

Engaging Carers from Ethnic Minority Communities

Best Practice Guide

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Greater
Manchester
Integrated Care
Partnership



Mission Statement:

Through the Greater Manchester Carer's Charter, we all have a commitment to identify and support carers regardless of their age, gender or ethnicity - but we know there are extra steps we need to take to meet the needs of carers from ethnic minority communities and for us all to be more culturally aware and tolerant.

To reduce inequalities experienced by ethnic minority carers, professionals from across the system must take responsibility for actively listening and giving a voice to these individuals. By listening to these individuals we can then empower them with knowledge and give them the confidence to seek additional support. By working with kindness and sensitivity and developing trust, we put ourselves in a position where we can try things differently and innovate.

Our obstacles in identifying and accessing these groups are well documented; language and translation, the significance of cultural factors (food, clothes, environment), a lack of culturally sensitive support and racism all present barriers to be overcome. To compound our challenge further, we know that there's no word for 'carer' in some native languages.

But our successes in overcoming these barriers should also be celebrated.

Often, the moment when we first become aware of carers from ethnic minority communities is too late; a crisis point has already been reached. Taking a proactive and preventative approach and co-producing with carers from ethnic minority communities ensures we are taking the right steps to tackle inequalities.

Building on the groundbreaking work of the GM Carer's Charter, Colleagues from the GM NHS Integrated Care, the 10 Local Authorities, and from our vital network of carer support services and VCSE partners want to stress that: **Supporting Carers from ethnic minority communities is everyone's responsibility and part of this is an obligation to make ourselves open to new ways of engaging and offering support.**





Who is this document intended for?

This document is intended for professionals and volunteers who come into contact with individuals from ethnic minority communities, regardless of if those individuals identify as 'carers'. As of the 2021 census, 269,698 individuals provide some form of unpaid care in Greater Manchester; many of these will not be documented as carers on GP or Local Authority databases – and many thousands more will have not submitted this information to the census as they do not consider themselves a carer; their caring role is simply part of their daily life. Unpaid carers of every ethnicity exist in every community in Greater Manchester; but carers from ethnic minority communities are harder to identify.

In a broader sense this document is designed to give colleagues working in a strategic context, indicators on 'what good engagement with carers from ethnic minorities looks like'; the mindfulness and values we need to develop in our workforce and the partnership working that underpins all of our offers.

We sometimes have a 'don't rock the boat' mentality; this document is a step towards thinking outside the box and suggests how a re-design of services can address unmet needs. This re-design must be supported by inclusivity and a welcoming of diversity.

How to use this document?

Colleagues are encouraged to use this document to reflect on the individuals they regularly engage at their practice, community centre, drop-in, or faith centre – wherever it may be. It is equally valid for employers of individuals from ethnic minority communities. We encourage you to take it to a team meeting or refer to when developing a comms plan or an employee professional development review.

How to identify a carer, regardless of their ethnicity:

- Are they clearly showing signs of physical and mental strain (this may present as a lack of personal care or hygiene, tiredness, fluctuating emotions)?
- Do they receive a larger than normal amount of phone calls or messages (whatsapp etc) where they are providing emotional support or organizing key tasks on behalf of someone else (e.g. shopping)?
- Are they regularly late for work or social activities - or disengaged in what's going on?
- Do they have little or no time for social activities?
- Are they unable to keep on top of everyday tasks?
- Are they struggling financially due to providing financial support for someone else?
- Are they helping (or talk about helping) someone with personal care?

If the answer to any of the above is 'yes', there is a possibility that the individual is a carer. Due to social structures and health inequalities, these individuals are likely to be worse off, have lower pay and have a lower standard of education. The impact of a caring role may impact the individual in different ways. Fortunately, there are numerous organisations across Greater Manchester that are in a position to support these individuals, regardless of where they live, their age, sex or ethnicity.

(Strategic and Commissioning colleagues may wish to think about how these indicators may be captured and measured, as well as the training that may be required to support this level of enquiry amongst your workforce).

Key Tip; Supporting carers from ethnic minority communities isn't a quick action. The best outcomes are achieved through sustained relationship building and the development of trust. We should be mindful of the reluctance in some communities/ individuals in identifying as a carer – and the potential stigma associated with the label. Overcoming these barriers is achieved through targeted conversations.

How do we do overcome these barriers?

This guide doesn't suggest any radical new approaches to engaging carers from ethnic minority communities, but it does require users to think about their role in the 'othering' process. Othering is when we view or treat (a person or group of people) as intrinsically different from and alien to ourselves. We meet our responsibility for identifying and support carers from ethnic minority communities not by focusing on our cultural and lifestyle differences, though these are often important context, but by working with our similarities.

The COVID-19 pandemic and accompanying lockdown kick started innovation in this area which can be built on:

Our similarities create the bond and interface for understanding and collaboration. This core principle of engagement should run through all our comms, commissioning, conversations and more.

Do (Best Practice):

- Use 'I statements' to draw on personal experiences and widen the field in which conversation and compassion can develop.
- Give confidence in carers by letting them know that language/translation provision is in place.
- Taking small steps in learning another language – even if it's just 'hello' – make a big impression, and demonstrate you're willingness to engage and listen.
- Educate yourself and your colleagues with the role that stigma and shame play in people's lives when it comes to caring for people with disabilities, mental health issues or dementia. Addressing this sense of shame isn't easily overcome, but we work towards it through patience, listening and consistency.
- Professional support doesn't always happen in offices. It happens in streets, venues, communities, and homes. Some of Greater Manchester's best examples of engagement have been through drama workshops and festivals. A willingness to adapt is key.
- Understand the role that fear and anxiety play for the individual. Having a first discussion about a caring role is one about vulnerability and unknown consequences. The steps we can take to make the process easier to understand are vital.
- Explore how proxy's can help you reach others. Be that religious leaders at the local mosque, or community leaders. Gaining trust and access to communities is achieved through relationships with the community itself.



- Describe what a carer is, what the local offers are and the opportunities they can offer, but don't 'recommend'. It is down to the individual to follow-through. Communicate what a carer is and let them decide 'if the shoe fits'.
- Pay particular attention to how we articulate the advantages and disadvantages of accessing a carers allowance. Perceived complexity is often a barrier to accessing funds.
- Have Patience - Supporting carers from ethnic minority communities comes with 'no easy fix'. Developing relationships takes time.
- Celebrate cultural diversity as part of Greater Manchester's profile. When we build a culture of all being valued and welcome, we encourage others to share.
- Trust other services and their strengths. True support is facilitated by partnership working, sharing information and best practice. Excellence is rarely achieved through silo working and fragmentation. We should work together to meet the needs of the individual, taking a person-centered approach together.
- Our GPs and pharmacists are able to make observations, connections and start conversations that others can't. Think about how you can build on existing relationships with these professionals to best support these individuals.
- Be prepared to listen and be prepared to adapt; meeting the needs of carers from ethnic minority communities may not conform to your existing 'model' in terms of timeline, pathway or outcome. There is not a one size fits all solution!
- Trust is essential and progress is not won through the ethnicity of the professional.



- Support happens through signposting. Make yourself familiar with the local offer. Make literature and promotional material freely available.
- Support staff to develop specialist knowledge and undertake training in active listening. Be confident in highlighting staff who are best placed to support others. In Greater Manchester we know that investing in people makes for resilient communities. We need a conscious, competent and curious workforce who don't make assumptions about people.
- Consider the venue and environment. In Greater Manchester we are spoilt for choice in terms of multi-cultural venues. Individuals may feel more comfortable having a conversation where others speak the same language as them, they're familiar with the food and refreshments on offer – and a place of worship may not be the best place for a signposting conversation, particularly when their friends and family are also in attendance. How about the local football club?
- Consider the gender of those being engaged: Female-only pampering sessions or a male-only outdoors workshop can help create safe space environments where people feel comfortable to share and are receptive to new ideas.





- Consider the age of those being engaged: Communal eating is a great way to draw people together, regardless of age. But be mindful people want to try new things. Where you might assume curry, try pizza instead! We must also appreciate that age can change the attitude of the individual.
- Acknowledge that supporting carers continues after their caring role has come to an end. Bereavement groups are often new opportunities to break isolation.
- We know that funds to engage carers from ethnic minorities can be limited; try researching successful local campaigns and explore how they can be re-deployed. Local success in Greater Manchester include a simple text message campaign via the primary care network (“reply ‘yes’ if you identify as a carer”) and specialist radio programmes.
- Collect people virtually through online peer support. The offer isn’t time sensitive and its there when people need it.

- In terms of transitions, where the cared for person has died, extra actions should be considered.
 - The importance of cultural competency and communication skills should not be underestimated. Being sensitive and developing open, two-way conversations with carers and families is essential. Likewise, colleagues should take care not to form assumptions about how the carer should behave.
 - Individuals from ethnic minority communities are statistically less likely to use palliative care services, and as such the dying process may take an even larger toll on the carer.
 - Religion and spirituality as part of the carer's physical and psychological well-being should be recognized – but care taken not to over-categorise religious and cultural groups and reify difference.

Things to Avoid:

- Use the terms BAME (black, Asian and minority ethnic) and BME (black and minority ethnic) because they emphasize certain ethnic minority groups (Asian and black) and exclude others (mixed, other and white ethnic minority groups). The terms can also mask disparities between different ethnic groups.
- If there is a risk of staff or volunteers mistaking ethnicity for nationality, encourage them to use phrases such as 'people from the Indian ethnic group' rather than 'Indian people'
- Avoid replicating divisions in service offers along religious or identity lines. Let's celebrate the cultural diversity of all Greater Manchester. This could be carer support offer that speaks to carers from all walks of life, rather than one specific offer for Muslim, Sikh, Chinese etc communities.

Key Tip: We must collectively acknowledge that there are moments when a situation should be escalated and a highly specialized offer may be needed e.g. in moment of crisis, safeguarding concerns, or where intersectionality creates more barriers to supporting the individual than the 'standard' local offer can support. Intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking.



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Revised May 2023

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