguese and Polish communities. However, the funding has ended. One local authority outlined how they work through the business owners of shops and pubs who themselves are from minority ethnic communities. People visit the businesses, which provides opportunities to highlight council services, including social care.
- 4.7 One authority has taken steps to increase engagement because of its population profile. In 2017, it recruited community connectors from minority ethnic communities. Their outreach occurs at evenings and weekends in places in the community at which people meet. They monitored access of services. The data confirmed in 2017, 162 people from minority ethnic communities accessed support, rising to 832 in 2018, with 755 in 2019. There was another increase to 941 in 2020. This proactive approach to recruit and support those with community links had boosted not only the council's awareness of the challenges its communities face and achieved a significant increase in people accessing services from those communities.

4.8 Another local authority established stakeholder groups including representatives from minority ethnic communities, typically those people who had the trust and confidence of others in those communities. The authority's staff worked with them to develop the "Tell me more" campaign (for Covid vaccination) and took the resulting messages to groups, mosques, asylum seekers and street workers for example.

4.9 An authority with a low proportion of people who are from minority ethnic communities said:

*"...there is an underrepresentation, and we need to look at the policies and procedures we have that may be systematically disadvantaging people. We have recognised that if you then add a disability or mental health or being female or age to that disadvantage you have significant discrimination and inequity in terms of access."*

## Barriers and challenges

4.10 The demographics of minority ethnic communities' demographics have changed over the last 20 years. For example, a Bangladeshi community may now be 5th or 6th generation, and with newer generations one can see different cultural values. The change in cultural values and the circumstances of modern lifestyles, mean women are more likely to work. This means stereotypical views of children in minority ethnic families always caring for elderly parents do not necessarily hold true.

4.11 Some families do not understand the role of social services as this support does not exist in many other countries. For others, social services represent "authority" and is something to be avoided. There is fear of social services as an organisation that removes children is a perception for many. This fear can be found in different population groups.

4.12 The way cultures, experiences, and family dynamics change over time means identifying fixed cultural characteristics can be a challenge. One local authority outlined how engagement and trust is an issue, and that research conducted locally 18 years ago identified the key issue of language and lack of provision for interpreters / translation in hospitals, GP surgeries and other services. In many cases family members would interpret, which can present other challenges when younger family members may have their own views and so may not accurately reflect the wishes of a parent. There is a degree of frustration around the lack of progress made on such matters.

4.13 These points highlight two key issues. First, the situation described is contrary to the ethos of the Social Services and Well-being (Wales) Act 2014 in providing people-centred services for the person in need of care. If a person's views cannot be accurately and reliably obtained, then how can the right support be provided? Second, some are long-standing issues and while it seems reasonable to suggest that some progress has been made over the past two decades, at least in some parts of Wales, the same problems and issues are still barriers to meeting the needs of people from minority ethnic communities.

4.14 From discussions with local authorities and some of their local partner organisations, the range of challenges can be summarised as:

- Language - lack of translation services or use of translation services. The needs are many and varied. In one authority, we were told of 140 languages in their schools and 56 in another local authority area.
- Even with translation, the use of some terminology is hard for many people to understand.

- Cultural and religious beliefs which often conflict with what might be perceived as the best interests of the individual.
- Some people are fearful of government and officials, the notion of “authority.”
- There can be a lot of misinformation. mistrust of services, all leading to disengagement. One example cited was the confusion around paying for care.
- Some barriers exist due to culture and the fear that a social care officer may not respect this culture when visiting.
- Mistrust – some people can be scared to access services having been let down previously in their country of origin or through hearing of bad experiences from others who have accessed social care in this country. There is a real concern from parents that if they contact social services, their children will be taken into care and from older people that if they ask for help, they will be put in a care home.
- Some people will come from countries where “social care” does not exist so do not understand the ethos of care and support being provided to those in need. Others do not know how to access support.
- Fear or apprehension of a stranger going into someone’s home.
- Some individuals from minority ethnic communities are in very difficult circumstances e.g. people caught up in modern slavery.
- Stigma - accessing help and care can in some communities can create a perception someone’s family has abandoned them. Fortunately, this seems to be less common but is still the case in many communities.
- Affordability and poverty - many people need intensive care or need to be in a care home, which can be expensive for many families.
- Some people’s religious beliefs can affect their ability and willingness to be cared for.

4.15 In the Gypsy, Roma and Traveller community, the specific challenges highlighted were:

- Public perceptions, (including media influences), isolation, (including demographic), lack of cultural understanding, fear, accommodation needs, and unconscious bias are some of the contributing factors that directly affect service accessibility. This applies to staff in social care and the NHS. Hospitals have made good progress in recent years but there are still many issues which need to be addressed with training.
- An assumption that the community will “Look after their own”. Whilst in many cases this is true, for the vast majority, this is in fact not the case.
- Distrust in authority is deep rooted due to the communities having been historically persecuted. Building trust requires commitment time and dedicated resource.
- Limited literacy skills and use of English, which affects people’s ability to assimilate and understand what social services can offer by way of support.
- Advocacy is essential for a family to access support for an individual’s care needs, including end of life care.

- When a care plan is implemented, the family providing the essential support are not being supported.
- Primary care is generally difficult to access, and this has become even more challenging during the Covid-19 pandemic. When an individual raises concerns, a typical outcome is being sent home with a prescription and have no further investigation unless an outside agency intervenes.

## Communication

- 4.16 The role of third sector organisations in reaching out to, and connecting with, minority ethnic communities is recognised, they form an important communications channel between individuals, families, and statutory services. Several local authorities said they rely on them as the main link for providing information to families and supporting referrals to care. Third sector organisations can bring people together, and can capture their views, which in turn can help identify needs, provide feedback on care and support received, and help shape future services and support.
- 4.17 There are also examples of neighbours helping each other with the completion of forms for assessments, disabled facilities grant applications, and other documentation which many people find hard to navigate, either because of a language barrier or previous experiences. That said, some families are private and would not want neighbours to know someone from the Council is visiting them. One authority has supported the use of Facebook and WhatsApp which has grown considerably over the past few years creating new networks of support and information helping them to reach those not accessing information through other means.
- 4.18 Several authorities outlined how people within the ethnic minority communities form an extended support bubble where care is provided, and larger families can be that informal support network that can easily be managed by individual family members. People might also rely on their community centres, mosques, or other religious venues to help organise support.

## Increasing the take-up of care and support

- 4.19 In addition to identifying the challenges and barriers to increasing take-up, discussions showed recognition of the need to do more. They also showed the efforts being made to meet people's needs and, in some cases, how roles such as community connectors have played a part in this.

### Case study examples:

*“A husband and wife who have lived in an area for 30 years lacked the information, and confidence, to engage with social services. A community connector was able to put them in touch with the sight loss team at the Council”*

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*“A lady of Chinese descent was deemed to lack capacity after an assessment. She needed a mandarin interpreter. The Council was concerned about the quality of translation so redid the exercise with a new (but hard to get) translator. This concluded she did have capacity”*

*Cont/...*

*“A person-centred domiciliary care service helped a man originally from a European country, providing an individualised programme of support. In accordance with his wishes, the support worker spends time with him looking at images of the country in which he was born and has helped him to see images on Google Earth. She also supported him to have lunch at a local restaurant that offers food from the country of his birth”*

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*“A young woman with a disability and a young child was struggling to cope but was concerned the child would be taken into care. Her (working) mum was unable to provide the support needed. The social worker gained her trust and found a solution using Direct Payment provision where her mother could provide the additional support needed. The young mum was able to sustain her parenting responsibilities, happy she could turn to her mother for help as she was being paid in a personal assistant capacity. Feedback indicated the personal outcomes have been met, with the changes described as very positive and life changing”*

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*“An older gentleman with dementia who lived with his wife (Mrs A.), who did not want social care input. Their children were pushing for support as they could see their mum struggling to cope and were worried for her. Social services became involved and provided a social worker who could talk to Mrs A in her first language, it became clear she was worried her husband would be taken away. The social worker was able to put Mrs A at ease, reassure her the preferred option was to keep him at home with additional support from carers. Mrs A trusted the social worker as she was able to communicate directly with her comfortably. There was also an issue with translation through the children, which meant that an incorrect health assessment was originally made. The social worker was able to assist with this and resolve this issue. Support has been provided to the satisfaction of all”*

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*“As part of a refugee resettlement project, information was prepared for staff so they could welcome people into the local communities. This included guidance on media interviews and training sessions for internal and external staff. A fact sheet with background information was also prepared in English, Welsh, Kumaoni, and Arabic as a “welcome to the area” message for those being resettled”*

4.20 Respondents from local authorities made several suggestions for action and development which could help to increase the take-up of care and support. The suggestions can be grouped under three main headings:

Where and how to provide information:

- Information and literature outlining all the local care and support services needs to be available in languages specific to those localities.
- Information should have contact numbers where people can talk in confidence.
- Engaging with schools could allow services one way of getting information back to peoples' homes.
- Drop-in surgeries in community centres where there is a high footfall of people to access a variety of activities.
- Mosques, churches and other religious venues could help in promoting local support and care services available to communities.

What local authorities could do:

- Be ambitious in recruiting more people from minority ethnic communities to work in social care as care staff, personal assistants, social workers, and other roles, including community connectors and other engagement and outreach work. Be prepared to flex HR processes and requirements. One quote was: "You don't need 3 GCSEs, you need language skills in Urdu, Punjabi, and Arabic!"
- Recruit people with language skills to deliver more "in-person" and "face-to-face" services.
- Ensure services and responses are culturally appropriate by enabling health and social care staff to access cultural awareness and competence training, and promote it as essential not just for front-line workers, but for those in other roles e.g. commissioning staff.
- Raise awareness of, and ensure, the recording of ethnicity on business systems directly to locality teams, and training for front line staff.

What Welsh Ministers could do

- Set out a plan to improve data capture to ensure effective monitoring of the usage of care and support by people from minority ethnic communities.
- Encourage and support regional working between local authorities and between local authorities and the third sector in parts of Wales which there are relatively low numbers of people from minority ethnic communities.
- Simplify complicated application and assessment documents used in social care.
- Use the Welsh Government's goal of Wales being anti-racist by 2030 as an opportunity to build and target capacity and training.

## 5. Perspectives: Third sector/community organisations

- 5.1 We reached out to over 50 third sector organisations and people in community groups to contribute to this study, targeting those with a track record of direct engagement with minority ethnic communities and knowledge of the challenges and barriers to access, or with a national role in articulating the issues affecting people in minority ethnic communities. By the end of the engagement phase of our work, we had one-to-one or group meetings with over 20 organisations. We also held conversations with 9 community mentors / advocates, who have expertise in working with minority ethnic communities.

### Increasing awareness and knowledge

- 5.2 Increasing knowledge and awareness of social care among the population is a universal need. However, given some of the matters raised earlier in this report, such as the lack of similar services in their home country or a fear of the “official” role of organisations, for some people from ethnic minority populations, it is even more important.
- 5.3 Educating and informing are the key to improving peoples’ knowledge and encouraging them to approach social services when they need care and support. Individuals and families should feel confident and comfortable enough to be open and honest about issues they are facing because they understand social services, their rights and are assured on how they operate. Research into the whole population has suggested many carers do not receive support, stemming from a lack of knowledge of who to contact and where to go to, and not knowing at what point of the journey they become eligible for support<sup>1</sup>. It is reasonable to assume this would be even lower in minority ethnic communities.
- 5.4 The ways in which information is provided was a recurring theme. This includes how the message is constructed and through which platforms or media it is delivered. We heard examples during the pandemic of services communicating through social media, videos, WhatsApp groups. While traditional leaflets and mailshots may also have a part to play, the power of social media and communications via community champions and organisations for hard-to-reach communities should not be underestimated.

#### Case study example:

*“TGP Cymru’s Gypsy, Roma and Traveller Advice and Advocacy Service is implementing a new unpaid carers project. Working with the local carers network, they are organising sharing events to explain how people can access social care services. There is a substantial number of unpaid carers within the gypsy traveller community. The project aims to build longer-term relationships to disseminate information to those who might benefit”*

- 5.5 Outreach is being used in some areas. In one local authority area with a relatively large number of people in minority ethnic communities, new staff were employed to work flexibly in reaching out to those communities, visiting community centres and mosques for example. It might not be practical for all local authorities to do this but building strong working relationships with third sector organisations and community groups is a way of using existing local partnerships to explain peoples’ rights, the services on offer, utilising libraries, community centres, religious buildings, and sports centres for example.

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<sup>1</sup> Future Care capital (2019) <https://futurecarecapital.org.uk/research/4th-june-2019-a-forgotten-army-coping-as-a-carer>

- 5.6 Respondents feel local authorities should increase their workforce capacity to engage with communities, linking with advocacy services and the third sector more broadly and, in areas of higher populations of minority ethnic communities, running community-based projects. Stable, medium to long-term funding of 3 to 5 years period would be better, and more effective, than current awards of grant funding which are typically only for one year.
- 5.7 Wales has many community-based organisations that have built reputations for outreach work, working directly with diverse groups of the population. Whilst discussions highlighted the importance of information, how it is written and communicated, many referred to how third sector organisations can act as bridges between communities and social services, as advocates for social care, and facilitators, advising on the content of information and supporting its dissemination through face-to-face contact. Third sector organisations can be better placed to deliver services and support than public sector organisations.

**Case study example:**

*“MENCAP supported a local authority in engaging with diverse groups during the pandemic. Translation services were provided for families with children with learning disabilities where people needed access to services. Mencap did not have a budget to support such work, but the Council would pay for it. They provided advice on the challenge of ensuring language accurately conveys the message. For example, a Senegalese family who needed support might lead to an assumption that someone who speaks French could translate. However, that could lead to difficulties in understanding dialect”*

## **Building trust: an essential next step**

- 5.8 Aside from lack of awareness and understanding of social services and a lack of confidence in approaching or using them, the lack of trust in the service is a significant barrier which must be overcome if take-up of care and support is to be increased. We were told by more than one community-based group that lack of trust in statutory services is sometimes the result of “word of mouth” stories in the community or poor experience(s) with social services.
- **Proactive approach:** many local authorities are starting from a position of mistrust and need to reach out to diverse groups to build trust with community leaders and families. Building trust by working with and through community-based groups is seen as beneficial.
  - **Different communications methods:** Several discussions referenced the opportunity to reshape engagement with different population groups. Video engagement, particularly involving people from the community, can work well e.g. seeing doctors from minority ethnic backgrounds involved in the vaccine roll-out resulted in a bigger impact on ethnic minorities getting vaccinated.
  - **Ensuring effective translation services are available:** conversation in a person’s language of choice is preferable but where this is not possible, translation services should be available whenever needed and used without fail. Professional translators are vital to ensure accuracy,
  - **Language and terminology:** avoiding the use of “jargon”, acronyms, and professional and/or technical terms as this can make it more difficult for people to understand.



- **Recruiting more people from minority ethnic communities:** this includes social workers but other staff who work in the front line or behind the scenes in social services departments. Currently, staff from minority groups tend to be more common at the operational level e.g. front-line care assistants, as opposed to managers and leaders. Increasing the diversity of managers and leaders is seen as essential.
- **Flexing recruitment policies:** for certain positions, consideration should be given to revising any standard academic requirements e.g. “X number of GCSEs”, in favour of competency based assessments where experience and/or personal qualities, including language skills, count equally if not more. For example, refugees are often unable to match or prove their educational qualifications, yet many are highly educated with relevant experience.
- **Training:** some social care workers are too quick to make judgements on circumstances rather than taking the time to listen and ascertain the full facts and circumstances. Each person should be looked at holistically with a deeper understanding of what is important, so the right care and support is provided.
- **Culturally sensitive services:** We heard of examples where the response of social services had not reflected and/or understood cultural/religious beliefs of the individual. This first point of contact is important, but often does not consider cultural needs. Pre-contact preparation is advisable if a social worker unfamiliar with cultural matters and beliefs is due to contact someone from a minority ethnic community. This might include seeking advice internally from colleagues who have such knowledge and experience.

## What can third sector organisations offer?

- 5.9 A consistent view was the potential of an expanded role for third sector organisations to increase the take-up of social care in minority ethnic communities by bridging gaps between statutory services and people in communities. Many already have programmes and activity supporting those in more diverse communities. Utilising these networks could help overcome barriers extending beyond information and awareness to building confidence, trust, and assurance. There are gaps in knowledge of social services among support workers and volunteers, and it is said to be difficult to obtain information. Ensuring more staff in third sector organisations, including front-line community workers, advocacy staff and caseworkers, have sound knowledge of social care and people’s rights, would be beneficial.
- 5.10 Third sector expertise could also be used in a co-productive way to support decision-making in local authorities. Many have direct links to people in minority ethnic communities and understand their needs and barriers to access. They could also be used as a sounding board to ensure information and messaging is appropriate and effective.

### Case study example:

*“BAWSO assisted the process when an assessment was needed to determine if a child was at risk or in need for care and support. They explained to the mother what would happen at the meeting and advised her on the benefits of remaining calm for the social care worker to make a clear assessment. As all assessments take place in the refuge, there is always advanced notice so it is easier to help the person prepare for these meetings. The environment is also one in which the client feels comfortable. However, while it is the responsibility of social services to provide an interpreter this does not always happen, which makes it difficult to proceed”*

## Priorities

5.11 The priorities for social services, seen by third sector organisations, are:

- **Building trust** through communications, outreach, and cultural awareness among service staff, utilising the capacity of both statutory and third sector services.
- **Building skills and confidence** in those who deliver services to understand the potential challenges and barriers to access and why certain communities struggle to engage. The expertise of third sector organisations is an asset which can help.
- **Increasing the diversity** of the workforce so it is more representative of the local population, recruiting people who have direct links with diverse communities.
- **Encouraging people from minority ethnic communities** to become personal assistants to use Direct Payments to deliver tailored, culturally sensitive, care and support. The development of co-operatives and micro-care businesses in minority ethnic communities should also be explored.

## Community mentors / advocates

5.12 Community mentors/advocates are individuals recognised as having vast experience of engaging with people from different minority ethnic communities. They were very willing to share their experience on engaging with people from minority ethnic communities. This informed our approach to the study.

5.13 During the conversations with community advocates/mentors, several barriers to the take-up of social care and participating in discussions and feedback groups were identified.

- Cultural and religious reasons.
- The perception the social care workforce does not represent the individual's community and does not understand cultural needs.
- Communication skills, in particular literacy. Some individuals rely on face-to-face discussion at community centres as their main point of information.
- The impact of the pandemic; the language barrier has been very difficult to overcome without face-to-face contact.
- Digital exclusion remains for some people, although the pandemic has had a positive effect; some people are now better able to use technology and some third sector organisations have provided access to smart devices and training for online meetings.
- Language can be an issue in group engagement sessions, especially if English is not participants' first language and there is simultaneous translation into many languages. This can be counterproductive. There are over 30 languages in use in Wales, with 10 languages being the most common.
- Engagement sessions with too many issues/questions are confusing and mean participants are more likely to dis-engage.

- Lack of understanding of social services and the role, with some negative perceptions. People do not necessarily see social services as a potential source of support and therefore do not turn to them for help. Some third sector organisations also do not have a clear understanding of how social services might be able to help.

5.14 The best ways of engaging with people from minority ethnic communities include semi-structured interviews with representatives from organisations which support or engage directly with people from minority ethnic communities. Interviews with practitioners can be useful as they are closely linked to people from different minority ethnic communities. They are used to having conversations and will be more open to sharing broad experiences which are not at a personal level. They may also be able to act as a channel for questions to be asked and feedback to be obtained.

5.15 Focus groups with users or potential users of social care can be facilitated by third sector professionals. They can support if needed, help stimulate discussions and give participants more confidence to contribute. Generally, a mixed group from minority ethnic communities is best so that there is no segregation. However, there is a diverse range, and it should be borne in mind some ethnic minority groups do not interact well with others, which might require separate sessions.

5.16 The importance of engagement has increased in past years, resulting in much greater activity, including discussions, surveys and other information gathering. There is scepticism about the value of engagement among some people in minority ethnic communities. Considerable engagement has not resulted in considerable change and transformation which has addressed the barriers highlighted earlier in this report. Consistent, regular, engagement works best. Some people will only engage if there is clarity on the outcomes and will not want to waste their time talking to 'officials' if there is no longer-term benefit.

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## 6. Perspectives: The workforce

- 6.1 Two interactive discussion groups were held for members of the social care workforce. Twenty-three members of staff attended, including experienced social workers, student social workers, and senior social workers with education and training roles.
- 6.2 Discussion covered the challenges people from minority ethnic communities have in accessing social care services as seen from within the service and on its front-line. It also explored what could be done to address the challenges using third sector and community organisations, and through change in social services departments, including more support for the workforce.

### Accessing social care services

- 6.3 Common barriers are seen to be communications, notably first languages other than English, a lack of understanding of the services and support provided by social care and their entitlements, and the processes by which needs are assessed and delivered. The lack of professional translation services and reliance of translation by family members can further hamper people's understanding of support and entitlements. Another barrier is a lack of understanding of other cultures and beliefs among social care professionals.
- 6.4 Depending on the area in which they work, many members of staff have not encountered people from minority ethnic communities. If they have, it might be of the order of two or three families, perhaps referred by an asylum seeker project or by the police when some form of crisis point has been reached. The circumstances in which access happens is markedly different to those where, for example, the intervention is at an early and preventative stage. Access and support at crisis point is difficult, particularly if the individual or family has a lack of understanding of social services, a fear of the "official" role, or a poor experience in the past.

#### Case study examples:

*The wife of a man with dementia wanted to support him at home. She thought that if she asked for help or complained about her role as his carer or the lack of support for her, social services would automatically place him in a care home.*

*Small but important things can be missed if communication is poor. A person with dementia showed signs of a swallowing difficulty. Communication difficulties and the resulting lack of understanding meant the case was back and forth between services, with speech and language assessment involved. However, the actual problem was the dementia itself, causing him to forget to swallow.*

- 6.5 Action is needed to further raise awareness of social services in the population as a whole – a universal need – but targeted awareness raising in the many sub-groups of the population in minority ethnic communities.
- 6.6 Over time, because of poor experiences people have had, there is stigma attached to social services. In areas where there are pockets of minority ethnic communities e.g. in cities, word spreads quickly. If social services get a bad review for children's services, it can affect the willingness to take-up adult services. This can mean someone does not come forward at an early stage when a problem or need arises i.e. when prevention or early intervention can be effective, but at the crisis stage, when managing the situation is often more difficult and

resource intensive. More action to build a better understanding, and trust, with people from minority ethnic communities is critical to increasing take-up.

- 6.7 For people in minority ethnic communities, particularly refugees and asylum seekers, the concept of social services might be hard to grasp. Social services do not exist in many countries. The inability for the service to communicate with someone in their own language can make it even more difficult to understand the service. This can be eased if more people from ethnic minorities are part of the social care workforce.

## A representative workforce

- 6.8 The composition of the workforce and the visibility of people from minority ethnic communities in it – in care roles, social worker roles and senior roles – is important to enhancing the social care “brand”. The social care workforce does not reflect society. It is not representative, which is a problem. This is particularly true for directors and senior positions. In some areas, despite their experience, staff from ethnic minority communities are unable to climb the career ladder to senior positions.
- 6.9 Recruiting social workers is reported to be problem, which leads some to suggest people are put off this line of work. However, the apparent lack of people from minority ethnic communities in cohorts of university students training to be social workers was also highlighted. One person queried whether the Welsh language requirement introduced by Bangor University last year will further reduce the likelihood of growing a more diverse social care workforce.
- 6.10 There is a shortage of Personal Assistants from minority ethnic communities. Given the potential of Direct Payments for delivering high quality, culturally sensitive and appropriate care, this is an avenue ripe for further exploration and development. More individuals from minority ethnic communities working in social care as Personal Assistants would take social care into the heart of communities, increasing knowledge of the service, reducing myths, and misunderstanding, and enhancing the social care brand in communities. They would also be channels to reach out to communities to assess needs and to inform and shape services.
- 6.11 A social worker from a minority ethnic background said she feels more responsibility for ensuring the needs of people from ethnic minority communities are met, and will assist colleagues whenever possible if asked. In social services and other local authority departments, there should be champions or people within teams to promote take-up of services. That said, however much training one does, unless a social worker has direct contacts and experience, it can be very difficult.

### Case study example:

*A social worker from a minority ethnic community was approached by a new social worker from another team who said she was going out to see a person from a minority ethnic community. She asked the person for 10 minutes to have a chat about handling the case as she found it daunting. The experienced social worker was happy to do that. It emphasises the need for there to be champions to whom social workers and others can turn for help and advice.*

- 6.12 Having social workers from minority ethnic background can enhance the services’ ability to meet needs. They can be a valuable source of advice, providing a different perspective, with essential information e.g. dietary and other matters relating to physical interventions. In some cases, staff can benefit from a social worker’s ability to speak another language thus

significantly improving the pace and effectiveness of communication. Having more front-line staff from minority ethnic communities will help communications and aid understanding, so people are comfortable to come forward earlier, enabling prevention rather than crisis management.

- 6.13 One participant in discussions emphasised the considerable diversity - languages and cultures - in ethnic communities. There cannot be a “one size fits all” approach. This point is consistent with the thrust of the above case study i.e. adapt the service to the person’s/family’s needs not the services’ needs.
- 6.14 Another participant referenced the focus on Welsh culture and language. There is less emphasis on ethnic minority communities, their languages, and cultures yet Wales is now a diverse, and increasingly diverse, society.
- 6.15 It is of some concern to note some members of the current workforce from ethnic minority communities seem to encounter problems in work. This might be witnessing insensitive or inappropriate comments or opinions of colleagues about people from ethnic minorities or cases involving individuals or families with an ethnic minority background. It might also include an apparent lack of career progression compared to their peers. It was also said, overall, agencies seem to employ a higher proportion of social workers from ethnic minority backgrounds. One experienced social worker experienced in agency work suggested one reason was some individuals have been bullied out of a permanent job in a social services department.

## Supporting staff

- 6.16 The importance of the social care workforce being prepared for, and open to, educating themselves on matters of cultural awareness was emphasised. They also need to be supported to do this. Irrespective of role, level, or ethnicity, this should be encouraged so all members of the workforce understand social inclusiveness, changing attitudes, and cultural differences. Even someone from a minority ethnic community can benefit from more training and understanding of other cultures and cultural sensitivity training. It is also considered important for employing organisations to tackle inappropriate language and build healthy cultures. If as part of this, staff understand how this can help build trust with people from ethnic minority communities, it will also help improve the rate of access to services.
- 6.17 Better knowledge, skills, and the right attitude is the foundation for increasing the take-up of social care. There is a need to increase knowledge and sensitivity to cultural matters and beliefs, including faith and related issues. Front-line staff need to be given more confidence to be able to deal effectively with individuals from minority ethnic communities who need help, their carers, and other family members. Infrequent, or no, interaction with people from minority ethnic communities is one of the reasons behind the lack of confidence alongside a lack of understanding of cultures and beliefs.
- 6.18 Much depends on the individual social worker and how comfortable, or prepared, they are to take on a case with someone from a minority ethnic community. If comfortable, a social worker will take on the case and will not be put off by a participant who might not speak English and have poor command of the language. Others will try and avoid it. Unfortunately, there is a reluctance to engage by some professionals.
- 6.19 Equality and minority ethnic cultures and beliefs is also part of student training for social workers but, if not encountered in practice regularly after qualifying, ends up in the background. Some social workers, particularly new social workers, can find it daunting.

- 6.20 There is a view current training on equal opportunities and diversity does not drill down sufficiently enough into the challenges of understanding different cultures, how culture can affect an individual's relationship with services and what, in turn, services need to understand to ensure that the "offer" is culturally sensitive. Training should not be a "one-off" but an ongoing programme in bite-sized chunks using face-to-face and virtual meeting methods.
- 6.21 Action to increase knowledge and confidence should pervade the workforce in all roles and at all levels. Senior managers can then ensure their services are operating in a way which reaches out to communities and increase take-up. Commissioning teams can also make an important contribution by ensuring services and support, and the associated processes from information provision, needs assessment, and delivery, are based on a sound understanding of, and evidence from, minority ethnic communities and are thus sensitive to cultures and beliefs.
- 6.22 Systems and processes should be examined to check they too are not barriers to helping people whose needs differ from those of most people who use or need services and their carers. One size does not fit all. Services must avoid "just ticking boxes" and trying to fit the person to the system rather than the system being driven by the person. Services must be prepared to adjust systems if necessary. There is a need to adapt services and make them even more person-centred.
- 6.23 Supporting joint working between local authorities could also provide a platform for short staff interchange placements. This would enable local authorities with a higher proportion of diverse communities to share their experience of what they have done to ensure they meet the needs of people from minority ethnic communities.

### Transforming the service

- 6.24 There are examples of community outreach in some areas, but it should happen in all. While numbers vary, all local authority areas have residents from minority ethnic communities. More refugee families are also moving into areas. A small number does not justify a lack of action to reach out to them.
- 6.25 There is a feeling other services e.g. ambulance service, police, fire service, are better at outreach than social services. They are proactive and go into communities to raise awareness and explain about the services. There appear to be no opportunities to do this in social work.
- 6.26 Action by social services should be accompanied by closer engagement with GP surgeries to ensure effective signposting and referral. If signposting and referral is poor, it can lead to someone who does not know "the system" being passed from pillar to post around it.
- 6.27 While matters relating to the use of public services by people from minority ethnic communities is a recognised theme within the sector, the extent to which it is actively considered in the sense of increasing the take-up of services is questioned. There are also questions about the current level of knowledge about the use of services by minority ethnic communities, whether this is monitored, and their experiences reviewed to inform continuous improvement.

**Case study example:**

*A local authority was trying to support a family in a children's services case with Direct Payments. The family spoke very little English; the first language was Mandarin. With an interpreter, the social workers talked about how they would feel they could benefit from our support. Taking on board the response, the authority adapted its support to their needs rather than the organisation's needs. It emphasises the need to think sometimes outside the box to meet people's needs not the service's needs.*

- 6.28 There are benefits to a co-ordinated approach between councils e.g. on a regional basis, to take forward ideas for more developments which could help, be they community champions or more proactive outreach into communities. The involvement of social workers in such projects would be sensible given the need to enhance or reshape practice. However, time would need to be allocated to this; staff are stretched, and it would impact on casework time.
- 6.29 The subject of this study needs greater visibility within the normal course of business. During one of the discussion groups, a participant offered a simple, practical, and helpful suggestion, which was to take the thrust of the workshop discussion back to the office and discuss it in a team meeting. Talking more regularly about matters such as this will help to elevate awareness of the subject, identify what staff would find helpful by way of more support and, ultimately, influence practice. Staff must feel comfortable to say they currently lack knowledge and/or confidence.

## Utilising community and third sector organisations

- 6.30 The importance of third sector and community organisations, and individual community leaders and community champions, is recognised. Reaching out to people in minority ethnic communities, as opposed to broad information campaigns and leaflets, is seen as being more effective to increasing knowledge and awareness of social services and to building the social care brand. They can also act as a sounding board for queries from the community, help to overcome concerns they may have, and promote positive examples of social care and support meeting the needs of individuals and helping their carers.
- 6.31 There is already much engagement with third sector organisations, and they are a source of referrals. However, a greater level of engagement is needed.

**Case study example:**

*A carers organisation was very helpful in working with one family. They referred the family and facilitated meeting with them. Between that organisation and the social worker, the case was made for the money to provide what they needed in a way which met their cultural needs.*

- 6.32 The use of community champions – people in all walks of life who have connections with communities – should be expanded. People often turn to others in their community for information and advice. Community champions are individuals often already working or volunteering for a third sector organisation. Community champions also have the potential to bridge gaps between social services and people in minority ethnic communities. If they are to play a pivotal role on behalf of social services, the need to formalise the arrangement should be recognised, and funding might be a consideration. In this respect, local



authorities which have lower numbers of minority ethnic communities in their area might benefit from a regional approach.

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## 7. Conclusions and recommendations

- 7.1 The approach for this study generated a substantial body of information, combining views of individuals from minority ethnic communities, members of the social care workforce, other staff in local authorities, and a wide range of stakeholders, including third sector organisations.
- 7.2 Our review of the available research literature has identified:
- The range of barriers to the take-up of social care and support.
  - Issues which affect the likelihood of an individual, their carer, or a family member considering social services as a potential source of support.
  - Factors affecting people's confidence in accessing and using social services.
- 7.3 Research into barriers to the take-up of social care is not new. The literature extends back over decades. For example, research in Wales in 2009 concluded ethnic minority groups were being 'overlooked' by social care services<sup>2</sup>. The information gathered for this project suggests to some extent, this is still the case.
- 7.4 A review of the population needs assessments and wellbeing plans prepared by Regional Partnership Boards circa 2018 in accordance with the requirements of the Social Services and Well-being (Wales) Act 2014 reveals little coverage of the needs of people from ethnic minority communities. Updated documents due to be published this year should reflect to a greater extent the needs of people from minority ethnic communities.
- 7.5 Wales is an increasingly diverse nation and action by government nationally and by public services locally reflects a commitment to address inequalities in access. There are examples of action being taken by local authorities across Wales to increase take-up and to increase engagement with such communities. However, the barriers identified in Table 3 in Chapter 2, and summarised below, still exist.

**Table 7: Overview of barriers to the take-up of social care by people from minority ethnic communities**

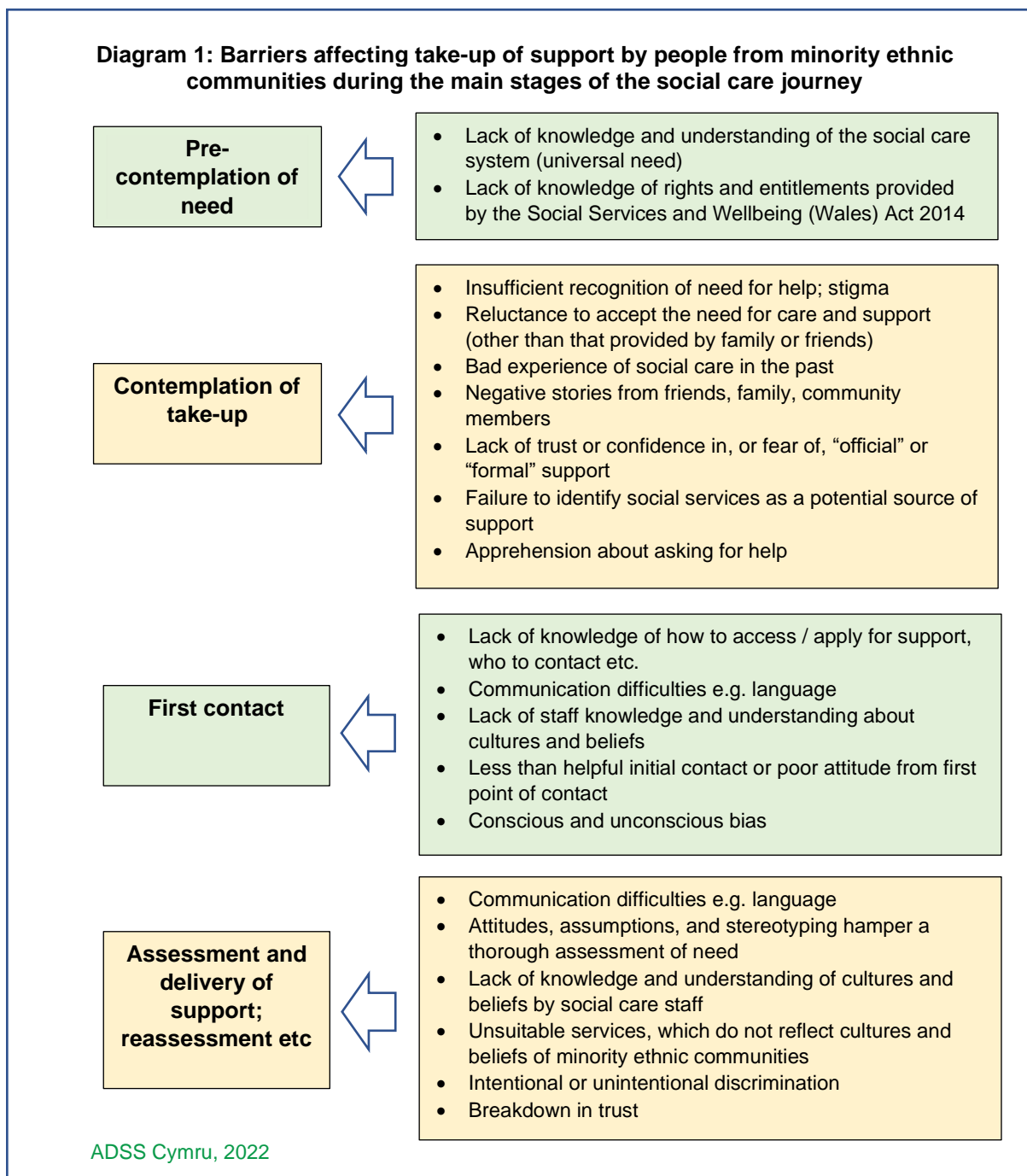
Language	Knowledge	Culture	Lack of trust
Information	Understanding	Attitudes	Stigma
Communication	Service design	Experience	Discrimination

- 7.6 The barriers identified in this report, and the findings of the review of the regional population needs assessments and wellbeing plans covered earlier in this report, suggests there is much more to do, hence the importance of this project.
- 7.7 The views expressed by those who contributed to this study are consistent with the above barriers. Some were more frequently mentioned than others and thus suggest where the emphasis of action should be.

<sup>2</sup> Winckler, V. (Ed) (2009) Equality issues in Wales: a research review. Bevan Foundation research Report 11 Equality and Human Rights Commission

## Points of impact

7.8 Barriers come into play at different points in the continuum of stages through which an individual, a carer and/or family member will pass when seeking and securing help. The diagram below is a result of further analysis of the content of the literature review undertaken for this study<sup>3</sup>. It is structured around the main stages of the social care journey.



<sup>3</sup> Breeze, C., Morgan, J, and Harrison, N. (2021) Social care and support for people from Minority Ethnic Communities: Selective literature review. Cardiff: ADSS Cymru

- 7.9 The overview of the social care journey and its key stages set out in the diagram can be used to plan and target action to address barriers to take-up. It can also help set priorities for a manageable programme of action, which makes a difference. For example, ensuring all social workers and first point of contact staff are knowledgeable and sensitive to cultures and beliefs, and feel confident of using the knowledge to help people from minority ethnic communities.
- 7.10 The journey described in the diagram is not an entirely linear process. There is a cyclical element after initial assessment and provision of care, informed by periodic reviews of needs and developments over time due to changes in a person's condition. Furthermore, the initial contact might not be successful or conclusive, particularly if to the wrong contact point, which can lead to someone being referred elsewhere. Any communication difficulties e.g. because of language, only exacerbate the barriers which can impact on the full journey.
- 7.11 People obtain information about social care in several ways. The person needing support may seek information themselves if language or lack of access to IT are not barriers, or via family or friends, or health professionals e.g. GPs. The importance of "word of mouth" via community representatives, community groups, and organisations is perhaps underestimated as a way of reaching minority ethnic communities. However, it can work both ways. "Word of mouth" can be a negative influence and a barrier if the other person had difficulties with seeking social care previously or a bad experience of receiving it.

## Overcoming the barriers

- 7.12 Identifying the point at which barriers impact will allow action to be prioritised and targeted. There may be a case for a greater emphasis and/or more action to address barriers in some local authorities depending on local circumstances, past action, and what is already in place.
- 7.13 To be effective, action should cover the range of barriers or potential barriers. Taking action on one issue but not another could undermine its effectiveness e.g. promoting services and support to people in minority ethnic communities and how to access them, without ensuring members of staff who might come into contact with a person, at every stage in the process, are well informed on cultural issues will be counterproductive.
- 7.14 The planning and implementation of action to increase take-up must be accompanied by the recognition of differences between different minority ethnic communities. A "one size fits all" approach will not work.
- 7.15 Based on the views of those who contributed to this study, the priorities for action to remove or at least, minimise barriers to the take up of social care are:
- **Raising awareness** of the role of social services and support which might be available and **overcoming the fear** some people have of social services.
  - **Building trust and reducing fear** through communication, outreach, and cultural awareness among service staff, and tackling circumstances where the "weaponizing" of statutory agencies is evident e.g. where someone uses the threat of reporting someone to social services who "will take your children away" as a power position to control another person.

- **Greater use of third sector organisations and community representatives, including community champions and community activists** to reach into communities to raise awareness of services and rights, and to develop and maintain better connections between people and statutory services. Identifying such individuals in communities and liaising with them is an important first step.
- **Enhancing the skills and increasing the confidence** of the social care workforce to help meet the needs of people from minority ethnic communities.
- **Increasing the diversity** of the workforce so it is more representative of the local population, recruiting people who have direct links with diverse communities.
- **Delivering culturally appropriate care and support**, informed by greater cultural awareness, respect, and sensitivity in the workforce, and involving those who need the support, carers, and family members in its design and how it is delivered.
- **Ensuring every experience is a good one**, thus overcoming negative views and perceptions of social services which exist in minority ethnic communities.

7.16 Targeted action by social services is essential to breaking down the barriers to take-up. That said, failing to recognise the need for parallel, co-ordinated, action in all parts of the NHS could significantly reduce the effectiveness and benefits of local authority action. For example, in one local authority, 2 out of every 5 referrals to adult social services were via the NHS, which may be primary or secondary care services. While the number of people from minority ethnic communities in these figures is unknown it does highlight an important point i.e. the first step of social care journey is not always direct to social services.

7.17 The NHS is one intermediary. Others could be third sector community and voluntary organisations, housing associations or housing departments of local authorities, or the police. The way all these services are delivered, their sensitivity to, and understanding of, cultural issues and beliefs, the explanations of social care and support, and the way referrals are made, can all affect an individual's propensity to take up social care and support.

## Recommendations

7.18 Barriers to the take-up of social care by people from ethnic minority backgrounds are long-standing. Much has already been done but the same barriers exist and considerably more needs to be done, which includes overcoming a situation where there is currently a lack of trust in social services. A relatively low number of people from minority ethnic communities in an area is no excuse for a failure to act upon the findings of this study.

7.19 Based on the findings of this report, the following recommendations are made:

- (i) **Proactive and ambitious:** each local authority should prepare a robust response to the recommendations of this report, identifying priorities for a suitably resourced programme of work, for implementation from July 2022. The plan, which align with the goals of the national Race Equality Action Plan, should be informed by engagement with minority ethnic communities and third sector organisations. Diagram 1 (p.35) should be used to prioritise and target action.
- (ii) **Planned and co-ordinated:** Regional Partnership Boards should identify where joint, co-ordinated, action would be more effective and how third sector organisations and community groups could be harnessed to reach people from minority ethnic communities.

- (iii) **Better informed**: a concerted effort at national, regional, and local levels to increase awareness of social care and support and people’s rights among minority ethnic communities. Third sector organisations, community representative and community champions should be used as intermediaries to reach into communities with the use of suitable written and digital information, including social media. Training should be given to third sector organisations and community groups to equip their staff to spread knowledge of social services and to ensure effective referrals when necessary.
- (iv) **A more sensitive and culturally aware workforce**: a robust, ongoing, programme of training and development should be implemented by each local authority in conjunction with their Regional Partnership Board, for the whole social care workforce and others who contribute to its delivery e.g. commissioning teams. It should also be prominent in induction for new staff.
- (v) **Higher profile**: ensure greater visibility on meeting the needs of people from minority ethnic communities by more frequent discussions at strategic and operational levels, including team meetings, to address difficulties, to share ideas and to review progress.
- (vi) **A more diverse workforce**: each local authority should take steps which result in a measurable increase in the number of people from ethnic minority background in its workforce, including as care staff, personal assistants, social workers, and other roles, including community connectors and other engagement and outreach work. Where necessary, recruitment methods and criteria should be flexed to achieve this.
- (vii) **Growing local social care capacity**: a targeted campaign is needed to encourage more people from minority ethnic communities to become personal assistants utilising Direct Payments to deliver. The development of co-operatives and micro-care businesses in minority ethnic communities should also be explored and encouraged alongside tailored, culturally sensitive, care and support. This action may be local, regional, and/or national.
- (viii) **Better data**: by improving systems for recording ethnicity at stages of the social care journey from first contact through to delivery, and their use, ensuring they are used to generate intelligence to inform further action. Feedback on the individual’s journey and experience should be captured as a matter of course, with the information used for improvement and to monitor progress in increasing take-up.
- (ix) **National leadership**: the Welsh Government work with its strategic partners should encourage and support all action set out in the recommendations, determining where nationally co-ordinated action would be beneficial e.g., in capturing better, more consistent, data which could provide a national picture to inform progress against the goals of the Race Equality Action Plan.

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