



Experiences of Black and Ethnic Minority Carers

healthwatch
Greenwich

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Executive Summary

There is a lack of detailed information in Greenwich regarding the role and experiences of carers within Black and ethnic minority communities. While carers of colour or from ethnic minority backgrounds may have similar overall needs as others for support, information, and service provision, different or more culturally sensitive approaches may be required to meet the same needs. Providing the same support, information, and service to all regardless of differing needs is equal, but not equitable.

The findings from this report assessed the extent to which current provision is meeting the needs of Black carers and those from ethnic minority backgrounds. Whether strategies to increase accessibility or reach out to carers from these communities are effective and offer culturally sensitive ways of enabling carers to access the support, information, and services they need.

Our report found that carers view their role as both rewarding and challenging. Initially, carers view their role supporting their loved one as a natural part of life. However, as time progresses, they undergo a shift in awareness, recognising the evolution from offering support to assuming the full responsibilities of an informal carer. This includes coordination of medical care, practical and domestic help, and offering personal care. Over time, managing both carer responsibilities and work or family commitments, becomes increasingly challenging.

Carers' experiences are influenced by cultural sensitivity and intersectionality as they relate to factors such as language, ethnicity, judgment/bias, immigration status, disability, dietary preferences, gender-related preferences, and cultural expectations associated with being a carer. These intersecting identities shape how carers navigate their roles and access support. For instance, language barriers can hinder

effective communication leading to misunderstandings and inadequate support. Ethnicity and cultural background can influence care expectations and beliefs about health and illness, directing the types of support sought and accepted by carers. Moreover, judgment and bias from others, whether based on race, disability, or other factors, can lead to feelings of isolation and discrimination among carers, reducing their ability to seek help and support. Failure to consider cultural and intersectional perspectives in the provision of support and services further marginalises carers from Black and ethnic minority backgrounds and perpetuates disparities in access to information, services, and support.

The health and wellbeing of carers is affected across all aspects of their lives, personal, emotional, social, and financial. On a personal level, the demanding nature of being a carer can lead to physical exhaustion, and carers often neglect their own health needs. Emotionally, the constant stress and worry associated with caring for a loved one can take a significant toll. Moreover, finding out which services are available and how to access them is also problematic. Carers spoke of feelings of guilt, frustration, and helplessness, as well as anxiety and depression because of the challenges they face.

The emotional burden of being a carer can erode self-esteem and overall wellbeing. Socially, the demands of being a carer can lead to withdrawal from previously enjoyed activities. Carers find it difficult to maintain social connections and engage in leisure pursuits due to time constraints and the demands of being a carer. This can lead to feelings of loneliness and disconnection, impacting mental well-being and their overall quality of life. Financially, carers find it hard to access information about their benefits, rights, and entitlements. Carers often use their own money to look after their loved one, putting a strain on their financial resources. In addition, the need to reduce or stop paid employment to look after their loved one results in loss of income and further financial instability. Financial stressors add to the overall burden on carers' health and wellbeing.

Insights from professional stakeholders highlight the need for greater awareness of existing services, and more community outreach and engagement. However, it is disheartening to see that despite awareness of the need to improve information, support, and services for carers from Black and ethnic minority communities, little substantive action has been taken. Indeed, instead of proactively addressing barriers that prevent many Black and ethnic minority carers from accessing information, support and services, emphasis is often placed on these communities as being difficult to reach out to/engage with and wilfully choosing not to use existing resources. However, our report suggests that it is not that Black and ethnic minority carers do not want to use available resources; it is that the available resources do not meet their needs, perpetuating a cycle of exclusion and marginalisation.

Despite facing challenges, carers appreciate the help received from health and social care professionals and support agencies. However, support for Black and ethnic minority carers should be strengthened with greater cultural sensitivity, recognition of the impact of intersectionality, improved communication, greater consistency in support offered, and more accessible and equitable services.

About

Healthwatch Greenwich (HWG) is an independent, statutory organisation representing people and communities who use NHS and publicly funded health and care services in Greenwich. We carry out qualitative and quantitative engagement and research on a wide variety of health and social care topics. Our mission is to drive change, campaign for and influence commissioners and providers to ensure the design and delivery of services is equitable for all.

Acknowledgements

Thank you to the eight co-researchers who worked on this project, including Mostafa Mahmoud and Tefnut Asante¹. We would also like to thank all the carers who generously gave up their time to speak to us and share their experiences. Thank you to Willow Dene school, Greenwich Carers Centre, Matthew McKenzie, and all the members of the Carers Partnership Board. Special thanks to Jason McCulloch and Ewy Grzegorzcyk at the Royal Borough of Greenwich for their input, guidance, and encouragement throughout the duration of this project.

Aim

The extent to which the needs of Black carers and those from ethnic minority backgrounds are being met by current service provision, and whether strategies to increase accessibility or reach out to carers from these communities are effective and culturally sensitive, enabling carers to access the support, information, and services they need.

The aims of this research project were aligned with the Royal Borough Greenwich Joint Adult Carers Strategy 2022-2027².

- Strategy 3.1. Council's RBG and SELICS will ensure that carers understand their rights and entitlements to support.
- Strategy 4.4. We will do more to promote awareness of the services that are available.
- Strategy 5.6. We listen to the voices of carers.

¹ The remaining six co-researchers chose to remain anonymous.

² <https://www.royalgreenwich.gov.uk/carers-strategy>

- Strategy 6.3. We will reach out to Black, Asian and Minority Ethnic Communities to understand how to make services more accessible.
- Strategy 8.3. We will reach out to Black, Asian and Minority Ethnic Communities to raise awareness of the available support and to understand how services need to adapt to better meet people’s needs.
- Strategy 8.4. We will review services to ensure that they are relevant and accessible to all carers in the borough regardless of ethnicity, religion, disability, etc.

Methodology

Co-production

This project drew upon the principles and features of participatory methods, in particular **co-production**. Co-production is an approach that allows researchers, practitioners, people, and communities to share power and decision-making processes to develop more effective services³.

There is no set or fixed process for co-production. It is guided by a set of principles which, together, support people and communities to be meaningfully included, and involved.⁴ These principles include sharing power, awareness and inclusion of all perspectives and skills, respecting, and valuing the expertise and knowledge of participants, reciprocity and the building and maintaining of relationships.

Those that joined us as “co-researchers” in this project supported in various ways, including shaping the design and development of the

³ [Co-production: what it is and how to do it | SCIE](#)

⁴ [Resources for co-producing research - ARC West \(nih.ac.uk\)](#)

project, reaching out to other carers from Black and ethnic minority backgrounds, and conducting interviews with their peers about their caring journey.

We believe that drawing on the features of co-production allows researchers, practitioners, people, and communities to share power and decision-making processes to develop more effective services.

Profile of co-researchers

We recruited 8 co-researchers for this project who all identified as from a Black or ethnic minority background (Black African, Black Caribbean and Arab). Co-researchers considered themselves informal carers, whether for their elderly parents, partners, neighbours, adult children, or young children with complex special education needs. Co-researchers were all Greenwich residents.

Training

Co-researchers received intensive training, enabling them to carry out their role in an informed manner. Training was organised to suit the needs and demands of carers existing personal, social, and professional responsibilities, and took place in-person and online over several days. Co-researchers training included⁵ listening skills and building rapport, identifying research participants, safeguarding and awareness of signs of abuse, health and safety and keeping themselves safe, data protection, data storage, and equality, diversity, and inclusion.

Co-researchers also took part in extensive research and project development training sessions, which covered:

- Understanding co-produced research, it's purpose and the reasons for their involvement in this project.
- Research aims and purpose of the project.
- Designing interview questions drawing on their lived experience

⁵ List is not exhaustive – training and support was provided on a wider range of areas.

- Research methods and how to collect data for this project: conducting interviews and methods for recording data
- Research ethics, anonymity, and confidentiality.

Data collection

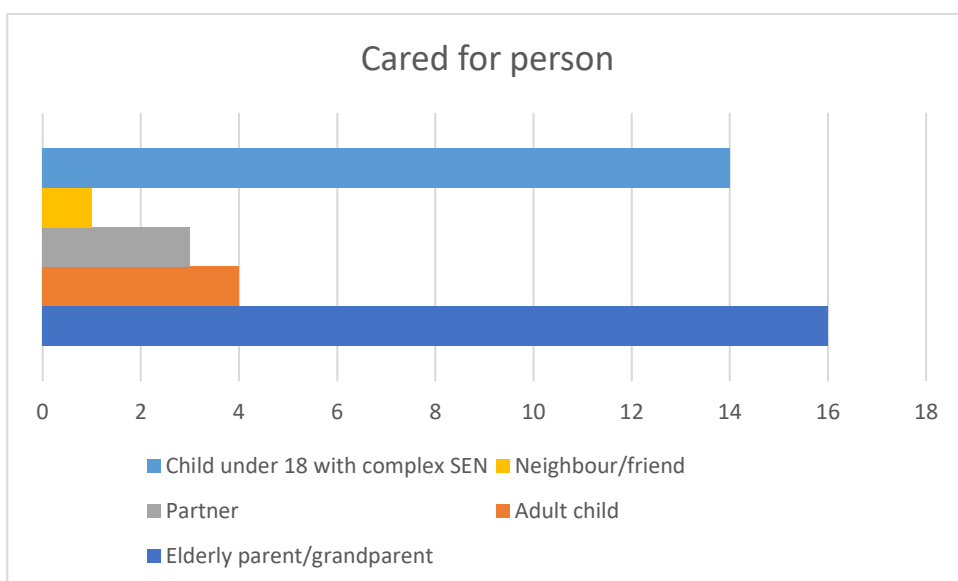
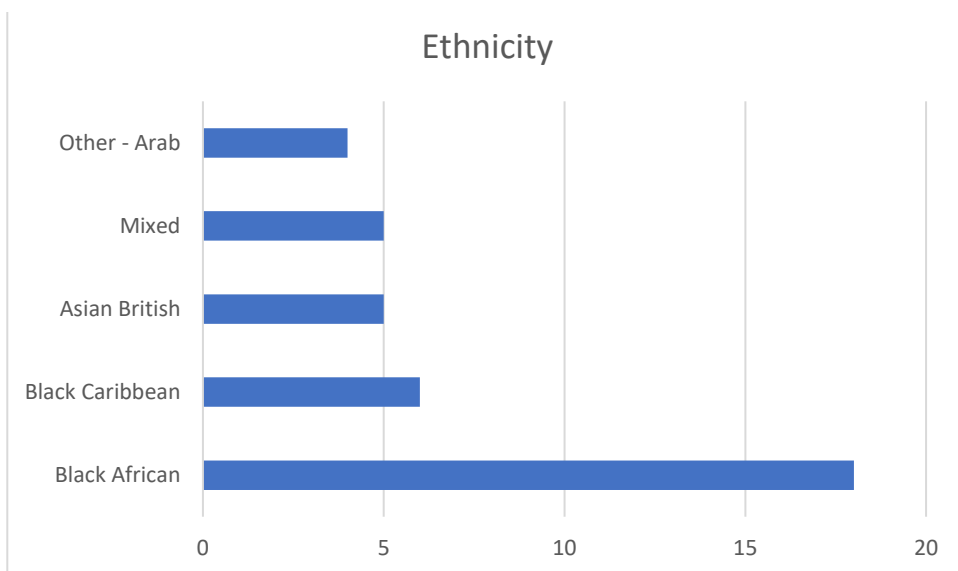
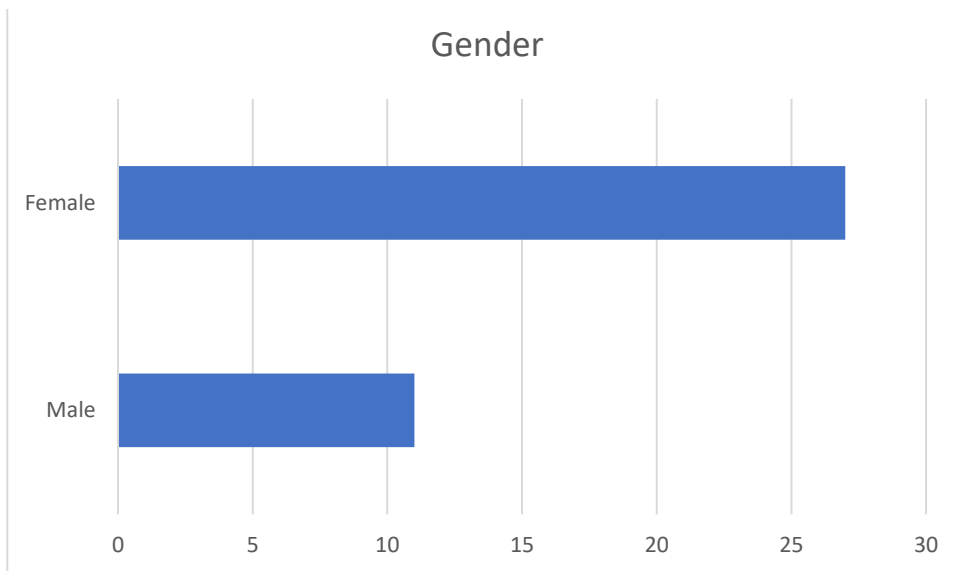
Interviews

Co-researchers completed a total of 38 in-depth interviews, drawing on their personal and social networks to recruit peers. Interviews were conducted both in-person and remotely. In-depth interviews took up to 1 hour. Interview participants received a £30 shopping voucher for taking part.

In addition, two interviews were carried out with professional stakeholders working with carers in Greenwich. This included one interview with a representative from the Carers Centre, and one interview with a carers support group facilitator.

Profile of interview participants

Most of the interview participants were female. Many participants identified themselves as from Black/Black African backgrounds followed by Black Caribbean, Asian British, mixed and Arab. Most cared for elderly parents, grandparents, partners, adult child, and neighbour.



Findings: Carers Insights

Role of carers

Carers see their role both as rewarding and challenging. Initially, carers saw their role as natural part of life. Many found it hard to separate the role from their personal relationships, connecting them emotionally and making it harder to see themselves as a carer. All carers noted that it took some time to make the psychological shift and identify as a carer. Change usually happened following a significant increase in their role – from offering support in the background to actively taking on a wide range of responsibilities such as coordination of medical care including ordering prescriptions and handling medications, organising medical/treatment appointments, accompanying, and making medical visits, liaison with social service and organising care packages. Taking on this wider role often included giving practical help with domestic or household tasks and personal care such as washing and dressing as well as responsibility for administrative tasks like form filling and applying for benefits for their loved one.

Over time, carers become advocates, ensuring their loved one receives external care and support. This involves carers seeking information, coordinating complex treatment or care plans, and being the voice or representative for their loved one. This was particularly important for carers looking after relatives for whom English is not their first language making it difficult to communicate effectively. In addition, carers provide ongoing emotional support, especially during times of illness, anxiety, or emotional distress. Carers spoke about the challenge of adapting to the evolving needs of their loved one and balancing their roles as carers with other responsibilities in their lives, such as childcare, work, or other family obligations.

“I don't see myself as a carer per se, in the fact that because it's my mum.”

Participant 17

“It's a shift from passive caregiving to active advocacy, proactive engagement with healthcare professionals.... it's something that sort of shifted from me feeling like I don't think I always realised I was one” –

Participant 8

“Because I care for her [mom] full time and I also have family, I'm also a mother. Yes. So it's a whole lot of things required of me. Sometimes I have to be honest. It's overwhelming. ”

Participant 21

Access to information, support, and services

Access to information

Carers access information through a combination of sources, both formal (e.g. GP, community services) and informal (e.g. online, personal networks). Many carers find themselves navigating unfamiliar terrain, having to acquire new skills such as researching and retrieving information through online platforms. Significant reliance is placed on personal networks not only to find information but to provide clarity about “how the system works”. Without access to personal networks carers doubted their ability to successfully navigate systems and processes and advocate on behalf of the person they care for. Indeed, carers are vocal about the lack of simple, accessible, information and being reliant on sources other than health and social care professionals. While informal sources provide valuable insights, they do not always offer accurate or comprehensive information. Carers run the risk of misinterpreting details,

overlooking crucial aspects, or receiving advice based on individual experiences that may not be universally applicable.

Carers spoke about gaps in access to information on their rights and entitlements, in particular, poor communication when engaging with statutory services. Many shared everyday experiences of unanswered calls, messages left but not responded to, and a general lack of follow-up. Access to information and follow-up plays a key role in ensuring the well-being and quality of life of those they care for. While poor communication, or lack of communication, means carers are unable to gather important information, it also leaves them feeling isolated and helpless.

"I've looked online if I've needed any self-care things."

-Participant 9

"I don't like the fact that he was a friend who told me about PIP (Personal Independence Payment). I don't know why the person who came from adult social care, didn't think we could be entitled to PIP."

-Participant 22

Access to support and services

Lack of awareness of available support and services creates a conundrum for carers. Without knowing what they are entitled to or what services are available, many assume that provision is low or non-existent and express frustration. Carers of adult children with special needs spoke of the importance of more services, particularly at the transition phase between child and adult services. In addition, carers of elderly relatives identify a lack of culturally sensitive support and timely access to care services.

"the social support, the support at home has been lacking. I suppose there's a lack of information about resourceswe've been given quite limited information about what's available through the community service."

Participant 9

"I have been waiting nearly three years in for adaptation for walking shower and it's very, very slow, nobody takes responsibility and how many times I called. Still, I'm waiting."

Participant 7

"I have not, and I will repeat, categorically not found out anything from Greenwich Council themselves. You ring them, nobody answers, nobody follows up anything."

-Participant 6

"I am aware of care homes, but no care spaces for carers. I feel like there could be a lot more conversations within the community in terms of the way these groups and what I know of has been advertised. I think it could be promoted a lot more. "

-Participant 2

"I think I would have liked to have got some respite care, but I didn't know that it was available or [there was an] option."

-Participant 3

Despite ongoing time pressure, carers express interest in informal guidance/information modules or short sessions to support them in their caring role and to support their own wellbeing. For some, on-line platforms, apps, or online forums would be welcome, but not all have access to technology or the skills to use it. While some on-line and in-person resources already exist, few carers are aware of them. For those

that receive it, carers appreciate the information received from health and care services.

"I realised that I was blessed enough to have some people in the Council helping me in terms of telling me what the things that are there, but not all the time."

Participant 5

"Information from like the oncologist or the surgeons was great, and I think we've been really lucky in those aspects."

Participant 8

Cultural sensitivity and intersectionality

Cultural sensitivity

Carers' experience of support and services varied. Negative experiences were often related to a lack of cultural sensitivity⁶ in the way services and support are delivered with regards to language and communication needs, immigration status, disability, dietary preferences, and gender-related preferences. Moreover, for some, past experience has created a lack of trust. Carers from marginalised communities have legitimate concerns that resources and services will not meet their needs or provide culturally sensitive support. Experience of discrimination, judgement and bias are powerful influencers. The reluctance of some carers to look for or accept help comes from a fear of judgment or discrimination, sometimes based on past experiences.

⁶ Cultural sensitivity refers to the ability of support and services to recognise, understand, and respect cultural backgrounds, beliefs, practices, and preferences of both carers and those receiving care.

Linguistic barriers create a layer of complexity. The need for carers to translate and comprehend information in a second or third language adds a further burden. Carers become de facto translators and mediators, navigating complex language and communication. Few of the carers or those they look after (for whom English is not their first language) had been offered access to translation services.

In some communities, certain health conditions are stigmatised, making it difficult for carers to seek outside help. In addition, doing so may be viewed as neglectful or disrespectful within the family or community, leading carers to face potential backlash for deviating from traditional norms.

“particularly my parents, English isn't their first language, so there's definitely a lot of translation that goes into things taking forms.”

-Participant 8

“Most times she [Mom] doesn't really understand. So sometimes you feel bad because there's no interpreter but when I'm with her, I always step in.”

-Participant 21

“the hospital was able to provide halal food or halal meals sometimes. But there were many occasions the ward had forgotten to order it, then he wouldn't get the Halal meal and he'd be stuck without anything to eat for that meal. And then also a lot of the time, the meal wasn't appropriate for his dietary requirements because of the surgery he'd had.”

-Participant 9

Intersectionality

Carers face hidden challenges shaped by multiple aspects of their identity and social position⁷. Intersection of immigration status with access to resources and services poses a barrier for some carers. Fear of being asked about their immigration status or to produce documentation, or worry about being asked to pay for services, stops carers with uncertain or insecure immigration status asking for help or using resources. Multiple factors combine to increase challenges faced by carers from marginalised groups.

Some carers feel they're not listened to or respected when asking for help, partly because of their ethnicity and the way they speak. It's not just about being a carer; it's also about how their ethnicity and accent affect how support and services respond to them. The different parts of who they are, their background and language, and their status as a carer all play a role in how they're treated and understood.

Moreover, when carers from some communities seek support beyond their immediate circles, going against cultural norms of valuing privacy in health matters, they face a complex intersection of their identity as a carer and wider community cultural beliefs.

"... sometimes I was mistaken for being a part of the cleaning team..."

-Participant 3

"Maybe when I will speak to someone for an information, the person will feel like this girl is not understanding me or something like that. So, language barrier has been a challenge and also sometimes people feel that I'm lazy, that I don't want to talk. I feel that because I'm black and because of my language accent you are not giving me the attention. I have to strive to get attention. Yeah, sometimes I have to even make a

⁷ Intersectionality refers to the interconnected nature of social categorisations, such as race, class, gender, and other factors, and how they overlap.

scene to get to get the attention that I require, that I'm not being respected enough because of my colour."

- Participant 20

"My parents were really keen to keep it [Dad's health condition] between us and they didn't really want a lot of people knowing and I do think there's like a cultural stigma there. As time went on that I would talk to like a few trusted people who helped me. But a lot of the stigma or the resistance, I would say came from my parents and their perspective and their outlook."

- Participant 8

"They feel that it's not the best for them to go to hospital, they will ask their immigration status, might be exposed to. And they suffer in silence. How are they going to pay the bills and all those. Yeah, a lot of worry. So it makes them stop them from actually seeking the needed help."

-Participant 19

Cultural sensitivity and intersecting experiences make it harder for Black and ethnic minority carers to both access and receive support and services. Many spoke about the importance of connecting with other carers from a similar racial, ethnic, or community background and a lack of opportunity for them to come together to connect, ask questions, share experiences, and give support. Being seen by professionals with similar backgrounds also made carers feel heard and understood.

"I think that for myself as a person of colour, it would be good if I also had a group with like-minded people because of your culture, you feel more understood and possibly supported better."

-Participant 6

"It does make a big difference when you're being seen by somebody who shares your faith, your religion as well... able to understand what you're talking about "
-Participant 4

Impact on health and wellbeing

Being a carer affects all aspects of health and wellbeing – emotional, social, and financial. Increased demands on their time means carers struggle to find a balance between meeting their needs and other commitments in addition to supporting their loved one.

Carers spoke about feelings of loneliness and isolation, having limited social interactions, and the overall emotional toll on them. This was often compounded by money and finance worries. Confusing and complex processes to understand entitlements and access benefits and having to give up jobs or reduce hours and levels of responsibility at work.

While challenging, being a carer is positive. Spending time supporting and looking after their loved one is hugely rewarding. Many have developed new knowledge and skills to better navigate the health and care system and have seen personal growth and connectivity in how they view and operate within friendship or family groups.

"It's been a very lonely, isolating, quite demoralising...avoid everything and everybody. I'm always tired...lonely, isolating, quite demoralising, and very draining, physically, mentally, emotionally."

- Participant 6

"I suppose in terms of free time, there's less of that because there's more things to consider at home. So yeah, it's been a lot to juggle at work and like, you know, home responsibility."

-Participant 9

"a lot of emotional impact for me, for the children. Physical impact and also obviously financial impact as well for the fact that he couldn't work again."

- Participant 22

"I've had to turn down big opportunities because I need to be available for the children. I would have liked to have got some respite care, but I didn't know that it was available."

-Participant 3

"to becoming a better version of myself, I wouldn't have half the skills that I have today had I not decided to commit to looking after my mum and taking care of my mum. It's allowed me to take care of myself in a lot more ways and be a lot more aware of my surroundings, of my relationship with my family and my relationship with my mind and my community too..."

-Participant 2

Findings: Professional Stakeholders

Community reach

Established and long-standing carers support services are not used by all communities. Stakeholders acknowledge that despite the diverse racial and ethnic population of Greenwich, users of carers support services are overwhelmingly from white British backgrounds. This may be partly a product of operating from a single location, and the limited accessibility that offers for carers who do not live nearby.

While the lack of reach is well known (and has been for many years) action to address has only recently started or is still in the planning phase. Several small outreach initiatives will, or have started to, engage with culturally diverse groups. This has been designed as an 'add-on' to current carers support services and does not appear to be linked to (or consideration of) a fundamental review or redesign to ensure equity and inclusion across carers support services. Relying on supplementary efforts and small outreach projects may not address the root causes of underrepresentation or exclusion. In addition, this approach is unlikely to sustainably address systemic barriers within carers support services such as cultural insensitivity, language barriers, or lack of awareness.

"I would say that our biggest client group is still white."

-Stakeholder 1

“Outreach work is still relatively new to us. What we are seeking to do is to go to places where we know those communities are so, for example, trying to get into mosques and temples and those places so that we can actually be talking to people in a setting where they will be comfortable...

Our plan is to start pushing those forward.”

-Stakeholder 1

“I know Greenwich [council] has their new care strategy, so that sort of helps, but they still need a lot, a lot of work, a lot of work on that.”

-Stakeholder 2

Stakeholder challenges

Stakeholders described difficulty providing carers services for a cohort of people who, although fulfilling the role, who may not identify as such. Indeed, stakeholders suggest identifying as a carer is (comparatively) a greater problem within Black and ethnic minority communities although, given the limited engagement to date, it is not clear what evidence this assumption is based on.

Cultural challenges, taboos, and language barriers within some communities is recognised as a factor that may inhibit a proportion of Black and ethnic minority carers from using current services. However, when describing challenges, established and long-standing carers support services spoke of the reluctance of black and ethnic minority carers to get involved or participate, placing much of the responsibility for lack of engagement solely on individuals and communities themselves. Little acknowledgment is made of the systemic barriers that disproportionately affect Black and ethnic minority carers that may

prevent or discourage their involvement or the extent to which current carer support services are accessible, inclusive, and responsive.

Interestingly, targeted on-line support provided by small Black and ethnic minority led community organisations are well used and do not appear to have difficulty attracting and working with Black and ethnic minority carers. Their challenges are limitations as a result of small or short-term funding opportunities, threatening long-term sustainability.

Carers support services have difficulty sharing information and raising awareness within Black and ethnic minority communities. The type of support and service offered and the extent to which it met the needs of carers from Black and ethnic minority communities did not appear to be under scrutiny. As a result, solutions focused on a desire to share information more widely and have more advocates to raise awareness of available services, rather than consideration of if, and how, available services are meeting the needs of carers from Black and ethnic minority communities.

“It is a challenge for us to make sure that we get our information out to them in a way that they can access it. There is obviously cultural issues for some communities.”

-Stakeholder 1

“A lot of ethnic groups don't see themselves as carers, they just do things out of the family. And you'll find a majority of ethnic mental health carers are not aware of support that's out there.”

-Stakeholder 2

“I think stigma is the number one issue. They don't want too many people to know.”

-Stakeholder 2

“...There still needs to be much more where the information is taken to the community and not the other way around... and they need to make the system work better”

-Stakeholder 1

Conclusion

Black and ethnic minority carers play a key role in supporting the health and well-being of their loved one. They provide essential support and navigate complex systems to ensure the well-being of their loved one. The transition from background support to actively assuming carer responsibilities is often gradual. While the role is rewarding, it is challenging to balance both their role as a carer and meet their own health and well-being needs in addition to fulfilling other commitments like work, study, or wider family commitments.

Understanding the ways in which carers access information highlights broader social issues such as inequality, communication breakdowns within bureaucratic systems, and the significance of informal networks. The reliance on informal networks reinforces the importance of social capital and how it influences access to resources, particularly for those who are digitally excluded. Moreover, frustrations expressed by carers about the lack of clear communication results in delay in accessing essential services, confusion about available support options, and increased stress for carers. Ultimately, a lack of clear communication undermines the effectiveness of support systems for both carers and those they care for.

Black and ethnic minority carers experiences of support services were often shaped by a lack of cultural sensitivity in service delivery. Factors

such as language barriers, immigration status, disability, dietary preferences, and gender-related needs contributed to this variation. In addition, past biased or insensitive encounters foster a lack of trust among Black and ethnic minority carers, who do not feel that services will meet their needs or provide culturally appropriate support. Stigmatisation of certain health conditions within communities further reduces willingness to seek outside help. Black and ethnic minority carers highlight the importance of connecting with others from similar racial, ethnic, or community backgrounds, and a need for spaces where they can exchange experiences, seek advice, and offer mutual support. Additionally, receiving support from professionals who share similar backgrounds made Black and ethnic minority carers feel validated, heard, and understood.

Established and long-standing carers support services do not effectively serve Black and ethnic minority communities. Despite the ethnic and racial diversity of Greenwich, these services predominantly attract users from white British backgrounds. While recent out-reach initiatives have been developed, they function as add-ons to existing services and do not address fundamental issues of equity and inclusion. Moreover, there is a limited and simplistic understanding of the barriers faced by Black and ethnic minority carers, with an emphasis on individual reluctance rather than systemic factors such as cultural insensitivity and language barriers. Conversely, carers support provided by Black and ethnic minority community groups/leaders do not appear to experience the same challenges with inclusivity and successfully provide support to Black carers and those from an ethnic minority background, highlighting the potential for alternative approaches.



Recommendations

1. Review: Conduct a comprehensive review of existing carer support services to evaluate the adequacy of existing services for Black and ethnic minority carers and ensure that services are equitable and accessible for all carers.
2. Community Engagement: Actively engage with Black and ethnic minority carers to understand their challenges and preferences.
3. Culturally Relevant Support: Develop culturally relevant support and resources tailored to the needs and preferences of Black and ethnic minority carers.
4. Collaboration with Community Organisations: Forge partnerships with Black and ethnic minority-led community organisations to co-create and deliver support services.
5. Representation: Establish community-led advisory groups to provide ongoing feedback and input into carer service design and delivery.
6. Information Accessibility: Increase accessibility to information about carer support services, benefits, rights, and entitlements, and provide greater access to interpretation services.
7. Addressing Stigma: Address cultural taboos and stigma. Develop awareness campaigns to challenge stereotypes and promote positive attitudes towards seeking support.
8. Research and Evaluation: Conduct research and evaluation to assess the impact of support services on Black and ethnic minority carers and ensure accountability in service delivery.

Limitations

- Most carers were from Black African, Black Caribbean, Arab, or of mixed ethnicity backgrounds, as such our report does not fully represent the diversity of carers within Black and ethnic minority communities in Greenwich. Carers from other Black and ethnic minority groups may have distinct experiences as carers not captured within this report.
- More than half of the carers were female. This imbalance means the perspectives and experiences reported may not fully reflect the realities of being a carer for all genders.
- Participants had a range of caring roles including looking after parents/grandparents, adult children, younger children, partners, and neighbours. Grouping all carers together for analysis purposes can obscure the specific challenges, needs, and experiences associated with each caring role.

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