4. To achieve this, the following is recommended:

- **BME carers' views should be proactively sought in developing care packages.** Specialised BME carer support packages should be developed to address needs identified by carers. The existence of these packages should be made available to enable BME carers to attend events where they can express their views about services.

- Consultation events should be held in venues that will encourage participation (e.g. community centres, National Assembly for Wales, 2003a; Netto, 1996). Many of the above recommendations may be implemented through an implementation strategy for BME carers, specifically tailored to meet the needs of this population without significant increases in expenditure. However, such recommendations are likely to be only partially successful unless they are accompanied by a wholesale commitment to providing culturally competent services and the recognition that certain specialised services may ultimately require additional expenditure. The voluntary ethnic minority sector has done much to cater to the needs of the BME care population and much can be learned from them. MECOPP for example, has been working to extend the capacity of health boards and local authority social work departments across Scotland to support BME carers through funding from the Scottish Government's Equalities Unit. In addition, current equitable legislation offers an unexploited opportunity to provide appropriate support to BME carers.

| References | For further information on the process of developing a cultural competence plan for services, see:**

- **BME carers face particular difficulties in accessing support.** Many BME carers are unaware of the services that exist to support them. This lack of awareness may be due to a number of factors, including the fact that the information is perceived by BME carers as being too complex or that they face social barriers to accessing services.

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Caring for black and minority ethnic (BME) carers

Caring for black and minority ethnic (BME) carers constitutes a significant challenge for social care services (National Assembly for Wales, 2003a; Chahal and Ullah, 2004). Although research suggests that the policy and advocacy environment in many parts of the UK continues to focus on providing support for carers from majority ethnic groups, a growing body of literature is highlighting the unique challenges faced by BME carers. In particular, the evidence suggests that policies that recognize the needs of BME carers and communities within which they live are scarce. Although BME carers are increasingly recognized as a distinct and diverse group with needs that are often different from those of majority ethnic groups, the provision of support for BME carers is still in its infancy. This is reflected in the low take-up of support by BME carers, which is extremely low. Recent studies have found that BME carers are less likely than white carers to receive support from formal services (Hepworth, 2003). A high level of unmet need was also revealed in the Edinburgh and Lothian study. Here, BME carers were less likely to receive the full nature of support and revealed the following needs in particular:

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- More than half (60%) of those who provided support said they would be interested in receiving more support.
- More than half (52%) of those who provided support said they would be interested in receiving more support.

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Black and Minority Ethnic carers

Carers from Black and Minority Ethnic (BME) communities face particular challenges in accessing and using services. Research indicates that BME carers are less likely to know about services, face more barriers to accessing it and when they do use services, they are more likely to experience poorer quality. This is particularly the case when considering care needs arising in the context of older people or when confronted with the reality of living with mental health problems. In addition, carers may face additional barriers because they are of different ethnic backgrounds and may require additional support to communicate and understand their needs.

In recent years, research and legislation has helped to place carers’ circumstances centre stage. The Care Standards Act 2000 (CSA) required that services for carers should be identified and that carers’ views should be actively sought and taken into account. The Care Bill 2012-13 is in keeping with this, and seeks to ensure that carers’ views are actively sought and taken into account in future legislation. The Equality Act 2010 has also brought about new requirements for all public bodies, including local authorities, to ensure that they do not discriminate against BME carers and provide them with equal opportunities. Local authorities are required to ensure that their staff understand the needs of ethnic minority carers and that any target groups are ethnic minority carers. They are also required to ensure that the assessment and support services provided to BME carers are of a high quality. However, this has not always been the case.

Carers in BME communities have often been found to face particular challenges in accessing and using services. In a study carried out in a large city in England, it was found that BME carers were less likely to know about services and were more likely to experience poorer quality. This is particularly the case when considering care needs arising in the context of older people or when confronted with the reality of living with mental health problems. In addition, carers may face additional barriers because they are of different ethnic backgrounds and may require additional support to communicate and understand their needs.

The evidence: key issues

Carers in BME communities face particular challenges in accessing and using services. There are different etiologies of this nature of support and revealed the following:

- Barriers to accessing support are increasingly common, especially for BME carers of older people. This is particularly the case when considering care needs arising in the context of older people or when confronted with the reality of living with mental health problems. In addition, carers may face additional barriers because they are of different ethnic backgrounds and may require additional support to communicate and understand their needs.

- Barriers to accessing support are compounded by cultural difficulties in obtaining support. This is particularly the case when considering care needs arising in the context of older people or when confronted with the reality of living with mental health problems. In addition, carers may face additional barriers because they are of different ethnic backgrounds and may require additional support to communicate and understand their needs.

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Black and Minority Ethnic carers

Carers from Black and Minority Ethnic (BME) communities face numerous barriers in accessing and using services. Research indicates that they face numerous barriers in accessing and using services.

The Scottish Government identified the need for a separate monitoring system for BME carers and for the development of evidence on how social work departments could help meet the needs of BME carers. The evidence: key issues

Recent research has found that BME carers do not have an equal voice in discussions on how services are planned and delivered. This has been highlighted by a study on support for Asian carers in the West Midlands (Netto, 1996). The study found that almost 70% of carers did not use services because they felt that they did not meet their needs. The study also highlighted the importance of understanding the cultural needs of BME carers and the need for services to be developed that are responsive to these needs.

Bartons to accessing support are compounded by cultural difficulties in obtaining and using services. Many BME carers report that they face difficulties in accessing services because they do not understand the language or the culture of the services. They may also feel that their cultural needs are being ignored or that they are not being treated fairly. This lack of trust and confidence in services can lead to a failure to access support.

Legislative and policy context

Increasingly carers’ needs are being recognised through legislation and policy. However, the evidence suggests that the needs of BME carers are not being adequately addressed. There is a need for further research to identify the barriers faced by BME carers in accessing and using services and to develop strategies to overcome these barriers.

In recent years, research and legislation have helped to place carer’s circumstances within the context of their ethnic identity. Increasingly carers’ needs are being recognised within legislation and policy frameworks. However, the evidence suggests that the needs of BME carers are not being adequately addressed. There is a need for further research to identify the barriers faced by BME carers in accessing and using services and to develop strategies to overcome these barriers.

The evidence: key issues

Local authorities continue to have an important role to play in supporting BME carers. However, recent research suggests that local authorities are not adequately engaging with BME carers. This is compounded by the fact that many local authorities are not trained to provide services that are culturally appropriate.

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4. To achieve this, the following is recommended:

- The provision of service development to BME carers. In order to help all carers, BME carers should be an integral part of planning processes. In developing and planning services, the following should be considered wherever possible:
  - Authorities should develop strategies to recruit and retain minority ethnic staff.
  - Where allocating workers, gender issues should be taken into account.
  - Staff should work with local family and friends networks to obtain a clearer understanding of care needs.
  - Services should be audited to gauge their responsiveness.
  - Flexibility should be built into support packages. For example, a project developed by the Minority Ethnic Carers Older People’s Project (MECOPP) and jointly delivered with West Lothian Council adopting a Service Brokerage Model which supports Asian women to pool their direct payments to purchase tailored support.
  - Finally, evidence suggests that consultation with BME carers should be an integral part of service development. In order to help achieve this, the following is recommended:
    - Staff should consult with representatives from BME communities using the networks provided by umbrella organisations.

- BME advocates and professionals should be consulted when assessing BME carers and planning packages of care.

- BME carers’ views should be proactively sought in developing care packages.

- Short break/home services should be made available to eligible BME carers to attend events when they can express their views about services.

- Consultation events should be held to inform services that are encouraging participation (e.g. ethnic community centre (National Assembly for Wales, 2003b; Netto, 1998). Many of the above recommendations may facilitate a positive shift in service provision for BME carers. Without significant increases in expenditure, such recommendations are likely to be only partially successful unless they are accompanied by a wholesale commitment to providing culturally competent services and the recognition that certain specialised services may ultimately require additional expenditure. The voluntary ethnic minority sector has done much to cater for the needs of the BME carer population and much can be learned from them. MECOPP, for instance, has made significant strides in building the capacity of PCT boards and local authority social work departments, across Scotland, to support BME carers through its Action Plan. The Scottish Government’s Equality Unit, in addition, current equalities legislation offers an unparalleled opportunity to provide appropriate support for BME carers.
achieve this, the following is recommended:

- BMGE carers should be an integral part of service development. In order to help with this process, BMGE carers should be consulted when assessing BMGE carers' views should be proactively solicited and from the majority community, and, as such, have different needs that must be respected when planning care. In developing appropriate support, the following should be considered:

- Authorities should develop strategies to recruit and retain minority ethnic staff when allocating workers, gender issues should be taken into account and friend networks to obtain a clearer understanding of carer needs. BME communities differ in terms of cultural norms both from each other and from the majority community, and, as such, have different needs that must be respected when planning care. In developing appropriate support, the following should be considered where possible:

- Care and support services should be audited to gauge expenditure. However, such expenditure may ultimately require additional funding. The voluntary ethnic minority sector has done much to cater for the needs of BMGE carers and much can be learned from them. MECOPP, for instance, has made significant strides in providing culturally competent services, based on findings and the recognition that certain specialised services may ultimately require additional funding. A pilot project developed by the minority Ethnic Carers Older People's Network (MECOPP) and jointly delivered with West Lothian Council adopts a Service Brokerage Model which supports Asian women to pool their direct payments to purchase tailored support.

- National Assembly for Wales (2003a) disability and Society London borough, qualitative study of 30 families in a south instance, has made significant strides in improving support for minority ethnic carers of older people, in 'Supporting and empowering victims of www.iriss.org.uk

- The Institute for Research and Innovation in Social Services (IRISS) is a charitable company limited by guarantee. Registered insights improving support for black and minority ethnic (BME) carers

- BMGE carers face particular difficulties in accessing and using social care services, care and access to these experiences by visible minority ethnic carers. Many BMGE carers are unaware of the services that exist to support them. The lack of information is perceived by BMGE carers as a barrier to accessing services.

- There is a need for culturally competent policies and services, based on cultural understanding. The voluntary ethnic minority sector has done much to cater for the needs of BMGE carers and much can be learned from them. MECOPP, for instance, has made significant strides in providing culturally competent services, based on findings and the recognition that certain specialised services may ultimately require additional funding. A pilot project developed by the minority Ethnic Carers Older People's Network (MECOPP) and jointly delivered with West Lothian Council adopts a Service Brokerage Model which supports Asian women to pool their direct payments to purchase tailored support. www.iriss.org.uk

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