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Title:

Social Care for Diverse Communities: How current research at the University of Southampton aims to improve the user experience

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This article reports on an on-going study at the University of Southampton funded by the National Institute for Health Research (NIHR) School for Social Care Research (SSCR). The aim of the study is to explore the reasons why people from Black and Minority Ethnic (BME) groups have reported lower levels of satisfaction with social care services when compared to the White majority population. We are now one year into this two-year project.

The likelihood of needing some kind of help with activities of daily living increases with age (Banks et al., 2012). Latest Census figures from England and Wales show that the population of minority ethnic groups (including White minorities) has increased from 12.5% to 19.5% in ten years (ONS, 2012). Although the BME population has traditionally had a younger age structure than the rest of the population, nevertheless both populations are ageing, and this will likely lead to an increased number of BME older people requiring personal social services (Lievesley, 2010).

BME service users, especially the Asian group, have reported lower levels of satisfaction with social services compared to the majority White population. For example, Asian, Chinese/Other and Black groups were the least likely to report being extremely satisfied or very satisfied with social services equipment or minor adaptations (The NHS Information Centre Adult Social Care Statistics, 2010). Similarly, the Asian and Black groups were the least likely to report being extremely satisfied or very satisfied with social services home care for the over 65s (The NHS Information Centre Adult Social Care Statistics, 2009).

Results from other studies also show variation in satisfaction levels by ethnicity. The Policy Research Institute on Ageing and Ethnicity (PRIAE, 2005) surveyed 390 African Caribbean, South Asian and Chinese/Vietnamese older people in Scotland, West Yorkshire and London. African Caribbeans were the most frequent users of social services, but South Asians reported lower levels of satisfaction with home care and day care compared with either of the other two groups.

Ethnic group differences in satisfaction are not limited to the personal social services; Allmark et al (2010) reported on the reasons for low satisfaction with the Pension, Disability and Carers Service (PDCS) benefits system. Reasons for lower satisfaction among BME groups included unrealistic expectations, e.g. that health and social services would automatically communicate with the PDCS, and language barriers inhibiting awareness of the existence of some benefits. Organisational factors leading to lower satisfaction included a lack of outreach to raise awareness, and staff holding stereotypical beliefs that BME individuals have no wish to claim benefits, which could lead to a reduced level of referrals for benefits.

It is particularly important that services are provided in an acceptable and satisfactory manner for BME groups, because of inequalities in health and disability. For example, age standardised rates of limiting long-term illness or disability in 2001 were highest among the Bangladeshi and Pakistani groups (ONS, 2005), indicating a higher need for care among these groups.

Research has established that some BME respondents do indeed hold expectations that families will provide informal care (Merrell et al., 2005; Nijjar, 2012). This expectation has been linked to cultural values such as familism (Gallagher-Thompson, 2006), and is closely associated with religion (Ahmed et al., 2008). An expectation that care should be provided within the family may lead BME groups to view social services as less appropriate, and this may be why there are reports of lower levels of satisfaction among people who do go on to use services. However, as recent research has shown, such cultural values do not necessarily lead to greater levels of support (Willis, 2012; Willis et al., 2013). Even when care is provided within the family, minority ethnic carers are sometimes working single-handedly and in need of support from services (Katbamna et al., 2004; Trotter, 2012).

A lack of trust in social services has been identified among some BME participants (Allmark et al., 2010; Nijjar, 2012; Trotter, 2012), which may act as a barrier to service use or lead to lower satisfaction among those who do use services. Due to a perceived ethnocentric design, 'mainstream' services may be experienced as culturally inappropriate by BME clients (Atkin, 1992; Desai, 2012). Trotter (2012) reports a case of a social worker consistently refusing to remove their shoes in a client's house, despite repeated requests. However, both health and social services have implemented cultural awareness training, translated written materials, and appropriate food and religious provision. Yet, there have been criticisms made of these attempts, such as poorly translated materials (Trotter, 2012).

An additional reason for BME respondents reporting lower levels of satisfaction with social services could be that they have been provided with mainstream services when they would actually have preferred culturally specific services. Culturally specific services aim to meet

the needs of a specific ethnic or cultural group (Allmark et al., 2010; Walker et al., 1994; Yeandle et al., 2007). These, and other voluntary sector services funded by grants from government, are at increased risk of funding restrictions or closure due to the recession (Desai, 2012; Yeung, 2010). This could impact heavily on BME groups who might otherwise have preferred to use such services.

Many arguments have been put forward to explain the lower satisfaction levels, but research has yet to be conducted with BME respondents to evaluate these arguments. Through in-depth interviews and focus groups with people from South Asian and White British groups in Hampshire, and with social services practitioners, our on-going study will assess the possible reasons for low levels of satisfaction. It will critically consider the extent to which stereotypes and assumptions on both sides of the service user and service provider relationship may contribute to low satisfaction.

Within the study, interviews are being conducted with individuals who have used social care services, as well as with those who provide informal care for someone who uses services. We will be able to explore questions about the way Asian participants feel they are treated by practitioners, whether they feel their cultural, religious and language needs have been adequately met, or even if these issues are seen as a priority by service users when having their social care needs addressed. We will also be able to identify the issues of importance to service users from both Asian and White groups, as we expect some priorities will be shared.

By including the heterogeneous 'South Asian' group, the study will explore a variety of locations of 'difference', including religion, culture, ethnicity and language. The aim is to specify those experiences with services that are impacted by one particular aspect of identity, as opposed to another. For example, if a participant required a shower rather than a bath because of concepts of cleanliness associated with religion, then religion would be distinguished from culture.

If the study design was such that we interviewed only minority ethnic groups, we could not be sure that their experiences or opinions were any different from those of the ethnic majority and this would not allow us to answer the primary research question. Therefore, a comparison group of White British people is needed. However, it is important to emphasise that the White British sample is not just a comparison group; the study also aims to make recommendations to better support this group in accessing appropriate and acceptable services.

The concept of satisfaction itself merits discussion. In our study we will explore the various dimensions of satisfaction, the question of cultural differences in the meaning of satisfaction, together with subjective constructions or consensual definitions of satisfaction.

It is important to avoid reducing apparent differences between the two main groups to ethnic or racialised generalisations (Vickers et al., 2012). The study will not assume that the reasons for any differences between the two main groups are due to 'ethnic' differences. In-depth interviews will be used to explore participants' experiences, such that assessments

can be made about whether it is a person's cultural practices, religious prohibitions, or something entirely different that is leading to different outcomes.

The outcomes of the study will include recommendations for adult social care practice, in particular service design and delivery on how best to meet the needs of both South Asian and White British service users.

The project is on-going, and a variety of methods are being employed to recruit participants. These include mailouts with the collaboration of local authorities, visits to faith groups, and participation in community groups for both Asian people and the entire community. The project team would welcome feedback from readers on any innovative suggestions for recruiting Asian social care users.

Disclaimer

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