People from Black and minority ethnic (BME) groups have reported lower levels of satisfaction with social care services than the White British population. Improved information is needed on why this is so and how to take appropriate steps to change their experiences of using social care. This is particularly important because certain minority ethnic groups may have greater need to use services due to high levels of ill health and disability.

It has often been stated that minority ethnic groups do not wish to use social care services, and instead prefer to ‘look after their own’. However, recent research shows that minority groups are not more likely than White British people to provide help to family members. Research with minority populations can directly explore attitudes to social care services, barriers to service use, personal experiences of services, and the relationship between cultural/religious diversity and social services, including among BME groups in the predominantly ‘White’ South East of England.

This project
• will carry out qualitative research with the South Asian populations in Hampshire to provide reasons why BME groups report lower levels of satisfaction with social services.

It aims to
• identify the aspects of social care services that South Asian groups find inappropriate or unacceptable
• consider the extent to which stereotypes and assumptions on both sides of the service user and service provider relationship may contribute to low satisfaction
• showcase examples of best practice in social care with BME groups in Hampshire
• generate recommendations for how social care services can best work with South Asian groups, and therefore increase satisfaction with services
• make recommendations for how satisfaction surveys can better be designed for people from all communities and language groups.
WHAT IS THE CONTEXT?

BME service users, especially the Asian group, have reported lower levels of satisfaction with social services compared with the majority White population. For example, in a 2010 satisfaction survey on social services equipment and minor adaptations, 78% of the White respondents reported being either ‘extremely’ or ‘very’ satisfied, compared with 59% of the Asian group. In a survey the previous year, 68% of the White British group were always happy with the way they were treated by social services home care for the over 65s, but this was true of only 57% of the Asian group.

An initial literature review was carried out to inform this project proposal, including work on the relationship between ethnicity and formal and informal care, service use, and attitudes toward services. This review identified seven factors which might explain these lower levels of satisfaction (see Box). But there is a need for research directly with BME respondents to evaluate these importance of these potential factors.

Several societal factors contribute to the urgency for a better understanding of these issues. First, the well-established health and socio-economic inequalities between ethnic groups mean that some minority ethnic groups have a high level of need for health and social care services. Second, the ageing of the minority ethnic population means that the older population, who are already at a higher risk of requiring social care, will soon become more ethnically diverse than ever before. Third, national policies aimed at eliminating discrimination on the grounds of race and ethnicity mean that social care services must be accessible and culturally competent.

To date, most research on ethnic diversity in Britain has taken place in large cities like London, Birmingham and Bradford, where there is a high proportion of BME groups. More information is needed on the experiences with social care of minority ethnic groups in the predominantly ‘White’ South East of England, who have been under-researched to date.

Possible sources of dissatisfaction

Seven possible reasons for the lower levels of satisfaction among BME users of social care have been identified from the literature:

- **methodological problems**: the way questions in satisfaction surveys are phrased may not be understood by people whose first language is not English, and some terminology may not be fully translatable
- **informal support expectations**: an expectation that care is provided within the family may lead BME groups to view social services as less appropriate
- **concern about community reactions**: accepting formal services can be seen by family carers as a failure and embarrassment
- **mistrust of services**: culturally insensitive formal services may lead to a lack of trust
- **inappropriate services**: service provision might not be appropriate for people from diverse cultures, for instance by not providing Halal meat
- **preference for culturally specific services**: BME service users may have been provided with ‘mainstream’ rather than culturally specific services
- **inappropriate information**: information may not be available in a suitable form for people who are illiterate or in a wide enough range of locations, such as temples and mosques.

HOW WILL THE PROJECT WORK?

Research will be conducted with the South Asian population in Hampshire, providing an opportunity to look at both affluent and deprived areas, rural and urban populations, and to investigate the experiences of BME groups in the predominantly ‘White’ South East of England. A White British comparison group will also be recruited to see how similar or
different their attitudes are to those of the South Asian participants.

The methodological approach to the project is qualitative, using in-depth interviews.

**STAGE 1: Recruitment of participants**

South Asian and White British participants and social services staff will be recruited for individual indepth interviews. The South Asian participants will include service users from Indian, Pakistani, Bangladeshi and Other Asian groups. The sample will be stratified according to care needs, as there may be different views depending on the type of dependency. Participants will include people with mental health needs, physical health needs, and older people. The care staff will also be stratified according to the needs of the service users they provide for.

The project will also interview carers of people from each of these groups. Where a service user’s care needs mean they do not have the capacity to take part in an interview, for example due to dementia, their carers alone will be interviewed.

Recruitment will be carried out through the adult social services departments in Hampshire, Portsmouth and Southampton, and with the assistance of faith groups and South Asian community organisations in Southampton and Portsmouth.

**STAGE 2: In-depth interviewing**

The interviews will be semi-structured and will explore attitudes to social care services, barriers to service use, personal experience of service use, and the relationship between cultural and religious diversity and social services. In particular, the interviews will cover the seven factors outlined in the Box above as possible underlying reasons for the findings of the satisfaction surveys. In addition, the interviewers will probe and explore what changes to the service or provider would make a positive difference to the satisfaction level.

The interviews with service providers will explore their understandings of the needs of BME groups. The challenges staff perceive in providing services to BME groups will be investigated. Staff will also be asked about why service users from any ethnic group might be satisfied or dissatisfied with their services. This will help to disentangle the universal reasons for satisfaction, from those which are specific to ethnicity or culture. The staff interviewed will include front-line staff, care managers, and commissioners from the public, private and voluntary sectors. They can be of any ethnic group, and the interviews will explore the impact their own ethnic identity may have on their work.

Interviews will consider the extent to which stereotypes and assumptions on both sides of the service user and service provider relationship may contribute to lower satisfaction levels among BME populations. A researcher with South Asian language skills has been recruited to carry out the majority of data collection.

**STAGE 3: Analysis of data**

The analysis will weigh the possible reasons for lower levels of satisfaction and specifically assess to what extent the seven reasons (see Box) figure prominently in participants’ explanations. Researchers will compare and contrast their findings to those in existing literature, and make recommendations about improvements to services and training. They will also look at the appropriateness of existing measures of satisfaction and make recommendations for improvement.

**Project publications**

Alongside a ‘Findings’ document, the research team plans three academic journal articles and a number of conference presentations. These will range from academic conferences, such as the British Society of Gerontology's annual conference, to events aimed at service providers and practitioners. In addition, a two-page briefing paper will be made freely available on the website of the Centre for Research on Ageing, and shared with three local authorities and results presented to lay audiences and project partners at the sites involved in the research. A further plan will be developed to disseminate the results more widely to social service providers.
The Research Team

**Dr Rosalind Willis**, Lecturer in Gerontology at the Centre for Research on Ageing, University of Southampton, will lead the project, including on the design the study. Her research background includes ethnic diversity and access to services, challenging assumptions surrounding ethnicity and informal support, in-depth qualitative work in culturally specific services, as well as an expertise in gerontology.

**Professor Maria Evandrou**, Professor of Gerontology and Director of the Centre, will advise and help with contacts, and brings to the project substantive expertise in demographic and socio-economic inequalities amongst BME in the UK.

**Dr Pathik Pathak**, Lecturer in Sociology, University of Southampton, will help to establish contacts with community groups and contribute to the design, analysis and write-up of the research. He brings an expertise in processes of ethnic disadvantage, with a background in research on conceptualisations of ethnicity, and multi-culturalist approaches to public policy.

**Dr Priya Khambhaita**, Research Fellow, is experienced in conducting qualitative research with Asian participants, and is interested in questions of ethnic identity and return migration.

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