ConnectED Briefing #23

# Working with ethnically or racially minoritised people with dementia or mental health needs: Best practice for social care practitioners

## The issue

People who are minoritised because of their ethnic or racial identity experience inequalities in the care they receive, and they are less likely to approach services for support.

## What we wanted to find out

What is known about how best to support people from ethnically or racially minoritised groups who have mental health needs or who are living with or care for someone with dementia?

## What we did

We searched Web of Science, SCOPUS, Google Scholar and the NIHR Evidence website for relevant reviews exploring barriers to access for people from ethnically or racially minoritised groups published since the implementation of the Care Act 2014, and for relevant recent single studies published after these reviews (2022 onwards) or not included in them. We excluded studies not conducted in the UK, those focusing primarily on health rather than social care services, and those not relating to people with mental health needs or living with or caring for someone with dementia.

## What we found

We found nine reviews and four qualitative studies. The reviews included one rapid realist review exploring the experiences and needs of minoritised communities when seeking to access social care services[1] and eight reviews that synthesised respectively the experiences of people with mental health needs,[2-5] unpaid carers,[6-8] and those seeking access to dementia care.[9]

The qualitative studies covered a survey on care and support provision for older women from minority ethnic backgrounds,[10] people's experiences of direct payments,[11] managing eating and drinking for people with dementia at home,[12] and experiences of South Asian family carers for people with dementia.[13]

## What the evidence suggests

Research highlights the variety of experience within and between different groups and individuals from those groups. Person-centred approaches provide an effective way of working with difference, and of addressing the specific needs of people and their families.[1,2,11] Such approaches require recognising and acknowledging individual differences within and between people from different minoritised groups.[1,2] Resources to support delivering person-centred care for culturally diverse communities are available, one of which is highlighted at the end of this briefing.

### Cultural competency

Training in cultural competency helps practitioners avoid assumptions such as, for example, that care needs will be met by family members [1,11,13] Training should include understanding around models of mental illness and distress that do not align with the western model.[3,5]

Assessment processes should specifically address ethnicity and culture.[1] To help build trust, staff may need to reinforce their commitment to confidentiality in conversations with people using services,[5] and to informal carers.[8] Cultural awareness 'checklists' could help provide structure for sensitive conversations.[1] Staff may need additional time to work with individuals from minoritised groups, in recognition of the additional barriers they face.[2]

Care plans for older adults should include personal hygiene practices related to religion, for example washing before prayer for Muslim communities, if that is important to the person.[1] All staff should be aware of what services or supports are available locally for people with specific needs that relate to culture or ethnicity and of how to refer into these.[1] Direct payments may be particularly important for addressing the needs of people from minoritised groups, giving them greater choice in their care and support.[11]

### Communication

Written resources should be translated so that they are inclusive of and accommodate the diverse languages of minoritised groups.[8]

Professional language translation and interpreter services from those with knowledge of the social care context should be used if this is acceptable to the person, and translators are not known to the person.[1,3,5] These services should be timely. Where possible they should also support access at different points, such as when people receive a letter or have a follow-up appointment.[1] Social care staff may benefit from training in working with interpreters.[6,8]

Culture-specific information provided in community spaces could help reduce stigma for people experiencing mental ill health,[8] or for those with dementia and their carers.[6]

People's communication preferences may differ. For example, a study in one area found that the Somali community preferred spoken communication over written information and suggested audio information or WhatsApp as alternative methods of reaching people.[11]

Recruitment of bilingual and dialect speakers within the social care workforce could help support a more personal or tailored service. This could include, for example, how to address people appropriately.[1,9]

## Quality and completeness of the evidence

We are moderately confident that we have included the best current evidence relevant to our question. However, research in this area is still limited and has historically been focused on supporting people to access health services, rather than social care.

Some studies examined the experiences of people identifying with a particular ethnic or racial group; others attempted to understand the experiences of ethnically or racially minoritised people as a whole. Practitioners are encouraged to seek out research that relates specifically to the identity of the individual they are working with.

People's access to social care is also affected by their socio-demographic characteristics, life experiences, gender, and their age, health or disability status. These intersectional aspects should be considered alongside their ethnic or racial identity.

## Further resources

Two linked ConnectED briefings accompany this one: #22 *Working with ethnically and racially minoritised people with dementia and mental health needs: Barriers to accessing social care services* and #24 *Working with ethnically and racially minoritised people: Best practice when commissioning services*.

On person-centred care: Research in Practice (2024) *Delivering person-centred care for the UK's culturally diverse communities: Frontline Briefing,* https://www.researchinpractice.org.uk/adults/publications/2024/august/delivering-person-centred-care-for-the-uks-culturally-diverse-communities-frontline-briefing-2024/

On 'intersectionality': Research in Practice (2024) *Equity: Change Project* https://www.researchinpractice.org.uk/adults/content-pages/change-projects/equity-change-project/

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10. Yu, J., Saltus, R., and Jarvis, P. (2017) A survey of service providers' views on care and support provision for older women from Black and minority ethnic backgrounds in Wales: Implications for policy and practice, *Health Care for Women International,* 38(7), 715-731.
11. Dunnion, M. (2023) *Direct Payments and People from Black and Asian Minority Ethnic Communities: Summary Report*, Birmingham: IMPACT. Improving Adult Care Together.
12. Nair, P. et al. (2022) Experiences of carers and people with dementia from ethnic minority groups managing eating and drinking at home in the United Kingdom, *Nutrients,* 14(12), 2395.
13. Hossain, M.Z. et al. (2022) From detection to preparing for the end-of-life: A qualitative exploration of the South Asian family carers' experiences of the journey with dementia, *Health and Social Care in the Community,* 30(6), e5135-e5144.