

The experience of ethnic minority carers in Kirkles

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Our work at a glance...

Why we did this work

Healthwatch Kirklees want to support the Carers Strategy Group in Kirklees to understand the experience of ethnic minority carers as it is felt their voice is under-represented.

What we did

We engaged with ethnic minority carers in the community and in local support groups, asking about their experience as unpaid carers, how this impacts their lives and whether anything could be done differently to better support them in their role. We also asked if faith, culture, gender or ethnicity impacted peoples experience as a carer.

What people told us

Key findings:

Carers from different ethnic backgrounds are less likely to identify as carers than white British carers which may mean they access less support leading to negative impacts on their health, wellbeing and financial situation.

Cultural expectations and stigma can have a significant negative impact on carers, particularly in the South Asian community. Support for carers can improve only when these things are better understood.

Carers from different communities across Kirklees experience barriers faced by many other unpaid carers but they have additional barriers which negatively impact on their lives and caring role.

The people we spoke to identified many ways in which they would feel better supported and more able to cope with the demands which caring puts on their lives. They are looking for better ways to access support for their health and wellbeing so they don't end up at breaking point and needing care themselves.

How we will use people's feedback

The findings from this engagement will be shared with Kirklees Council Carers Strategy Group, the carers work stream of the West Yorkshire and Harrogate Partnership (which works across a regional footprint), local stakeholders (such as third sector organisations) and the groups who participated in our engagement. Our recommendations suggest that key changes to care and support offered to carers from minority communities would hugely improve their caring experience. To achieve the outcomes ethnic minority carers are looking for, these key changes need to be at the forefront of conversations in Kirklees.

How we will keep people up-to-date with developments?

Alongside this report we will continue to update our website and social media channels with developments in this project. We feel that additional engagement with minority communities would help us to understand this topic further particularly if carers faced increased health inequalities throughout the Covid-19 pandemic.

Healthwatch Kirklees is the independent champion for people who use health and social care services. We listen to people, especially the most vulnerable, to understand their experiences and what matters most to them. We influence those who have the power to change services so that they better meet people's needs now and into the future. We empower and inform people to get the most from their health and social care services.

Acknowledgements

Healthwatch Kirklees would like to acknowledge and extend thanks to every person who took part in this engagement by completing the online survey or speaking to Healthwatch staff in community groups. Healthwatch Kirklees would like to recognise and express appreciation to all the people and organisations who have worked in partnership throughout this project. This includes staff who work at Kirklees Council, Carers Trust, Carers Count and their groups visited in Kirklees. Healthwatch Kirklees would like to further acknowledge information obtained from the following sources:

West Yorkshire and Harrogate Health and Care Partnership
Carers UK
Unpaid Carers Programme, Bradford
Barnardo's
Race Equality Foundation
Carers Trust

We would also like to thank our volunteer, Salma, who helped provide support, research and analysis of this report.

This report also references the *Carers UK - making lives better - policy briefing August 2019* on several occasions, which has been a useful resource for scene setting for this work¹

Note - the term 'BAME' is used in some research. Healthwatch Kirklees have chosen to use the term 'ethnic minority' in accordance with guidance on writing about ethnicity². Throughout the rest of this report ethnic minority carers will be referred to as carers.

¹ Carers UK. (2019, August). *Facts about carers 2019*. Retrieved from Carers UK: <https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2019>

² [Writing about ethnicity - GOV.UK \(ethnicity-facts-figures.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/404242/ethnicity-facts-figures-service.gov.uk)

Background

National and regional

In 2014, Carers UK reported that the 2011 census showed there were just under 600,000 carers from minority ethnic communities in England and Wales³. This equates to 10% of carers nationally being from a Black, Asian or minority ethnic background. Nationally, Indian carers are the largest ethnic minority group (2.2%) and Black Caribbean carers represent 0.9% of all carers (44,202). Every year approximately 180,000 people become carers. Carers from minority communities save the state £7.9 billion a year.

In Yorkshire and The Humber there were approximately 20,877 Asian, 2,684 Black, 669 Chinese, 2,315 mixed ethnicity group and 537 other ethnic groups, making a total of 35,458 ethnic minority carers.

Kirklees

A representative of Healthwatch Kirklees attends the Carers Strategy Group in Kirklees and, as part of the reviewing process of their strategy, the group were looking for feedback from minority carers as it was felt that their voice was under-represented and their experience not fully understood.

We agreed to engage with minority communities to help identify;

- What support Kirklees Council and other local organisations currently offer to ethnic minority carers, whether carers are aware of available support and whether they would access such services.
- What changes carers from the minority communities would like to see and their ideas around how local organisations could improve or adapt their offer.

Feedback from carers will help contribute to the work of Kirklees Council and other partners across Kirklees to provide a clear picture of their experience.

What we did

During a 3-month period, from January to March 2020, we engaged with carers within ethnic minority communities.

³ Carers UK, Facts about carers (2014) <https://www.carersuk.org/for-professionals>

We gathered feedback from people by visiting a wide range of community-based services across Kirklees including:

- GP surgeries
- Community groups
- Community events
- Carers Count focus groups
- Barbers
- European Supermarkets
- Chemists
- Local independent shops

We held a small focus group, with the help of a translator, for carers who have English as a second language.

We promoted our survey using social media (Twitter and Facebook) to a wider audience, using targeted messages specific to the diverse communities we were trying to reach.

We conducted additional research, obtaining statistical information and findings from various sources referenced throughout this document.

Shortly after this engagement finished, the Covid-19 pandemic took hold in the UK; we looked at research conducted throughout the pandemic to highlight any impact on minority carers.

What we know about people who engaged with us

Below is the profile of ethnic minority carers who shared their views with us:

- In total we had conversations with 70 people about their experiences
- 97% of respondents considered themselves carers, with caring roles varying from: supporting their parents, siblings, spouse, friends, family members, grandparents and children.
- 85% of respondents identified as female
- 83% of respondents identified as heterosexual
- 65% fall within 25-55 age group range
- 52% of respondents identified as Asian/Asian British /Indian other ethnic origin
- 27% of respondents identified as Asian/Asian British Pakistani ethnic origin
- 7.5% were of African Caribbean ethnicity
- 80% of respondents identified as Muslim
- 24% of respondents considered themselves as having a disability and of those carers 48% have a long-term condition, 14% have mobility issues and 21% have mental health needs

- Respondents resided in post code areas in: WF12, WF13, WF17, HD1, HD2, HD3, HD4, HD5, HD7, and HD8.

What we found out

Identifying as a carer

Although our findings suggest that 97% of respondents to our survey said that they had a caring role, at first people from minority communities did not identify themselves as a carer. It was only through further conversations and interview techniques that respondents to our survey said they had experience of caring responsibilities. This could suggest that many minority carers are less likely to identify as carers than other communities. There could be an explanation for this, such as the word ‘carer’ does not exist in some languages, and where it does, the term can have negative connotations which may contribute to people not wanting to declare they are a carer. Carers may then miss out on a range of services and benefits available to them as they are not always known to those who are there to offer support, information and advice to carers.

Awareness of support available

Just over half of carers were unaware of the support available to them in Kirklees.



“Not sure what support is available. I work full time so don’t have time to attend any events”



“Why don’t I know about services out there for support?”

Some carers indicated that they were accessing some support from third sector organisations, the Local Authority and from health professionals. The local services utilised by carers were:

- Carers Count
- Women’s Centre
- local Hospitals
- Barnardo’s Young Adult Carers
- Gateway to Care
- Carers Trust
- Locala
- Clinical Commissioning Groups (CCGs)
- Dieticians
- Specialist Nurses
- Parent and carers of children with additional needs (PCAN)
- Kirklees Council

How supported ethnic minority carers feel

Research from Carers UK indicates that carers from minority ethnic communities are less likely to be receiving practical and financial support with caring and more

likely to miss out on accessing support for longer; often as a result of a lack of advice and information and struggling to access culturally appropriate services.⁴

Approximately half of respondents to our survey did not feel supported in their caring role. Some carers stated that they had no support from family, whereas others obtained support from family but not outside services. Some carers considered it an honour and their duty to look after their loved ones without external support. Although we did not ask a specific qualitative question about how people felt asking for support it was clear from the one-to-one discussions we had with people that some felt that it was lengthy, uncomfortable and difficult requesting help and advice whether it was emotional, practical or financial.



“My family helps but I do not get help professionally”



“I get help but it is not always enough, sometimes it would be good to have more help”



“Services are out there but making a referral and actually getting help can take months”



“I do not get professional help and family are very busy, so I have to do things myself”

Impact on ethnic minority carers when support is lacking

Carers UK highlight that many carers report that caring results in a negative and often long-lasting impact on their physical and mental health.⁵

During this engagement, many people indicated that they would like additional help with their emotional health and wellbeing.



“It can be very stressful; I do not have anyone to talk to”



“As I am getting older, there are many changes and keeping up with it is a worry. I do not have access and can feel lonely and isolated”

⁴

Carers UK. (2019, August). *Facts about carers 2019*. Retrieved from Carers UK: <https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2019>

⁵

Carers UK. (2019, August). *Facts about carers 2019*. Retrieved from Carers UK: <https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2019>



“Sometimes my mum can be very difficult to care for and this affects my health. I would like someone to come to the house to help us with this and talk to her about her health and someone I could talk to confidentially. I get stressed and need to be able to talk about this”



“Physically I am OK but mentally straining. I need someone to talk to about this”

Barriers faced by minority carers

From the conversations we had with different communities it was clear that carers from minority ethnic communities face many of the same challenges as many other people in a caring role, but they could also face additional barriers. Some of the barriers people told us about were:

Cultural expectation

We heard from South Asian families that there is sometimes an expectation that a spouse or children, in-laws and other family members will help look after family members who are sick and/or have disabilities; some carers are glad to take on this role as it can be seen as admirable and rewarding.



“You just get on with it. It’s your family. I personally feel it is my responsibility as a daughter”



“At the moment everything is fine. It is an honour to look after my grandma”

Some carers highlighted the burden of caring, and that the expectation to do everything can feel overwhelming. It is not always considered appropriate to seek support from external services such as health and care professionals; there is concern that doing so may lead to negative comments and rumours spreading within the community.



“Everything is down to me. It would be good if it wasn’t so much of a tradition for me to do everything, all the work and expectation put on me to do it all. It can be overwhelming”



“Family don’t take any responsibility, all on me. They don’t want to help me but don’t want me to get other services to help”



“There is stigma around care homes in the community...people talk, get told to bring them home and don’t want people saying you cannot look after your family”

There can be misconceptions within NHS and social care services about family support within minority communities; such support does not always exist.



“People always assume that South Asians don’t need support because they look after their own which is not true at all...I don’t have a choice or know where to go for support/what help will be given. I am born and bred here and find it difficult...”

Stigma

34% of carers felt that stigma was not an additional barrier to being a carer in a general caring role. However, some carers felt that stigma was a challenge within their communities and families particularly those caring for people with mental health conditions, dementia or learning disabilities.

-  “I get pressure from family and don’t get any support from them; stigma in community around mental health”
-  “Family don’t understand mental health. I am OK using that word, but my family are not and do not understand disabilities and not supportive”
-  “Changing mind-sets, autism is still looked upon as a huge stigma in the Asian community”
-  “Stigma with my family around mental health and dementia. Don’t talk about it, community don’t talk about it. I am told not to tell about problems, but I get no support, I’m told to keep it to myself!

Some carers felt there was stigma associated with their appearance and that this too could present a barrier.

-  “When I wear a full veil, the perception I think people have is negative until I start to talk and then they are ok”

Language

More than half of carers felt that language had no impact upon their caring responsibilities; 16% of carers stated sometimes language was a barrier to being a carer. The word ‘carer’ does not exist in some languages this may also provide additional barriers for carers, their loved ones and health and social care services. The National Black Carers and Carers Workers Network highlighted their inability to find a word which effectively translates to carer in the following languages: Gujarati, Punjabi, Mirpuri, Urdu and Bengali.⁶ For many South Asian cultures, the word carer is unknown to them.

Language does not appear to be an issue for younger carers when considering their own health and wellbeing. However, young carers highlighted that language is a barrier when seeking help for the person they care for, this was mainly carers who had elderly relatives with limited use of English language.

Working and young adult carers frequently have to take time off from employment or study to attend appointments to act as translators. This suggests that obtaining an interpreter can be problematic as there appears to be a shortage of translators who can speak specific languages. Carers from minority communities are not always aware that

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National Black Carers and Carers Workers Network. (2008). Retrieved from South Gloucestershire Council: https://www.southglos.gov.uk/documents/beyond_we_care_too.pdf

they are able to ask for an interpreter from NHS and social care services. From our discussions in a small focus group, ethnic minority carers told us that interpreting for family members at medical or care appointments is not always practical or appropriate, due to potentially sensitive information being disclosed.

-  “Translators and interpreters cannot always speak specific language and it is not always possible for family members to come along, so it would help if I cannot go then someone who can speak Gujarati or Urdu is available”
-  “Hard to get the service without interpreter”
-  “I think that because I can speak English and I am confident to speak, I do not have as many problems as someone who may be a lot quieter than me or who does not speak English”
-  “Takes longer to access services if you can’t speak English, also hard to explain what help is needed. The service does usually call back but this could be a long time due to them not having someone that speaks the language”

Religion

More than half of carers felt that religion did not have a significant impact upon their caring role; 17% of carers highlighted sometimes religion was a barrier and a small number of carers felt that their religion was a significant barrier to their caring role. We would recommend that further work be conducted around the reasons why religion was a significant barrier for some carers as we did not ask a specific qualitative question about how this may be a barrier and therefore, we are unable to expand any further.

Some carers highlighted religion as a source of support within their caring role.

-  “I do a lot of praying; religion is important to me and that helps”

Gender

According to the 2011 census and information obtained from Carers UK making lives better policy briefing August 2019⁷, 58% of all carers within the UK are female and 42% are male. Caring also tends to affect men and women at different times with women being more likely to care in middle age. This background information could suggest why our demographic profile of respondents was female.

Our survey highlighted 44% of carers believed that their gender had an impact upon their caring role and responsibility. The majority of survey respondents were female Muslims so this may be a disproportionately higher proportion of female to male respondents.

-  “I feel there are barriers generally talking to people [as a female] and getting information. If think if I was a man, I would get more help and support”

⁷ Carers UK. (2019, August). *Facts about carers 2019*. Retrieved from Carers UK:

<https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2019>

Work Commitments

A large proportion of carers are of working age. Nearly a quarter of a million minority carers in the UK juggle work and care; 320,842 ethnic minority carers provide 0-19 hours of caring per week and 10% of all carers nationally provide round the clock care. More than 100,000 ethnic minority carers provide over 50 hours care per week.⁸

In 2017, the majority of carers felt that their contribution was not understood or valued by the public and society more broadly Carers UK making life better for carers policy briefing August 2019.⁹

Over 60% of people who responded to the survey felt that their work commitments had some impact upon their caring role.



“Workplace adjustments & real recognition of the strain I can be under”



“Knowing what opportunities and help are available for carers on benefits, training courses to skill themselves to move to better flexible jobs would be beneficial.”

The West Yorkshire and Harrogate Health and Care Partnership have developed a digital working carers passport. A Carer Passport is essentially a conversation about the flexibility needed to combine work and care. This conversation involves balancing the needs of the individual with the needs of an organisation, within existing company policies. The scheme provides a straightforward way to document flexibility and support so it can be carried into an employee’s future roles, without having to repeat the same conversations. A carer passport can help to create a supportive working culture where staff feel that they have ‘permission’ to talk about their circumstances in a safe environment. It can also help communicate existing workplace support for carers and encourage managers to apply policies more consistently across the organisation.¹⁰ It is recommended that

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Carers UK. (2019, August). *Facts about carers 2019*. Retrieved from Carers UK:

<https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2019>

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Carers UK. (2019, August). *Facts about carers 2019*. Retrieved from Carers UK:

<https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2019>

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all employers have access to information on the carer passport and working carers are subsequently made aware of the scheme.

Young adult carers

Young adult carers from minority communities in Kirklees would like to be able to access information, advice and support to help them with their role, along with awareness sessions to help more people to understand what a young carer is.



“Advice on how to fit everyday life into becoming a young carer”



“To make my caring role easier, I feel there should be more communication between college and young carers organisations”



“The awareness day in college is a good thing and should be done more often in schools too. The one-to-one sessions were helpful and should continue when young carers feel they are needed”

Impact of Covid-19 pandemic on carers

Ethnic minority communities have been disproportionately affected by Covid-19, with higher rates of infection reported during the Covid-19 pandemic. The pandemic has exposed health inequalities leading to poorer health outcomes within these communities¹¹. Although ethnicity itself is not the sole reason for the differences in rates of infection and deaths, it is clear certain societal and health conditions are associated with increased risk which are often present within ethnic minority communities. Carers and cared for within these communities have therefore been at increased risk during the pandemic; existing health inequalities have been highlighted and exacerbated and various programmes of work are looking to better understand this.

What might improve the experience of carers from minority communities

West Yorkshire and Harrogate Partnership. (2020). *Working carers passport*. Retrieved from <https://www.wyhppartnership.co.uk/our-priorities/unpaid-carers/working-carers/working-carers-passport>

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West Yorkshire and Harrogate Partnership. (2020). Retrieved from Tackling health inequalities for ethnic minority communities and colleagues: <https://www.wyhppartnership.co.uk/application/files/9216/1582/3153/bame-review-report.pdf>

Carers contributed with many suggestions regarding what could help to improve their experience. The main factors for change are emotional, practical and financial support. Carers know what they require personally to help them in their role; they need to feel listened to, they need to know how and where to access information and support and they want to feel assured that services are trying to meet their needs..

Some of the suggestions from ethnic minority carers were:

Someone to talk to

- Of paramount importance to many was having someone to talk to, within a group and individually, to share experiences of their caring roles with either trained counsellors, volunteers/befrienders or with other carers. Some carers simply want someone to meet up with socially. Some carers would prefer someone who could speak their first language, or of the same ethnicity and gender, whilst others had no preference. Some expressed a preference for speaking to people who were unconnected to their community. Others would like support offered locally within the area they live in.



“I used to get someone to take me out for a coffee and a walk, this doesn’t happen now and I would like that. I would like to be able to go and sit and talk to someone privately. I don’t mind if it is in the community...I don’t mind what ethnicity but would like it to be female”



“Would like someone to talk to of the same ethnicity as me or someone that also has a caring role because they might be able to understand me more”



“I would like to speak to someone about concerns but prefer someone from my culture but not someone that is in my community. There is a lot of gossip in the community”



“I would not go out of my area, such as Batley library to access services so would prefer if services came to the ladies’ groups that I attend...if someone came here that I can talk to who was a professional that would really help me”



“I would like to sit and talk to someone and a ladies walking group near where I live or Dewsbury Park”

Somewhere to obtain signposting, information and advice which is culturally appropriate, accessible and trusted.

- A central place to contact for information, advice and signposting, which is easily accessible and has resources specific to ethnic minority communities.

-  “More culturally appropriate support”
-  “Interpretation support is not enough; we need more specific cultural support”
-  “More help at my local community group as I do not go to other groups”
-  “More information on services that are available”
-  “I would like someone to talk to about financial support...someone to stay with my husband when I go out...I would like information on adaptations to the home”
-  “A safe place for people to meet in the community to ask for help and not be judged”
-  “A place centrally holding all information needed for carers”

- More information which is specifically aimed at those caring for people such as health and wellbeing advice, information on specific health conditions, diet and nutrition, falls and behaviour management techniques.

-  “[Need] help around healthy eating”
-  “Someone coming to my mum’s home to talk to her about diabetes would help”
-  “More things happening in the local community so vulnerable adults with dementia can access maintaining their independence for longer”
-  “My husband has epilepsy and some memory problems. I go on the internet to find out how to help him but someone coming to the group I can talk to about this would really help”

- Advice and support (ideally in community languages) to help manage finances and complete benefit forms such as attendance and carers allowance, as well as information and support to apply for home adaptations, a blue badge and grants.

-  “When there is no help with carers allowance it makes life so difficult financially and emotionally”
-  “Someone to help with paperwork, we didn’t pursue claim because of too long paperwork”
-  “Financially need assistance short term”

Carers groups and events

- Local community events with professionals in attendance offering information and advice about caring responsibilities.



“More access to service within the community at groups I go to, so services coming here”

- Ethnic minority carers groups or segregated support groups with access for men and women within the same building.



“Men and ladies do not go to groups together, that is how we were brought up. There is lots more groups available for males. It would be good to have separate groups for ladies to go to. Some ladies will not go to groups if a male worker is present...people would need to know who would be coming”

- Groups with a more diverse mix of people.



“I would like more groups that I feel comfortable to go to that are younger and different ethnicities”

Training and awareness raising

- Carer awareness training and information for employers within Kirklees and the opportunity to have reasonable adjustments and flexibility offered in their employment



“Workplace adjustments [needed] & real recognition of the strain I can be under”



“If people understood and boss didn’t demand I attend evening events”

- Training and awareness raising within ethnic minority communities to reduce stigma associated with conditions such as mental health, dementia and autism and to help people feel able to access support without judgement.
- Training and support for carers who want to start or return to work.



“[would like] training to keep work skills relevant after leaving vocation to care for family members”



“Knowing what opportunities and help are available for carers on benefits, training courses to skill themselves to move to better, flexible jobs”

Improved support from health and social care services

- Flexible and extended GP/Nurse Practitioner appointments with priority for working carers

 “longer appointments [needed] for carers as sometimes you can only talk about one thing...I need an appointment convenient around my family and caring role and because issues build up, I need longer to talk about all the problems”

 “More flexibility around appointments as struggling with caring and family makes it hard to get appointments”

- Better understanding of carers issues, and staff who show compassion and empathy.

 “More help and support at my doctors. If they knew more about issues facing carers and staff were more understanding”

 “Professionals to listen”

 “Not being rushed when I go to see the GP and having time to be listened to”

- Services being more proactive in arranging translators, rather than relying on family members.
- Respite for carer and cared for

 “Somewhere they can go as they are stuck in all the time and I can have a bit of a break as we all live together”

 “It’s stressful to have to take my parents to all appointments...so if someone was able to come and do some of those things that would help”

- Support with advanced planning.

 “I can drive now but worry what will happen when I can’t. How will I get to doctors and hospital appointments...”?

 “At the moment things are OK but in future I may need help, so I would like to know where I can go to get help if needed”

 “I am thinking if I get ill, who will help with my husband?”

Limitations of this engagement

- This engagement will not accurately reflect the experience of all ethnic minority carers, such as African, Caribbean, Asylum Seekers, Refugees, Romany travelling community and emerging communities due to low/no responses from communities obtained within the survey, despite attempts to reach those communities.

- Far more female than male carers responded to this engagement so the experience of male ethnic minority carers may need further research.
- Unfortunately, due to some language and cultural barriers, some ethnic minority carers were reluctant or unable to take part in our online survey as we did not have the ability, at the time, to translate the online document. This may have led to carers being unable to complete the survey independently online.
- Some people do not identify themselves as carers so may not have appreciated that they could have shared their experience by participating in this engagement.

Conclusion

Carers from ethnic minority communities contribute greatly to supporting family and friends who need their care, and often see this as a privilege. However, sometimes this responsibility is detrimental to their own health, wellbeing and financial situation. They quite often face additional barriers, such as cultural expectation, stigma, isolation, lack of support and understanding from employers, difficulty accessing information about what support is available and sometimes a reluctance to seek support.

Local health and social care organisations could be more flexible and creative in their approach to reaching out into the local community to send a clear message to carers that organisations in Kirklees are available to offer support and that obtaining and asking for help may be difficult but there are often many benefits to getting the right support in place. Services could do more to make their offer culturally appropriate, fully inclusive, accessible and supportive of carers by listening to and understanding their needs, taking into account barriers which can be created by different cultures, religions, ethnicities and having English as a second language.

Carers shared many ideas around how their experience could be improved; they can readily identify what would help to make their lives easier and these are often simple things like support for their emotional health and wellbeing, e.g. having a trusted place where carers can meet for peer support or talk to someone such as a befriender or counsellor, having opportunity to take a break from their caring role or support to make plans for the future which would help to alleviate some carers' worries.

In developing and improving support for minority carers, there will be benefits to their physical and mental health. Investment in supporting carers will also help them to stay in work, whilst managing to carry out their caring role; this also improves their own financial and emotional health and well-being.

Young carers benefit from a varied approach, such as; one to one conversation, social media, mobile apps, forums and groups to access information, advice and support. Engagement and support from professionals needs to be flexible to consider young adult carer commitments such as studies and employment.

Awareness raising is important in educational and employment settings to ensure messages reach young people in schools, colleges, universities and work places.

Due to the Covid-19 pandemic, further research is required within ethnic minority communities to understand health inequalities and to understand the experience of carers and the people they care for during this extremely challenging time; research findings may help to mitigate risk to health and wellbeing within those communities.

Recommendations

This engagement with communities has taught us that these key changes to care and support offered to ethnic minority carers would hugely improve their caring experience:

1. Health and social care organisations to adapt their carers' charters to make specific reference to how they aim to support carers from ethnic minority communities.
2. Development of more culturally appropriate, accessible services to provide information, advice and support for carers.
3. A specific piece of work is needed to encourage and support carers from minority communities to recognise and declare their caring role, which will then give improved access to information, advice, support, respite and benefits which are available to carers.
4. Support services to look at how use of the term "carer" to describe someone who cares for one or more family members or friends might dissuade some people from seeking support, and consider whether these services could use different, culturally sensitive descriptors when promoting the offer for carers.
5. More support groups offered locally within the community carers live in specifically for carers from minority communities; places where people can go for peer support, counselling, social activities and emotional support.
6. Targeted information, support and training for communities and employers to improve awareness of carers' role and to help breakdown stigma.
7. Involve carers from ethnic minority communities in planning for and provision of carers support services in Kirklees.
8. Awareness initiatives and a joined up approach for better access and transition for ethnic minority young adult carers within schools, colleges and universities. Young adult carer ambassadors within the education sector could help promote issues often faced by ethnic minority carers and help identify hidden carers.

We expect the Kirklees Carers Strategy Group to consider how to realise these actions in their strategy, and encourage implementation across all health and care organisations.

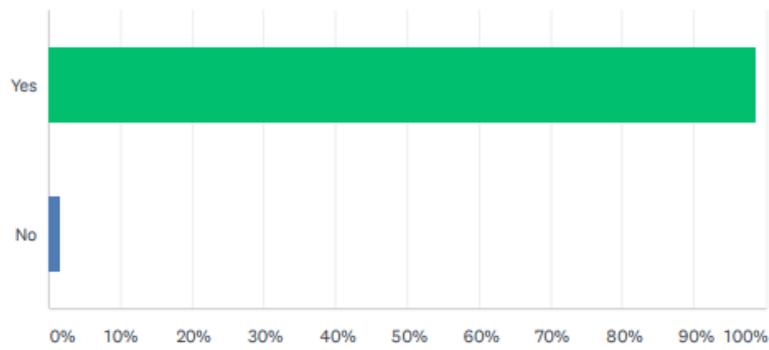
What happens next?

Alongside this report we will continue to update our website and social media channels with developments of this project in relation to our recommendations. Due to the Covid-19 restrictions we have been unable to re-visit the community groups who contributed to our engagement. As soon as restrictions are lifted we will return to the groups to discuss our findings and how we plan to make changes to the health and care system based on their views and experiences.

Appendix

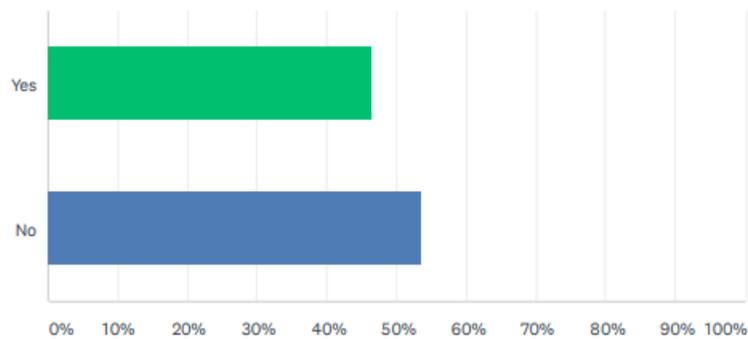
Q1 Do you consider yourself to be a carer? If not, please tell us why?

Answered: 69 Skipped: 1



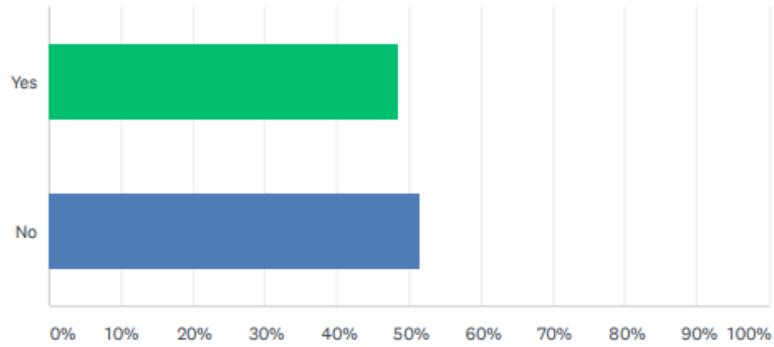
Q2 Are you aware of local services you can contact to support you in your caring role? If so, please tell us which services support you ?

Answered: 69 Skipped: 1



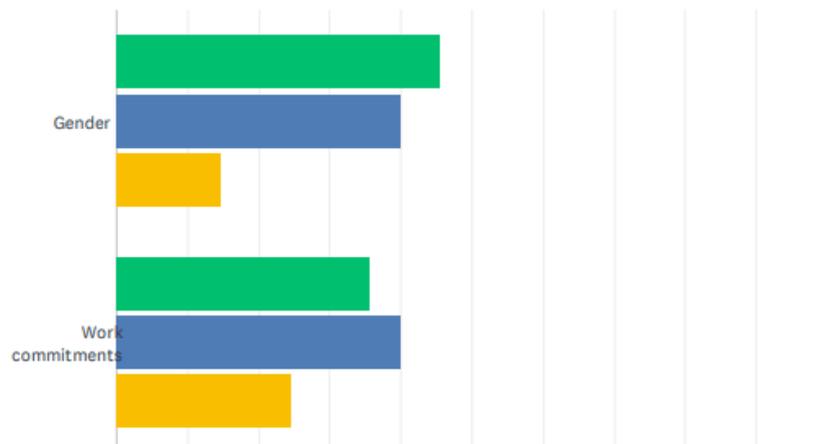
Q3 Do you feel supported in your caring role? If not, please tell us why?

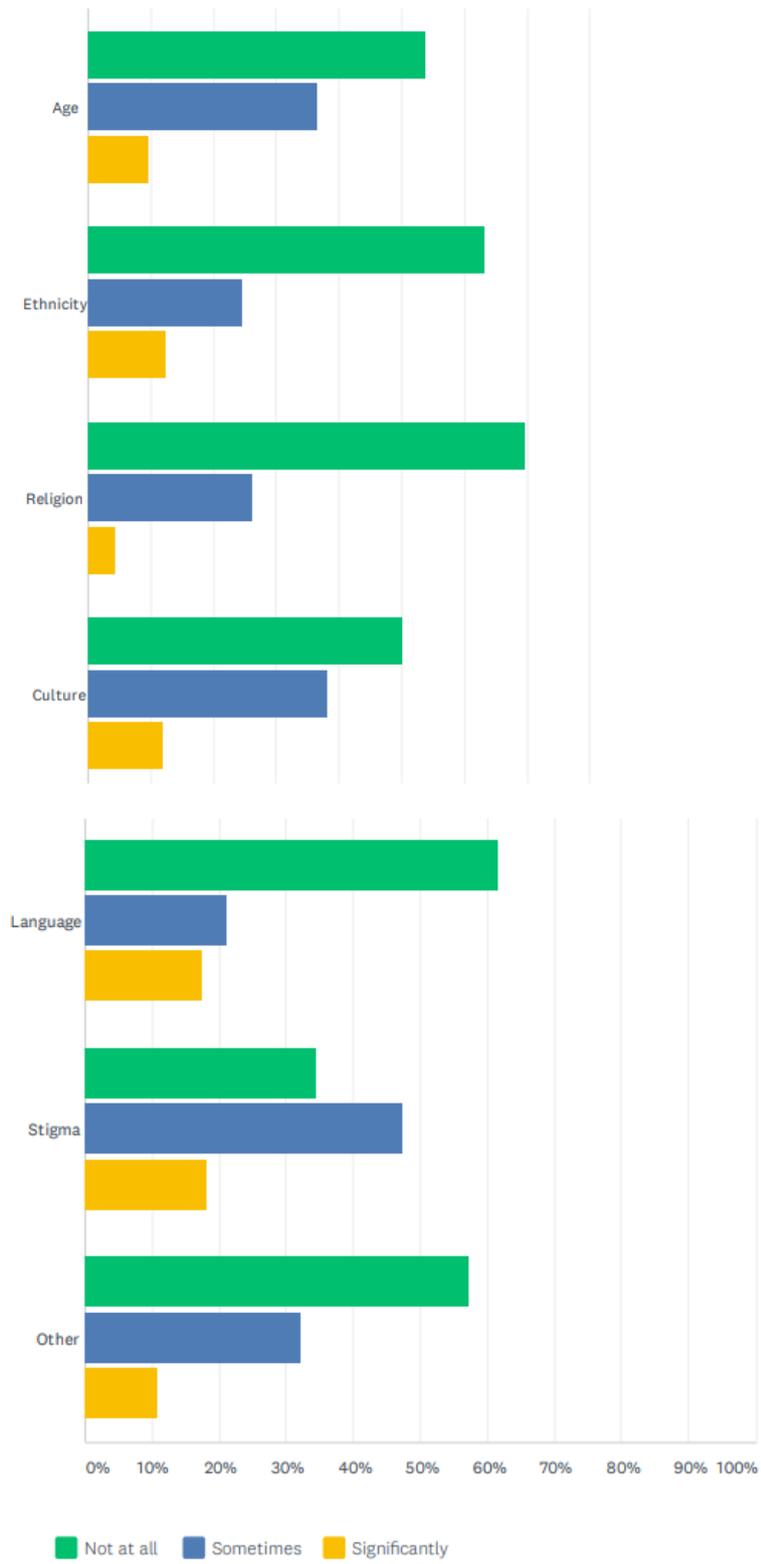
Answered: 66 Skipped: 4



Q4 Are there any barriers you face as a carer? Please tell us how much they impact your caring role.

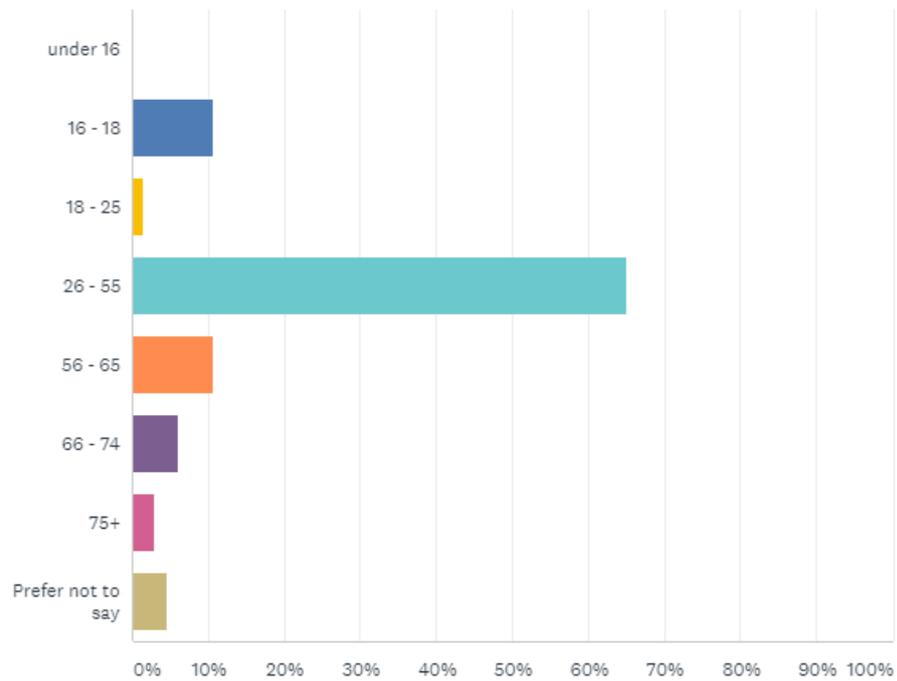
Answered: 69 Skipped: 1





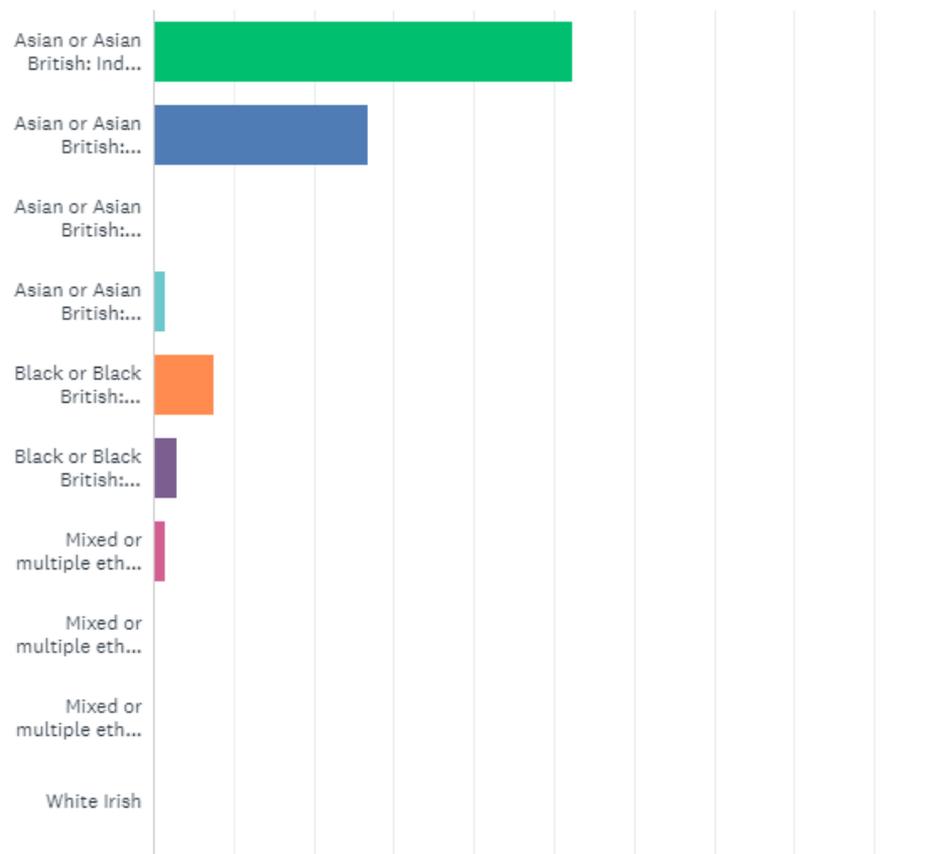
What age group are you in?

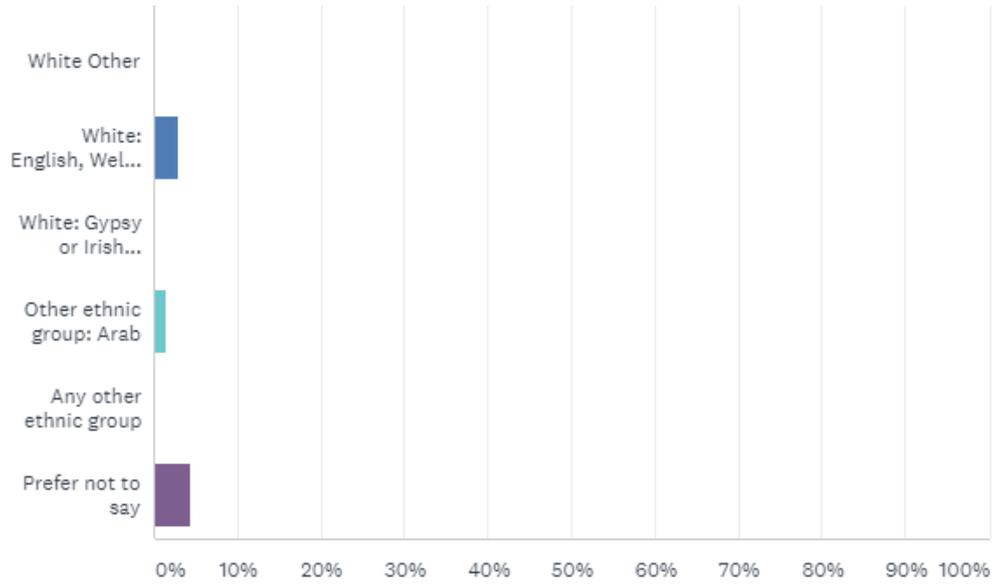
Answered: 66 Skipped: 4



What is your ethnicity? (Please select all that apply.)

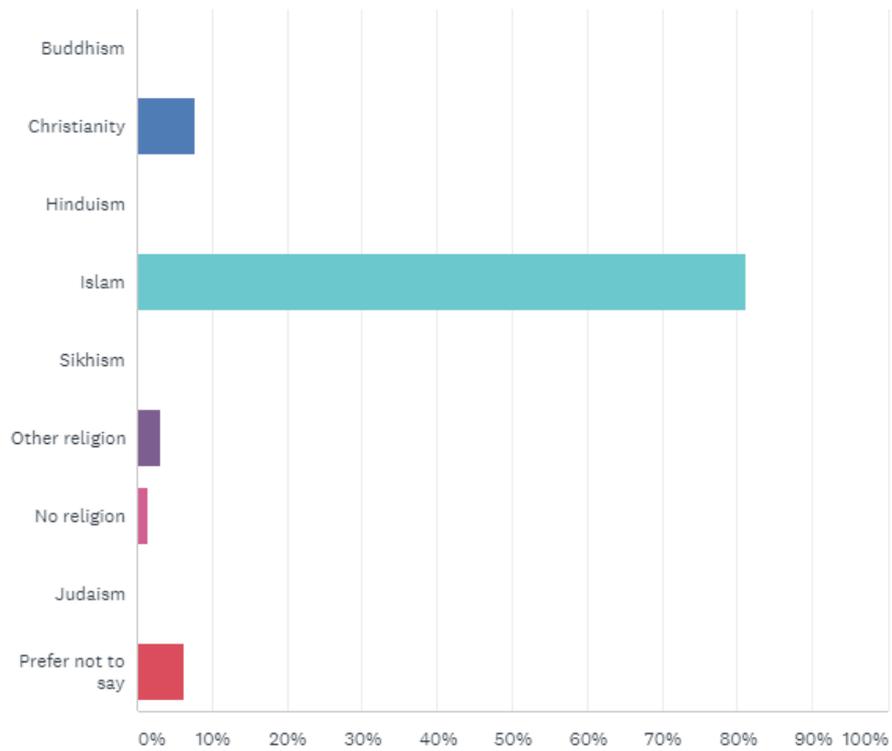
Answered: 67 Skipped: 3





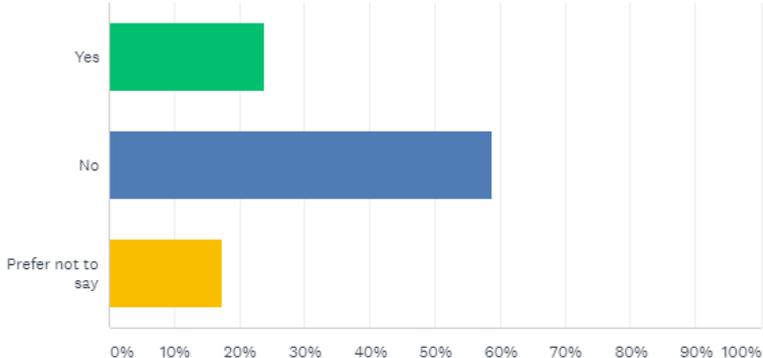
Do you consider yourself to belong to any religion?

Answered: 64 Skipped: 6



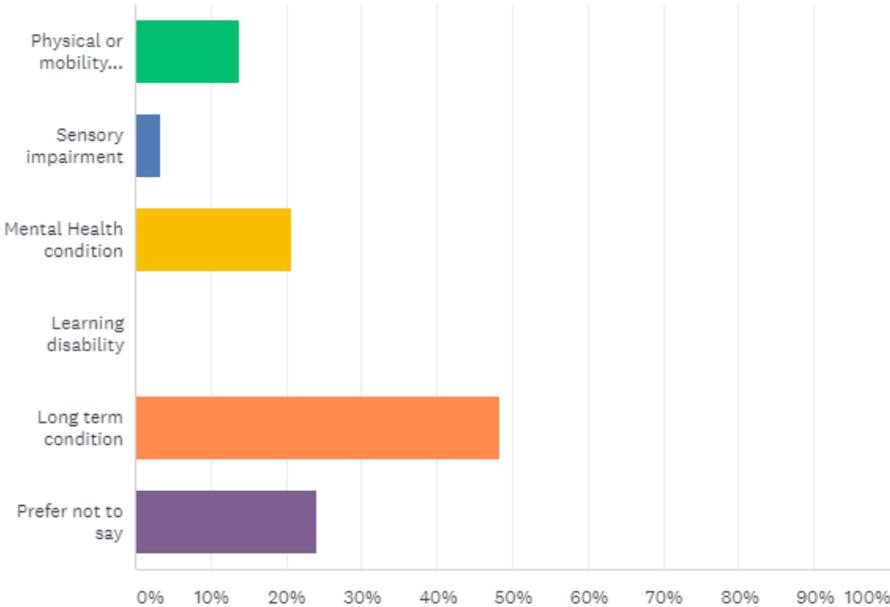
Do you consider yourself to have a disability?The Equality Act 2010 describes disability as: 'if a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'

Answered: 63 Skipped: 7



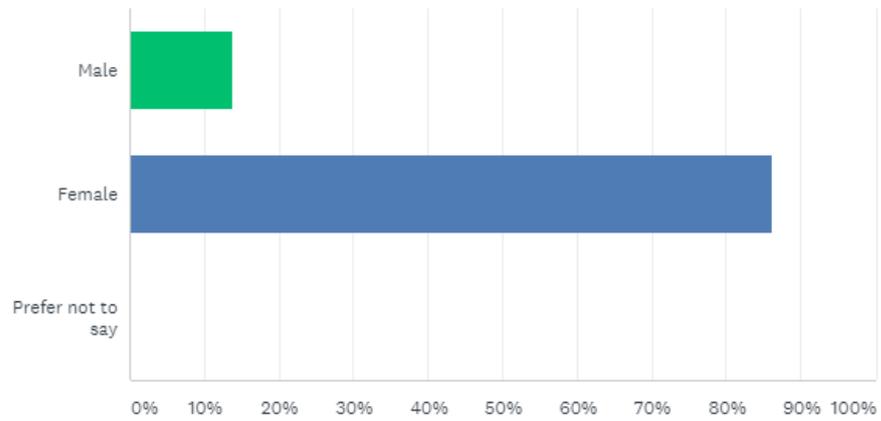
What type of disability do you have?

Answered: 29 Skipped: 41



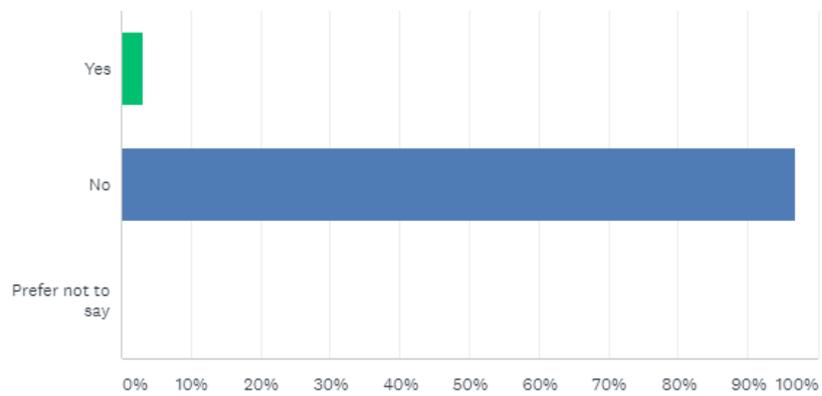
What is your gender?

Answered: 65 Skipped: 5



Is your gender different to the gender you were assigned at birth?

Answered: 63 Skipped: 7



What is your sexual orientation?

Answered: 60 Skipped: 10

