



# Mind the Gap

**Understanding the needs of South Asian unpaid Carers in  
Windsor, Ascot and Maidenhead**

**May 22**

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# At a Glance

**healthwatch**  
Windsor, Ascot and  
Maidenhead

# At a glance

- We heard from **28** unpaid south Asian Carers in Windsor, Ascot and Maidenhead.
- Many **did not** classify themselves as carers.
- Over **50%** had not registered as a carer with their local GP.
- Over **50%** have not had a local authority carers assessment.





# Introduction and background

# Healthwatch

Whether it's improving health and social care services today or helping to shape them for tomorrow, Local Healthwatch is all about local voices being able to influence the delivery and design of local services. Not just for people who use them now, but anyone who might need to in the future.

Healthwatch was created under the Health & Social Care Act in 2012 to gather and represent the views of the public. It exists in two distinct forms – local Healthwatch and, at national level, Healthwatch England. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

Local Healthwatch also:

- represents the views and experiences of people who use services, carers and the public on the Health and Wellbeing Boards set up by local authorities
- provides information and signposting to people about local health and care services, how to access them and how to find their way round the system
- reports concerns about the quality of health and social care services to Healthwatch England, which can then recommend that the Care Quality Commission take action

Every voice counts when it comes to shaping the future of health and social care. Everything that your local Healthwatch does will bring the voice and influence of local people to the development and delivery of local services. People need to feel that their local Healthwatch belongs to and reflects them and their local community. It needs to feel approachable, practical, and dynamic and to act on behalf of local people.

Healthwatch Windsor, Ascot and Maidenhead (HWWAM) is ultimately accountable to local people and it prioritises the work it does to reflect the intelligence and evidence it has gathered from local people. Its independence from the NHS and local authorities mean that it is not bound to adopt the priorities or messages of those bodies.

### **Frimley Health and Care**

Frimley Health and Care is a partnership of local health and care organisations. The organisations are involved in planning, buying and providing health and care services locally, working together with the community to deliver and shape services for the future.

# Background

## Mind the Gap

Mind The Gap aims to support the NHS and its partners to deliver on the Long-Term Plan commitment to improve the identification and support of carers from vulnerable communities that are less likely to use and/or have positive experiences of services.

Frimley Health and Care, Frimley Clinical Commissioning Group (CCG) and the Royal Borough of Windsor and Maidenhead have secured funding to further understand and assess the needs of South Asian Carers in the Royal Borough of Windsor and Maidenhead and have approached Healthwatch Windsor, Ascot and Maidenhead to undertake this work.

The population of The Royal Borough of Windsor and Maidenhead (RBWM) is 151,273, of which about 13,848 or 9.6% are classified as Asian or Asian British. There are no figures for the number of carers (paid or unpaid) in RBWM, generally or by ethnic groups.

Healthwatch were commissioned by RBWM to undertake engagement work in early 2022.





# Introduction and background

# What we did

## Surveys

Healthwatch co-developed two surveys with existing carer groups and stakeholders.

### **The main aims of the unpaid carers survey were:**

- To identify if south Asian carers able to access the current support services offered in the borough.
- To identify what additional needs do south Asian carers have which are not being met by the currently commissioned support offered currently.

The survey was produced in five languages, Punjabi, Hindi, Urdu, Bengali and English to ensure equality of access and so that it would reach as many people as possible.

### **The main commissioned services survey aimed to understand:**

- How many south Asian carers are being supported by the current providers?
- Whether the providers were aware of any additional needs for these carers.

## **Focus Groups:**

Healthwatch RBWM attended 2 existing carers groups to hear directly from people what their experiences were. This engagement was discussion based. The groups were:

- South Asian carers group currently run in Maidenhead Mosque
- Culturally specific support group for dementia support, Boyn Grove library
- A young carers group was found in White Waltham but was unable to attend at that time.

# What we did

## Telephone interviews:

Healthwatch RBWM gave the option of telephone interviews, however, unpaid carers declined to take up this option. Three carer support organisations took part in telephone interviews to add their views.

## Communication:

Healthwatch WAM developed a comprehensive communications campaign that was conducted in the five languages to ensure maximum access and engagement.

This included:

- Social media: Facebook, Twitter and Instagram
- Website content
- Stakeholder and partner emails
- Culturally specific media

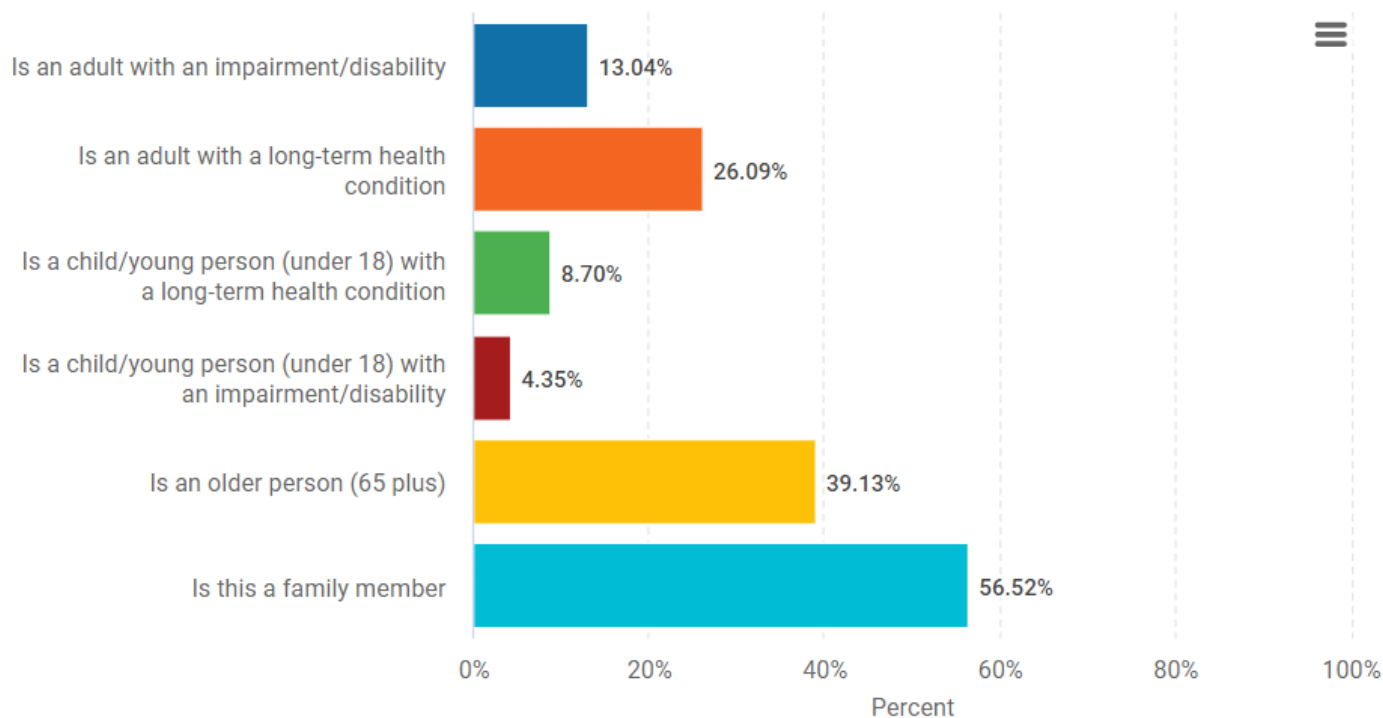




**What people told us**

# What people told us

When asked the question, *"Tell us about the person you care for"*.



Of the people that answered this question 56% stated they cared for a family member and 78% were caring for an adult and 13% were caring for a child/young person under the age of eighteen.

# What people told us

Why did you become a carer?

It was found that most unpaid carers are caring for a family member/close relative so caring for them was natural.

96% of the carers identified were adults themselves.

Have you registered as a carer with the GP?

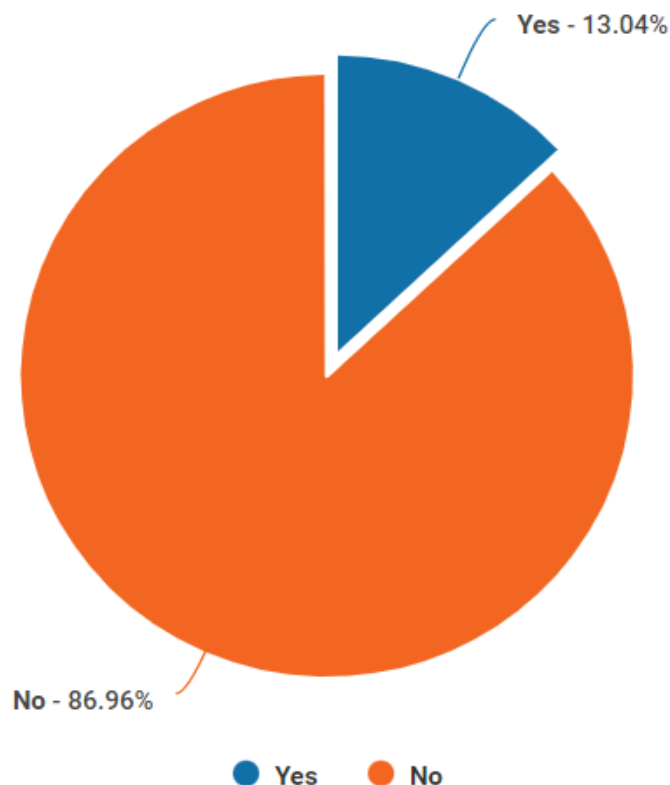
Of the 22 responses to this question, less than 50% (10) had registered with their GP.

Has the local authority undertaken a carers assessment with you?

Of the 23 responses, only 10 people had undertaken a carers assessment with the local authority.

# What people told us

Are you able to access carers support services in the borough?



86% were unable to access carers support services, perhaps due to not being aware of what is currently offered.

# What people told us

When asked about the support services they use, they told us:

1. Dementia support group Maidenhead
2. Carers support group Maidenhead
3. Dementia support group Bracknell Forest
4. Dementia support group carers united

If you can't use support services, please tell us which ones and why you can't use them?

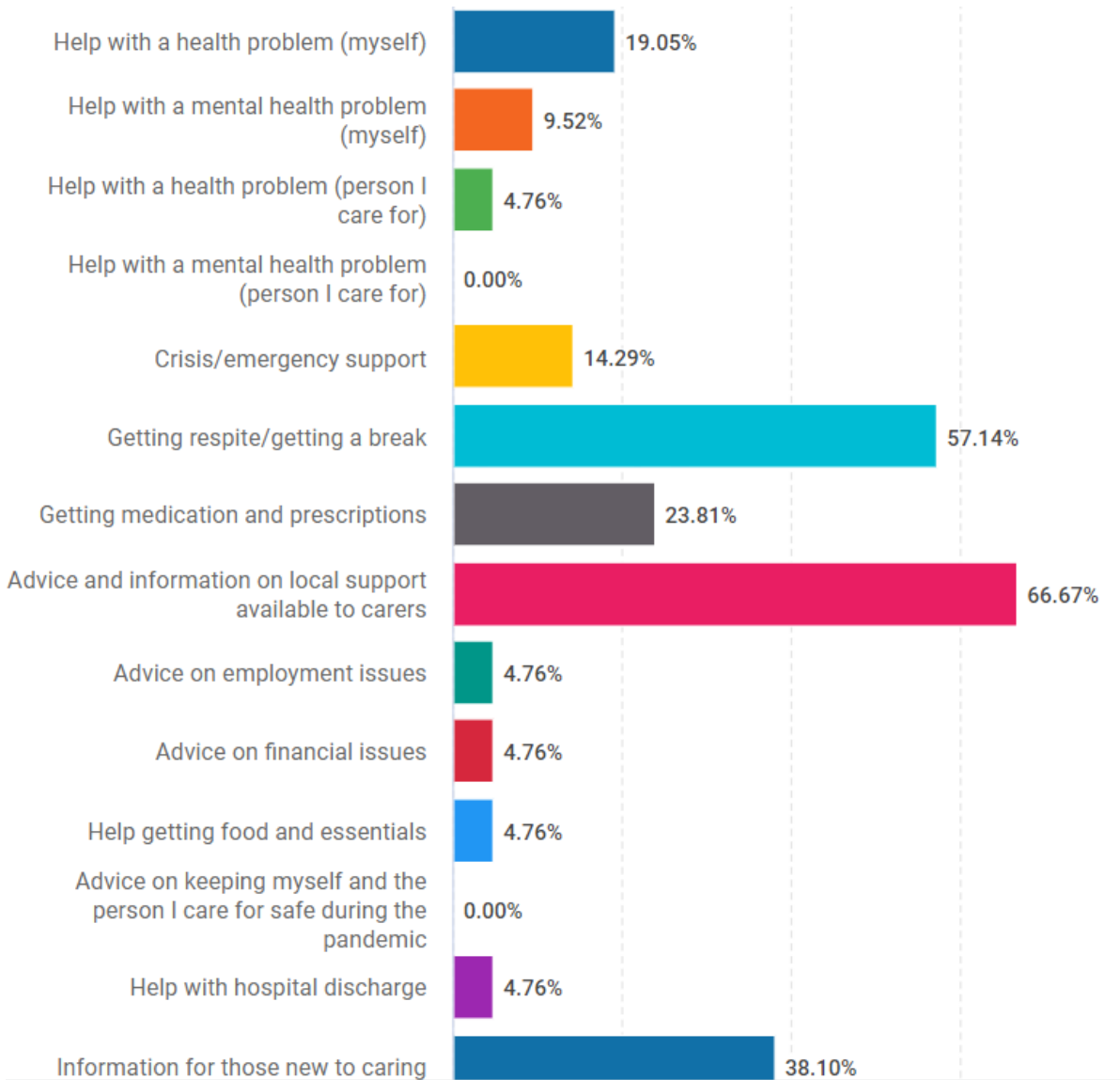
*"It is very difficult to find out the information as I do not use the internet and cannot look up any contact details."*

*"I wanted to get to the day centre, but I cannot get there."*

*"I don't know where they are and what they do for me?"*

*"Don't know them"*





## We asked – What help and support do you need?

**66%** need further advice and information on local support

**57%** needed support with getting a break and respite support

**38%** need information when they commence caring responsibilities

Almost **29%** need help with their own mental or physical health

## What do you think services could do to better meet your needs?

*"Only feel comfortable to talk to other south asian people, share stories and support each other Only know of this dementia group Need signposting of other SA groups Slough does a lot of things, my friend lives there and not sure what there is in Maidenhead. Gender is important, to feel comfortable and share information Would love to have simple health checks done for: diabetes, cholesterol, BP, weight management Exercises, some chair based, bilingual speaker to give classes We ask for help with things, but nothing ever gets done"*

*"Tell me groups to go to as need some friends to share. Women's only groups in my language"*

*"I really need help, filling in forms I would like to learn English better so I can fill in these"*

*"I would like to learn the computer It's nice to talk to other people like me and share stories, make friends. COVID has made things hard. I need to get out and see people"*

*"Would like the sessions in a central place, like the town hall ..... or would like transport provided"*

*"Needs to be somewhere easy to find"*

*"I need support with basic IT skills and with my English to be able to read and access information on my computer"*

*"Tell us what they do, and are they free?"*

*"Do not know as do not use"*

*"Communicate better and make themselves available"*

*"More support and advice please"*

*"More support for me"*

*"Group that have an activity, but I like to chat to other ladies like me and share stories about my mother. I like to drink tea and relax"*



**What commissioned services told us**

# What commissioned services told us

We contacted commissioned services in the borough to ask *“How many carers are currently accessing your service, and how many of those identify as south Asian?”*

Optalis responded to us and informed us that from the two support groups they run:

- South Asian carers group, approximately 20 to 30 south Asian carers
- Culturally specific dementia support group, the group is new and approximately 10 south Asian carers attend.

The support groups are informal drop-ins and provide peer support for attendees.

# What commissioned services told us

We asked providers “From your experience what are the specific needs of south Asian carers?”

We attended the two groups run by Optalis and engaged with the users and discussed with Optalis to identify specific needs from both perspectives

- Easy to reach location on a regular basis to build up friendships and support.
- Further support needed for:
  - English language skills
  - Basic IT and internet skills
  - Nutrition and weight management exercise classes
  - Health check clinic: Diabetes, Blood Pressure, Weight management
  - Hobbies Skills to do at home
  - Day trip for respite care for the carer
  - Funding for the above

*“Within the south Asian community many lack confidence in discussing illnesses. Barriers can be language outside the community regarding getting the support they need. These ladies feel it is their job and duty to care for others, so don’t reach out for support for themselves”*



# Summary

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# Summary

- The majority of carers (70%+) are caring for adults and over 50% defined the cared for as a family member.
- The majority of unpaid carers are women (86%)
- The majority of unpaid carers are over the age of 50
- Over 50% of unpaid carers have not registered as a carer with their GP.
- Over 50% of unpaid carers have not had a local authority carers assessment undertaken.
- Over 86% of unpaid carers report that they are unable to access carer support services.
- Unpaid carers told us that where they don't access support services, this is because:
  - There is limited information available to carers of what support is available and/or that information is not reaching them
  - Where unpaid carers are aware of services available, they are unable to access due to issues such as, lack of respite and travel costs.
  - It could also be interpreted that unpaid carer don't understand the definition of "carers support services" especially as many don't define themselves as unpaid carers.

# Summary

- Carers report that they have unmet needs and require support with; meeting their own health needs, accessing respite, advice and information on support available and getting help with prescriptions/medications.
- Unpaid carers generally don't define themselves as carers.
- Unpaid carers told us that they need:
  - Women only, culturally specific place to meet and support each other that are free to access and easy to get to (supported travel)
  - Help with signposting to services
  - Information about services available to them
  - Help with language skills
  - Help with IT skills and access to IT resources
  - Support and advice in respect to health and wellbeing
  - Respite







# Recommendations

# Recommendations

## 1. RBWM culturally specific carers identification campaign, “Are YOU a carer”?

Culturally specific carers identification campaign to be developed and launched to increase uptake of Carers Assessments across the authority. Additionally, ensure that those who are not digitally enabled/hard to reach are specifically targeted and identified as part of the campaign.

- Borough wide campaign to help identify who are carers within the borough
- Provision of support, information, and signposting when they are identified

## 2. Ensure carers can easily access the information they need regarding accessing Carers Assessments

- Review Local Authority websites to ensure that Carers Assessment information is easy to find, informative, and that a phone number and contact email address is available. This should be language specific.

## 3. Consider development of new culturally specific provision and look at capacity building existing provision.

- In partnership with carers identify and coproduce the provision that they want to see developed.
- Ensure any new provision is included in any carer’s directories and packs as appropriate.
- Health and Social Care commissioners to explore how to further support and capacity build existing community provided schemes e.g., dementia support group

# Recommendations

## 4. Ensure unpaid carers have quick, easy access to the information they need

- Centralised carer information resource/directory developed. This should be accessible, current, and available in multiple formats and language specific (digital and non-digital).
- Development and implementation of a standardised, culturally specific Carers Pack for use across the authority.
- Identify provision of Carers Leads in GP surgeries.
- Identification of GP surgeries delivering good practice in carer identification and registration, provision of carer support and information.
- Develop best practice tools for implementation across GP practices/Primary Care Networks.
- Primary Care Networks identify community assets that support carers and integrate to social prescribing/navigation pathways.

## 5. Further explore availability and development requirements of respite provision for this group.

## 6. Further exploration of the requirement for targeted health prevention and wellbeing for this group. e.g. diabetes and obesity.

## 7. Further identification and engagement with potentially hidden young carers.



Thank you!

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# Thank you

Healthwatch Windsor, Ascot and Maidenhead would like to thank **all 28 participants** who took the time to complete the survey and tell us about their experiences.

A big thank you to our **RBWM Community Engagement Officer Adults, Health and Housing** who helped facilitate, support and translate in the focus groups undertaken,

Optalis for their continued support and the two charity organisations for their feedback, Apna Virsa Project and Sakoon through Cancer.

RBWM Council and Frimley Clinical Commissioning Group for supporting this campaign by promoting the survey on their social media, websites, and within their newsletter.

For more information you can speak to Healthwatch Windsor, Ascot and Maidenhead

 0300 012 0184

 [info@healthwatchwam.co.uk](mailto:info@healthwatchwam.co.uk)



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