Perceptions of access to social care within the South Asian Communities in Barking and Dagenham

February 2024

healthwatch Barking and Dagenham

About us

Your health and social care champion

Healthwatch Barking and Dagenham are an independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country.
People can also speak to us to find information about health and social care services available locally. Our sole purpose is to help make care better for people.

In summary – Local Healthwatch is here to:

- help people find out about local health and social care services.
- listen to what people think of services.
- help improve the quality of services by letting those running services and the government know what people want from care.
- encourage people running services to involve people in changes to care.

Everything that Healthwatch Barking & Dagenham does will bring the voice and influence of local people to the development and delivery of local services, putting local people at the heart of decision-making processes.

Contents

Summary

Locally, we discover that certain communities don't use or access these services as frequently as others. For instance, working-age individuals and older adults who access adult social care are underrepresented in the Asian/Asian British ethnic background (according to Adult Social Care LBBD data[1]).

London Borough of Barking and Dagenham (LBBD) want to investigate the reasons that this community are not accessing social care services and see what steps they can take to guarantee that these services are accessed and used by the South Asian Community when needed. However, if we don't fully understand the reasons behind the disparity, it can be difficult to modify services and make sure they are appropriate for individuals from South Asian backgrounds in the context of their religious, and cultural needs. To create a service that is appropriate to the South Asian Community, one must know these backgrounds.

Data was gathered using in-person surveys and focus groups in various settings, such as community organisations and places of worship. 88 residents took part in the project and answered questions about their experiences of accessing and utilising social care and gave their opinions on their perceptions of possible barriers to accessing and utilisation of social care services.

This report discusses the findings of both South Asian residents who have already used the service and those who haven`t. Those who have not yet needed to use the services provided their perceptions and thoughts on accessing the service in the future and what it would mean to them and the wider community.

- Only a small percentage of participants were unaware of the services provided by Adult Social Care Barking and Dagenham.
- The majority of people who had used adult social care received their support primarily in the form of aids and adaptations to the home, access to the community, and support in their own homes.
- Adult social care was referred to them by medical professionals. Both positive and negative aspects of the support they received were mentioned by the respondents, the majority of whom stated that the support either fully or partially exceeded their expectations.
- Some service users suggested perceived that they received unfair or partially unfair treatment. Religion accounted for 40% of this unfair treatment, and the

[1] CQC - Appendix 1_Full self assessmentv1.7.pdf (lbbd.gov.uk)

language barrier for 20%, 80% of feedback accounted for other reasons which were not entirely religion or language-related.

- The majority of respondents had been empowered to make or partially make decisions related to their care, and the majority rated the quality of the service as very good, good, or somewhat good, with the minority saying it was unacceptable.
- The general practitioner (GP) was the primary information source for the community. The majority of respondents expressed the opinion that social workers only partially comprehended the difficulties they faced in obtaining adult social care, which were caused by a variety of problems that are covered in detail in the report.
- For the vast majority, having a social worker with a similar ethnic background to them was crucial.
- The notion that members of minority ethnic communities are more likely to take care of one another was generally not supported by survey participants, however, some respondents indicated that their family viewpoint could influence their perceptions around adult social care.
- When it comes to social care, the South Asian community places a high value on dietary restrictions and religious requirements. A portion of the population still associates stigma with social care, suggesting that there is a pervasive negative perception of someone who requires and receives social care support.
- The majority of respondents indicated that receiving social care support will not conflict with their cultural identity, indicating that they are likely to accept it in the future.

Introduction

There is an underrepresentation of people of an Asian/Asian British ethnic background for older people accessing adult social care (in line with the information from Adult Social Care LBBD). There is a more significant underrepresentation of people of an Asian/Asian British ethnic background for working-aged people accessing social care.

More research is necessary to build a culturally appropriate service offer as, according to internet research, social care support is not entirely tailored to the needs of the South Asian community. For example, despite being the third most spoken language in the UK, Punjabi has no term for dementia. Hindi, Urdu, Gujarati, and numerous more South Asian languages share this trait. Dementia diagnosis is hampered by cultural barriers, which stem from a lack of awareness and a lack of community-specific resources.[2] Additionally, according to a study conducted by Brunel University in London, elderly residents of Bangladeshi and Pakistani communities were hesitant to receive social care assistance because they believed it would be a "public admission" of their failure to maintain family values.[3]

Moreover, residents of South Asian backgrounds are more likely than residents of White ethnic backgrounds to have several long-term ailments and have worse outcomes. The risk of long-term conditions rises with age and deprivation.[4] This research aims to effectively communicate and convey the thoughts and opinions of South Asian residents in Barking and Dagenham to shape and develop social care services.

This research aims to:

1. Provide insight into how members of the South Asian community in Barking and Dagenham perceive adult social care.
2. Provide where possible the experiences of the South Asian community in the borough when adult social care has been accessed and utilised.
3. To explore cultural needs and potential support-related challenges, in order for adult social care can better serve the South Asian community.

There hasn't been a recent initiative to investigate adult social care in Barking and Dagenham with a focus on the South Asian community, so Healthwatch aims to provide insight into the lack of access from the South Asian community.

[2] https://www.alzheimers.org.uk/blog/south-asian-communities-dementia-deserve-better-support

[3] Social care seen as “last resort” by South Asian communities, finds study - Community Care

[4] CQC - Appendix 1_Full self assessmentv1.7.pdf (lbbd.gov.uk)

Methodology

The project's target population was the South Asian community residing in Barking and Dagenham. These included Asian/Asian British Bangladeshi, Indian, Pakistani, and other Asian/ Asian British backgrounds.

Surveys and focus groups were used in this research to gather relevant data. There were 2 parts to this research – Healthwatch spoke to those who have used the service and those who haven`t. Those without any experience with social care were able to share their perspectives and answer some general questions about the community to help gather knowledge about all the different requirements different cultures may have, and their opinions on potential barriers to accessing care.

Online and in-person surveying and interviews as required were used to gather data about general perceptions of social care within the South Asian community as well as to gather experiences of those who have accessed and utilised social care. Surveys and interviews were conducted from the end of October 2023 to the end of January 2024.

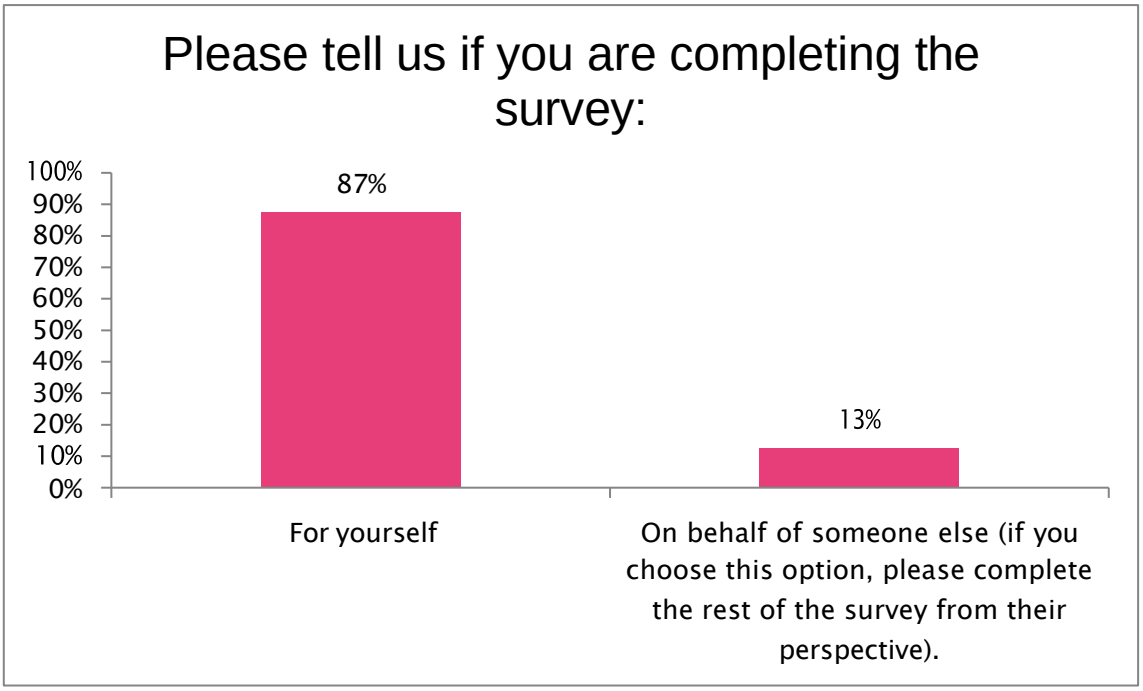
Several places of worship were approached to conduct interviews and focus groups:

- Al Madina Mosque
- Gurudwara Barking
- Marks Gate Muslim Community
- Masjid Alnoor Cultural and Educational Trust

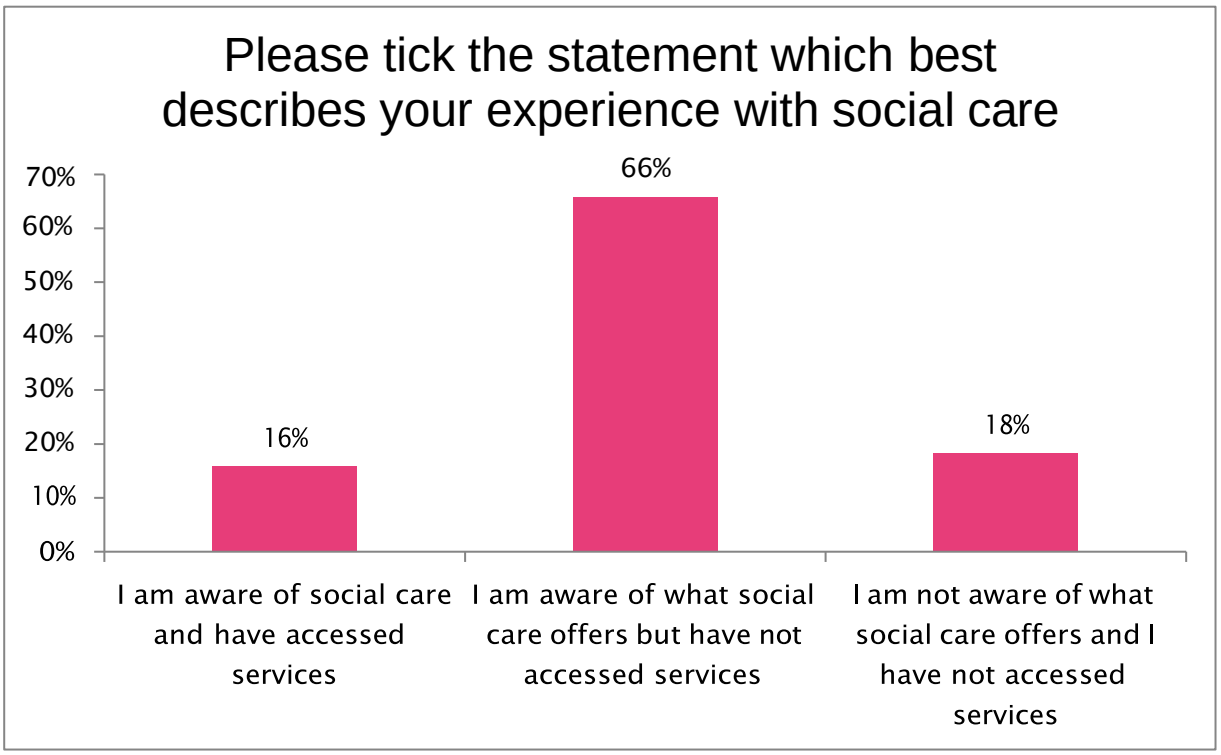
Care Providers Voice was contacted to support us in approaching residents who are receiving social care so that their experiences could be heard and taken into consideration. Care Providers Voice contacted several care homes that had South Asian residents living there and put them in touch with Healthwatch to be interviewed for the project. Surveys were also carried out during engagement sessions that were held in different community venues.

Findings

88 locals of South Asian background were involved in this project. If a participant had a loved one receiving social care, they were able to answer questions on their behalf or share their own opinions and the norms that are prevalent in the community. 87% shared their own experience and/or answered general questions about the community. 13% were able to give feedback on behalf of the person receiving care.

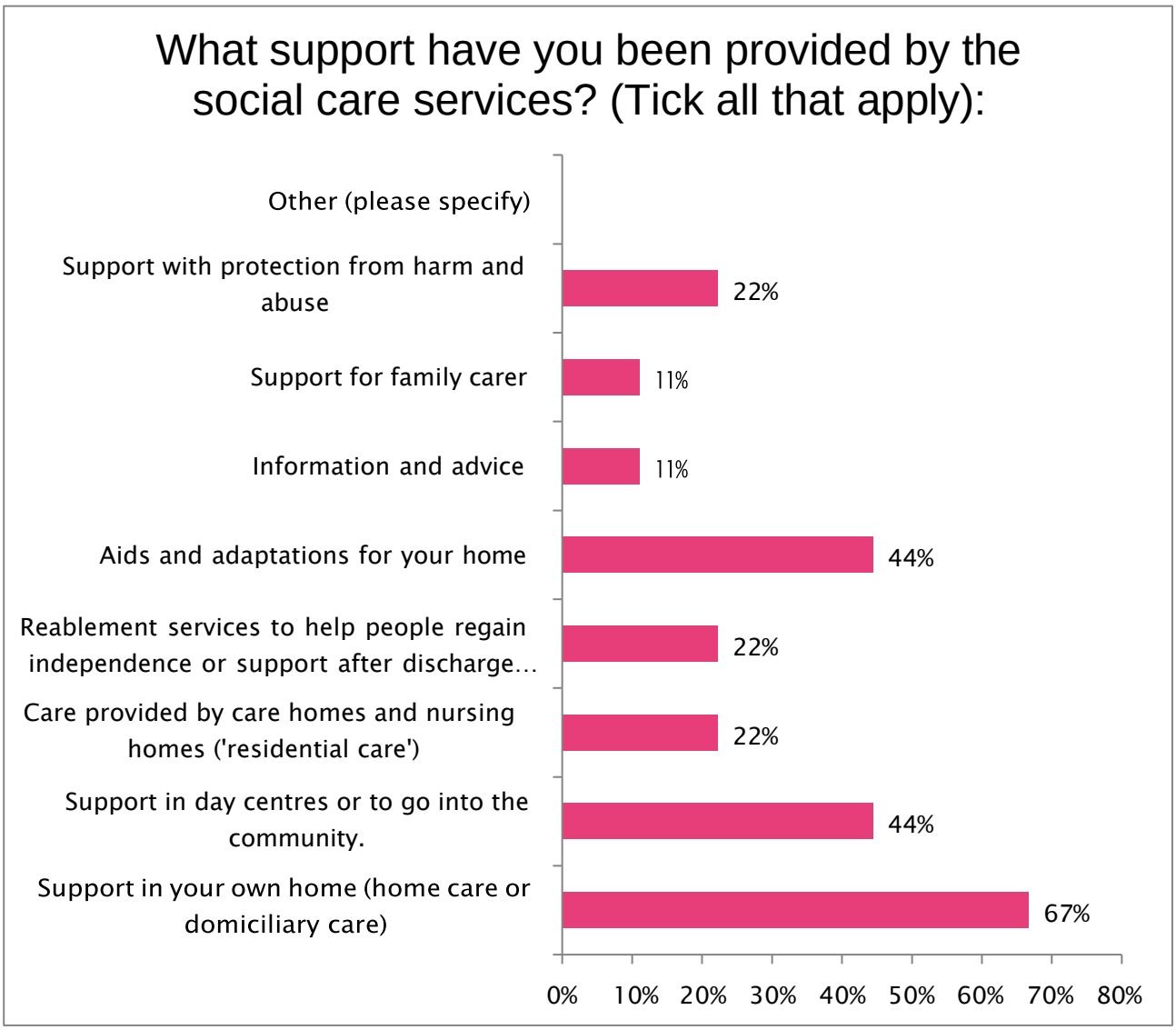


Although most respondents (66%) were aware of what social care was, they had never used it before. While 16% of respondents knew about social care services and had used them in the past (this accounted for 13 residents), 18% were unaware of them and had no prior experience with them. This indicates that the majority of respondents have some level of awareness of the service, even if they have not yet accessed it.


Please tick the statement which best describes your experience with social care
70%
60%
50%
40%
30%
20%
10%
0%
16%
66%
18%
I am aware of social care and have accessed services
I am aware of what social care offers but have not accessed services
I am not aware of what social care offers and I have not accessed services

1. Experience of social care service

Those who had previously used social care services were asked about how they became aware of them and the services they offered. 9 out 13 respondents answered this question. 22% (2 respondents) were introduced to social care after domestic violence episodes that resulted in police calls, while 56% (5 respondents) were referred by a medical professional. This shows that the respondents' main route into social care services is via health care service or when there are concerns around safeguarding. 11% (1 respondent) were advised to contact social care service following advice by friend or family member, and 11 % (1 respondent) telephoned the council themselves to self-refer.



When asked what kind of support they had received from social care services, the majority of 9 respondents (67% – 6 respondents) replied that they had received support in their own homes. 44% (4 respondents) received assistance to visit day centres or venture out into the community, while an equal portion (44% – 4 respondents) received aids and adaptations for their homes. Reablement services, residential care, and support from abuse and damage were received by 22% (2 respondents) of the respondents. 11% (1 respondent) received information and advice, and 11% (1 respondent) l cited support for the family carer.

Respondents were then asked to talk about their experience accessing and receiving these service(s) they had ticked in the previous question. Their experiences varied and, those who had positive experiences provided these comments:

"They were very helpful."

"I get care 3 times a day, I don`t have any next of kin, I am getting help managing finances and going to hospital appointments. I had a stroke following which I was provided with an adapted home."

"Service was reasonable."

"The social worker provided a good service. Me and my children were protected from further harm, so I think she did a good job."

"Good – carer gives me a break by taking my son to the park."

Comments show that when the help met their needs and fulfilled their expectations, service users were satisfied. One carer emphasised that receiving quality care for her child improved her well-being because it allowed her to take some time for herself.

On the other hand, a few residents expressed their dissatisfaction with the service. They have offered the following remarks:

"My experience with social care services for her was a nightmare. The carers that came to look after her did not have any experience. On some days they would just not turn up at all. She was diabetic, and she needed to get fed regularly (she was not able to feed herself). The carers would leave a mess at her house, and they were very unprofessional."

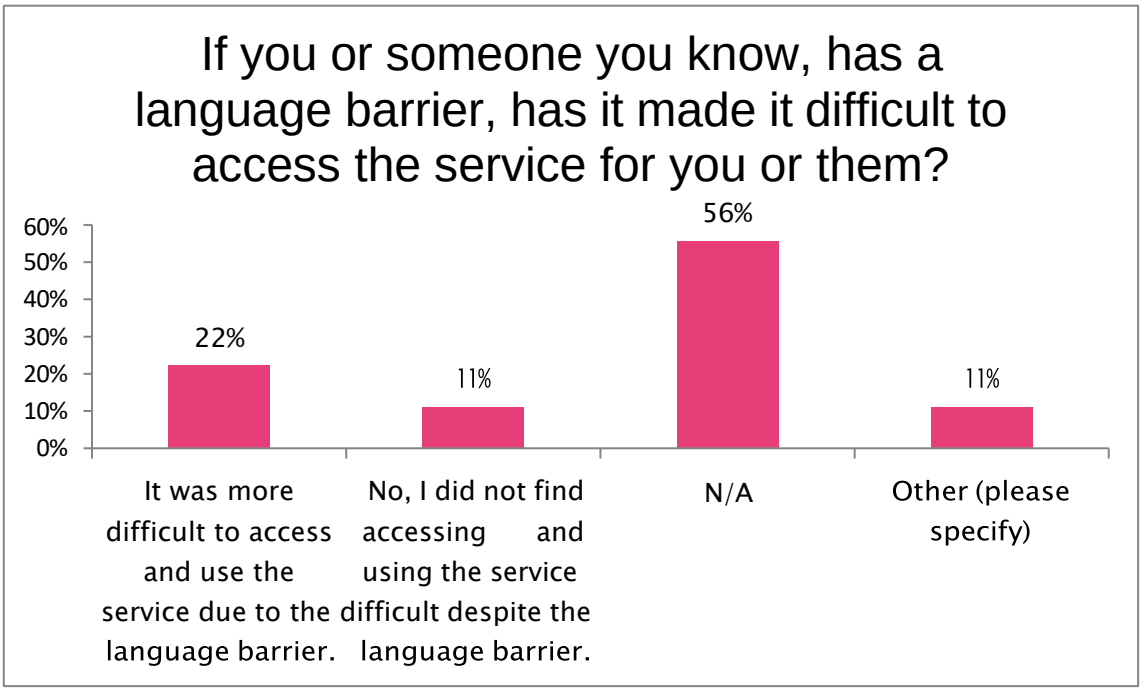
"The experience could have been better, there was a lack of communication. My mum had a stroke, and we were told she is not suitable to be looked after at home, but then they did not tell us what her care options would be."

"I was referred to social care by my psychiatrist and no one contacted me for a very long time. Then my psychiatrist contacted them again and I was contacted within a week. I was told that some referrals just get lost in the system. Overall, I find it hard to get hold of my social worker, I email and call, but struggle to get a response."

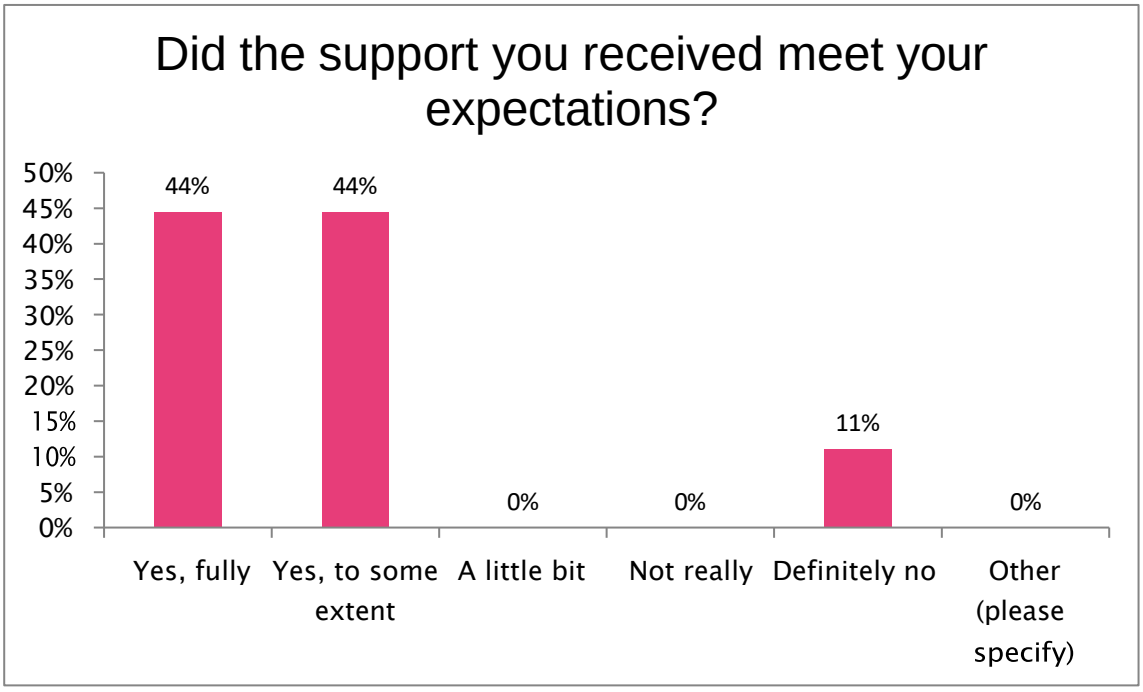
The comments made by respondents indicate that a variety of factors, such as inexperienced carers, lateness, and inconsistent care delivery, can have a detrimental effect on the experience of the service user. When caring for the most vulnerable residents, such as those with diabetes who are unable to feed themselves, the correct care must be provided. Lack of knowledge and communication were other problems that were brought to light that made it difficult to take advantage of the service.

When asked if the language barrier made it harder for them to use the service, 56% (5 respondents) of respondents claimed that did not apply to them, but 22% (2

respondents) responded that it did make it harder for them to access and utilise the service. It's interesting to note that 11% (1 respondent) of respondents claimed that the language barrier did not present any challenges when utilising the service, and another 11% (1 respondent) claimed that their children assisted with interpretation, when necessary.



44% (4 respondents) of respondents indicated that the support they or their loved ones received completely fulfilled their expectations, and another 44% (4 respondents) said that their expectations were somewhat satisfied. 11% (1 respondent) of respondents felt the support did not live up to their expectations.



Respondents were asked to provide more information to identify the elements of the social care provision that are working well and those that require improvement. Here are the respondents` comments:

"My mother was in the hospital a lot, and every time she would come out of the hospital, she would be assigned a new set of carers – there was no continuity, no one got to truly know her and understand her needs."

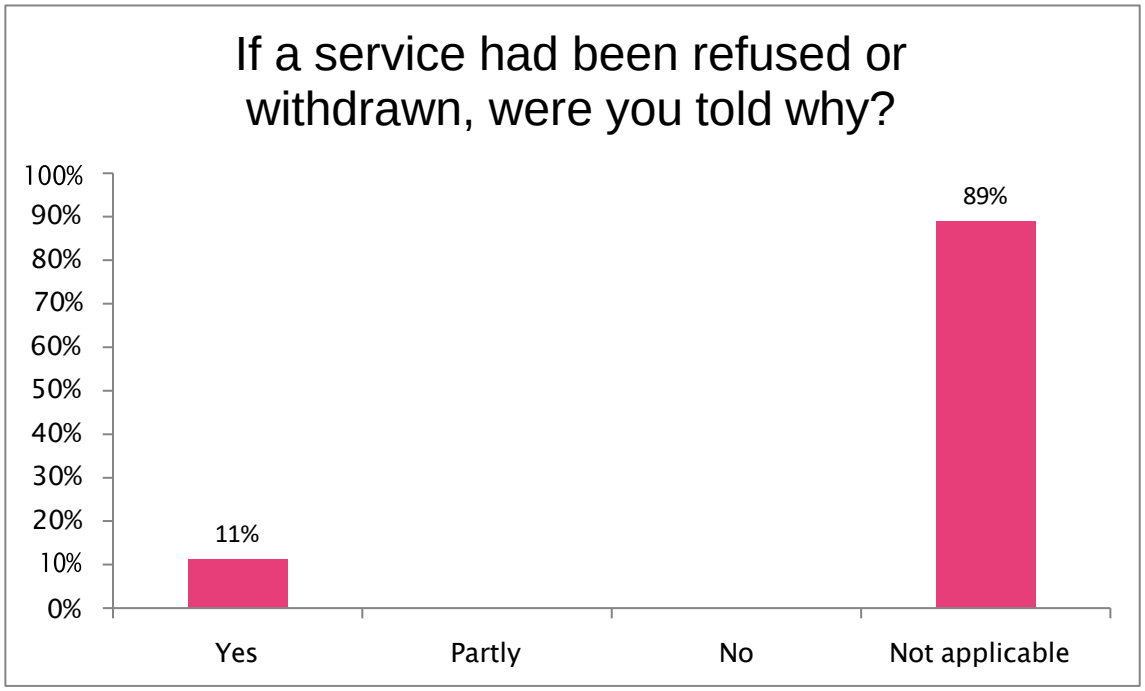
"My mum still has not got a wheelchair even though the application had been made. The application was by the occupational therapist and when we tried to call, different people were answering the call and passing us on to other people who knew nothing about it. We don`t know where her equipment is."

"I wish I could go on an outing or a trip, as I have enough support hours. But all the support I get is to go to places locally."

"He was provided what he needed, such as nappies".

"The social worker liaised with the Police."

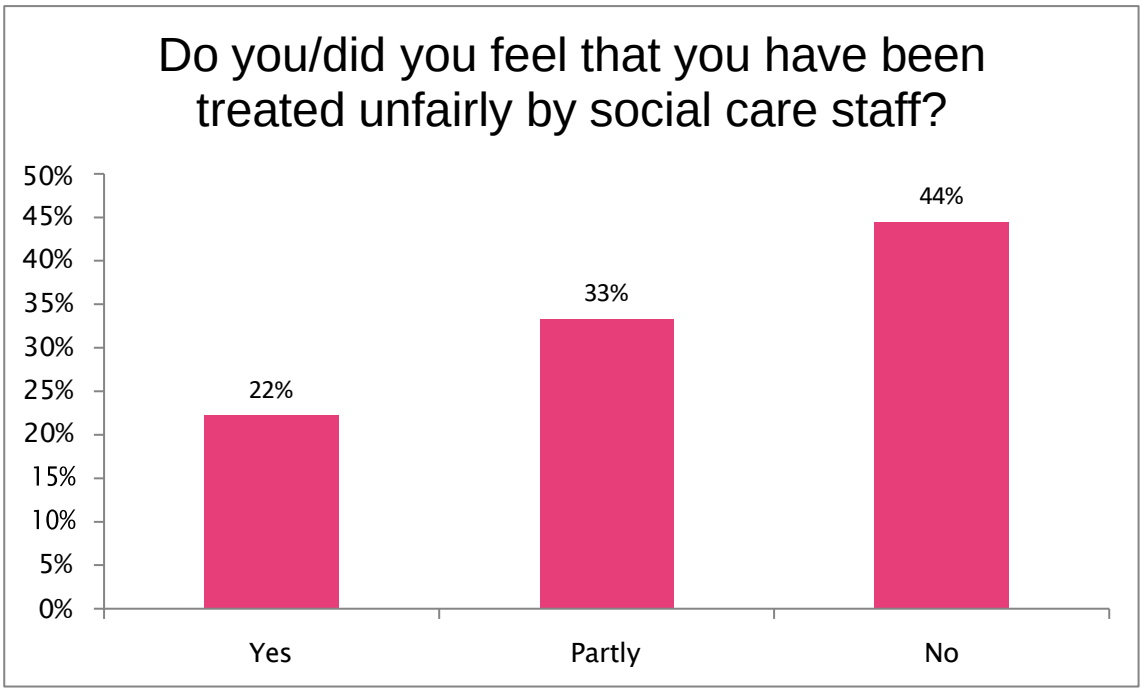
Remarks suggest that continuity of care and easy access to staff and information are critical for respondents to be satisfied with the social care provided. When people using services are heavily reliant on help, the absence of these components appears to be detrimental and naturally leads to discontent with the service.



When asked if they had been denied or had the service discontinued and why, 89% (8 respondents) of the respondents said that this did not apply to them, implying that social care services were necessary to meet their long-term needs, which are unlikely to get better. 11% (1 respondent) received an explanation for the service's termination, and they provided this comment:

"There were no threats of harm and safety measures were in place."

Subsequently, the participants were questioned about whether they believed that social workers had treated them fairly. By posing this query, Healthwatch aimed to determine whether the South Asian community believed that treatment or behaviour towards them was equitable and fair, and if they perceived whether the social care staff considered their cultural and religious needs. Numerous reports have raised the issue of ethnic minority communities receiving a lack of appropriate treatment and poor quality or discriminatory treatment from healthcare staff[5].



The majority, 44% (4 respondents) of respondents, told us that they did not believe they were treated unfairly, 33% (3 respondents) claimed they believed they were only somewhat treated unfairly, and 22% (2 respondents) claimed they did believe they were handled unfairly.

Respondents who felt they were treated unfairly, were then asked to provide their thoughts on why they felt they received this treatment. 40% (2 respondents) felt there was a lack of understanding of their religious needs, and 20% (1 respondent) felt that

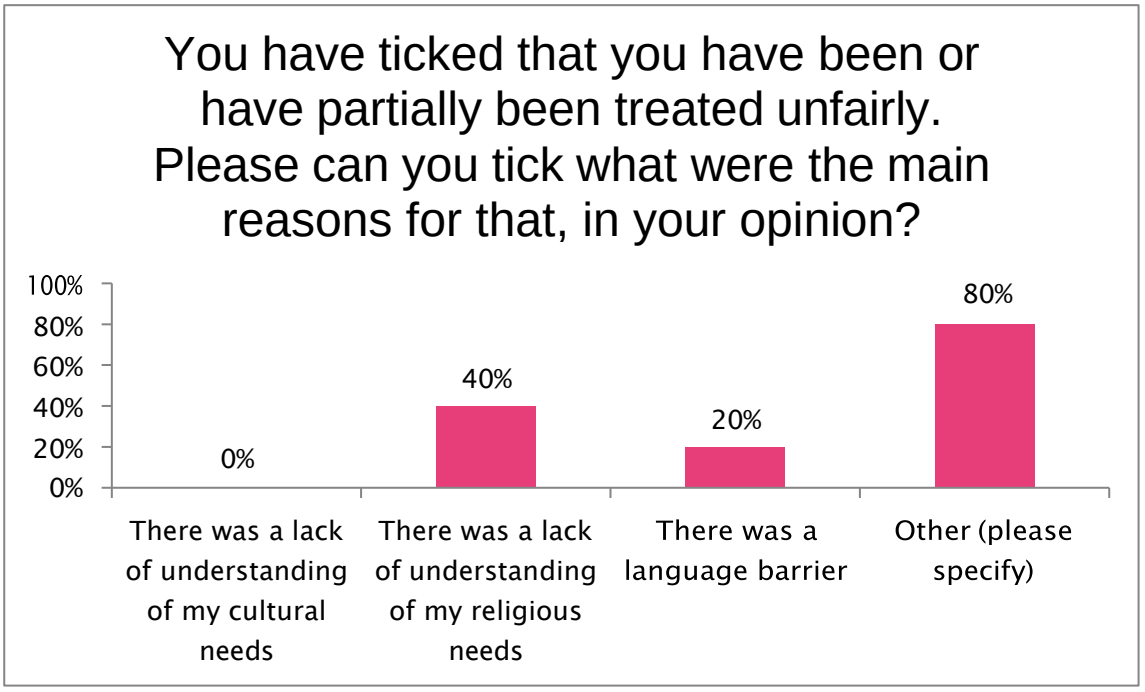
[5] https://www.nhsrho.org/wp-content/uploads/2023/05/RHO-Rapid-Review-Final-Report_.pdf

their language barrier contributed to receiving unfair treatment. 80% (4 respondents) listed other reasons, such as staff overlooking the needs, no access to the equipment required to carry out day-to-day activities, not having staff who spoke their language and cooked traditional meals, and lack of consideration of religious practices. These comments were provided to illustrate the issue:

"Her needs were ignored."

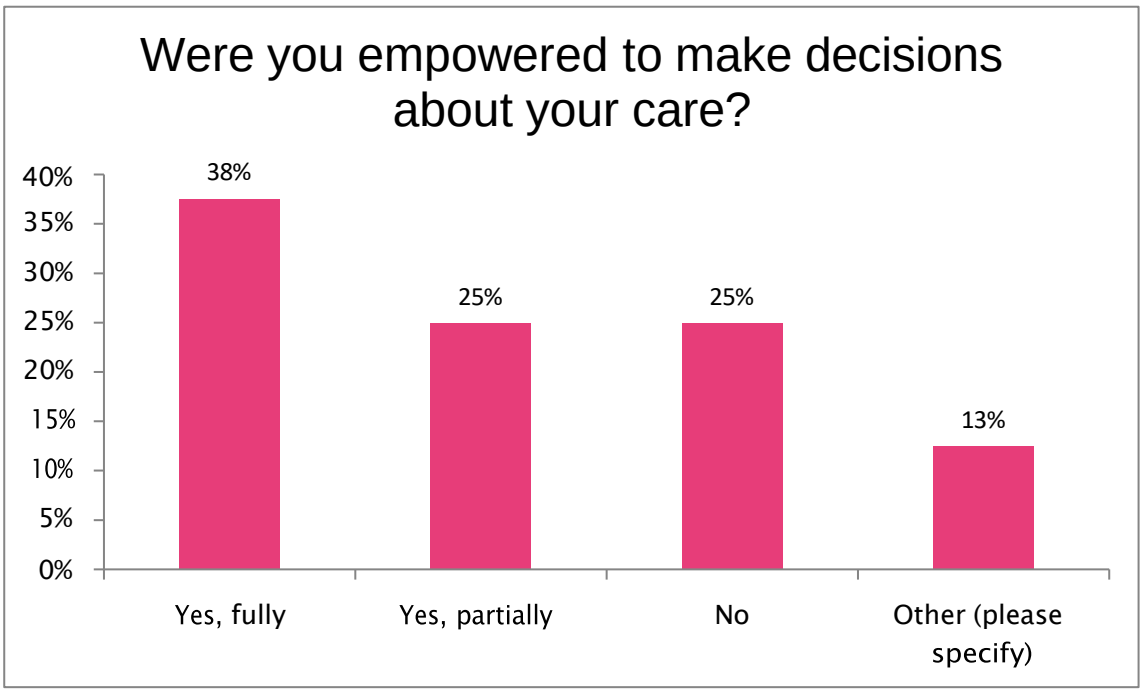
"We feel treated unfairly at times due to my mum`s equipment not being provided and no one knowing anything about it. When my mum was discharged from the hospital, she went to a care home in Buckhurst Hill temporarily, and now she wants to go back there as there are quite a few South Asian staff who speak her language, and they cook our traditional meals. All the social workers that were involved were from the Muslim community and they were very understanding."

"There was a lack of understanding of the religion at the hospital, they weighed up long-term cost and well-being, but it is not fair to the person receiving care."



Following on from that, respondents were asked if they or their loved ones were empowered to make decisions about their care. 38% (3 respondents) said they were fully empowered, while 25% (2 respondents) said they were partially empowered to make decisions about their care. 25% (2 respondents) felt they were not allowed to be involved in decision-making, and 13% (1 respondent) selected "Other" and provided this comment:

"He could not speak so his mum was making decisions on his behalf. She was not given alternatives. "



It is encouraging that most respondents felt that they were either fully or partially empowered to make decisions about their care, however, it is important to hear the experiences of those that do not feel that way. Respondents were asked to provide more information on their experience of being involved or excluded from the decision-making process, and these are the comments that they provided:

"No one considered what was in her best interest, including her diet and physical health."

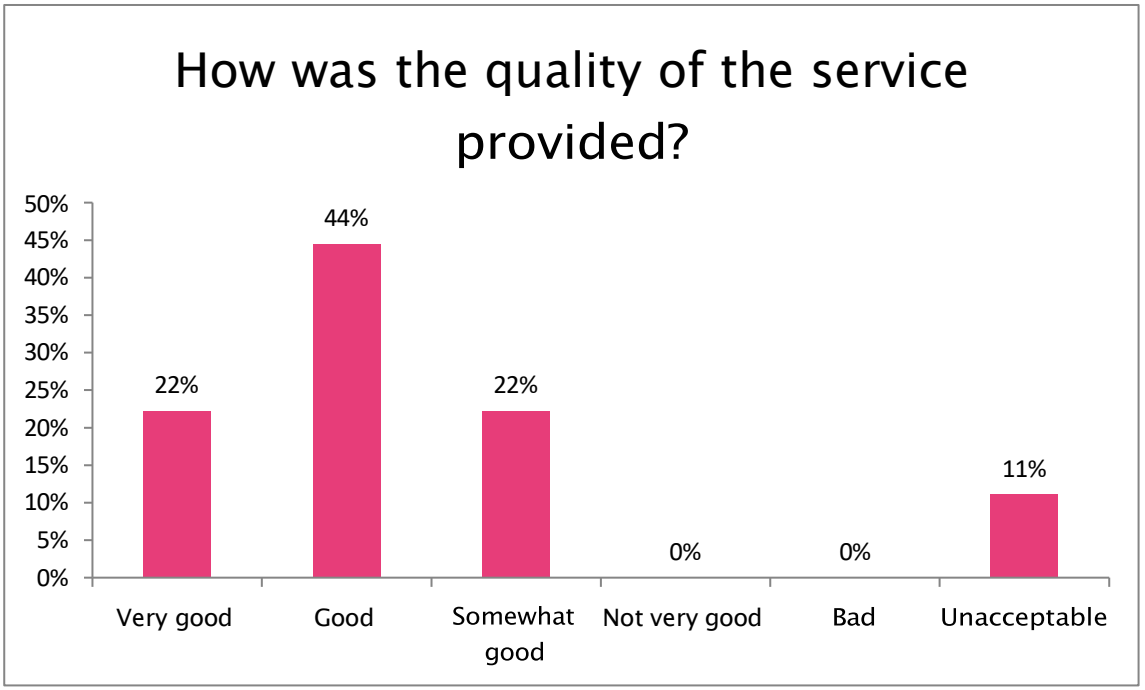
"No information was provided about the care homes and options that will be available, so it is very hard to know what is going to happen to her care."

"I needed financial help as I am not working, so my social worker made a referral to a Money Hub. They decided not to provide support without telling me because I live with my mum so they automatically assume she can support me. I go swimming which is costly, I cannot get support for that, and it helps me with my mental health."

"I do not like the shower system at home, I would love to have a bath, but I was not asked about this. I am not happy about the money situation, each month the amount varies, and I get paid on different days. I do not have a bank account and cannot open one as my passport has expired, and I do not have any other form of ID."

Comments reveal that respondents were worried about not having financial control and the availability to do activities and have adaptations that are good for their wellbeing. Individuals speaking up for their loved ones felt that their concerns were not listened to, and they had a scarcity of knowledge regarding available residential care options, which further complicated matters.

Next, respondents were asked what they thought about the quality of the service provided – 22% (2 respondents) thought it was very good, and 44% (4 respondents) thought it was good. 22% (2 respondents) felt it was somewhat good and 11% (1 respondent) rated it unacceptable. These findings highlight the service provision is of a good quality and suggest that residents' needs are being met.



When asked to explain their rating, those respondents who thought the quality was unacceptable, provided the following comments:

"She was not fed, her carers would not turn up, and they would leave a mess after their visit."

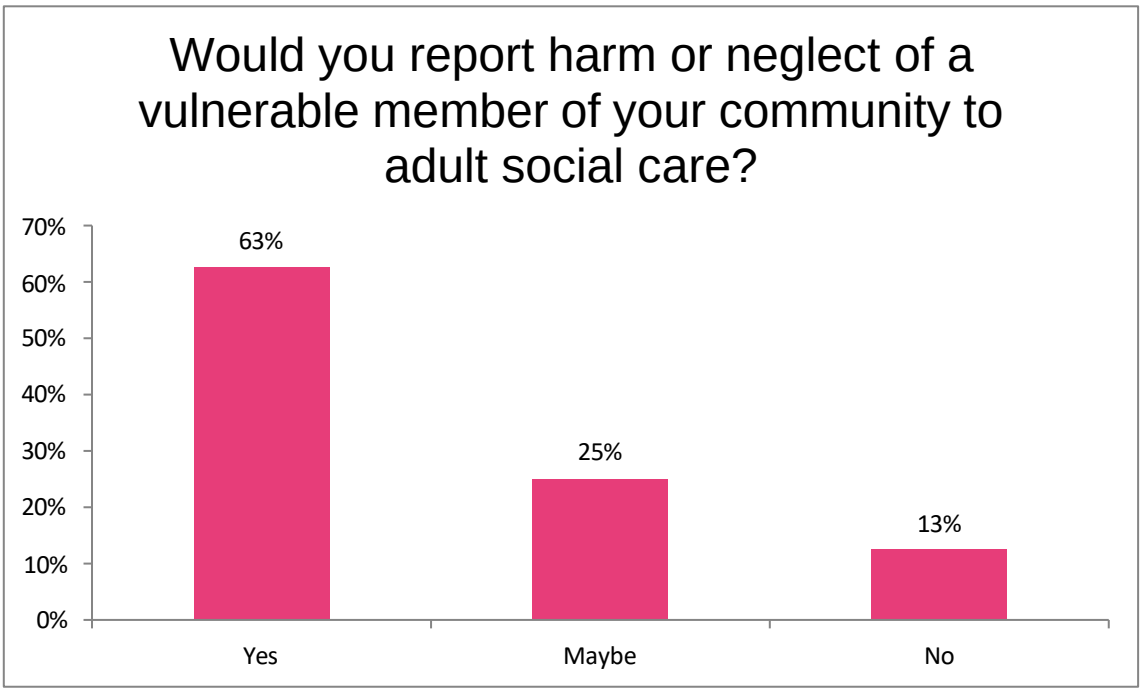
"Lack of communication and information. I feel that it would be very beneficial to have one person coordinating the process as it is impossible to communicate with multiple people."

"Contact is irregular, I was told my case will be passed back to my psychiatrist."

Service users feel unsatisfied with the service when there is a lack of communication, or when important components of care that are vital to one`s well-being are not provided.

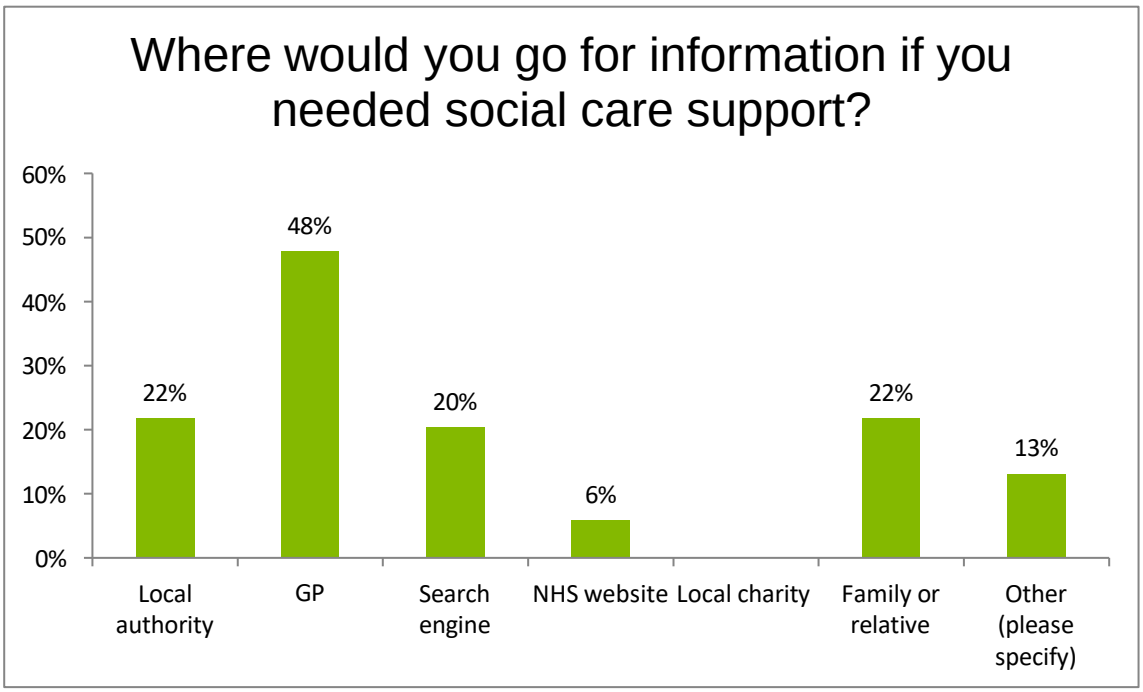
Unfortunately, no comments were provided by those who thought the support was very good, good, or somewhat good.

Finally, those with experience of accessing social care were asked if they would report harm or neglect of a vulnerable member of the community to social care, and 63% (5 respondents) said they would, 25% (2 respondents) said maybe and 13% (1 respondent) said they wouldn`t but clarified they would if I knew how to. These comments suggest there is a need to spread more awareness in the community and equip the community with the right knowledge to spot and report the abuse.



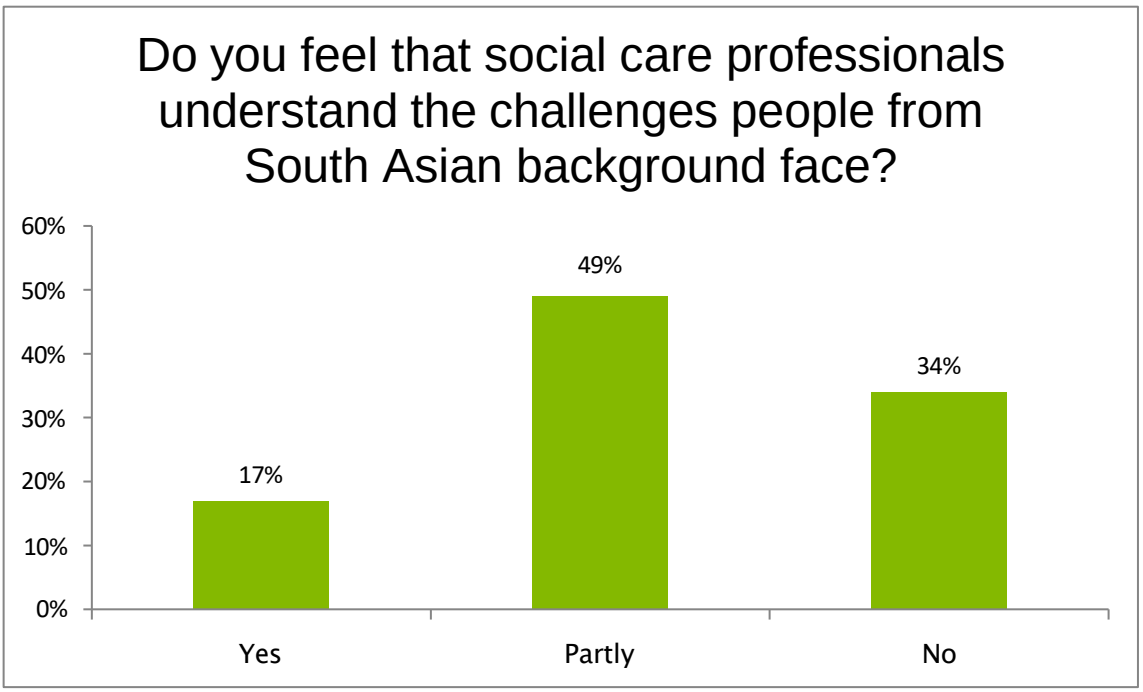
2. Perceptions of social care from South Asian residents

To reach as many South Asian residents as possible, Healthwatch incorporated survey questions to ask those who had never used or accessed social care services before to get their opinions and insight into the community and their thoughts about social care. Residents were asked where they would go for information if they needed social care support.



Almost half (48%) said they would approach their GP to ask for guidance and information, 22% would approach the local authority and an equal amount (22%) would seek support from their family or relatives. 20% would use a search engine to look for information. Other places that t community members would go for information were school teachers, job centres, community hubs, and health visitors. Few respondents expressed that they would not know where to look for support. These findings suggest that it would be beneficial for some people to receive information about social care in the community spaces that they frequently visit and in different languages, to ensure that all parts of this community are reached.

When asked if they believed social workers understood the difficulties South Asians faced, only 17% of respondents said they thought they did. Of the respondents, 49% said that social workers only had a partial understanding of these issues, and 34% believed that social workers were unaware of the difficulties that the South Asian population faced.



Respondents were asked to provide a further explanation for their answers. The majority highlighted the challenges that occur if the social care professional is unable to converse in their language:

"If someone is not from this community, there might be a language barrier."

"The GP doesn't understand your problem and doesn't really take your problem seriously as some people might not be able to speak fluent English as they are not British born and come from another country and find it difficult to explain their problems and therefore don't get treated that easily."

"Language barrier – no one has time for those who do not speak the language. It is very common with ladies, who usually come to get married, with no English, give birth and focus on being a mother, whereas men focus on work and are better at expressing what they need."

"I feel that the language barrier is the main challenge."

"My children are supporting me when I need support with language, so I rely on them as they speak English."

"Language barrier, but the community is helpful."

"The older generation has a language barrier."

"Some of us cannot express ourselves fully. One of my friends was discriminated against because he is South Asian as he was left to wait for a long time to be seen by the doctor and was told he was rude and therefore he had to wait. In Muslim culture we do not have many opportunities and a lot of people are illiterate."

"Initially, language barrier, but the local community was helpful."

Other respondents pointed out that coming from a different culture and background would make it hard to understand how things work here in the UK, as they may not have the same services back home and therefore would not know what they offer. One of the respondents highlighted that some families object to their loved ones receiving social care, due to their clashes with their own cultural beliefs. Some mentioned that their religious and dietary needs are not always considered, while others highlighted that not every community is supportive when their member has mental health difficulties, as it carries shame and prevents the service user from seeking support.

On the other hand, some had a belief that family support would be the answer to social care needs, thus partly reinforcing the belief that minority ethnic communities prefer to 'look after their own'. In contrast, others said that they do not have any choice but to do everything themselves as support is not provided. For instance, the individual in need of support may not be able to receive as much assistance if their GP is unsupportive.
These comments show that respondent`s perceptions are quite varied, depending on their circumstances:

"It is difficult to navigate the system for us, especially coming from another country."

"Because sometimes they are not aware of other people`s cultural and social background."

"Did not grow up in a typical Asian household so cannot comment."

"The way my mother was treated I think they do not understand the challenges."

"I think they do not understand the challenges people face overall – they are not willing to provide the support. My dad was offered 30 min. a day of support after 2 heart attacks. He passed away in the hospital. Social services said they do not have a budget to provide support."

"Tropical diseases. They have a lack of knowledge."

"Yes partly. London is very multicultural now, different now, and different cultures/societies have/are open-minded."

"They provide you with a package and tell you to accept it, whether you like it or not. There is no personalisation."

"Some people are hesitant to seek support due to family structure - sometimes there are objections from family members."

"No big challenges as you would get support from the family."

"There are not enough South Asian staff in social care. I feel that our religion is not always fully understood and dietary requirements. For example, my mother would not be able to tell if the food was halal, she would eat anything if it was given to her."

"No support is offered; they just expect we will do everything ourselves."

"When speaking to people from South Asian backgrounds some have said that they have been supported while others haven`t."

"Cultural and family barriers are not fully understood."

"I do not know the rules in this country, it is hard for me to understand."

"You can only understand what somebody is going through if you experience it yourself. There are religious and cultural differences, for example, my brother does not understand mental health. When we have problems, people just assume that our family will support us, but that is not the case, especially in mental health."

"A lot of media is brainwashing about different cultures. There is a big language barrier."

"We need to have professionals from that background."

"I feel that our community is ignored by healthcare professionals."

"In our country the culture is different. We face religious and language barriers."

"My problem is that GPs do not advise what to do, their appointments are very quick, and you feel very rushed. I care for my mum who has Parkinson`s and her GP is not

interested in supporting us anymore. My mum does not want any telephone conversations, being from an older generation she wants to be seen face-to-face."

As research findings show, there are different challenges that members of the community face depending on their situation, and therefore it needs to be recognised that there will be differences in their situations and a universal approach will not work. It is therefore important to adjust the approach to meet individual needs.

2.1 Information that would help build trusting relationships with social care services within Barking and Dagenham

Following on from that, respondents were asked how social care services can build trusted relationships with the community. Quite a few comments echoed those made around the language barrier that some members of the South Asian community face:

"Having people who can speak multiple languages."

"Sometimes language barrier and lack of understanding is the reason, so having people from different backgrounds who can speak other languages can help build relationships."

"Have more people in the community that know various kinds of languages, so the other person doesn't feel uncomfortable while speaking and try to make their conversations."

"Have people explain things in our language."

"Making some social workers represent the people of the community and reduce language barriers."

"Having small workshops, stands, and distributing leaflets in our language would help. There are a lot of illiterate people, so you need to be vocal about things. Social care staff need to approach us."

"Employ bilingual workers and those who understand cultural backgrounds."

"Older people are more likely to use social care services, but most of us do not use anything online. Services also need to understand that our children are busy and are not available to support us all the time."

"People who are not online are not aware of what is on offer."

Language is frequently mentioned. Since language is a universal requirement for understanding information and communicating with others, it must be acknowledged as the primary means of addressing and serving this community's needs.

Some suggested that social care services should consider reaching out to ethnic minority communities by coming and talking to them at their places of worship. Interestingly, one of the comments suggested this approach would raise awareness of social care, ensure that it is being understood, and foster trust and a closer bond between the statutory service and the community. It has also been noted that providing mainly online information won't work for the elderly population because they don't use internet platforms. As a result, varied locations for distributing printed documents in community languages should be considered. Here are the comments provided by the respondents:

"A lot of people try to avoid social care and try to deal with issues by themselves. We need more workshops to normalise social care."

"Having them come to a Mosque, show a willingness to help our community, and speak to us."

"Face-to-face conversations."

"Regular visits and dialogue."

"A lot of people are suffering and not getting the help. It would be good if a representative from a service who speaks our language came to our place of worship and explained about the service. We also need easy face-to-face access to ask for advice."

"We mostly seek support from our religious community, so it would be helpful if we could have a representative that we could trust."

Others added that social workers should be aware of various religions and the customs that go along with them. For instance, women must be supported by female professionals and wear the hijab. Not getting enough support hours were also highlighted, however, it cannot be assumed this is specific to the South Asian community, as there is no specific data in this research to suggest this.

Community members are often interested in learning about the social care offered, how to access it, and, most of all, how to support families rather than individual members. For some, compassionate support is needed to start at the reception desk and GP surgeries. Some comments have also suggested that members of the community want to be listened to and their views considered when delivering all types of health services. Here are the comments that service users have offered:

"Education on different religions and the importance of mental health and its effects on a family."

"In some Asian backgrounds, women can only be seen by other women professionals."

"We must wear a hijab and we get bullied a lot."

"More understanding of our culture and religion."

"Wider issues like harassment, stalking, and not living in a secure accommodation need to be addressed in addition."

"Understanding of our religious commitments and our health commitments."

"Social care is required by many people. Why do they only provide support if you are bedbound? I had to leave my job to care for my father as he needed 24-hour support."

"Knowing what support is available."

"Knowing we can get appointments easily."

"Support families (more support for carers)."

"Make it easier to access the service – to book an initial appointment, less mistreatment at the front desk would be helpful."

"Transparent and easily accessible information and leaflets are offered."

"Listen and take things more seriously and be more compassionate. We do not want to be stereotyped; our voices are not heard."

"To be aware that people are struggling, listen to us and make improvements involving us in co-production."

"They need to listen to us, we should not be going back and asking for something multiple times."

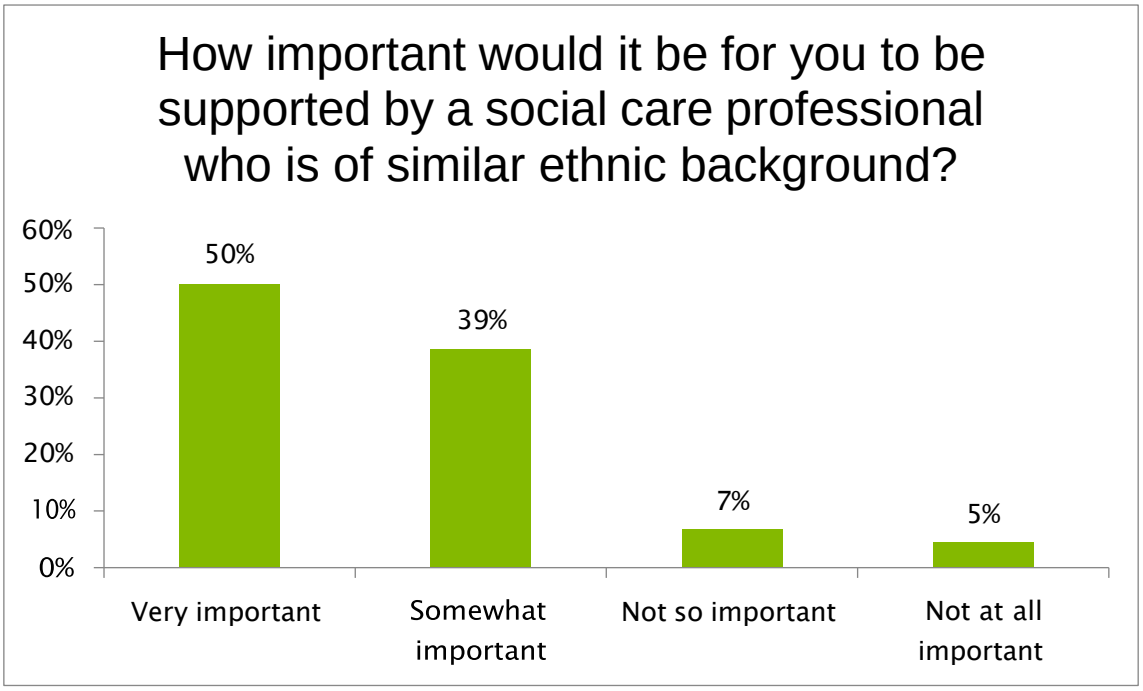
"I do not have any suggestions because the service was good."

"The main source would be a GP – if this person is cooperative and understanding and if translation is provided, that will allow us to express our needs."

"People are too embarrassed to seek help."

South Asian residents feel that a good awareness of their religious needs is very important, thus suggesting that the social care provided needs to align with their religious beliefs. Others felt that the amount of support that was provided was not enough for someone who they thought required round-the-clock care, resulting in the person leaving their employment to care for their loved one. It is important to emphasise that it was not suggested that this happened because the service user was of South Asian background.

Next, respondents were asked how important it would be for them to be supported by a social care professional who is of a similar ethnic background and half (50%) responded "yes". It was somewhat important for 39% of respondents, not so important for 7%, and not at all important for 5% of respondents. This suggests that a higher proportion of residents feel that having a professional from a similar ethnic background would make support more effective possibly due to an understanding of cultural, religious and/or language.



Those who said it was very or somewhat important for them to be supported by a professional who is of a similar ethnic background, offered these comments:

"It is easier to understand their needs."

"They would understand what we go through."

"To understand cultural barriers."

"They can be more understanding."

"It reassures the person who is using the service."

"This would make older people more comfortable."

"It would make it easy for us to be understood."

"You would feel more comfortable with someone more like you as you can be more expressive, but it depends."

Their views, understanding and language are the same therefore they don`t need to elaborate too much. They (service users) wholeheartedly believe what they are being told.

Comments show that being supported by a person who is of a similar cultural background makes individuals believe they will offer more understanding and reassurance, especially for the elderly. Those who said it was not so important or not at all important for them to be supported by a social care professional of a similar background, offered these comments:

"They can arrange an interpreter."

"I don`t take part in most social norms that these communities may practice."

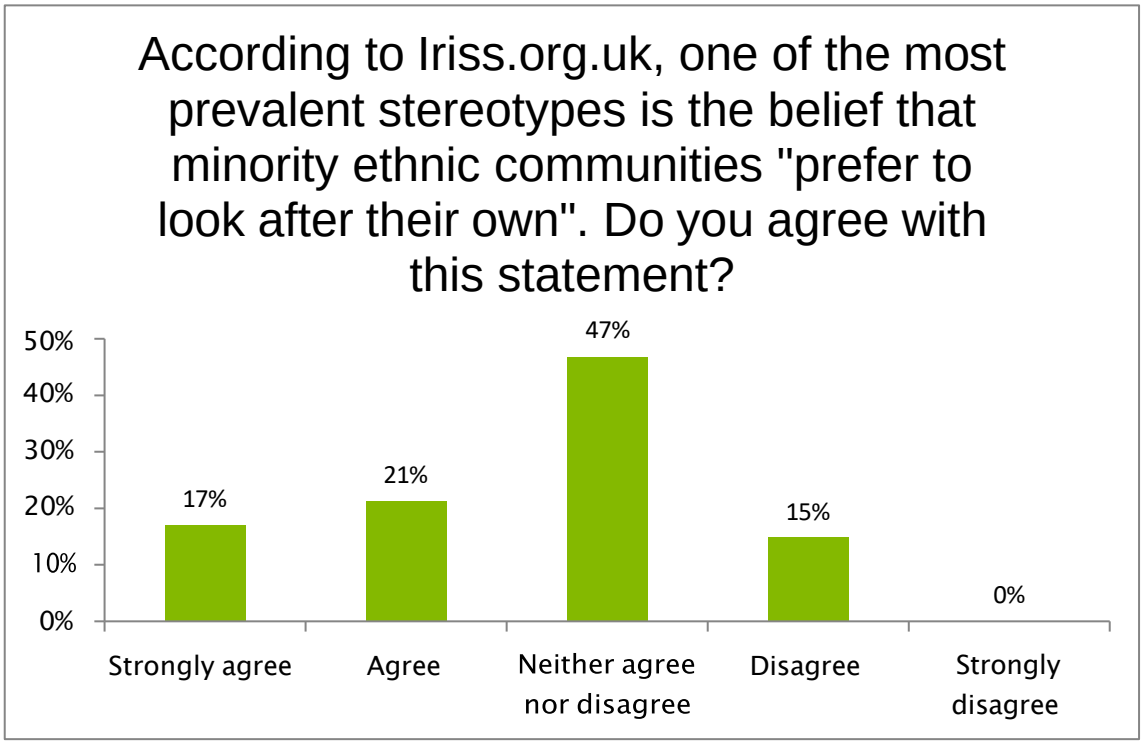
"Being born in the UK I do not have typical South Asian views or upbringing or thinking another South Asian person will understand me better."

"That would not change the service provided."

"Good experience with social worker is more important."

"As long as the person is honest, this will be enough."

Remarks indicate that some South Asians, who may be born in the UK or not follow societal standards, do not think it important to have someone of a similar ethnic background support them. Some believe that having someone with a comparable ethnic background would not affect the services offered and that it would be sufficient if the person who supports is sincere and eager to assist. Therefore, it is an important point to take forward as it will not be always possible to have staff who are of similar ethnic backgrounds, however, staff must be aware and trained in cultural competency, to understand religious, cultural and dietary needs.



Next, participants were asked about a common assumption that ethnic minority populations prefer to "look after their own" and they were asked if they agreed or disagreed with it. Healthwatch was keen to learn whether there is a significant cultural barrier preventing people from accessing and making use of social care services. Almost half (47%) felt they neither agreed nor disagreed with the statement, while 17% strongly agreed and 21% agreed with the statement. 15% disagreed with this statement and offered these comments:

"It is only me and my husband in this country, so we do not have anyone to support us if we need it."

"If there is no family, then we would need support from other services."

"People who do not have any relatives and immigrants would not have the same support network compared to those who have established themselves in the UK."

"Sometimes we do not have a choice and look after our loved ones – my mum did not receive appropriate help from social services."

"In the older generations yes, but not in this day and age."

"I did not have a choice in my situation – 30 minutes of care was not enough so I had to leave my job to care for my father."

"That is the case when they cannot get help from others. They are willing to get the support if there is someone to provide it."

"Sometimes we can't look after members of our community, so social care services must understand the needs of this group better."

"We are deprived of services."

Comments suggest that South Asian residents who are first-generation immigrants or without an extended family are more likely to be receptive to receiving social care services. Other respondents commented that looking after their loved one was not their choice – they must step in and look after them if the amount of care hours is not enough to address social care needs. Other comments that were received supported the assertion that ethnic minority communities prefer to look after their own:

"In South Asian culture families mostly help each other in difficult times."

"The extended family mostly help in South Asian Communities."

"The stereotype is yes but not all households are like that."

"Because of our social structure, we are taught to look after our community."

"Depending on circumstances, some types of support cannot be provided by the family."

"It is normal in our culture. There are big barriers in our community. If a member of the family is receiving care, then the rest of the family is being seen as neglecting that individual. They would not come and say this to you, but they would talk among themselves. There is a lack of understanding that in some cases families are unable to help their loved ones."

"In our culture, it is expected that we look after our parents, and they expect this from their children. If you do not look after them, they think they are unwanted."

"My husband is 67 and he has got spine problems, he is very weak. He cannot work and he wants me to look after him and he is against other people supporting him."

"South Asian people are very family-orientated. In this country majority of people move out of their parents` home when they grow up, but we stay and live with our parents."

"You will be looked down on as they will think your family does not care about you."

"Older people do not feel comfortable getting the help and social workers are not doing their job and carers are not doing all the tasks they are meant to do."

Comments reflect the feelings of shame the family would encounter if their loved one was looked after by social care services. They also indicate that family support is wanted by the person needing care, which adds another layer of complexity as there are expectations arising from both – the impacted individual and the wider community. Other respondents noted that the preferences the individual needing care would have would be largely dependent on their circumstances and openness to receiving care:

"Depends on individual circumstances and family structure."

"I think it depends on the person. Some are more open, and others are introverted."

Subsequently, the participants were questioned about the information they believed social workers should know to help residents of their community. A few topics were emphasised, the most important being the value of respecting and taking into account someone's religion:

"Don`t judge them based on their religious beliefs."

"They must know the basis of Islam, if you want to help someone you must be less prejudiced."

"Make sure that religious leaders have the information that they can pass on to the local people."

"Connect with us and learn about our religion and culture."

"Faith is very important and needs to be factored in."

"They should know the background of our community. Some things go against our religion – for example, gelatine, which is not halal. When we go to doctors, we need to make sure that the medication prescribed is gelatine-free, we should not be asking for and double-checking that."

"I would like them to know that values in that community are very important (religious and cultural values)."

"Male workers should support males, and females should support females."

Again, religious needs were highlighted as one of the main things that social care professionals should be aware of when supporting this community. Additionally, others emphasised that it is important to recognise the importance of having a staff of a specific gender offering support, however, this was not specifically raised as an issue. Others have expressed again, that to receive culturally appropriate service it is important that it needs to be provided by someone who is of a similar ethnic background and speaks their language:

"By giving people the option of seeing someone from the same background. Be open to different beliefs and views."

"People are more likely to accept support from their native person, someone who looks like them."

"Have language support and have information available."

"If they want to connect, they must provide translation, having someone to speak in our national language, connects us."

"Language-parents being able to communicate."

"I would like them to know that we do get a lot of help from our community and reaching out to our community is important."

"They must be willing to find ways to talk to us and willing to understand."

Additionally, respondents mentioned that there were practical considerations that needed to be made to guarantee that the social care was of good quality. It is imperative to underscore that this pertains to every resident utilising social care service, and there was no statement provided that would suggest these concerns are exclusive to the South Asian community:

"Offer help and take time to feed people who cannot feed themselves."

"Strict officers are needed to monitor home carers, there is a need for a feedback system to receive feedback from the person receiving care.

Other comments were focused on acknowledging and embracing cultural differences:

"Most South Asian people are very independent so making them understand that seeking help is ok."

"Understand more about family structures".

"I want them to know that certain things that they perceive as serious and worrying, are just normal in our culture. For example – eating with our hands. They may be concerned about someone that they are unhygienic etc. "

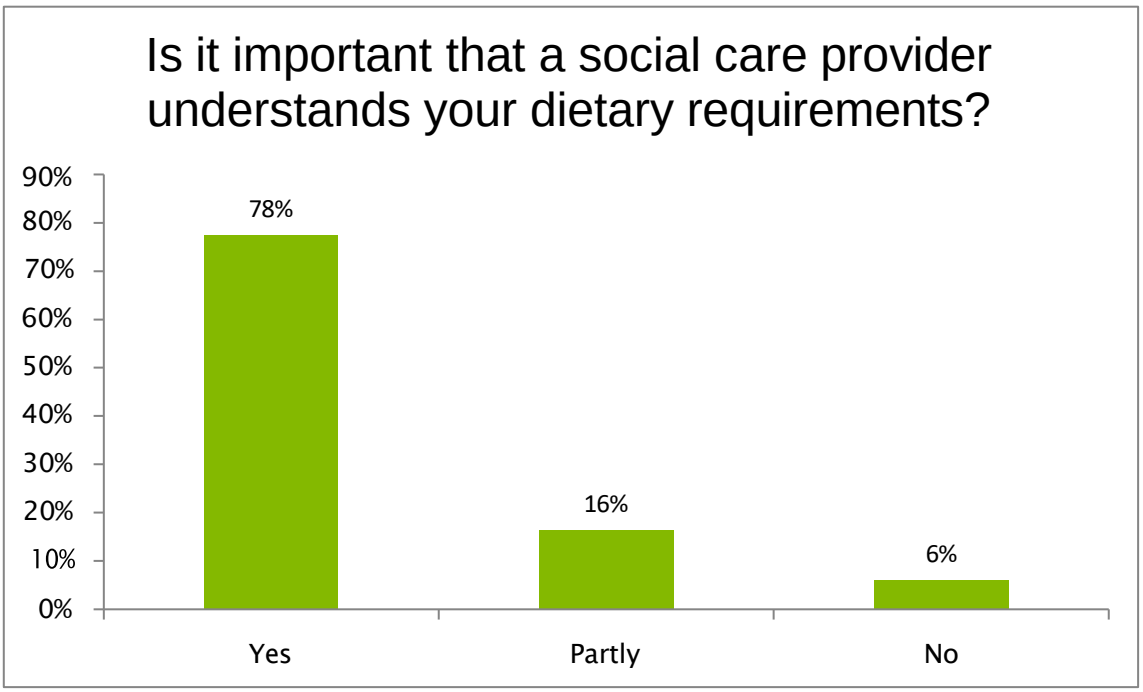
"In South Asian communities, there is a closer bond between children and parents, and this needs to be taken into account when offering social care."

"If we have mental health issues, we believe that we should just get on with them."

The comments indicate that these residents believe that a better understanding of the religions practised by South Asian communities, having staff members with South Asian ethnic backgrounds and languages, and recognising the differences in culture and family structure are all ways to provide effective support.

2.2 Importance of Dietary Requirements

Next, Healthwatch explored the importance of the care provider's understanding of their dietary requirements. 78% of respondents said it was very important for them that the social care provider understood their dietary requirements, 16% said only partial understanding was required, and 6% said it was not important that social care providers knew about their dietary requirements. Findings highlight that an understanding of dietary requirements is very important for the South Asian community, which links to their religious beliefs. Therefore, they need to be recognised and incorporated into the social care offer.



When asked to further explain their answer choice, respondents provided these comments:

"Yes, it is important because most South Asian people have a strict diet based on their religious backgrounds."

"Most South Asians follow religious diet recommendations."

"Unless medical, it`s irrelevant."

"Someone might have been vegetarian their whole life due to religious reasons."

"Adult social care providers must include people's nutrition and hydration needs when they make an initial assessment of their care, treatment and support needs."

"My mother was diabetic, she was not fed regularly, or not fed at all, it was difficult to tell if her liquid food was halal."

"Everyone has different diets and requests."

"This is something that can be learnt."

"Family can always explain that to the carer."

"Fasting is important to us."

"Halal food must be provided even to those who are not able to explain it themselves."

"To support and know clients closely."

"So, they can understand if you are eating healthily or not taking food with good vitamins. They can also advise you in changing your lifestyle habits such as eating fatty foods/smoking or drinking."

"Food needs to be halal and pure, social worker needs a good level of knowledge about food."

"You cannot support the person fully if you don`t ask questions about diet."

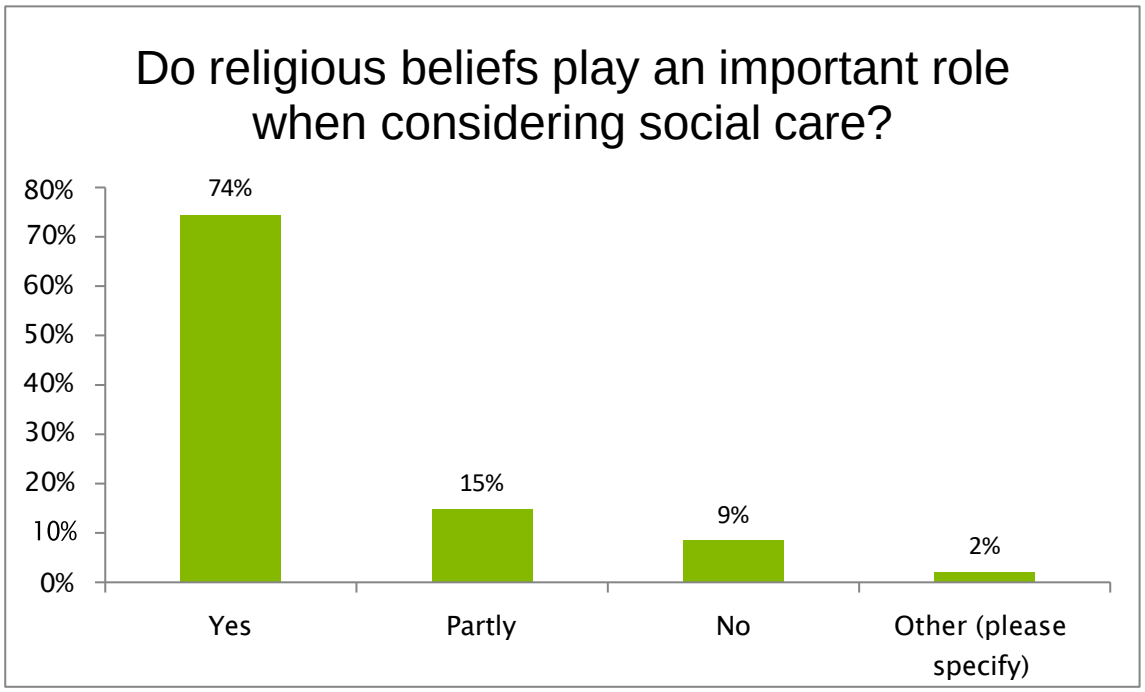
"If someone is getting meals on wheels, they need to be halal."

"For Sikhs, it is a taboo for the person cooking to taste food. If someone is looking after an Indian person, they must know how to cook Indian food".

As can be seen from these comments, there is an emphasis on dietary requirements being fully understood and followed when supporting members of the South Asian community. This is especially important when the food is liquid. Others suggested that understanding one`s dietary requirements can bring even more benefits as then they can be advised on healthier options if necessary.

2.3 Importance of Religious Considerations

Next, respondents were asked if religious beliefs play an important role when considering social care.



The majority of respondents (74%) claimed that religious convictions are a significant factor in social care decisions. 15% of respondents claimed that their religion just somewhat affected how they felt about social care, while 9% claimed that it had no effect at all. The 2% who selected "other" explained their conversion from Islam. The following is a compilation of several comments made by participants, which illustrate their responses:

"Muslim people prefer to be supported by Muslim people. Also, women need to have their hair covered. We cannot handshake with other people."

"Yes, a Muslim can understand another Muslim best rather than a person from a different religion."

"South Asians are very religious people, they won`t open themselves to other people in fear of judgement."

"As an atheist, I don`t want to rely on "acts of God" for well-being and reasoning."

"Yes and no, care should be given where necessary. The service user should be willing to compromise their religious beliefs if it is for their long-term health."

"We pray 5 times a day and this needs to be respected."

“Research suggests that attention to the religious and cultural needs of patients and service users can contribute to their wellbeing and, for instance, reduce their length of stay in hospital. Religion and belief are therefore important considerations for all patients and staff.”

“I wanted my father to have the care, but he was only offered 30 minutes. Religion was not a deciding factor.”

“Needs are understood more when the provider understands you.”

“Religious and cultural understanding is needed to provide support for the community.”

“They typically know what religious and cultural considerations I need.”

“Our extended family in Pakistan wanted us to bring my mum over there so that they could look after her. It took a long time to convince them that her needs are too high for that, and she needs to be in a care home.”

“My religion says I should look after my mental and physical health.”

"Because it is not only the factor that can affect social care although it should not be overlooked.”

“One must respect each other's culture/religious backgrounds and understand specific requirements or needs."

“They do play a role if you are practising that religion. For example, if someone requires a post-mortem, that complicates the burial. We believe the body is sacred, and we shower it, our religion is against post-mortem examination. There are only a few post-mortem MRI facilities in the country that are very costly, and it is not accessible to all, but access to those would enable us to do this in a way that respects our religious beliefs.”

“It is a huge component in many people's lives, such as when it comes to food and hygiene, so social services need to consider this.”

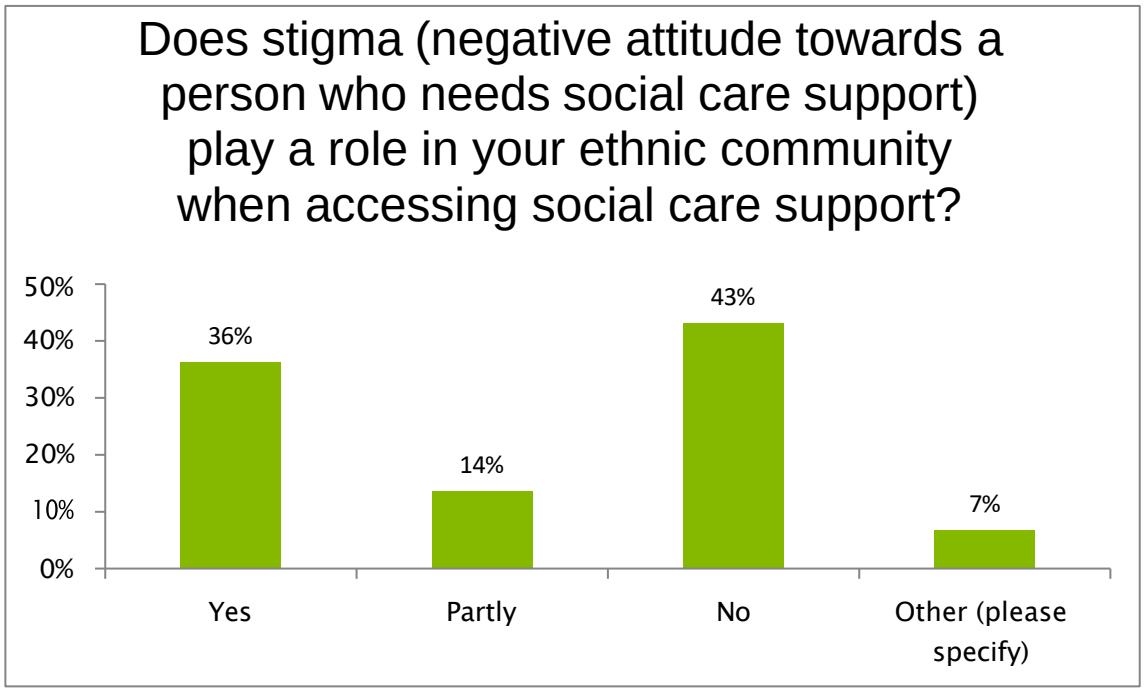
“We need good people to support us, that is all that matters.”

“I want my beliefs to be respected.”

“We 110% believe in religion, it comes first, and we must fulfil our religious rules.”

The remarks show that while some people find religion to be very important, others may find it to be less significant or irrelevant. Other factors that can make it more difficult to acquire care for the loved one include the possibility that different care options will be insisted upon by members of the extended family. The comments received make it abundantly evident that religious requirements must be considered because the majority of the community values them.

2.4 Role of Stigma



Respondents were then asked whether stigma (a negative attitude towards a person who needs social care support) played an important role in their community when accessing social care. The results of the answers to this question do not point to a definitive conclusion. 43% of respondents said there was no stigma attached to receiving support from social care, whereas 36% said there was. 14% thought this may be partially true and 7% said it depended on the family or they could not give an answer as they had no examples to prove it. Those who thought that there was stigma attached to receiving social care support, offered these comments:

"Most people think they will be seen as vulnerable and dependent on others."

"Most people think they will be seen as vulnerable."

"Growing up mental health was not taken seriously in families and the community."

"Because it was not spoken of in the older generation's time. Therefore today`s generation if seeking help is seen as "too" western, or weak or sensitive."

"For example, certain things are banned/prohibited for certain religions so accessing help can be hard."

"That is our culture."

"We are Muslim, smoking, and alcohol are prohibited, asking help for this can be hard or walking into sexual health clinics."

"Families and relatives are seen negatively if their loved one is receiving support from social care providers. There is a lot of prejudice."

"Some members of my family do not know I am receiving support from a carer. I have not told my brother - he would not understand. I call my carer a support worker as my family would just not accept it otherwise. 1-2 friends know that I am getting support. If they all find out, they will think I am very vulnerable - the stigma is very strong."

"In our culture, we need to look after our parents."

"You are meant to support your parents."

"Yes, because certain people may hold opinions about others and this needs to be taken into account."

"Some people may come from abusive backgrounds/have a disability and this will affect their interactions with others."

Remarks indicate that stigma exists around exposing vulnerabilities to others and accepting Western norms and services, particularly when it comes to mental health. Furthermore, among some South Asian families, letting someone else take care of your parents is viewed to be disrespectful and neglectful. This indicates that a holistic and whole-family approach should be taken to support families who may be affected by these issues.

People who only somewhat agreed with the stigma remark shared their opinions on why things aren't always clear-cut:

"I am unsure of this."

"It is different for each family, some people look down on it and worry they won`t get the proper care they need, and could think family members are not supportive enough, therefore, that person had to resort to social services."

Those, who did not think that there was a stigma attached to receiving social care within the South Asian community, offered these comments:

"Some people do not have relatives to support them."

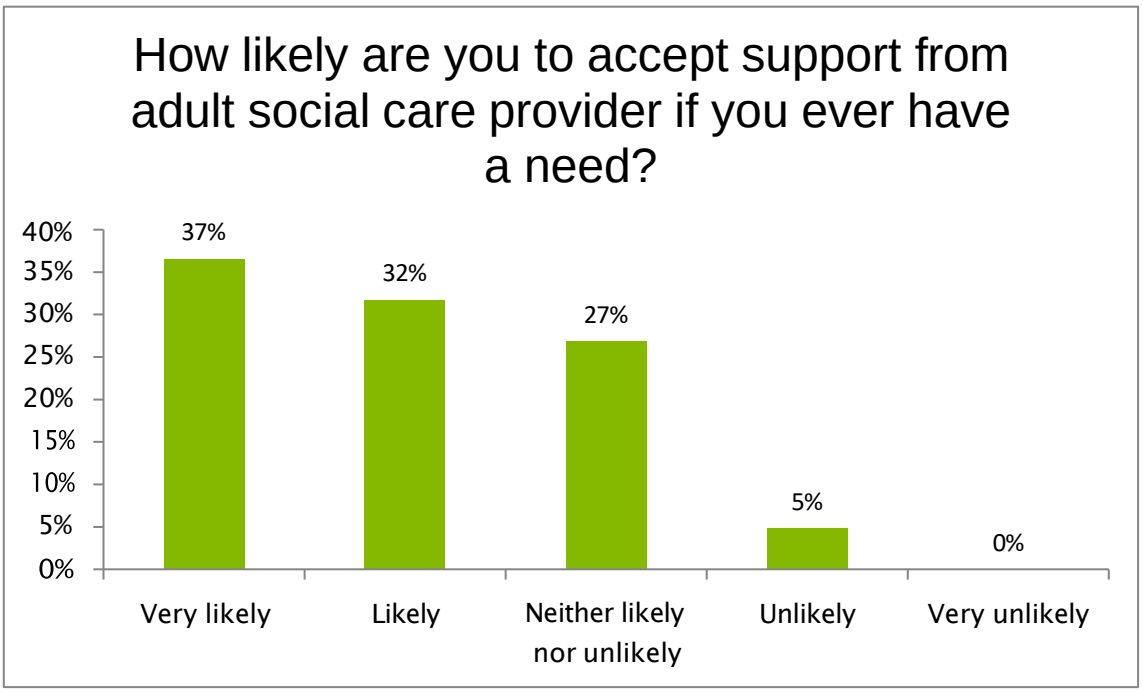
"Those who have no family or relatives are dependent on other services."

"People who need help will accept help, but you have to show that you genuinely care."

"Everybody needs it."

Although these comments were few, it does suggest that some feel that it is acceptable to receive social care if the person has no relatives to support them, therefore reinforcing opinions that care should be met by the family. These findings provide a very valuable insight into the South Asian community and considerations that would need to be taken in order to support a family that may have difficulties letting social care services into their lives.

Findings highlight that levels of stigma differ within the community, and therefore any interactions with the individual and the family should be mindful and sensitive of how stigma may affect a particular individual or a family. Although this project was researching perceptions and experiences of social care, this may also apply to the South Asian community when accessing a wider range of services, for example, mental health support, sexual health services, or substance use services. Therefore, it is important the support is inclusive and centred around the individual`s cultural values.



Next, respondents were asked how likely they were to accept support from adult social care providers if they ever had a need. 37% said they were very likely to accept the support, and 32% said they were likely to accept the support. 27% of respondents suggested they were undecided about their likelihood of accepting support in the future should there be a need, as they said neither likely nor unlikely. Only 5% expressed they were unlikely to receive support. These findings suggest that most of the South Asian community is receptive to the idea of possible support from adult social care, and therefore the offer needs to take their religion, diet, cultural values and family structure into account. Those who are receptive to receiving help in the future should there be a need, offered these comments:

"I don`t have extended family here so in case I need I will use the service."

"Why not, If I need help, I will seek help."

"If I need help, I will seek it and have no shame, and so should everyone else. Regardless of race or religion or background."

"I have heard of people being supported well."

"Because social care support can give me good and sound advice which I may not be aware of. Provide me with more support-mental/emotional."

"I had a good experience therefore I am likely to accept it in the future.

"We pay taxes so we should be able to use the service."

"I would accept the help if there were no choice."

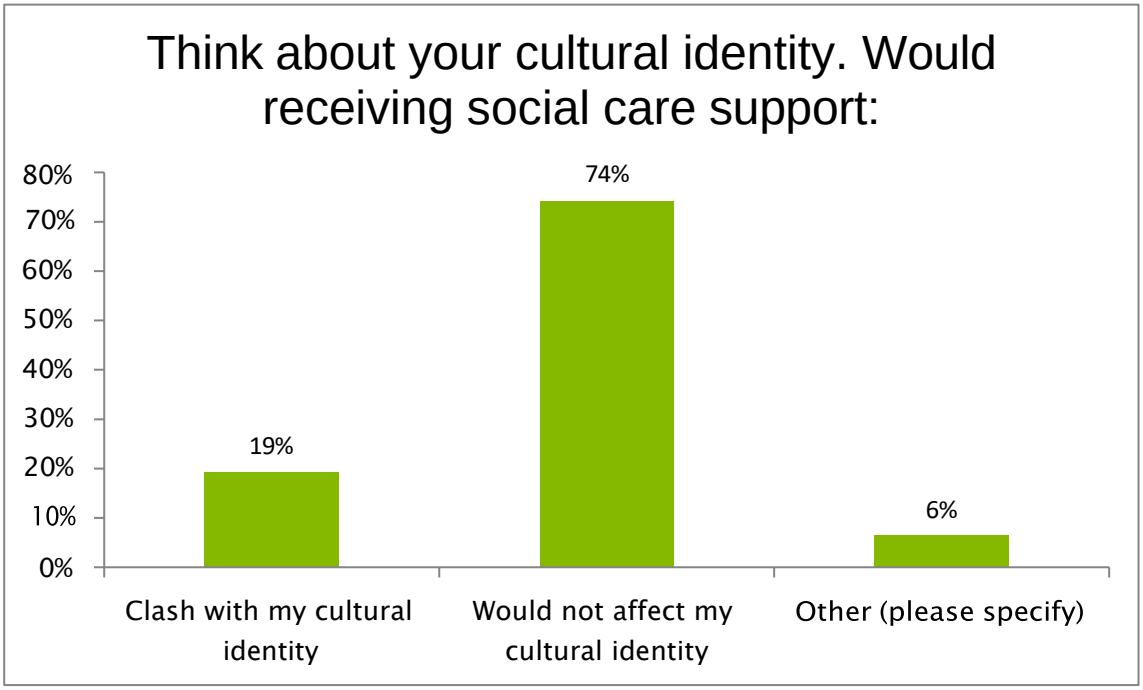
The respondents who had a positive attitude towards potentially receiving social care support in the future provided a variety of explanations. A few stated that their decision would be affected solely by the fact that they lack close relatives in this country, while others heard that someone they knew had positive experiences or had experienced good care themselves. Certain remarks suggested that taking assistance would be expected since they paid taxes and would eventually need it.

Those, who were unsure of their decision to accept possible help in the future, offered these comments:

"The quality and availability of free social care in Britain are incredibly poor. No exaggeration."

"The service needs to meet the needs and depends on the services available and the number of hours we can get help with."

The aforementioned remarks suggest that the likelihood of accepting a social care offer is based upon the quality of the service and the extent to which the offer would fulfil an individual's demands.



Subsequently, respondents were asked to consider their cultural identity and determine whether getting social care support would conflict with it or not. 19% of respondents

indicated it would conflict with their cultural identity, whereas most respondents (74%) stated it would not. 6% selected "Other," stating that they were unsure if the meal would be halal and if there would be staff members who could communicate in their language. Those, who said receiving social care would not clash with their cultural identity, offered these comments:

"I don`t think it would clash with my cultural identity, because I am an open-minded person."

"I am open-minded."

"I have modern/western culture as well as my Indian culture."

"Insecure in my identity."

"I don`t see why it would clash with it."

"If there is a need, it needs to be met."

These remarks are from the perspective of individuals born in the UK, demonstrating an openness to receiving social care and allowing acceptance of alternative cultures and services. Others concentrated on requirements that irrespective of their culture, had to be satisfied, as comments above indicate.

Finally, those who said that receiving social care would clash with their identity offered these comments:

"There is a big issue with integration into a different culture. It is hard to integrate if you were not born in the UK."

"Social care is a "white person thing"."

"There is no social care support back in my country, it is not known and not talked about."

Because everyone's background must be reflected and taken into account. They should be treated in a respectful and dignified manner.

Receiving social care would have a big effect on my ability to do things that I want to do.

Respondents highlighted difficulties integrating into a different culture and also accepting services that may not exist or be prevalent in other countries. It also appears that individuals have reservations about how much understating of their culture there is and how able to do things they may be viewed by members of their community.

Lastly, respondents were asked to provide any additional comments about social care that they may have, and these are the remarks that were made:

"Older people need most help."

"When you try and arrange care for your loved one, you are so busy and do not have time to challenge the decisions from social services."

"What is needed in social care is generosity, making sure you keep in touch and have other person`s back."

"There should be more awareness of mental health barriers/Asperger's in the social care sector and how it impacts daily activities."

"Post-mortem MRI and support with funeral costs."

"In hospitals, people must be provided with translation services."

These comments again demonstrate that the needs of older people should be taken into account when thinking about how to deliver services and spread information, given language barriers and limited access to online services. Respondents also reflected that the service needs to be caring and consider religious requirements.

2.5 Information that would help build trusting relationships with social care services within Barking and Dagenham

Healthwatch also engaged in in-depth conversations with some South Asian residents who had experience in social care or knew someone who had. Here are two case studies that reflect their very different experiences:

I was looking after my mother and doing all the care for her, but then she started to deteriorate, and I called the adult social care department. A social worker visited our home, and we had an in-depth discussion about my mum and her needs. She took into consideration that my mother does not speak English and she recommended a care provider that is targeted to cater for the needs of the South Asian community. It is important to add, that 2 out of 3 care homes refused Mum because she does not speak English and they do not have staff who speak her language. My mum's social worker was speaking English only, but I was translating for my mum. I just want to add that there are so many activities for older people in this borough but sadly my mum cannot join them, because she does not speak English. She gets very bored at home when she does not get any stimulation.

The language barrier is significant. My mum cannot join any activities. She wants to go to different classes, and she is asking me to take her. I am constantly involved in taking her to healthcare appointments. I have a 4-year-old child, and it is very difficult to manage my time between her and my mum. The reason I need to be involved a lot is because my mum has got a specific number of hours allocated as part of her package, so if they get used then her carer cannot accompany her to appointments. Her community support is only 2 hours a week.

In terms of unfair treatment, my mum was unfairly treated at Queen`s Hospital. She was hospitalised there with no English, she was feeling very confused, and she was not taken for an outing because she could not communicate. I found her unconscious in the hospital because her blood sugar was very low. After all, she was not given anything to eat. Since then, I applied to be my mum`s power of attorney.

The change that I would like to happen is for her to be able to engage in activities, and do not leave her on her own, I wish she had extra help to socialize with others, because of the language barrier - she cannot. I have an autistic daughter, it took me 10 years of trying to get pregnant, and she requires a lot of support and help. Due to that, I cannot spend a lot of time with my mum.

The idea that members of our community support each other is not always true. I get no support from my community because the reality is that they are always busy. What would help build trusting relationships between social care services and the South Asian community would be having translation services available and adequate activities for those who do not speak English, as lack of activity leads to isolation.

My mother`s carer is very good; she acknowledges all religious festivals and gives my mum a card. Her carer practises a different religion. If my mum wants to read a religious book, her carer respects that, and she puts a religious program on TV if my mum wants that. My mum`s social worker was very aware of my mum`s religious and dietary requirements, therefore she put us in touch with an Asian social care company.

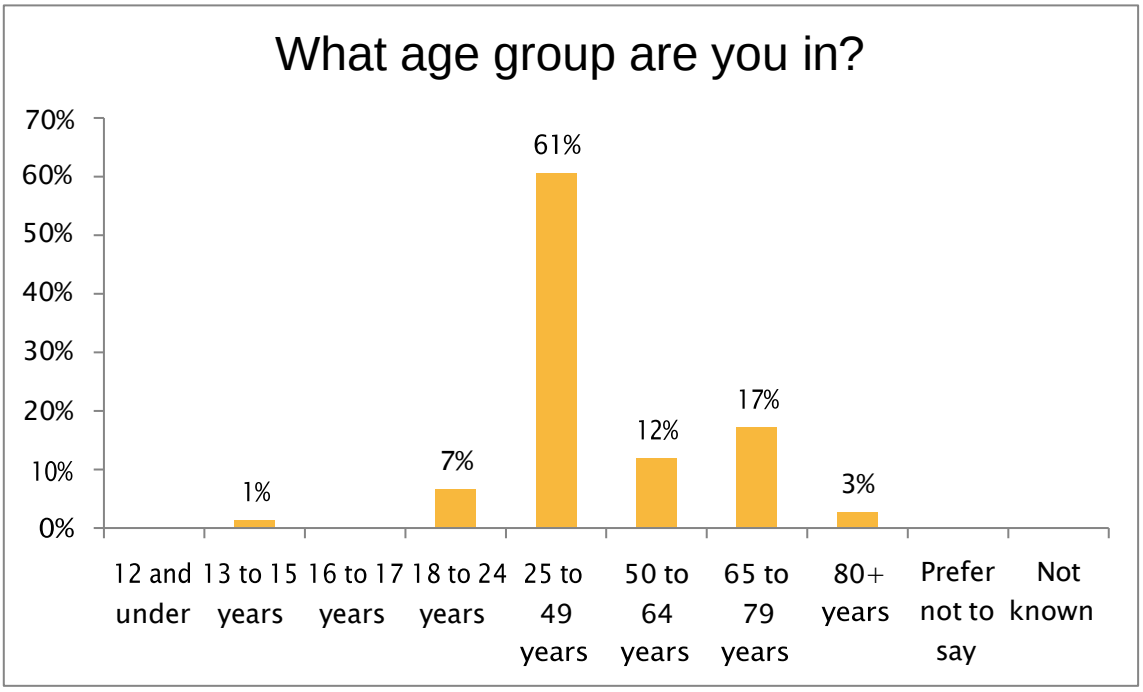
The experience of receiving social care support was good. I didn't have any problems, they helped me with everything they could. I had a social worker involved after an incident when the

Police were called. I currently do not have recourse to public funds. I came to the UK as a student – I paid a lot of money to someone back in Pakistan, who promised to enrol me on a college. When I arrived, I was contacted by the Home Office to say the college does not exist. I had so much stress, that I suffered a stroke, and my left side was left weak. I had to have 4 years of therapy, and I had to spend a long time in the hospital due to a stroke. I then had a baby and lived in hostels since then. My accommodation was changed three times. Initially, I was put in a very crowded hostel, where I did not feel safe raising my baby. I also got asthma due to living conditions. I am currently pregnant again and due in two weeks. The thing I am most unhappy about is that I was moved to another accommodation yet again, without any proper explanation. There were 2 ladies in that previous accommodation, which was nice, and they were in the same circumstances as me, but they did not get moved. I am annoyed by this, as I liked my previous accommodation. My GP knows that my child is asthmatic. My application for asylum seeker with the Home Office was pending and has now been rejected. For the previous accommodation – I was given an eviction notice by my social worker, who told me I would have to move to a different accommodation.

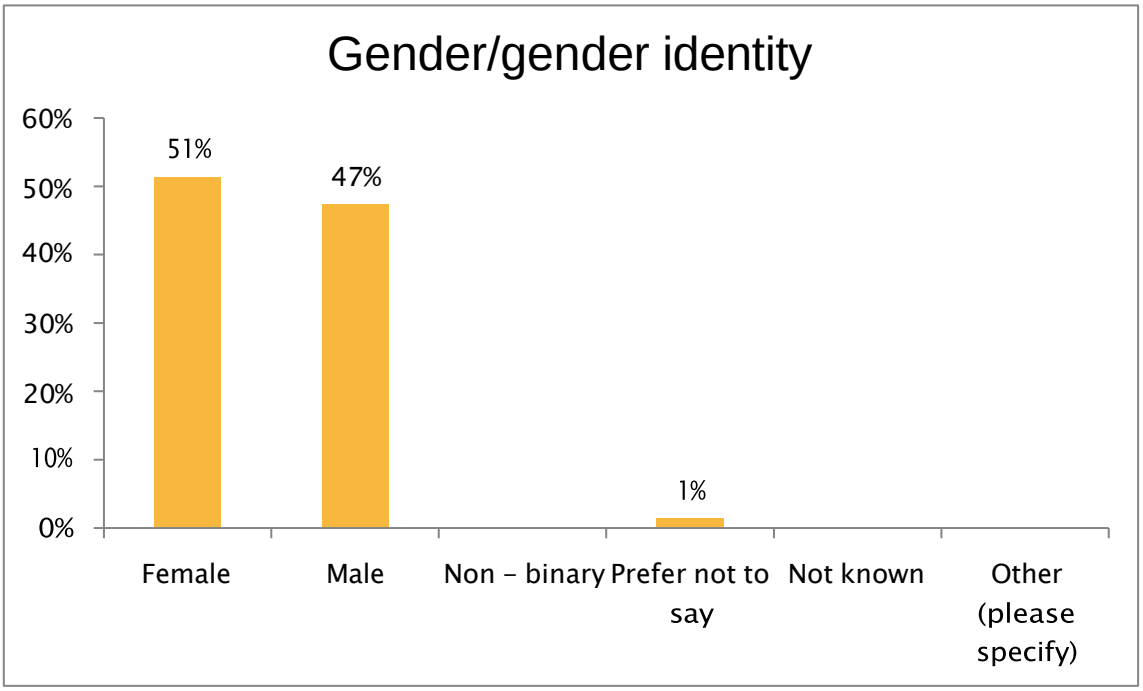
In terms of equality, I would like to know if social care services are treating normal people and those with NRPF equally. I was meant to have a procedure at the hospital overnight and it was delayed because I was not allowed to have an overnight escort. At the hostel, I was seeing other people having visitors, I was not allowed to have visitors. I started having panic attacks, and my eldest child was getting disturbed. I cannot understand why no one is allowed to come and provide support.

I separated from my first husband and got Islamically married to another one. I am doing everything to make my marriage work. There are issues due to a family conflict. His family disapproves of our marriage motivating I am not healthy enough. I do not have any stability and have not had it for a long time. My immigration status, accommodation, marriage, I have a baby that is due…

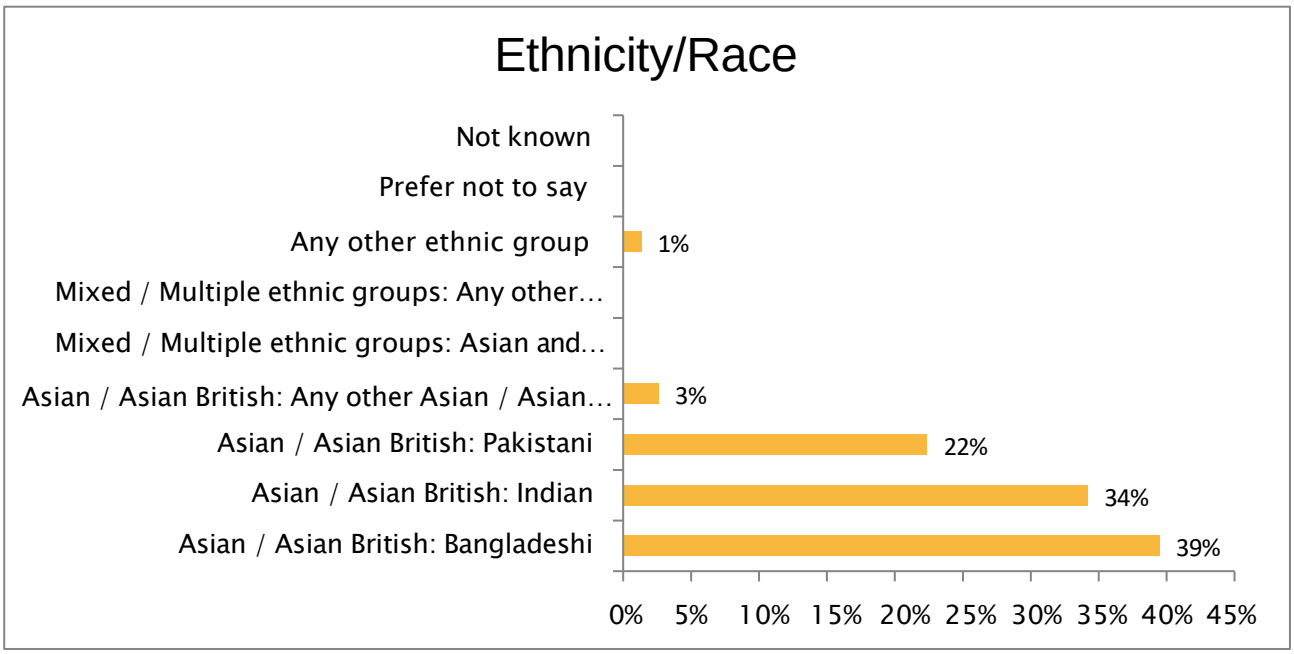
Demographic information



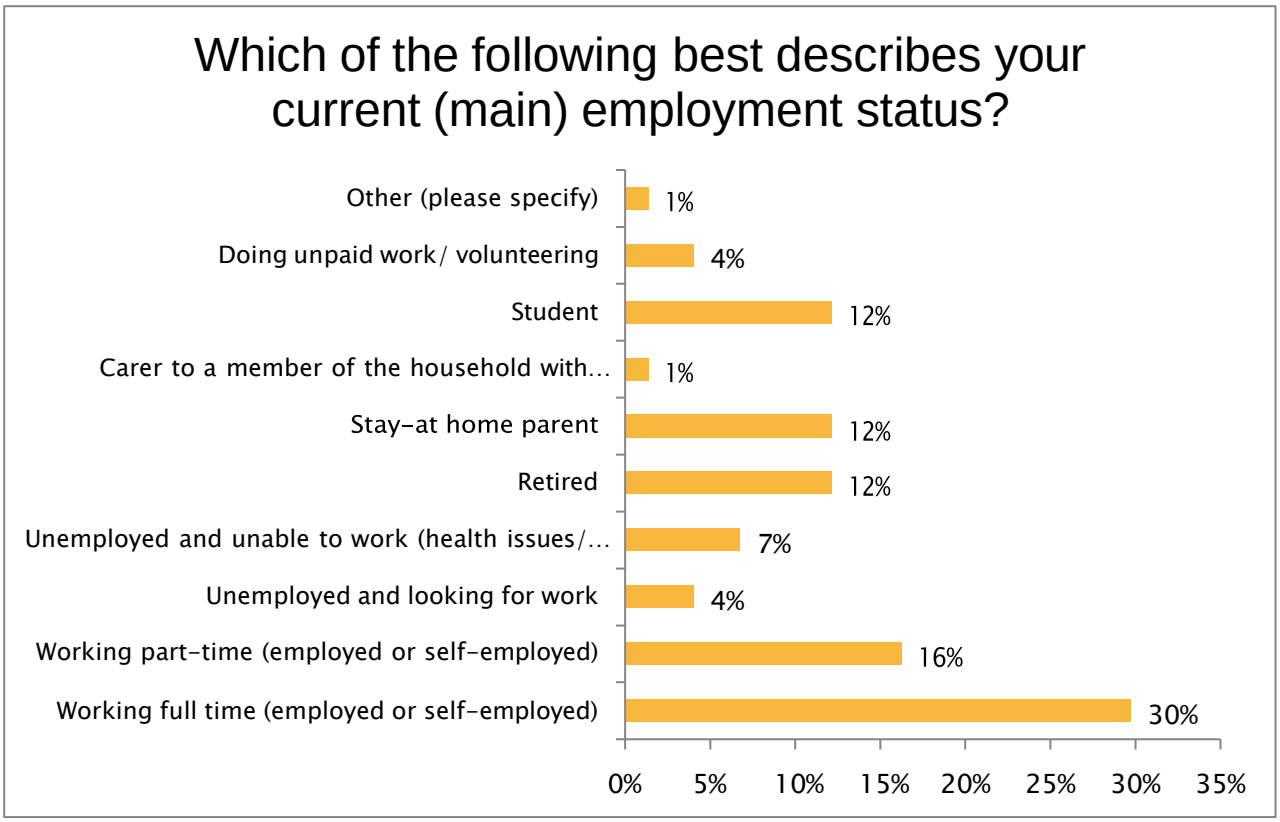
Majority (61%) of respondents were 25-49 years of age and 17% were 65-79 years of age.



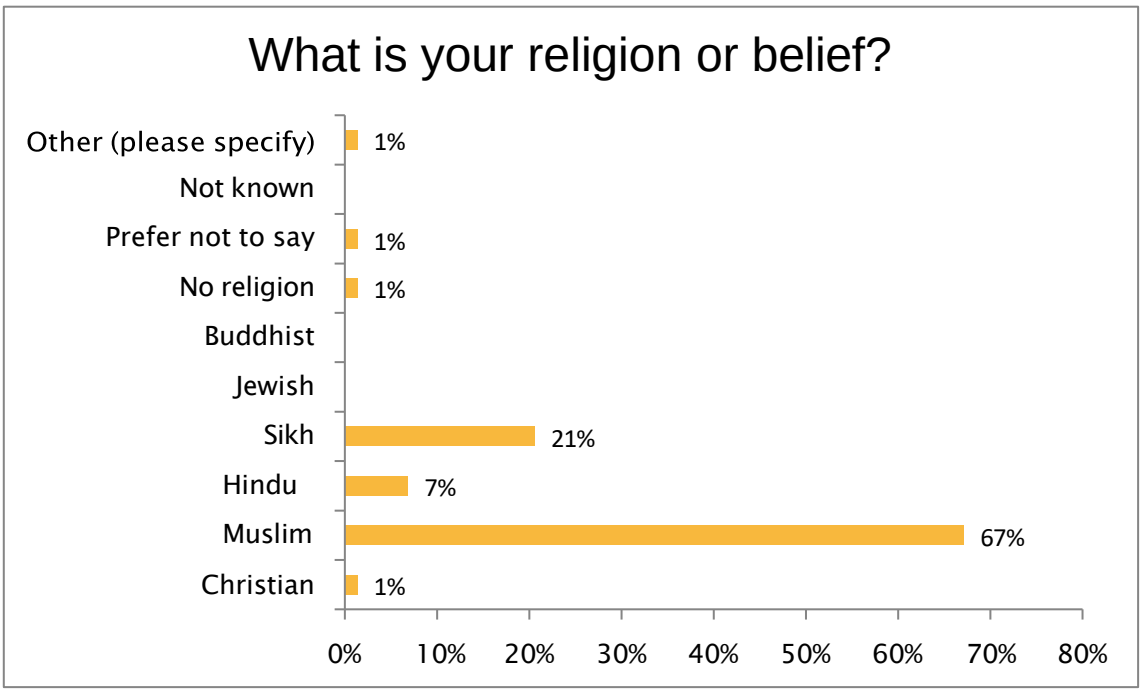
51% of respondents were female and 47% were male.



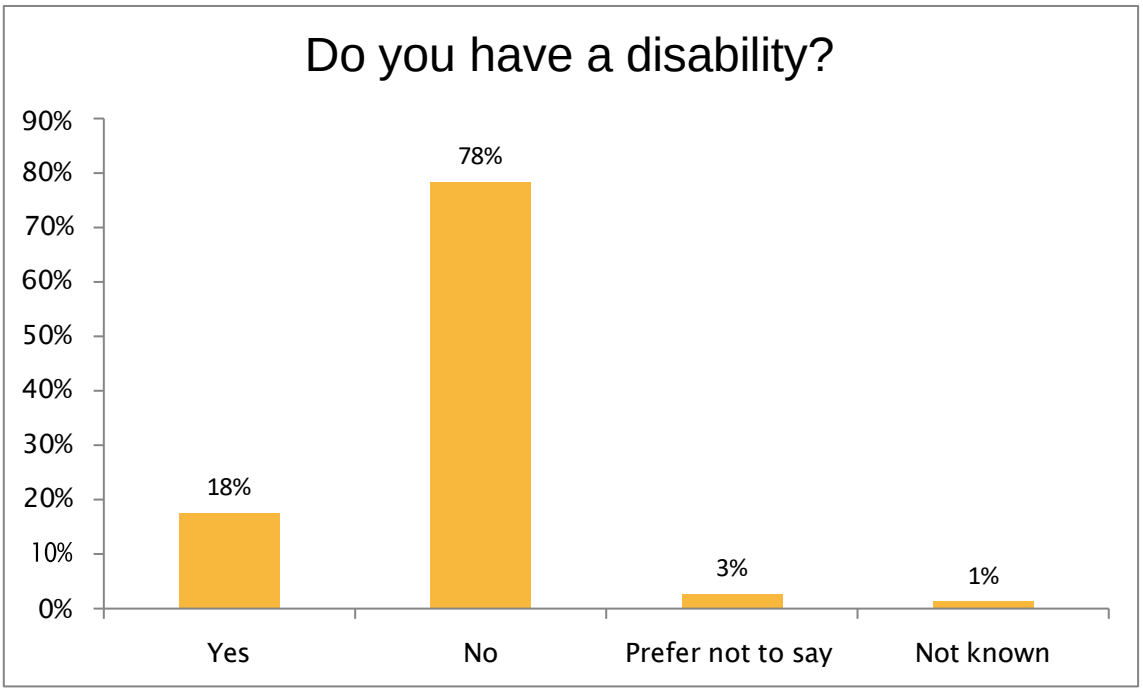
39% of respondents were Asian/Asian British Bangladeshi, 34% were Asian/Asian British Indian, 22% accounted for Asian/Asian British Pakistani and 4% were from other South Asian backgrounds.



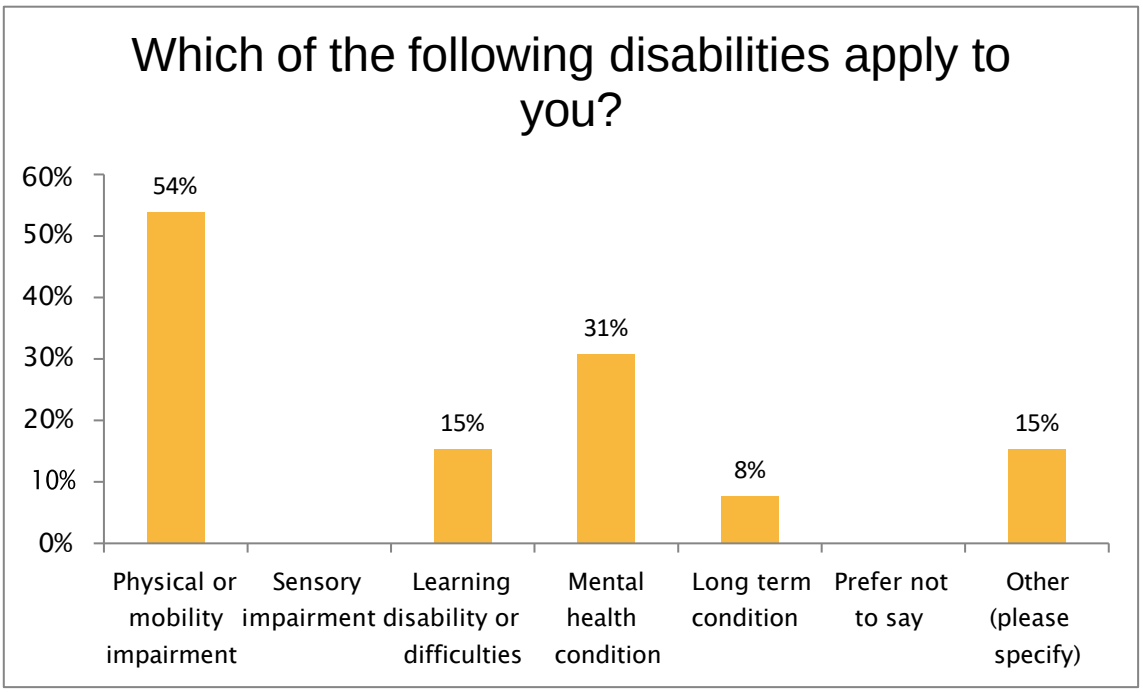
30% of respondents were in full time employment, 16% were working part time, 12% respectively were retired, stay at home parents and students.



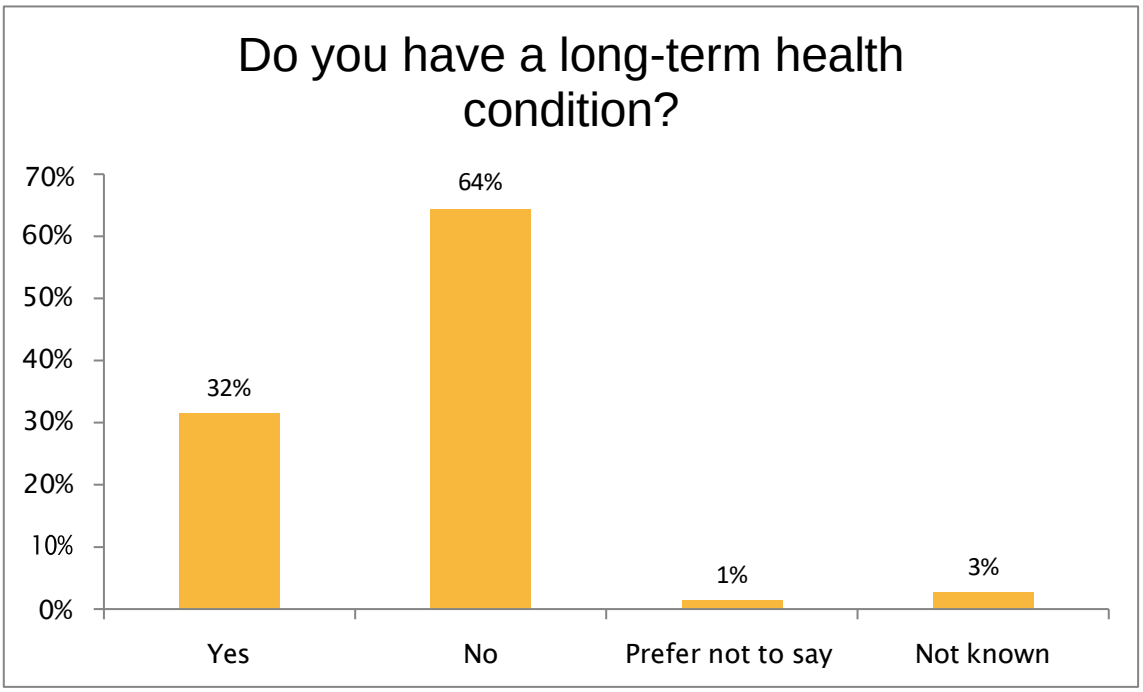
67% were Muslim, 21% were Sikh, 7% were Hindu, and 1% were Christian.



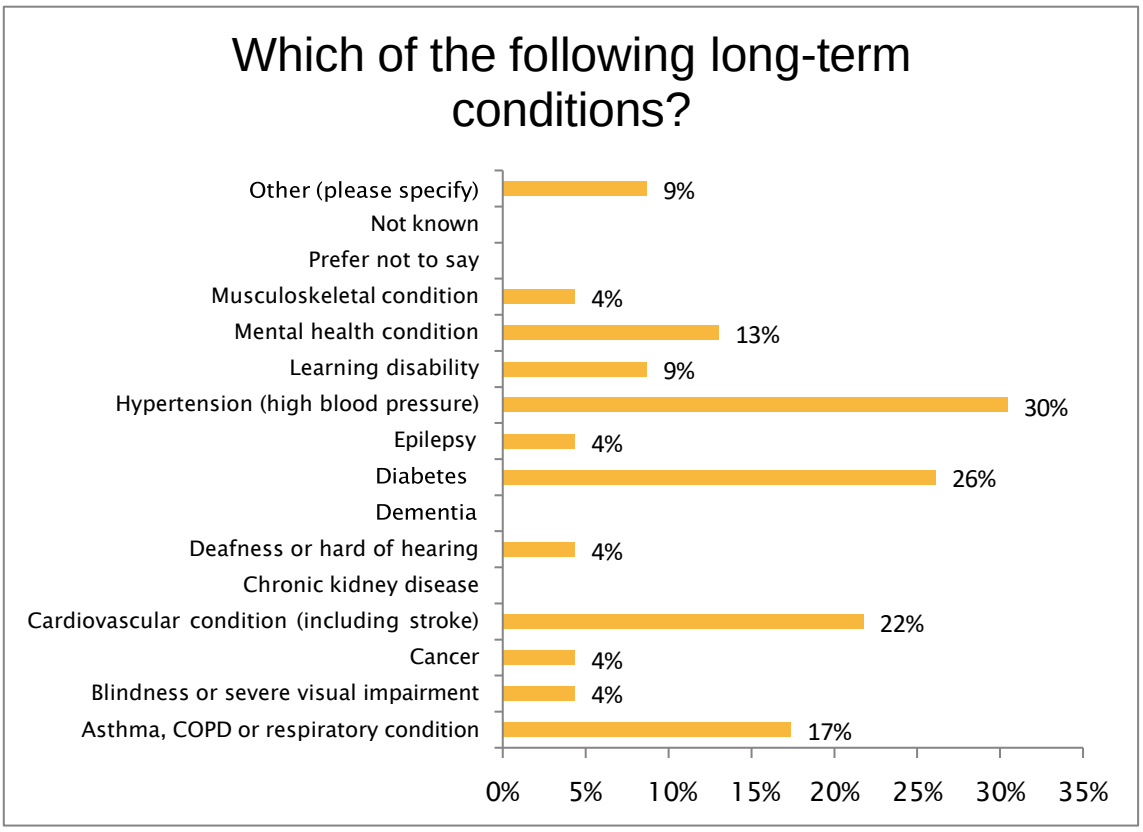
78% of respondents did not have a disability and 18% had.



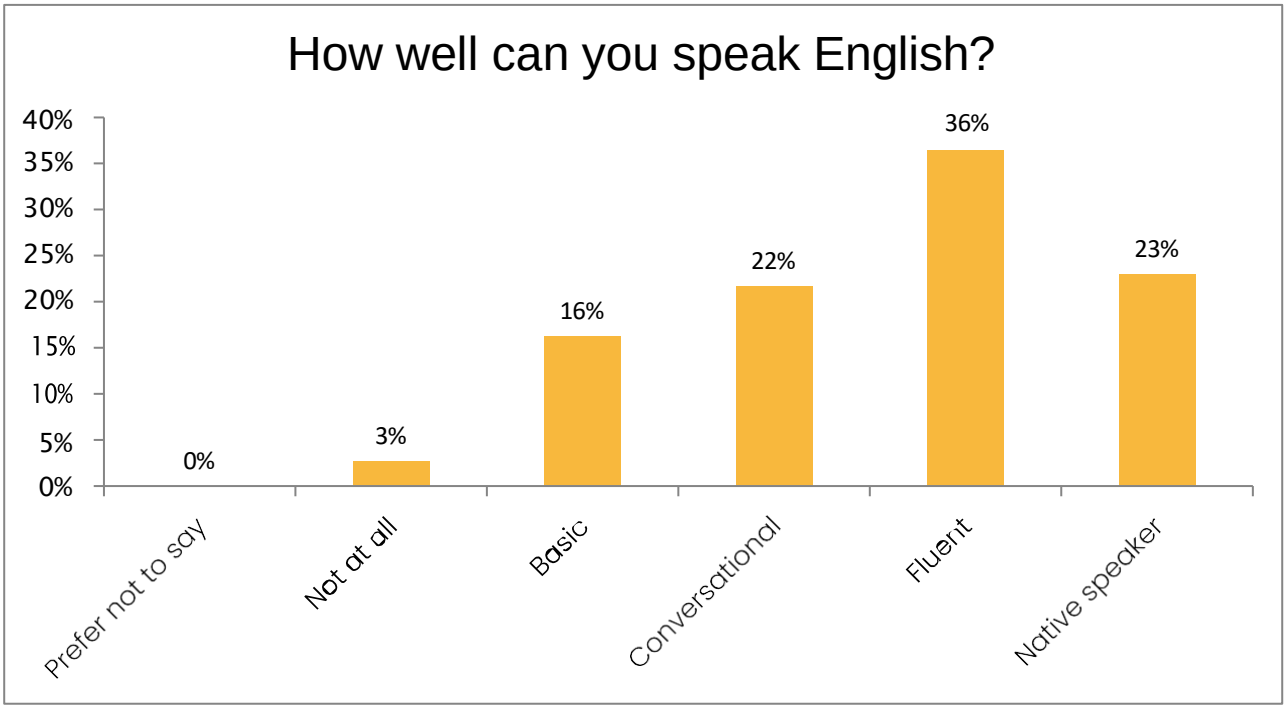
Out of those who had disabilities, 54% reported they had physical disabilities or mobility impairment, 31% had mental health conditions, 15% had learning disability or difficulties.



32% expressed that they had a long-term condition.



Out of those who had a long-term condition, 30% had high blood pressure, 26% had diabetes, 22% had a cardiovascular condition, and 17% had asthma, COPD, or other respiratory conditions.



36% were fluent in English, 23% were native speakers, 22% had conversational English skills, and 16% had basic.

Conclusions

Both positive and negative experiences with social care were discussed in this report. Negative experiences of those who had the experience of using and accessing the service did not point out any areas that could be attributed to culture, religion, or diet, but mostly highlighted issues with the quality of care generally. Continuity, quality of care and communication were among those mostly wanted by those who are getting or were getting social care support. Respondents also voiced their concerns about the uncertainty surrounding what will be provided to them in regards to adaptations, finances, or residential places.

Findings show that the language barrier can make it difficult to access and use the service, while it is so crucial for the service users to be able to communicate their needs and requirements and ask questions. Service users expressed that their religious needs were not considered enough. Representation at places of worship and a way of reaching the community. Respondents expressed that they want the information, but they want it to be delivered in a way that is easy to understand and accessible.

Recommendations and next steps

1. While there wasn't any feedback shared that would suggest that this issue is specific to the South Asian community in Barking and Dagenham, Healthwatch recommends ensuring continuity of services, and providing enough support hours to enable those dependent on support to lead fulfilling lives. Healthwatch advises focusing on examples of best practices, as some respondents expressed a high level of satisfaction with the quality of the service.

2. Healthwatch recommends that Adult Social Care staff are trained in cultural responsiveness and religious literacy, to enable a greater understanding of the religious, cultural, and dietary needs of the South Asian community and how this may affect communication.

3. Healthwatch recommends that best practices are encouraged and used when supporting vulnerable service users.

4. Healthwatch recommends that Adult Social Care services should build relationships with places of worship to enable engagement with the wider South Asian community to inform these residents on the services available and how to access them.

5. Healthwatch recommends that when supporting members of the South Asian community, efforts should be made to assign a worker from a similar ethnic background to a client, to ensure a shared understanding of culture, language, diet and religion, and the potential stigma associated with accessing services. This is particularly important for those who are more vulnerable and are less likely to be able to express themselves.

6. Healthwatch advises that information on how to recognise and report adult safeguarding concerns is shared in the most widely spoken South Asian languages to educate the community about the significance of identifying someone who is at risk of harm or neglect.

7. Healthwatch recommends that the Adult Social Care are sensitive to the different needs of those who live in multigenerational households having family support; as these individuals could potentially be the most vulnerable to the stigma of receiving social care. Any messaging should make it clear that using social care services should not be seen as neglect from the family, work on empowerment to make feel the family is in control.

8. Healthwatch recommends that local religious leaders should be equipped with the knowledge and communications to be able to deliver information about social care to a wider community to increase trust with the wider community.

9. Healthwatch recommends that translation services are well advertised to enable people to feel able to access the service.

Acknowledgments

Healthwatch would like to thank all South Asian residents who took part in this project and their valuable contributions. Healthwatch would also like to thank Pooja Barot, Director for Shreeji Training and Shreeji Inc Ltd, who supported Healthwatch to reach South Asian residents who had social care experience. Healthwatch would also like to thank all the religious leaders who kindly offered access to places of worship so that Healthwatch could speak to members of the South Asian community.

Response from the service provider

"We welcome this report into the experiences and perceptions of residents of a South Asian ethnic background in adult social care. It is part of our commitment to making sure we listen to people who may be more likely to experience inequality in social care and that we take action as a result. We have developed an action plan that sets out what we are already doing to address the recommendations in the Healthwatch report as well as the further action we will take. The further action includes:

- *Sharing the findings and insights from this report with staff, care providers and the Safeguarding Adults Board, so that we are raising understanding of the experiences of residents of a South Asian ethnic background.*
- *Checking the training provided to staff to ensure it includes cultural responsiveness, religious literacy and the experience of carers from different ethnic backgrounds.*
- *Strengthening our engagement with communities and faith settings to raise awareness of social care and safeguarding.*
- *Linking insights from the report with work on direct payments in social care, because employing a Personal Assistant may be a good option for people with language or related requirements.*
- *Reviewing the information on our website to make sure it is clear how people can get help with translation and interpreting".*

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