

## **Engagement Topic 4:**

### **Black Asian and Minority Ethnic (BAME) Communities Experiences of Domiciliary Care**

**March 2016**

#### **Introduction**

Age UK Herefordshire and Worcestershire suggested to HWW domiciliary care as one of the engagement topics for 2015/16 because of its experiences about the questions raised by other external agencies about why there is such a low take up of a particular service by Black Asian Minority Ethnic Communities (BAME).

#### **Methodology**

- People were contacted via the phone and initial home visits undertaken to talk to people and enquire if they would be interested to share their experiences and thoughts.
- From this formal home visits were then confirmed with 10 individuals. A series of questions were devised asking people about their experience of finding out information about domiciliary care, the assessment for the service, the care package they received and their experience of the care provided. These formed the basis of a structured interview and were revised according to the needs of each person
- Talking to the community at engagement sessions.
- Contact was made with community champions to share their experiences.
- Talking to the extended family

#### **Summary of outcomes**

The organisation had some insights into reasons through its past and present work but no factual evidence. The work undertaken confirms Age UK previous perception that there is a very low percent of older people from BAME communities accessing social care across Worcestershire for a range of reasons including:

- Family dynamics play an important part.

- Many communities still prefer to look after their elders. Accessing outside care may be deemed as a failure and with it comes stigma.
- Language can be a barrier both when assessments are undertaken and when care is provided
- From one to one sessions with the cared for, carer and family it has come to light that there needs to be more information available to people from Black Asian and Minority Ethnic Communities on social care services.
- Most people confirmed group discussions and word of mouth is a good way of accessing information. Group discussions are informal and people are more willing to engage. People learn and understand a service better. The environment is relaxed, less stressful and members are comfortable asking questions.
- People are concerned about having to access information through digital means and about fewer paper resources and group sessions.
- The engagement work has shown that many older people and carers from BAME communities do not have access to a computer nor the skills to use one.
- Most of the people interviewed have been referred by health professionals because of stay in hospital or reaching a crisis point so that they now need help.
- Couples living on their own. The carer will continue to help the cared for till the carer can no longer do so and is mentally and physically is exhausted.
- Some families reach crisis point before consenting to an assessment. From the 10 case studies only one carer supported the referral through for her Mum after she received the information through word of mouth.
- 9 people from the case studies said they “were not aware of personal budgets /direct payments”. Assessment may want to look at a quick simple recap at the end of the assessment and let the client decide the best option for them.
- Some individuals said that there is lack of cultural understanding by care agencies who are delivering the service.
- A couple of people in receipt of a care plan feel the service at times can be very regimental and robotic. It depends who you get on the day.
- There is often a communication barrier between the carer and the cared for
- There is often a lack of confidence and trust in external carers.
- Communication is a key factor. To communicate one does not need to know a particular language. From a case study a care worker and his client have a good working relationship but the care worker does not speak Hindi. He has used simple techniques such as body language, facial expressions, signs and gestures. He has picked up a few Hindi words and in return receives a big smile from the client.
- A few people suggested communities also need to take responsibility and look into ways and means of accessing information and sharing the information with the community members most in need.

- Encourage younger generation from BAME communities to consider working for the care industry.

### **Other Comments**

- Individuals and family should not expect to have all their needs met within the extended family or feel it is the duty of a specific family member to take responsibility.
- Some community groups live in pockets and are very private. The first and second generation of older people may still have control within the family and do not trust the system and refuse outside help.
- An older cared for person may not have a personal routine making it difficult for the carer to assist.
- The Gypsy Roma Traveller (GRT) may access social care in extreme case only. A family accessing social care may be deemed as a failure by the extended community. Family dynamics play a big part. Families will take responsibility and look after the person in need. A recognised support worker for the traveller community said, "at the moment she was not aware of a person accessing social care."

### **Conclusions drawn by Age UK from the individual case studies**

The case studies indicate there is a lack of cultural understanding by the care workers delivering the service. A few carers stated the cared for may not have a routine; therefore it would be difficult for a care worker other than a family member to assist. Some individuals prefer a family member to support them and often feel it is their duty to do so. People are very private and do not want outside agency workers coming into their space. There is also a stigma attached within the community about needing external support and news travels abroad to the extended family. Some people felt that there may be an increase in demand for social care, with changes in family dynamics being a very important factor. The traditional family life styles are beginning to see some changes in some minority ethnic communities across Worcestershire. Young people are more independent and are moving away from home because of work and their own family commitments. Couples married locally may prefer to work before settling down to extend their family life. They are keen to provide their off spring some quality of life compared to the hard life experienced by their forbearers. The older generation is also beginning to feel and recognise the shift in society and in time will gradually learn not to expect as much. The ones to be concerned about are the couples living on their own, with no children or extended family or where literacy and language are barriers. They are often socially isolated and vulnerable. Mentally they live in the past, with memories of back home, breeding loneliness and fear. These couples will need to be identified and supported, enabling them to access help at the right time and feel part of society. The ethnic minority population in Worcestershire is small and from experience and speaking to these couples they get no help or support from within their community which is very sad; these are often the people who are very dependent on the voluntary sector for support and help.

The survey has highlighted a number of reasons why BAME communities do not access social care services or do so in a timely way.